

**State Veterans' Homes (SVH) Corrective Action Plan**  
**Southwest Louisiana War Veterans' Home, Jennings**  
**Date of Survey: April 18 – 21, 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 )
§ 51.100 (i) (2) Environment. Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.	The rooms on Unit 1 with tile found to be blackened or stained (Rooms 102, 103, 104, 105, 112, 114, 116, 117, 119) were either cleaned or the stained tile was replaced.	<p>The condition of all tile flooring, throughout the facility was inspected for sanitary, orderly and comfortable conditions.</p> <p>A strip/wax schedule was created starting with resident rooms in most need.</p> <p>Also, a tile replacement schedule was created starting with resident rooms in most need.</p> <p>Staff competency will be evaluated and determined by the Housekeeping Supervisor and the Maintenance Supervisor performing monitoring through the QAPI process and the housekeeping and maintenance staff cleaning floors and changing tile appropriately. Documentation of evaluation and competency in performing the task of cleaning and changing floor tile appropriately is evidenced on the Performance Improvement Project Checklists. Three months</p>	<p>Housekeeping staff were educated by the Housekeeping Supervisor, regarding the importance of floor cleanliness, maintenance and proper condition. This education also included how to identify and report floor issues.</p> <p>Maintenance staff were educated by the Maintenance Supervisor, regarding the importance of floor cleanliness, maintenance and proper condition. This education also included how to identify and report floor issues.</p> <p>A QAPI, Quality Assurance Performance Improvement plan, on this deficiency was started on 6/5/2023.</p>	A weekly QAPI of floor conditions throughout the facility is being conducted by the Housekeeping Supervisor. This QAPI consists of all tile flooring in all areas of the facility being monitored at least once per month. Also, the Housekeeping Supervisor will monitor each housekeeper in at least 2 rooms per week to observe competency of cleaning and educate on needed improvements. If tile need replacement, a work order will be sent to Maintenance Staff for replacement. In order to make sure that solutions are sustained, the QAPI team will review results monthly for a period of at least (3) months and continue until 100% compliance is sustained for (3) consecutive months. Three months of 100% compliance will evidence staff competency in this area. This QAPI will be performed on all tile floors throughout the facility to ensure all floor tile are clean	September 30, 2023

		of 100% compliance will be evidence staff competency in this area.		and free from stains. Continued areas of concern identified will result in additional education, counseling and/or disciplinary action.	
§ 51.110 (e) (1) Comprehensive care plans.	<p>All Registered Nurses were educated by the Director of Nursing (DON) on the importance of developing individualized, accurate care plans reflecting the correct type of access for dialysis and correct monitoring of dressings per MD order.</p> <p>Resident #12 passed away on the morning of 4/21/2023, prior to survey exit.</p>	<p>All hemodialysis resident's care plans were reviewed and updated, as needed, to reflect accurate problems, approaches and goals. If an inaccurate problem, goal or approach was found the inaccuracy was corrected at that time. Staff competency will be evaluated and determined by the Director of Nursing performing monitoring through the QAPI process and RN Supervisors updating hemodialysis care plans appropriately and accurately. Documentation of evaluation and competency in performing the task of updating hemodialysis care plans is evidenced on the Performance Improvement Project Checklist. Three months of 100% compliance will be evidence staff competency in this area.</p>	<p>All Registered Nurses were educated by the DON on the importance of developing individualized, accurate care plans reflecting the correct type of access for dialysis and correct monitoring of dressings per MD order.</p> <p>A QAPI, Quality Assurance Performance Improvement plan, on this deficiency was started on 6/5/2023.</p>	<p>A QAPI, Quality Assurance Performance Improvement plan, is being performed by The Director of Nursing (DON). This QAPI consists of all hemodialysis resident's care plans. If a new admit receives dialysis or a current resident begins receiving dialysis, this resident's care plan will be added to the QAPI monitoring. In order to make sure that solutions are sustained, the QAPI team will review results monthly for a period of at least (3) months and continue until 100% compliance is sustained for (3) consecutive months. Three months of 100% compliance will evidence staff competency in this area. This QAPI will be performed on all hemodialysis care plans to ensure all hemodialysis care plans have accurate problems, approaches and goals. Continued areas of concern identified will result in additional education, counseling and/or disciplinary action.</p>	September 30, 2023
