

Corrective State Veterans' Homes (SVH) Corrective Action Plan
Yukio Okutsu State Veterans Home – Nursing Home
(6/20/2023-6/22/2023)

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 effected resident(s), as is applicable and appropriate, impacted by the issue identified. This CAP is intended to become a source towards Quality Assurance/Performance Improvement activities (QAPI).

State the Issue Identify the Standard and Findings	Address how corrective action will be accomplished for those residents found to be affected by the deficient practice (Actions should align with QAPI 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 QAPI)	Proposed Completion Date
§51.120 Urinary and Fecal Incontinence. A resident who has persistent fecal incontinence receives appropriate services to treat reversible causes and to restore as much normal bowel function as possible. Rating: Not Met Scope and Severity - D Residents Affected – Few Based on record review, interview, and policy review, the facility failed to ensure a resident who was incontinent of bladder was provided appropriate treatment and services to achieve, maintain or restore normal bladder function as much as possible for one (1) of (1) resident reviewed for incontinence (Resident #3).	A Bowel and Bladder Continence Evaluation was completed for Resident #3 from 6/24/23-6/27/23. Findings of the evaluation identified the resident with functional incontinence. A request for a screen for bladder retraining was made to the rehab department. Treatment includes bladder retraining via pelvic floor exercises. The resident was also placed on a toileting program.	All residents have the potential to be affected by this deficiency. The bowel and bladder screening tools were completed for each resident. These assessments were completed from 6/30/23-7/5/23 to ensure that the information was current. The current assessment was then compared to their previous screen to identify residents with a decline in bladder function.	The bowel and bladder screening tool will be completed by nursing staff with each MDS assessment. A new screen should be completed quarterly and with any significant change. The admission screening will serve as a baseline. Screening tools will be compared with the previous screening tool to determine if there is a decline in bladder function. DON or designee will review PointClickCare during daily clinical meeting to review all bowel and bladder screens completed the day prior. If a decline in function is noted, resident will be placed on a Bowel and Bladder Continence	The DON or designee will complete weekly audits of all scheduled bowel and bladder screenings to ensure they are complete and proper interventions initiated as necessary for identified decline. The audits will be done for 12 weeks or until 100% compliance is met, to ensure correction is achieved and sustained. The results of these audits will be reported to QAPI.	All education to be completed by 8/30/2023. Completion of Bowel and Bladder screening tool audits and reporting of findings to QAPI will be completed on 10/27/2023.

			<p>Evaluation and additional interventions will be implemented based on outcome of evaluation.</p> <p>All licensed nursing staff will be educated on how to complete the bowel and bladder screening tool and the frequency in which this screening should be completed.</p> <p>All nursing staff will be educated on Bowel and Bladder Continence Evaluations and Toileting Programs.</p>		
--	--	--	--	--	--

- This Corrective Action Plan is to be sent to the Medical Center Director of jurisdiction and VACO Pod Manager