State Veterans' Homes (SVH) Corrective Action Plan
Illinois Veterans Home-LaSalle Survey: 9/9/24-9/12/24

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. Please reference VA GEC's CAP Standard Operating Procedure for detailed guidance on completing this CAP template.

State the Issue **Identify the Regulation Number and language only**	**Address how corrective action will be accomplished for those residents found to be affected by the deficient practice**	**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 & what benchmarks will be used to determine sustainment**	**Proposed Completion Date**
§ 51.40 (a) Basic rate. Except as provided in §51.41, VA will pay per diem for care provided to an eligible veteran at a State home at the lesser of the following rates: (1) One-half of the daily cost of the care for each day the veteran is in the State home, as calculated under paragraph (b) of this section. (2) The basic per diem rate for each day the veteran is in the State home. The basic per diem rate is established by VA for each fiscal year in accordance with 38 U.S.C. 1741(a) and (c).	The daily cost of care used is the annual fixed cost of care approved by the federal VA in September of each year for the following FFY. The prior year cost allocation is what the federal VA reviews and approves allowing for the fixed cost of care annualized. The federal VA approved the state of IL to utilize the annual fixed cost of care because throughout the fiscal year, the state operates on a cash basis accounting, but during the lapse period the state switches to accrual accounting. This does not allow for monthly determination of cost allocation, which is why the federal VA approved the State of Illinois to use the annual fixed cost of care option.	No residents affected.	Will continue to seek federal VA approval to use the annualized fixed cost of care process each FFY.	Cost allocation submitted to local VA with oversight of the per diem program. Once the annualized fixed cost of care is approved by the federal VA, it will be used monthly as the fixed cost of care.	10/10/2024 .

- This Corrective Action Plan is to be electronically submitted to the Pod-specific National SVH Program Manager for Quality and Oversight
- In accordance with Section 163(c)(3) of the Joseph Maxwell Cleland and Robert Joseph Dole Memorial Veterans Benefits and Health Care Improvement Act of 2022, all SVH CAPs are required to be published to a publicly available internet website. Beginning with 2023 VA Surveys, each final, accepted CAP will be posted verbatim to a public-facing website.

§ 51.41 (c) (2) Payments under State home care agreements. (2) The State home shall not charge any individual, insurer, or entity (other than VA) for the nursing home care paid for by VA under a State home care agreement. Also, as a condition of receiving payments under paragraph (c), the State home must agree not to accept drugs and medicines from VA provided under 38 U.S.C. 1712(d) on behalf of veterans covered by this section and corresponding VA regulations (payment under this paragraph (c) includes payment for drugs and medicines).	• The SVH has amended the contracts for podiatry, laboratory, radiology, and mental health services to prevent the providers from billing insurance for Prevailing Rate Veterans that reside at the home. • The reimbursement officer supplied the providers with an updated list of prevailing rate residents whose services will be billed to and paid for by the SVH. • Insurance claim payments received by those providers for prevailing rate residents shall be reimbursed. • The SVH will receive corrected invoices and shall pay providers for all podiatry, laboratory, radiology, and mental health services for prevailing rate residents.	• The reimbursement officer will provide the SVH providers for podiatry, laboratory, radiology, and mental health services, the Administrator, Business Administrator, and Accountant supervisor with an updated list of prevailing rate residents weekly. • Prevailing rate residents will be identified with green colored charts on the unit where they reside. • Resident transfer packets will include a memo notifying providers not to bill insurance but invoice facility for charges. • Upon receiving provider invoices, the accountant supervisor, account technician, and account clerk will verify services for the prevailing rate residents are not being billed to insurance, but to the SVH. • The Account Technician/Account Clerk will report any billing errors to their supervisor so they can be corrected.	• The reimbursement officer will provide the SVH providers for podiatry, laboratory, radiology, and mental health services, the Administrator, Business Administrator, and Accountant supervisor with an updated list of prevailing rate residents weekly. • Prevailing rate residents will be identified with green colored charts on the unit where they reside. Charts ordered. • Resident transfer packets will include a memo notifying providers not to bill insurance but invoice facility for charges. • Upon receiving provider invoices, the accountant supervisor, account technician, and account clerk will verify services for the prevailing rate residents are not being billed to insurance, but to the SVH. • The Account Technician/Account Clerk will report any billing errors to their supervisor so they can be corrected.	• The Accountant Supervisor will verify provider invoices do not reflect insurance billing for all prevailing rate residents prior to sending provider payment. Monitoring began 10/1/24. • The Account Technician/Account Clerk will report any invoicing errors to the accountant supervisor. • The supervisor will document and report results at February 26, 2025 QAPI. • The goal for monitoring compliance is 100%.	Report progress/Completion February 26, 2025, QAPI

- This Corrective Action Plan is to be electronically submitted to the Pod-specific National SVH Program Manager for Quality and Oversight
- In accordance with Section 163(c)(3) of the Joseph Maxwell Cleland and Robert Joseph Dole Memorial Veterans Benefits and Health Care Improvement Act of 2022, all SVH CAPs are required to be published to a publicly available internet website. Beginning with 2023 VA Surveys, each final, accepted CAP will be posted verbatim to a public-facing website.

