

**State Veterans' Homes (SVH) Corrective Action Plan**  
**Edward C. Allworth- Oregon Veterans' Lebanon**  
**April 25<sup>th</sup>, 2023-April 28<sup>th</sup>, 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 )
51.120 Quality of care.  Findings: Based on record review and interviews, the facility failed to 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 as evidenced by the failure to follow Physician Orders for daily weights.	Affected residents were assessed for appropriateness of daily weights. Resident number 1's order was updated per physician order to weekly weight. Resident number 2's order for daily weight was continued based upon clinical needs. Care plans were also reviewed and updated.	A facility audit will be completed for all residents with orders for daily weights. All residents with orders for daily weights will be evaluated for clinical appropriateness of current order.	Education will be provided to licensed personnel regarding professional standards of practice related to following physicians' orders for daily weights.  Daily weights will be reviewed at weekday morning meetings for completion and appropriate documentation. Any missing documentation will be followed up on by DNS or designee timely	New orders for daily weights will be identified at weekday morning meetings. DNS or designee will ensure that appropriate orders are placed in resident's chart. DNS or designee will perform random weekly audits of 2 residents for daily weight documentation to ensure that physicians' orders are followed for eight weeks.  Results of audits will be brought to QAPI to ensure ongoing compliance monthly for two months.	September 28 2023

<p>51.120 (I) Special needs.</p> <p>Findings: Based on observation, record review, and interviews, the facility failed to ensure that residents receive proper treatment and care for respiratory services.</p>	<p>Affected residents' oxygen tubing and/or nebulizer set up were changed and dated immediately. Order placed in chart to maintain scheduled and as needed changes.</p>	<p>Facility audit completed for all residents using oxygen and/or nebulizers. All tubing and nebulizer sets changed, dated, and orders placed in chart to maintain scheduled and as needed changes.</p>	<p>Education will be provided to licensed personnel regarding professional standards of practice related to oxygen administration including proper storage and changing of equipment.</p> <p>Oxygen concentrators have a hook affixed for hanging plastic bags to store delivery devices when not in use.</p> <p>Orders are placed in residents' chart for scheduled changes of oxygen delivery device and/or nebulizer set.</p>	<p>New orders for oxygen and/or medications requiring nebulizers will be identified at weekday morning meetings. DNS or designee will ensure that appropriate orders for changing of oxygen delivery device and/or nebulizer set are placed in chart. DNS or designee will perform weekend/or nebulizer sets to ensure proper storage and changing of devices are completed for eight weeks.</p> <p>Results of audits will be brought to QAPI to ensure ongoing compliance monthly for two months.</p>	<p>September 28, 2023</p>
<p><b>51.200 (a) Life Safety from Fire.</b></p> <p>Rating – Not Met Scope and Severity - F Residents Affected – Many</p> <p><b><u>Smoke Barriers and Sprinklers</u></b></p> <p>Findings:</p> <p>1. Based on observation and interview, the facility failed to properly install and maintain equipment protected by the kitchen hood extinguishing system. The deficient practice affected one (1) of 17 smoke</p>	<p><b>In order to keep residents safe who were found affected by the deficient practice:</b></p> <p>The Maintenance Department will define the exact location of the deep fryer by floor markings to indicate where the deep fryer shall be located when not in use.</p> <p>This will ensure the extinguishing suppression system is in proper proximity to the deep fryer.</p> <p>To ensure actions align with Quality Assessment and Assurance fundamentals:</p> <p>Results from inspections will be shared at monthly QAPI meetings.</p>	<p><b>The SVH will identify other residents having the potential to be affected by the same deficient practice:</b></p> <p>Maintenance Staff will perform visual and functionality appliance inspections of all the (11) other kitchens and main kitchen at the Facility.</p>	<p><b>The systemic changes made to ensure that the deficient practice will not recur:</b></p> <p>The Maintenance Director or designee will educate the maintenance staff to complete monthly visual inspections of all kitchen appliances.</p> <p>Monthly Audits will be conducted to ensure the proper placement and function of major kitchen appliances.</p>	<p><b>The SVH plans to monitor its performance to make sure that solutions are sustained.</b></p> <p>The results of the audits will be brought to the monthly QAPI committee for 3 months for further direction and follow-up.</p>	<p>September 28, 2023</p>

