State Veterans' Homes (SVH) Corrective Action Plan
Illinois Veterans Home-LaSalle-Survey 10/17-10/20/23

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 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
51.43(b) Drugs and medicines for certain veterans The facility was unable to demonstrate that insurance for prevailing rate residents was not billed by the SVH's contracted pharmacy.	The SVH has amended the Pharmacy Contract to prevent the pharmacy from billing insurance for Prevailing Rate Veterans that reside at the home. The reimbursement officer supplied the SVH pharmacy with an updated list of prevailing rate residents whose medication will be billed and paid for by the SVH. Insurance claim payments received by the SVH pharmacy for prevailing rate residents have been reimbursed. The SVH was billed and has paid for all medications for those prevailing rate residents.	The reimbursement officer will provide the SVH pharmacy, Business Administrator, and Accountant supervisor with an updated list of prevailing rate residents weekly. Upon receiving the monthly pharmacy invoice, the accountant supervisor and account technician will verify the correct payer type is listed to bill for prevailing rate residents. The Account Technician will report any billing errors to their supervisor so they can be corrected.	The pharmacy Contract has been amended to prevent the pharmacy from billing insurance for Prevailing Rate Veterans that reside at the home. The reimbursement officer will provide the SVH pharmacy, Business Administrator, and Accountant supervisor with an updated list of prevailing rate residents weekly. Upon receiving the monthly pharmacy invoice, the accountant supervisor and account technician will verify the correct payer type is listed to bill for prevailing rate residents. Current policies were reviewed and combined to develop a more thorough and detailed policy with specific expectations. Evening checklist updated to specifically include a	The Account Technician will report any billing errors to their supervisor so the SVH Infection Preventionist can record and report on the monthly facility QAPI scorecard. The goal for compliance is 100%. Weekly monitoring conducted by non-dietary staff began 10/23/2023 to ensure goal for 100% compliance. Any further issues will be reported to the dietary manager immediately. Evidence for monitoring compliance	QAPI February 2024 QAPI February 2024

51.140 (H) Sanitary Conditions "Based on the observations, interviews, and review of the facility policies the facility failed to ensure food served to residents was stored under sanitary conditions. This failure placed 84 residents at risk for potential food borne illness.	Immediate staff in-service was conducted for AM shift to address proper storage of ALL food items regardless of location i.e.: freezer, cooler, pantry, dry storage. Inservice repeated for 2nd shift & over the next 2 days to ensure every department employee was educated.	Updated facility policy for food storage throughout the facility. Contact was made with Nursing department to notify the dietary manager of any residents showing signs of foodborne illness and to share updated policy for food storage locations including pantries and refrigerated units on each wing/dining room.	daily check of all storage areas to meet compliance. Discussion of the policy has been added to the New Employee orientation process to cover this topic thoroughly. Monitoring of all vendor work to ensure proper sealing of smoke barriers after work is performed.	will be presented at QAPI February 2024. The SEAC will on regular intervals inspect the smoke barriers to make sure all seals maintain their integrity.	10/31/23
51.200 Life Safety from fire Based on observation and interview, the facility failed to properly maintain the smoke barriers. The deficient practice affected four of six smoke compartments, staff and no residents. The facility had a capacity for 190 beds with a census of 84 on the first day of the survey.	All smoke barrier perforations were sealed by fire barrier caulk.	All smoke doors were inspected to insure proper sealing of smoke barriers.	The Canteen's Smoke Eater will be replaced to prevent any future residue from building up on the heads.	Annual inspections of all heads to be scheduled by the SEAC and conducted by maintenance staff. Scheduling drills in advance. SEAC will ensure training is provided and documentation is received for staff on all shifts.	4/1/2024
51.200 Life Safety from fire Based on records review and interview, the facility failed to properly maintain the sprinkler system. The deficient practice affected four of the six smoke compartments, staff, and all residents.	All four sprinkler heads in the Canteen to be replaced.	Annual inspections to be performed on all heads within the facility.	SEAC position filled to guarantee regular drills are conducted. Advanced planning to ensure drills will be held within the required timeframe.	Monitor at quarterly QAPI	12/1/2023
51.200 Life Safety from					

fire Based on record review and interview, the facility failed to conduct all required fire drills. The deficient practice affected 6 of 6 smoke compartments, staff, and all residents. **51.200 Life Safety from fire** Based on observation and interview, the facility failed to properly store oxygen cylinders. The deficient practice affected one of six smoke compartments, staff, and no residents.	Drills were conducted for 2nd and 3rd shifts to fulfill the requirements. Staff in-services for safely storing of oxygen cylinders. Signage placed above storage racks to identify full and empty cylinders.	All quarterly drills to be scheduled and conducted as required. Education to be given to all staff and compliance to be monitored by maintenance staff during rounding with checklist completed.	Stores clerk to monitor storage areas weekly when exchanging cylinders.		12/14/2023

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