§ 51.140 (h) Sanitary conditions. The facility must: (1) Procure food from sources approved or considered satisfactory by Federal, State, or local authorities: (2) Store, prepare, distribute, and serve food under sanitary conditions; and (3) Dispose of garbage and refuse properly.	• All dietary staff will be in-serviced during the month of December for sanitizer testing and documentation. • Numbers will be placed on red sanitizing buckets to ensure results are being tracked and recorded. • Updated log sheets for sanitizing sink and red buckets to record test results and ensure level are between 200-400 parts per million (PPM) • Dietary managers were provided with Ecolab contact information to notify for sanitizer dispenser service or repair. • Additional thermometer placed inside of the walk-in freezer to validate accuracy with outside temperature panel. Temperatures will read within 0 to -10 degree Fahrenheit range. Freezer door seal replaced by maintenance staff on 9/24/24. • All dietary staff will be in-serviced on reading and recording accurate temperatures and immediately reporting any temperatures out of range to dietary managers.	The Infection Preventionists surveillance will identify any suspected or confirmed foodborne illness amongst residents at IVHL. This will include discussions with nursing staff and surveillance via OSF eLink access online.	• 1st shift cooks will document refrigerator and freezer temperatures and sanitizer PPM at assigned times during their shift. • 2st shift cooks will document refrigerator and freezer temperatures and sanitizer PPM at assigned times during their shift. • Dietary Manager will be notified by IP of any residents showing foodborne illness.	• Dietary managers will audit temperature and sanitation logs 3x weekly and report progress at QAPI February 26, 2025. • Staff will report issues with product or dispensing equipment to Dietary Managers immediately. • Dietary managers will conduct new employee departmental orientation. • Monitoring compliance for temperature and sanitizing PPM began 9/12/2024 and will continue until maintained for 6 months.	Report progress at February 26, 2025 QAPI

- This Corrective Action Plan is to be electronically submitted to the Pod-specific National SVH Program Manager for Quality and Oversight
- In accordance with Section 163(c)(3) of the Joseph Maxwell Cleland and Robert Joseph Dole Memorial Veterans Benefits and Health Care Improvement Act of 2022, all SVH CAPs are required to be published to a publicly available internet website. Beginning with 2023 VA Surveys, each final, accepted CAP will be posted verbatim to a public-facing website.

§ 51.190 (b) Preventing spread of infection. (1) When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility management must isolate the resident. (2) The facility management must prohibit employees with a communicable disease or infected skin lesions from engaging in any contact with residents or their environment that would transmit the disease. (3) The facility management must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.	Staff member immediately corrected by DON to ensure understanding.	• The Infection Preventionist will increase monitoring compliance with EBP and maintain an up-to-date list of residents who meet isolation requirements. • Isolation supplies have been placed outside resident room. Sign placed on door frame to alert staff of isolation type. • Identification of resident by bed location to which the precautions apply. • A notation is made in the electronic medical record indicating the type of isolation required.	• Staff education has been scheduled 11/25-12/13/24 and provided by Infection Preventionist to ensure better understanding of isolation precautions. Education will include a pre-test, video, post-test, in-person discussion with opportunity for questions after the meeting. • The infection preventionist will comprise a list of isolated residents and will send to nursing management and staff. The office assistant will update assignment sheets to include the type of isolation. • For residents in semi-private rooms, a notation will be made on the isolation sign to indicate which bed (A or B) the precautions apply to.	• The Infection Preventionist or designee(s) will observe at least 30 opportunities monthly for appropriate PPE compliance throughout the facility. • Just-in-time will be given to staff who are noncompliant based on observation. • Observations will begin 12/2/2024 will continue until facility has 90% or greater compliance for 3 months. • The Infection Preventionist, Director of Nursing, and Assistant Director of nursing will observe and monitor compliance with report at QAPI quarterly.	Report progress at May 28, 2025 QAPI

- This Corrective Action Plan is to be electronically submitted to the Pod-specific National SVH Program Manager for Quality and Oversight
- In accordance with Section 163(c)(3) of the Joseph Maxwell Cleland and Robert Joseph Dole Memorial Veterans Benefits and Health Care Improvement Act of 2022, all SVH CAPs are required to be published to a publicly available internet website. Beginning with 2023 VA Surveys, each final, accepted CAP will be posted verbatim to a public-facing website.

§ 51.200 (a) Life safety from fire. (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.	Maintenance will conduct 13 of 13 Fire door inspections annually.	All residents and staff have the potential to be affected.	Inspection checklists have been created and will be completed upon inspection. Annual fire door inspections will take place December 2024.	Fire door inspection checklists will be monitored and maintained by the Stationary Engineer- Any necessary repairs will be addressed immediately and Assistant Chief. SEAC will report inspection results at February 26, 2025 QAPI.	2/26/2025