<p>compartments, staff, and zero (0) residents. The facility had a capacity for 154 beds with a census of 137 on the first day of survey.</p> <p><u>The findings include:</u> Observation during the building inspection tour, on 4/26/23, at 2:36 p.m., revealed one (1) wheeled, Pitco Model #VF35 gas fired deep fat fryer located on the cooking line in the kitchen was not provided with an approved method that would ensure that the appliance was returned to an approved design location after it had been moved for maintenance and cleaning, as required by sections 12.1.2.3 and 12.1.2.3.1 of NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations.</p>					
<p>2. Based on record review and interview, the facility failed to maintain the fire alarm system. The deficient practice affected 17 of 17 smoke compartments, staff, and all residents. The facility had a capacity for 154 beds with a census of</p>	<p><b>The corrective action we will be accomplished for those residents found to be affected by the deficient practice:</b></p> <p>On February 3<sup>rd</sup>. 2023 All Maintenance Staff successfully completed the fire alarm competency training on the buildings SimplexGrinnell 4100-ES fire alarm system. The training was conducted by a certified technician from Performance</p>	<p><b>The SVH will identify other residents having the potential to be affected by the same deficient practice:</b></p> <p>The Maintenance Director will assure that any staff or technician performing maintenance, fire drills, or testing will be properly trained &amp; certified on the SVH</p>	<p><b>The systematic changes made to ensure that the deficient practice will not recur:</b></p> <p>A policy change will be made in the job requirements for Maintenance Technicians working for the OVH must successfully</p>	<p><b>The SVH plans to monitor its performance to make sure that solutions are sustained:</b></p> <p>All Staff Certificates of Competency will be filed and maintained for the duration of Staffs employment at SVH. The Maintenance Director will</p>	<p>September 28, 2023</p>

137 on the first day of the survey.	Systems Integration (WA-PERFOSI81250).	SimplexGrinnell 4100-ES fire alarm system by a certified technician from Performance Systems Integration (WA-PERFOSI81250).	complete the fire alarm competency training on the buildings SimplexGrinnell 4100-ES fire alarm system. The training must be conducted by a certified technician from Performance Systems Integration (WA-PERFOSI81250).	also have all new hires for the Maintenance Department become properly trained & certified on the SVH SimplexGrinnell 4100-ES fire alarm system by a certified technician from Performance Systems Integration (WA-PERFOSI81250) before performing maintenance, fire drills, or testing on the fire alarm system.  Any Technician certification changes regarding the fire alarm system will be reviewed at monthly QAPI meetings for three months and annually thereafter.	
3. Based on records review and interview, the facility failed to properly maintain the sprinkler system. The deficient practice affected 17 of 17 smoke compartments, staff, and all residents. The facility had the capacity for 154 beds with a census of 137 on the first day of the survey.	<b>The corrective action we will be accomplished for those residents found to be affected by the deficient practice:</b>  On March 8 <sup>th</sup> . 2023 All Maintenance Staff successfully completed the fire sprinkler competency training on the buildings fire sprinkler system.  The training was conducted by a certified fire sprinkler technician from Performance Systems Integration (WA-PERFOSI81250).	<b>The SVH will identify other residents having the potential to be affected by the same deficient practice:</b>  The Maintenance Director will ensure that any Staff or Technician performing maintenance, or testing will be properly trained & certified by a certified fire sprinkler technician from Performance Systems Integration (WA-PERFOSI81250).	<b>The systematic changes made to ensure that the deficient practice will not recur:</b>  A policy change will be made in the job requirements for Maintenance Technicians working for the OVH. "All Maintenance Technicians must successfully complete the fire sprinkler competency training on the buildings fire sprinkler system before performing maintenance or testing on the fire sprinkler system.  The training will be conducted by a certified technician from Performance Systems Integration (WA-	<b>The SVH plans to monitor its performance to make sure that solutions are sustained:</b>  All Staff Certificates of Competency will be filed and maintained for the duration of Staffs employment at SVH.  Maintenance Director will also ensure all new hires for the Maintenance Department become properly trained & certified on the fire sprinkler systems by a certified technician from Performance Systems Integration (WA-PERFOSI81250) before performing maintenance or testing on the fire sprinkler system.  Any Technician certification changes regarding fire sprinkler systems will be shared at	September 28, 2023

