

State Veterans' Homes (SVH) Corrective Action Plan
Michael J Fitzmaurice SD State Veteran's Home
Nursing Care
November 13-16, 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)
<p>§ 51.41 (c) (2) Payments under State home care agreements.</p> <p>Based on communication and review of the facility's written contract for Primary Care Provider services, it was identified that the facility's contracted Primary Care Provider invoices residents' Medicare, Medicaid and/or private insurance for services provided under contract.</p> <p>Subsequent review of the Primary Care contract identified the following statement: "Contractor acknowledges that the State is the payer of last resort (subject to exceptions). With the exception of the monthly payment for On-Call Services, the Contractor shall promptly pursue payment for services from all know liable sources or payment including, without limitation, the resident's private health insurance, Federal Veterans Affairs Healthcare System, Medicaid and/or Medicare, prior to submitting a bill or statement to the State for the services". There was no language in the contract that was specific to the residents for whom the facility receives the prevailing rate of VA Per Diem and that would thus</p>	<p>§ 51.41 (c) (2) Payments under State home care agreements.</p> <p>As described in § 51.41 (c) (2) Payments under State home care agreements, the SVH administration will ensure that the State will not charge any individual, insurance, or entity (other than VA) for the nursing home care paid for by VA under a state home agreement.</p> <p>SVH will revise the services agreement with the Contractor (Fall River Health System) to include language that is specific to residents for whom the facility receives the prevailing rate of VA per diem to ensure they are not billed for nursing home care services.</p> <p>SVH will provide the Contractor with a list of residents (Resident Payer Roster) for whom the facility receives the prevailing rate of VA per diem.</p>	<p>§ 51.41 (c) (2) Payments under State home care agreements.</p> <p>SVH will create a policy for the management of residents for whom the facility receives the prevailing rate of VA per diem to ensure the state will not charge the individuals, insurance, or entity for the nursing home care paid for by the VA under a state home agreement.</p> <p>Business office will perform an audit to confirm the list of residents (Resident Payer Roster) for whom the facility receives the prevailing rate of VA per diem is accurate.</p> <p>SVH will provide the Contractor with a current list of residents (Resident Payer Roster) for whom the facility receives the prevailing rate of VA per diem.</p>	<p>§ 51.41 (c) (2) Payments under State home care agreements.</p> <p>SVH will create a policy for the management of residents for whom the facility receives the prevailing rate of VA per diem to ensure the state will not charge the individuals, insurance, or entity for the nursing home care paid for by the VA under a state home agreement.</p> <p>Business office will conduct audits of the Resident Payer Roster</p>	<p>§ 51.41 (c) (2) Payments under State home care agreements.</p> <p>Business office will perform an audit to confirm the list of residents (Resident Payer Roster) for whom the facility receives the prevailing rate of VA per diem is accurate. Beginning 12/15/2023</p> <p>Business Office will complete audits of the resident payer roster weekly for 1 month and monthly for 3 months.</p> <p>The results of the audits will be reported monthly at QAPI.</p>	<p>§ 51.41 (c) (2) Payments under State home care agreements.</p> <p>05/20/2024</p>

allow the facility to ensure that no individual, insurer, or entity would be charged for the nursing home care paid by VA under a VA provider agreement. Review of invoices for five (5) residents for whom the facility received the prevailing rate of VA Per Diem revealed that all five (5) residents' insurance had been billed by the contractor Primary Care Provider prior to invoicing the facility for primary care services.	SVH will educate the Contractor that the services provided to residents listed on the Resident Payer Roster must be billed to the SVH.				
