

**State Veterans' Homes (SVH) Corrective Action Plan**  
**Tennessee Veterans Home – Clarksville, TN**  
**September 12 – 15, 2023**

Important: Attestation by the SVH leadership, including the SVH nurse leader, of actions to assure timely completion of goals and establishment of oversight to assure continued improvement in areas identified for correction. The Corrective Action Plan (CAP) should include input from all levels of staff and affected resident(s), as is applicable and appropriate, impacted by the issue identified. This CAP is intended to become a source towards Quality Assessment and Assurance.

State the Issue Identify the Regulation and Findings	Address how corrective action will be accomplished for those residents found to be affected by the deficient practice (Actions should align with Quality Assessment and Assurance fundamentals)	Address how the SVH will identify other residents having the potential to be affected by the same deficient practice	Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur	How does the SVH plan to monitor its performance to make sure that solutions are sustained (Actions should align with Quality Assessment and Assurance)	Proposed Completion Date (i.e. when corrective action will be fully implemented and sustained)
<b>§ 51.150 (c) Frequency of physician visits.</b>	Resident # 18 suffered no untoward effects from the visit that was unable to be located. The Resident has since been seen by the MD and Nurse Practitioner.	All Residents have the potential to be affected. The facility conducted a 100% audit of Physician visits and found no other Residents with missing visits.	The facility retained a new Medical Director and Nurse Practitioner in late August 2023, and required Provider visits have been in place since that time. The Director of Clinical services will conduct a weekly audit for 4 weeks to ensure the Provider visits remain in compliance.	If the Director of Clinical Services finds any deviation from regulation related to Provider visits, she will report them to the facility Administrator and Director of Nurses immediately. At the end of the 4 week period, the Director of Clinical Services or designee will report the audit findings to the QAPI committee to determine if the issue is resolved or should be on-going.	12-1-2023
<b>§ 51.190 (a) Infection control.</b>	Resident #9 did not receive the medications in question; the licensed nurse started the medication prep over after realizing what he/she had done.	All Residents on the unit had the potential to be affected since they receive medications from the offending licensed nurse.	The licensed nurse in question was immediately educated in front of the Surveyor. All Nursing staff will be educated regarding infection control standards when prepping medications for administration.	The Pharmacy Nurse or designee will perform random medication pass audits weekly for 4weeks to ensure infection control standards are maintained. The Pharmacy Nurse will report the findings to the full QA committee to determine if the facility is in compliance or if the audits should continue.	12-1-2023

- This Corrective Action Plan is to be electronically submitted to the Pod-specific National SVH Program Manager for Quality and Oversight