			PERFOSI81250).	monthly QAPI meetings for three months then annually thereafter.	
<p><b><u>Building Services</u></b></p> <p>4. Based on observation and interview, the facility failed to properly install and maintain equipment protected by the kitchen hood extinguishing system. The deficient practice affected one (1) of 17 smoke compartments, staff, and zero (0) residents. The facility had a capacity for 154 beds with a census of 137 on the first day of the survey.</p> <p><u>The findings include:</u> Observation during the building inspection tour, on 4/26/23, at 2:36 p.m., revealed the deep fat fryer on wheels that was located on the cooking line in the kitchen was not provided with a restraint system to limit the movement of the appliance to prevent strain on the connections, as required by sections 9.6.1.2 and 10.12.6 of NFPA 54, National Fuel Gas Code.</p>	<p><b>Corrective action will be accomplished for those residents found to be affected by the deficient practice:</b></p> <p>The Maintenance staff will install a restraint cable connected from the wall to the deep fryer. The cable will handle the weight capacity of the deep fryer and limit the movement and strain on the connections.</p> <p>All kitchen appliances will be inspected to ensure a proper restraint system is in place and functioning to limit the movement of the appliance and to prevent strain on the connections.</p>	<p><b>The SVH will identify other residents having the potential to be affected by the same deficient practice by:</b></p> <p>Maintenance Staff will perform a visual and functionality major appliance inspections of all the (11) other kitchens and main kitchen at the Facility to ensure a proper restraint system is in place to limit movement of the appliance and prevent strain on the connections.</p>	<p><b>The systemic changes to ensure that the deficient practice will not recur:</b></p> <p>The Maintenance Director or designee will train maintenance staff to perform major appliance restraint audits and to enter audit results into the TELS system.</p> <p>Audits will be completed monthly by Maintenance Director or Designee to ensure compliance.</p>	<p><b>The SVH plans to monitor its performance to make sure that solutions are sustained:</b></p> <p>Results of the audits will be brought to the monthly QAPI committee for further direction and follow-up for three months then annually thereafter.</p>	<p>September 28, 2023</p>
<p><b><u>Electrical Systems</u></b></p>	<p><b>To keep resident's safe who were found affected by the deficient practice:</b></p>	<p><b>The SVH will identify other residents having the potential to be affected by the same deficient</b></p>	<p><b>Address what measures will be put into place or systemic changes</b></p>	<p><b>The SVH plans to monitor its performance to make sure that solutions are sustained:</b></p>	

5. Based on records review, observation, and interview, the facility failed to conduct inspections and maintain documentation of inspections on the Patient Care Related Electrical Equipment (PCREE). The deficient practice affected 17 of 17 smoke compartments, staff, and all residents. The facility had a capacity for 154 beds with a census of 137 on the first day of the survey.	Facility will complete Inspections and maintain proper inspection documentation on all (PCREE). This includes visual inspections of such appliances monthly.  Facility will also conduct an initial facility-wide leak test of all PCREE and will be completed annually after that.	<b>practice:</b>  Facility will conduct Monthly and annual inspections and maintain proper inspection documentations on all (PCREE) This includes a visual inspections of power source cords and appliances, and electrical leak tests. Facility will also Inspect, test, and maintain proper documentation on any new PCREE that comes onto the Facility.  All Audits will be recorded in TELS system to ensure accurate monitoring and completion.	<b>made to ensure that the deficient practice will not recur:</b>  Maintenance Director or Designee will ensure that Monthly and annual inspections are conducted, and that the facility maintains proper inspection documentations on all (PCREE) in Tels. This includes all visual inspections of power source cords and appliances, and electrical leak tests. Facility will also Inspect, test, and maintain proper documentation on any new PCREE that comes into the Facility.	Results from inspections will be shared at monthly QAPI meetings three months and then annually thereafter for further direction and follow up.	September 28, 2023
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- This Corrective Action Plan is to be electronically submitted to the Pod-specific National SVH Program Manager for Quality and Oversight