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)
§ 51.41 (c) (2) Payments under State home care agreements. Based on communication and record reviews, it was identified that the facility does not routinely cover the charges for dental visits for residents for whom the facility receives the prevailing rate of VA Per Diem for nursing home care. Subsequent review of the Dental contract identified the following statement: "Contractor shall invoice the resident, or the resident's responsible party, for all services provided to the resident and shall promptly pursue payment for all services from all known liable sources of payment including, without limitation, the resident's private insurance, Federal Veterans Affairs Healthcare System, Medicaid and/or Medicare, in accordance with applicable requirements of federal and state laws and regulations. Contractor shall not bill State for any service provided to any resident and State shall have no obligation to compensate Contractor for such services". There was no language in the contract that was specific to the residents for whom the facility receives the prevailing rate of VA Per Diem and that would thus allow the facility to ensure that no individual, insurer, or entity would be	§ 51.41 (c) (2) Payments under State home care agreements. As described in § 51.41 (c) (2) Payments under State home care agreements, the SVH administration will ensure that the State will not charge any individual, insurance, or entity (other than VA) for the nursing home care paid for by VA under a state home agreement. SVH will revise the services agreement with the Contractor (Massa Dental) to include language that is specific to residents for whom the facility receives the prevailing rate of VA per diem to ensure they are not billed for dental services. SVH will provide the Contractor with a list of residents (Resident Payer Roster) for whom the facility receives the prevailing rate of VA per diem. SVH will educate the Contractor that the services provided to residents listed on the Resident Payer Roster must be billed to	§ 51.41 (c) (2) Payments under State home care agreements. SVH will create a policy for the management of residents for whom the facility receives the prevailing rate of VA per diem to ensure the state will not charge the individuals, insurance, or entity for the nursing home care paid for by the VA under a state home agreement. Business office will perform an audit to confirm the list of residents (Resident Payer Roster) for whom the facility receives the prevailing rate of VA per diem is accurate. SVH will provide the Contractor with a current list of residents (Resident Payer Roster) for whom the facility receives the prevailing rate of VA per diem.	§ 51.41 (c) (2) Payments under State home care agreements. SVH will create a policy for the management of residents for whom the facility receives the prevailing rate of VA per diem to ensure the state will not charge the individuals, insurance, or entity for the nursing home care paid for by the VA under a state home agreement. Business office will conduct audits of the Resident Payer Roster.	§ 51.41 (c) (2) Payments under State home care agreements. Business office will perform an audit to confirm the list of residents (Resident Payer Roster) for whom the facility receives the prevailing rate of VA per diem is accurate. Beginning 12/15/2023 Business Office will complete audits of the resident payer roster weekly for 1 month and monthly for 3 months. The results of the audits will be reported monthly at QAPI.	§ 51.41 (c) (2) Payments under State home care agreements. 05/20/2024

charged for the nursing home care paid by VA under a VA provider agreement. The Superintendent and Accountant verified that the facility had no record of dental billing, as the contracted dental bills the resident directly.	the SVH.				
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)
51.110 (e)(1) Comprehensive care plans. (1) The facility management must develop an individualized comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's physical, mental, and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the following – (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under 51.120; and (ii) Any services that would otherwise be required under 51.120 of this part but are not provided due to the resident's exercise of rights under 51.70 including the right to refuse treatment under 51.70(b) of this part. Findings: Based on observation, interviews, and record review, the facility failed to ensure a resident utilizing a pacemaker was care planned for the use and monitoring of the device, for one (1) of one (1) resident reviewed for pacemaker skin assessments (Resident #8). A review of Resident #8's Physician Orders revealed an order, dated 10/30/21, for circulatory treatment: Monitor pacemaker insertion site left upper chest once a month. A review of Resident #8's medical record revealed the resident had no Care Plan or	51.110 (e)(1) Comprehensive care plans. Upon identification by the surveyor that resident #8 did not have a pacemaker care plan, DON and ADON corrected the issue right away by creating a pacemaker care plan for resident #8.	51.110 (e)(1) Comprehensive care plans. Upon identification by the surveyor that resident #8 did not have a pacemaker care plan, the DON and ADON completed an audit of all resident's care plans who have pacemakers. For those that did not have a care plan for a pacemaker, one was added.	51.110 (e)(1) Comprehensive care plans. The pacemaker policy will be reviewed and updated as appropriate and assigned to Relias for all nurses to review. The care plan policy will be reviewed and updated as appropriate and assigned to Relias for all nurse to review. The MDS nurse will review orders and diagnoses for newly admitted residents to ensure that if a resident has a pacemaker, it is care planned. RCCs will report to the MDS nurse if a current resident is to have a pacemaker implanted. To ensure this is care planned.	51.110 (e)(1) Comprehensive care plans. DON and ADON will monitor Relias to ensure all nurses have reviewed updated policies and procedures in a timely manner. The MDS nurse will audit orders and diagnoses for newly admitted residents to ensure that if there is an order to check resident's pacemaker monthly that there is also a corresponding care plan. 5 random audits will occur weekly for 4 weeks and monthly for 2 months. The audits will start on 02/12/24 and will end on 05/12/2024 Our goal for compliance with resident using pacemaker is all residents using pacemakers will have care plans 100%	51.110 (e)(1) Comprehensive care plans. 05/12/2024

interventions listed for a pacemaker or assessment of the skin at the insertion site.					