§ 51.110 (e) (2) Comprehensive care plans.	<p>Resident #14 was placed on a smoke cessation program. #14's smoking care plan was reviewed by the interdisciplinary team to revise and ensure that #14's smoking care plan is individualized and reflects accurate problems, goals and approaches.</p>	<p>A list of all unsafe resident smokers was generated. The Interdisciplinary Team reviewed and updated each unsafe smoker's smoking care plan to reflect accurate problems, approaches and goals. If an inaccurate problem, goal or approach was found the inaccuracy was corrected at that time. Staff competency will be evaluated and determined by the Director of</p>	<p>The Interdisciplinary Team was educated on the importance of appropriately and accurately updating unsafe smoker's care plans to reflect current problems, approaches and goals. A QAPI, Quality Assurance Performance Improvement plan, on this deficiency was started on 6/5/2023.</p>	<p>A QAPI, Quality Assurance Performance Improvement plan, is being performed by The Director of Nursing (DON). This QAPI consists of unsafe smoker's care plans. If a new admit is a smoker and deemed unsafe through the admit smoking assessment, this resident's smoking care plan will be added to the QAPI monitoring. In order to make</p>	September 30, 2023

		<p>Nursing performing monitoring through the QAPI process and the Interdisciplinary Team updating unsafe smoker's care plans appropriately and accurately. Documentation of evaluation and competency in performing the task of updating unsafe smoker's care plans is evidenced on the Performance Improvement Project Checklist. Three months of 100% compliance will be evidence of staff competency in this area.</p>		<p>sure that solutions are sustained, the QAPI team will review results monthly for a period of at least (3) months and continue until 100% compliance will evidence staff competency in this area. This QAPI will be performed on unsafe smoker's smoking care plans to ensure these care plans have appropriate, accurate problems, approaches and goals. Continued areas of concern identified will result in additional education, counseling and/or disciplinary action.</p>	
<p>51.120 (a) (4) Reporting of Sentinel Events</p>	<p>Resident # 17 &amp; #18 both passed away after sustaining a fall with major injury.</p> <p>No new sentinel events have occurred since this survey, however, education on proper reporting of sentinel events has occurred.</p>	<p>If a potential sentinel event occurs, VA regulations will be referenced to ensure all regulations are accurately followed. Staff competency will be evaluated and determined by the Administrator/Assistant Administrator performing monitoring through the QAPI process and facility management reporting sentinel events to the director of VA Medical Center (VAMC) Alexandria within 24 hours of identification. Facility management will review and analyze the sentinel event, through root cause analysis, resulting in a written report no later than 10 working days following the event. Documentation of evaluation and competency in performing the task of reporting sentinel events to VAMC Alexandria within 24 hours and conducting a review and analysis within 10 working days is evidenced on the Performance Improvement Project Checklist. Three months of 100% compliance will evidence staff competency in this area.</p>	<p>On June 6, 2023, all Department Heads were educated on the definition of a sentinel event and examples of a sentinel event. An example Performance Improvement Project Checklist was created for use when/if a potential sentinel event occurs. A QAPI, Quality Assurance Performance Improvement plan, on this deficiency will be started if a potential sentinel event occurs.</p>	<p>A QAPI, Quality Assurance Performance Improvement plan, will be performed by the Administrator/Assistant Administrator should a potential sentinel event occur. This QAPI will be performed on facility management reporting sentinel events to the director of VA Medical Center Alexandria within 24 hours of identification and facility management reviewing and analyzing the sentinel event, through root cause analysis, resulting in a written report no later than 10 working days following the event. Continued areas of concern identified will result in additional education and/or disciplinary action.</p>	<p>September 30, 2023</p>

51.120 (i) Accidents	Resident #14 was placed on a smoke cessation program.	<p>A list of unsafe resident smokers was generated. Unsafe are assessed for holes in clothing, smoking aprons and wheelchair cushions, if applicable, but in addition, their room was assessed for the smell of smoke, and evidence of possession of cigarettes and lighters by the RN Supervisor and Social Services Counselor. If smokers were found to have holes in clothing or wheelchair cushions the Administrator, D.O.N., and Safety Manager/Assistant Administrator will be made aware immediately. A safe smoking assessment will be conducted, and a care plan meeting will be held for any resident found to be out of compliance with safe smoking standards. This issue will be handled according to policy: a smoke cessation program will be offered and if issues continue possibly discharge from the facility.</p> <p>Staff competency and resident smoker compliance will be evaluated and determined by the Safety Manager, Assistant Safety Manager and Director of Nursing performing monitoring through the QAPI process. Documentation of evaluation and competency in smoker's safety compliance is evidenced on the Performance Improvement Project Checklist. Three months of 100% compliance will be evidence staff competency in this area.