

State Veterans' Homes (SVH) Corrective Action Plan
Missouri Veterans Home- Mt. Vernon VA Survey 09/17/24 – 09/20/24

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
51.110 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.	All medications requiring vital signs to be completed will be placed in the EMAR as a physician's order. This will ensure medications cannot be administered without proper documentation by no later than November 15, 2024.	Director of nursing and unit managers will audit charts of residents receiving medication requiring vital signs to be taken prior to administration to ensure all documentation /orders are in place for appropriate medication administration by no later than November 30, 2024.	All certified medication technicians will be re-educated on obtaining vital signs in accordance with the physician orders when administering medication by November 30, 2024. Nurse Managers will conduct competency evaluations during a med pass audit with each CMT once a month for three months. Competency checks will include medication orders that require vital signs to be checked prior to medication administration and proper documentation. Competency audits for each CMT starting November 1, 2024 and ending January 31, 2025, totaling three audits for each CMT. <ul style="list-style-type: none"> If greater than 5% error rate is noted during any audit, the staff member will receive re-education and additional competency audits as needed. 	Director of Nursing will compile all audit findings and report in monthly QAPI November-January. Goal of compliance is 95%.	January 31, 2025

- 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.

			There are a total of 11 Veterans in the home that have medications orders that require vital signs to be checked prior to medication administration. The Omnicare Pharmacist will complete four medication audits each month for 3 months. The Pharmacist's audits will begin November 1, 2024 and end in January 31, 2025, totaling 12 audits. These audits will be completed to further verify that all vital signs required for medication administration have been completed and documented per the physician's order.		
51.140 Sanitary Conditions (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.	Food covers were placed on D Unit for use when transporting trays in the hallway on 09/20/24. Education was provided to the D-Wing Nursing staff and the Dietary employees on proper hand hygiene during food handling and safe food transportation on 09/20/2024.	All residents on D wing have a potential to be affected.	All nursing/dietary staff will be educated on proper hand hygiene regarding food handling/preparation and food transportation via MVC policy L-3 Dining Services and L-4 Sanitation and Safety by November 30, 2024. Staff Development Coordinator will conduct three weekly audits, to include the breakfast, lunch, and supper meals, on D-Wing to ensure staff are meeting the requirements for proper hand hygiene while preparing and handling food and safely transporting food. The audits will run weekly from November 1, 2024 through January 31, 2025, totaling 39 audits. Dietician/Dietary Manager will conduct three weekly audits, to include the breakfast, lunch, and supper meals, in the main dining room to ensure staff are meeting the requirements for proper hand hygiene while preparing and handling food and safely transporting food. The audits will run weekly from November 1, 2024 through January 31, 2025, totaling 39 audits.	Dietary Manager and the Staff Development Coordinator will compile all audit/observation findings and report in monthly QAPI November 2024-January 2025. With a goal compliance percentage of 95%.	January 31, 2025

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51.200 (a) Life Safety from Fire (a) Life Safety from fire. The facility must meet the applicable provisions of the NFPA 101, Life Safety Code and NFPA 99, Health Care Facility Codes	A red marking identifier was purchased and installed next to the dedicated branch circuit disconnecting means, located inside of the electrical panel, which provides power for the main Fire Alarm Control Panel (FACP) on 09/28/2024.	Maintenance supervisor inspected all the electrical panels in the SVH with a circuit disconnecting means which provides power to the main Fire Control Panel to ensure each had a red marking identifier on 10/24/2024.	Education will be provided to all Maintenance Staff on the NFPA codes cited in our VA survey report requiring red marking identifiers next to dedicated branch circuits that provides power to the main fire panel by November 30, 2024.	Maintenance Supervisor will report completion of installation and NFPA training in November QAPI meeting.	November 30, 2024
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