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)
51.110 (e)(3) Comprehensive care plans. The services provided or arranged by the facility must – (i) Meet professional standards of quality, and (ii) Be provided by qualified persons in accordance with each resident's written plan of care. Findings: Based on observation, interview, record review, and policy review, the facility failed to provide care in accordance with professional standards of quality for two (2) of three (3) sampled residents (Resident #1 and Resident #4). Resident #1: Calcium Carbonate tablets (TUMS) were placed on the resident's bedside table by RN A while resident was sitting at dining room table. Resident was found to not have an order or assessment to self-administer this medication or keep it at the bedside. Resident #4: Review of the "Summary Report" revealed a Provider's Order, dated 7/12/21, which stated: "Respiratory Treatment: apply oxygen [O2] at 3.0 liter/minute [L/min] (per nasal cannula) continuous NOC [nocturnal] AM PM." Review of the Care Plan for Resident #4, no date, stated: "My treatments and services are: Respiratory Treatment:	51.110 (e)(3) Comprehensive care plans. Upon notification that RN A had left a medication at resident #1's bedside. DON and ADON provided on the spot education to RN A and removed the medication from the resident's room. During the next IDT meeting, the team discussed appropriateness for resident #1 to self-administer this medication and an assessment was completed. Prior to the survey, nurse managers provided education during 2- all nursing staff meetings regarding oxygen administration and troubleshooting. Upon identification of issue with resident #4s oxygen tank, DON	51.110 (e)(3) Comprehensive care plans. A systematic review to identify residents that may require an assessment to self-administer medications was completed by reviewing care plans and orders of all residents. A systematic review was completed to identify other residents that could be impacted to ensure the deficient practice was not occurring with other residents and all nurses and medication aides received education on updated policy for self-administration of medications. Assessments are done quarterly during MDS reviews for each resident that has an order to self-administer medications. Updated policy states current procedure to follow when a resident expresses the desire to self-administer meds. The reviews are completed quarterly during the MDS assessments and as needed to ensure residents self-administering are in compliance.	51.110 (e)(3) Comprehensive care plans. The self-administration of meds policy and procedure will be reviewed and updated as appropriate. It will be assigned to all nurses and med aides that administer medications to residents for review in Relias. DON and ADON will provide in-person education to each of these staff regarding proper procedure. If an assessment is complete and new order obtained for a resident to self-administer a medication, whomever obtained that order will enter it into the resident's care plan. Pocket care plans will be provided to all nursing staff to ensure resident's current plan of care is followed. Pocket care plans will be updated as needed by the HHCs.	51.110 (e)(3) Comprehensive care plans. DON/ADON will monitor Relias to ensure all nurses and MAs have reviewed updated policy/procedure in a timely manner. DON/ADON will provide in-person education to all nurses and med aids and they will sign that they agree/understand. DON/ADON will perform 5 random audits of resident orders and care plans to ensure cohesiveness weekly for 4 weeks and monthly for 2 months. Audits started on 02/12/24 and will end on 05/12/24. Our goal for compliance is that 100% of residents self administering medications will have an assessment completed provider order, and care planned. Staff will be educated on use and importance of pocket care plans. DON/ADON will complete 5 random audits on the floor to ensure staff are carrying and following the pocket care plan. 5 random audits will be completed weekly for 4 weeks and monthly for 2 months. Audits started on 02/12/24 and will end on 05/12/24.	51.110 (e)(3) Comprehensive care plans. 05/12/2024