</p>	<p>All unsafe smoker's cigarettes and lighters were locked in the medication room on the appropriate unit. All resident smokers were educated by, Administrator, on the importance of not sharing lighters or cigarettes with residents as they may be loaning these items to unsafe smokers. All employee smokers were educated by their Department Heads on the importance of not sharing lighters or cigarettes with residents as they may be loaning these items to unsafe smokers. Families and visitors were educated on the importance of not sharing cigarettes and lighters through an email to responsible parties and signage placed in all smoking areas.</p> <p>Employees were educated on SWLVH's Smoking Policy by their respective Supervisors during Department Meetings. This education also included the importance of reporting unsafe smoking practices to their immediate supervisor, Safety Managers and/or Administrator immediately after an incident is witnessed.</p> <p>Additionally, nursing staff were educated on the importance of completing an incident report when</p>	<p>For unsafe smokers, a QAPI, Quality Assurance Performance Improvement monitoring, was performed by the RN Supervisor of the unsafe smoker's residence. This QAPI consists of the RN Supervisor that supervises the unsafe smoker's unit, conducting safety checks of the unsafe smoker's clothing, smoking aprons and wheelchair cushions, if applicable, for burn holes. Unsafe smoker's rooms are checked for the smell of smoke and evidence of possession of cigarettes and lighters. Nurses stations are checked to make sure unsafe smoker's cigarettes and lighters are locked up, away from resident's ability to readily access these supplies. As new smokers are admitted a safe smoking assessment will be conducted. If deemed to be an unsafe smoker on admit, this resident will be added to this QAPI monitoring.</p> <p>In order to make sure that solutions are sustained, the QAPI team will review results at least monthly for a period of at least (3) months and continue until 100% compliance will evidence staff competency in this area. This QAPI will be performed on all unsafe smokers to ensure their safety and compliance with SWLVH's smoking and safety standards. For employees, continued areas of concern identified will result in additional education and/or disciplinary action. For residents, continued areas of concern identified will result in additional education, smoke cessation program and/or discharge from SWLVH.</p>	September 30, 2023
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			smoking safety infractions occur.		
51.140 (h) Sanitary conditions.	Residents had no negative outcome  Food will be stored, prepared, distributed and served under sanitary conditions.	No residents were found to be directly affected by the deficient practice.  Dietician, and Dietary Manager, inspected all food in the kitchen's walk in refrigerator for appropriate dates and proper storage. If dates were found to be out of proper range, these items were discarded immediately. If improper food storage practice was used, these items were discarded immediately also. Dietician, and Dietary Manager, inspected all food preparation areas, food storage areas, and equipment areas within the kitchen, for proper cleanliness. If unsanitary conditions were found these areas were cleaned immediately. Maintenance Supervisor, provided education to his staff on the sanitary method of cleaning blower coils within the walk-in refrigerator. Staff competency will be evaluated and determined by Dietician, and Dietary Manager, performing monitoring through the QAPI process and dietary staff storing, preparing, distributing and serving food under sanitary conditions. Documentation of evaluation and competency in performing the task of proper storage, preparation, distribution and serving food under sanitary conditions is evidenced on the Performance Improvement Project Checklist. Three months of 100% compliance will evidence staff competency in this	All dietary staff were educated by Dietician, on the properly dating food items, proper storage containers, and proper sanitary conditions of food preparation areas, food storage areas and proper cleanliness of equipment.  All maintenance staff were educated by Maintenance Supervisor, on the sanitary method of cleaning blower coils within the walk-in refrigerator.	A QAPI, Quality Assurance Performance Improvement plan, is being performed by Dietician. This QAPI consists of monitoring all food items in the kitchen's walk in refrigerator for appropriate dates and proper storage. Also monitored is all food storage areas, and equipment areas within the kitchen, for proper cleanliness. In order to make sure that solutions are sustained, the QAPI team will review results monthly for a period of at least (3) months and continue until 100% compliance will evidence staff competency in this area. This QAPI will be performed on all food items in the kitchen's walk in refrigerator for appropriate dates and proper storage along with food storage areas and equipment areas within the kitchen, for proper cleanliness. Continued areas of concern identified will result in additional education, counseling and/or disciplinary action.	September 30, 2023

		area.			
