

**Corrective Action Plan**  
**Clifford Chester Sims State Veterans' Nursing Home**  
**June 4 – 7, 2024**

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)
<p><b>§ 51.120 Quality of care.</b>  Each resident must receive and the facility management must 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.</p>	<p>On 6/6/2024, residents identified with diagnosis of diabetes mellitus, were referred to be assessed by Advance Practice Registered Nurse (APRN). No new orders were received.  Orders for the treatment of hypoglycemic reactions were obtained on 6/8/2024 for Resident #2, #3, and #4.  On 7/10/2024 the Care Plan Coordinators were educated by the Interim Director of Nursing, on the need to include interventions to treat hypo/hyperglycemic reactions.  On 7/12/24 the care plan for resident #3 was updated to include interventions to treat hypo/hyperglycemic reactions.  On 7/15/24 the care plan for resident #4 was updated to include interventions to treat hypo/hyperglycemic reactions.  Care plan for resident #2 was not updated due to discharge on 6/28/24.  On 6/7/2024 Licensed Practical Nurse was reeducated by the Interim Director of Nursing on the facility's protocol for Treatment for Severe Hypoglycemia, which directs staff to use injectable glucagon</p>	<p>All residents with insulin injections have the potential to be affected. 100% audit of all diabetic care plans to ensure signs/symptoms of hypo-/hyperglycemia was completed by the Care Plan Coordinators on 7/19/24.</p>	<p>On the following date 6/8/2024, all Registered Nurses (RN) and Licensed Nurses were educated on signs and symptoms of hypoglycemia, and treatment for hypoglycemia and severe hypoglycemia to include administration of injectable glucagon by the Staff Developer.  Effective 6/7/2024, RN Supervisors will complete weekly audits using a verbal questionnaire to Nursing staff on what to do if a resident has a hypoglycemic episode and submit them to the Interim Director of Nursing.  Addition of Intermediate hypoglycemia interventions and severe hypoglycemia interventions to include</p>	<p>Results of weekly verbal audits of nursing staff which began 6/7/24 will be submitted to the Quality Assurance Performance Improvement (QAPI) Committee by the Interim Director of Nursing/Designee for 3 months and/or until 100% substantial compliance is sustained.   Results of the Care Plan audits which began 7/12/24 for diabetic residents will be submitted by the Care Plan Coordinators to the Quality Assurance Performance Improvement (QAPI) committee for 3 months and/or until 100% compliance is sustained.   Results of the New Admission audits which began 7/16/24, will be submitted by the Risk Manager to the QAPI committee for 3 months and/or until 100% compliance is sustained.</p>	10/31/24

	medication.		<p>glucagon injections were added on all diabetic care plans effective 7/19/24. Effective 7/12/24 Care Plans of residents with diabetes will be audited by the Care Plan Coordinators monthly to ensure compliance of the care plan to reflect orders for the PRN glucagon injection and signs and symptoms of hypoglycemia. Every resident with a diagnosis of diabetes will have a standing order for glucagon injection PRN (as needed) for hypoglycemia as well as to monitor for signs and symptoms of hyper/hypoglycemia, “looking pale (pallor), shakiness, dizziness or lightheadedness. Sweating. Hunger or nausea. An irregular heart or fast heartbeat. Difficulty concentrating. Feeling weak and having no energy(fatigue)” every shift.</p> <p>The New Admission audit completed by the Risk Manager on new admissions was updated on 7/16/24 to include verification that physician orders were input for glucagon injection PRN for hypoglycemia as well as to monitor for signs and symptoms of hyper/hypoglycemia every shift.</p>		
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<p><b>§ 51.120 (i) Accidents.</b> The facility management must ensure that— (1) The resident environment remains as free of accident hazards as is possible; and (2) Each resident receives adequate supervision and assistance devices to prevent accidents.</p>	<p>Resident # 4 was assessed by the Registered Nurse Supervisor on 5/20/24 finding superficial injuries from fall while Leave of Absence and obtained treatment orders. Risk Manager and Interim Director of Nursing were educated on importance of following up and monitoring residents who have had an accident while Leave of Absence (LOA) by the Staff Developer on 6/10/24.</p>	<p>All residents who have accidents outside of the facility have the potential to be affected.</p>	<p>Effective 6/10/24, all accidents reported to nursing staff when a resident returns from a leave of absence will be reported to the Risk Manager. Nursing staff will complete report in Matrix, place resident on 72-hour monitoring, and implement 72-hour neuro checks for falls. The Risk Manager will investigate circumstances of and determine cause of fall. The Risk Manager will review the investigation with the interdisciplinary team to implement safety interventions. Nursing staff were educated on 6/7/24 by Staff Developer regarding the need to follow the above procedures. Effective 6/7/24 the Risk Manager will complete audits of residents on LOA for reports of accidents occurring out of the facility.</p>	<p>Results of the Leave of Absence audits which began 6/7/24 will be submitted by the Risk Manager to the QAPI committee for 3 months and/or until 100% of sustained compliance is achieved.</p>	<p>9/30/24</p>
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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