apply oxygen 3.0 liters/minute (L/min) continuous Nocturnal (NOC) AM PM.” Review of the Incident Report, dated 12/23/22, revealed: “Vitals 119/96, Pulse: 84, Oxygen Saturation (SaO2) 63% [percent]. Resident was on portable oxygen and tank was empty.” Review of the Nurses Notes, dated 12/24/22, at 1:30 a.m., revealed: “Oxygen saturation 63% Resident was on portable O2 (oxygen) and the tank was empty.” Continued review of the Nurses Notes, dated 12/24/22, at 1:34 a.m., found stated: “resident was up in wheelchair and attempted to transfer to recliner...resident also had low oxygen saturation as their portable oxygen tank was empty.”	spoke with staff involved to provide education of proper procedure.	Prior to the survey, nurse managers provided education during 2- all nursing staff meetings regarding oxygen administration and troubleshooting.		Our goal for compliance is 100% of staff will have an updated pocket care plan with them at all times.	
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)
51.120 Quality of care. Each resident must receive, and the facility management must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Findings: Based on interview, record review, and policy review, the facility failed to provide the necessary care and services to attain or maintain the highest practicable physical well-being in accordance with the comprehensive assessment and Plan of Care for one (1) of three (3) sampled residents (Resident #4). Review of the Incident Report, dated 12/23/22, revealed: “Vitals 119/96, Pulse: 84, Oxygen Saturation (SaO2) 63% [percent]. Resident was on portable oxygen and tank was empty.”	51.120 Quality of care. Prior to the survey, nurse managers provided education during 2- all nursing staff meetings regarding oxygen administration and troubleshooting. Upon identification of issue with resident #4s oxygen tank, DON spoke with staff involved to provide education of proper procedure.	51.120 Quality of care. Prior to survey, nurse managers provided education during 2- all nursing staff meetings regarding oxygen administration and troubleshooting. All residents with supplemental O2 were identified and staff educated on to check at every shift change and as needed throughout the day. A systematic review was completed to identify other residents with orders for supplement O2 to ensure O2 concentrators and tanks are in proper working condition and set at appropriate liters per minute.	51.120 Quality of care. The oxygen administration policy will be reviewed and updated as appropriate. A patient safety rounds checklist will be implemented on all units for staff to review and sign off on during change of shift rounds. Emphasis on checking oxygen tanks and concentrators to ensure they are in working order.	51.120 Quality of care. Staff will place completed patient safety round checklists in ADON box for review. DON/ADON will perform 5 random audits of resident oxygen tanks and concentrators weekly for 4 weeks and monthly for 2 months. Audits started on 02/12/24 and will end on 05/12/24. Our goal for compliance is 100% of O2 concentrators are in proper working condition and set at appropriate liters per minute.	51.120 Quality of care. 05/20/2024

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)
51.200 (a) Life safety from fire. The facility must meet the applicable provisions of NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities Code. Findings: Based on record review, observation, and interview, the facility failed to maintain the automatic sprinkler system. The deficient practice affected 12 of 12 smoke compartments, staff, and 57 residents. The facility had the capacity for 65 beds with a census of 57 on the day of survey.	51.200 (a) Life safety from fire. SVH will ensure a contract is in place with Western States Fire Protection to conduct the quarterly, semiannual, annual, three year and five-year inspections as required by NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities. SVH had Western States Fire conduct an internal inspection of the piping in Building-3 (MJF Building) and Biomass Building. The internal inspection was conducted on December 19 th in the Biomass building and December 27 th in Building 3 (MJF Building). The results of the inspections are included with this report. SVH Physical Plant will follow up monthly with Western States Fire.	51.200 (a) Life safety from fire. SVH Physical Plant will ensure a contract is in place with Western States Fire Protection. SVH Physical Plant will ensure a Sprocket work order is in place for all the fire sprinkler inspections per NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities. SVH Physical Plant will follow up with Western States Fire Protection to ensure all needed fire sprinkler inspections are conducted within the appropriate time frame.	