§ 51.190 (a) Infection control program.	For resident #20 that was affected by the deficient practice, their pressure ulcer was monitored for infection. Currently there is no evidence of infection. LPN C was counseled on SWLVH's Wound Care Procedure and "Clean Technique."	SWLVH identified other residents having the potential to be affected by the same deficient practice by generating a list of all residents requiring wound care. All LPNs & RNs, that conduct wound care, were educated on SWLVH's Wound Care Procedure with special focus on "Clean Technique." Staff competency will be evaluated and determined by DON, and/or Infection Preventionist & RN performing monitoring through the QAPI process and nursing staff demonstrating proper "Clean Technique" during wound care. Documentation of evaluation and competency in performing "Clean Technique" during wound care is evidenced on the Performance Improvement Project Checklist. Three months of 100% compliance will evidence staff competency in this area.	All R.N.s and L.P.N.s were educated by the DON and Infection Preventionist on the importance of "Clean Technique" during wound care.  A QAPI, Quality Assurance Performance Improvement plan, on this deficiency was started on 6/5/2023.	A QAPI, Quality Assurance Performance Improvement plan, is being performed by the DON and/or the Infection Preventionist. This QAPI consists of monitoring all RNs and LPNs performing wound care in order to ensure "Clean Technique" is used. In order to make sure that solutions are sustained, the QAPI team will review results monthly for a period of at least (3) months and continue until 100% compliance will evidence staff competency in this area. Continued areas of concern identified will result in additional education, counseling and/or disciplinary action.	September 30, 2023
51.200 (a) Life Safety From Fire	<p>1) Residents had no negative outcome. Corrective action for this deficient practice was obtained during inspection by moving the metal shelf that was obstructing on fire extinguisher to its proper location immediately. 3D signage ordered and placed above fire extinguishers in the kitchen.</p> <p>2) Residents had no negative outcome. Corrective action for this deficient practice has occurred by moving any Alcohol Based Hand Rub (ABHR) dispensers located above electrical outlets or light switches.</p> <p>3) Residents had no negative outcome. A restraint system for the gas fired,</p>	<p>1) Dietary staff and maintenance staff evaluated each fire extinguisher area for obstructions. Dietary and maintenance staff were educated on the importance of not obstructing fire extinguishers.</p> <p>2) Maintenance staff evaluated each Alcohol Based Hand Rub (ABHR) dispenser for placement within safety code guidelines. Maintenance staff were educated on the importance of placing ABHR dispensers within safety code guidelines.</p> <p>3) Maintenance and Dietary staff</p>	<p>Dietary staff were educated by Dietician, on the importance of not obstructing fire extinguishers and the importance of ensuring the gas fired, wheeled, deep fat fryer remains restrained.</p> <p>Maintenance staff were educated by Assistant Safety Manager and Maintenance Supervisor, on the importance of not obstructing fire extinguishers, proper placement of ABHR</p>	<p>A QAPI, Quality Assurance Performance Improvement monitoring, is being performed by the Maintenance Supervisor. This QAPI consists of monitoring fire extinguishers to ensure they are free from blockage, all ABHRs are not installed above electrical outlets or light switches, the gas fired, wheeled, deep fat fryer is restrained properly, clear workspaces are provided around electrical panels and no multi-plug devices are in use.</p> <p>In order to make sure that solutions are sustained, the</p>	September 30, 2023

	<p>wheeled, deep fat fryer was ordered and has been installed</p> <p>4) Residents had no negative outcome. Louisiana Office of Technology Services was contacted. OTS then came to SWLVH and moved the network rack to a compliant location.</p> <p>5) Residents had no negative outcome. Laundry room multi-plug devices were replaced.</p>	<p>were educated on the importance of ensuring the gas fired, wheeled, deep fat fryer was secured within safety code guidelines.</p> <p>4) Tech. employees and Maintenance employees that deal with technology equipment were educated on the importance of not blocking electrical panels. Also, the importance of escorting outside contractors while working in the facility was stressed.</p> <p>5) Maintenance staff were educated on the importance of not installing multi-plug devices within the facility.</p> <p>Staff competency will be evaluated and determined by Safety Managers, performing monitoring through the QAPI process and maintenance and dietary staff demonstrating proper Life Safety Code compliance. Documentation of evaluation and competency in performing the task of following the Life Safety Codes will be evidenced on the Performance Improvement Project Checklist. Three months of 100% compliance will evidence staff competency in this area.</p>	<p>dispensers, ensuring the gas fired, wheeled, deep fat fryer remains restrained, ensuring a clear working space around electrical equipment and installation of proper electrical equipment.</p>	<p>QAPI team will review results monthly for a period of at least (3) months and continue until 100% compliance will evidence staff competency in this area. Continued areas of concern identified will result in additional education, counseling and/or disciplinary action.</p>	
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