51.200 (a) Life safety from fire. SVH Physical Plant will ensure a Sprocket work order is in place for all the fire sprinkler inspections per NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities. Physical Plant will track the preventive maintenance work order through our Sprocket work order system. Physical Plant will conduct audits of preventive maintenance work orders to ensure preventive maintenance work orders are being completed as scheduled.	51.200 (a) Life safety from fire. Physical Plant will perform audits to ensure the fire sprinkler inspections per NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities PM is being completed beginning 12/21/23. Physical Plant will conduct audits of the Sprocket preventive maintenance PM weekly for 1 month and monthly for 3 months to ensure the fire sprinkler inspections per NFPA 10, Life Safety Code and NFPA 99, Health Care Facilities PM is being completed. Results of the audit will be reported during the monthly QAPI meeting.	51.200 (a) Life safety from fire. 05/20/2024
51.200 (b) Emergency power. (1) An emergency electrical power system must be provided to supply power adequate for illumination of all exit signs and lighting for the means of egress, fire alarm and medical gas alarms, emergency communication systems, and generator task illumination. (2) The system must be the appropriate type essential electrical system in accordance with the applicable provisions of NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities Code. (3) When electrical life support devices are used, an emergency electrical power	§ 51.200 (b) Emergency power SDVH Physical Plant will ensure a contract is in place to conduct a two-hour load test two years and the third year conduct a four-hour load test. The contract will include an oil sample and fuel sample. SDVH will create a PM work order that will generate annually on September 1 st of every year with instructions to ensure the	§ 51.200 (b) Emergency power SDVH will create a preventive maintenance work order to manage the annual fuel sample for the MJF State Veterans Home. Physical Plant will follow up with Butler Machinery to ensure a fuel sample and analysis is provided annually.	§ 51.200 (b) Emergency power SDVH will create a preventive maintenance work order to manage the annual fuel sample for the MJF State Veterans Home. Physical Plant will track the preventive maintenance work order through our Sprocket work order system. Physical Plant will conduct audits of preventive maintenance work orders to ensure preventive maintenance work orders are being completed as scheduled.	§ 51.200 (b) Emergency power Physical Plant will perform audits to ensure the emergency generator fuel sample PM is being completed beginning 12/21/23. Physical Plant will conduct audits of the Sprocket preventive maintenance emergency generator fuel sample PM weekly for 1 month and monthly for 3 months to ensure the emergency generator fuel sample PM is being completed. Results of the audit will be reported during the monthly QAPI meeting.	§ 51.200 (b) Emergency power 05/20/2024

<p>system must also be provided for devices in accordance with NFPA 99, Health Care Facilities Code.</p> <p>(4) The source of power must be an on-site emergency standby generator of sufficient size to serve the connected load or other approved sources in accordance with NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities Code.</p> <p>Findings: Based on records review and interview, the facility failed to inspect and test the emergency generator in accordance with the code. The deficient practice affected twelve of twelve smoke compartments, staff, and 57 residents. The facility had a capacity for 65 beds with a census of 57 on the day of the survey.</p>	<p>contract provider will conduct a two-hour load test two years and the third year conduct a four-hour load test. The contract will include an oil sample and fuel sample.</p> <p>SDVH will follow up monthly with Butler Machinery to ensure a fuel sample and analysis is provided annually.</p> <p>SDVH ordered a fuel sample kit in November 2023, collected a sample and sent it in for analysis on November 17th, 2023.</p>				
--	---	--	--	--	--

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