# *State Veterans' Homes (SVH) Corrective Action Plan*
# *(New Jersey Veterans Home Paramus 3/14/23 - 3117/23)*

**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 Assessment and Assurance.**

| **State the Issue**<br><br>**Identify the Regulation and Findings** | **Address how corrective action will be accomplished for those residents found to be affected by the deficient practice**<br>(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**<br>(Actions should align with Quality Assessment and Assurance) | **Proposed Completion Date** (i.e. when corrective action **will** be fully implemented and sustained ) |
|---|---|---|---|---|---|
| 51.41 (c)2<br>Payments under State home care agreements.<br><br>SS-B<br><br>Residents affected-Some | The Business Office will identify all prevailing rate veterans with miscellaneous charges (i.e. laundry) and Resident Accounts Office will review all active accounts and reimbursed and/or credit accounts for laundry services that were initially billed to prevailing rate veterans as of March 2023. | All prevailing rate residents were affected. | As of April 1st, all accounts were corrected and billed properly. | The Business Office will review a monthly list of prevailing rate residents to make sure the lists coincide for correct billing to the facility.<br><br>The Resident Accounts Office/Business Office will conduct a monthly audit to compare prevailing rate veterans included in the Monthly VA Report with the Prevailing Rate Veterans Listing generated by the facility to ensure all prevailing rate veterans laundry charges are being properly billed to the facility and paid for by the facilitv. | June 1, 2023 |
| 51.41 (c)2<br>Payments under State home care agreements.<br><br>SS-B<br><br>Residents affected-Some | The Business Office will identify all prevailing rate veterans and all primary care providers (PCP) providing nursing and medical care services to the prevailing rate veterans and ensure that the facility is properly billed and subsequently pay for all medical and nursing home care services. | All prevailing rate residents were affected. | As of April 1st, all accounts were corrected and billed properly.<br><br>Amended Medical Director and all PCP and medical services contracts to include prevailing rate residents and address how costs for PCP visits will be: charged or billed to the facility. | The Business Office will review a monthly list of prevailing rate residents to make sure the lists coincide for correct billing to the facility.<br><br>The Resident Accounts Office/Business Office will conduct a monthly audit to compare prevailing rate veterans included in the Monthly VA Report with the Prevailing Rate | January 1, 2024 |

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| | | | | Veterans listing generated by the facility and contact the Business Offices of all PCPs to ensure all prevaiJing rate veterans' invoices are forwarded to the facility for review and payment. | |

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## *State Veterans' Homes (SVH) Corrective Action Plan*
## *(New Jersey Veterans Home Paramus 3/14123- 3/17/23)*

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| 51.43 (b)<br>Drugs and Medicines for Certain Veterans<br><br>SS-A<br><br>Residents affected-Few | The Business Office addressed the two residents accounts that were receiving prevailing rate for the month of March reconciling and validating accounts are billed properly.<br><br>The NNMH Paramus will contact all insurance carriers who were erroneously billed and address any repayment directly with the insurance company. | All prevailing rate residents were affected. | As of April 1st, all accounts were corrected and billed properly.<br><br>Amended pharmacy contract to include prevailing rate residents. | The pharmacy will be given a monthly list of prevailing rate residents to make sure the lists coincide for correct billing to the facility.<br><br>A monthly audit will be conducted by the Business Office to compare prevailing rate veterans included in the Monthly VA Report with the list included in the pharmacy's monthly invoices to ensure all prevailing rate veterans drugs and medication are being properly billed to the facility and paid for by the facility. | April 1, 2023 |

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# *State Veterans' Homes (SVH) Corrective Action Plan*
# *(New Jersey Veterans Home Paramus 3/14/23- 3/17123)*

**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.**

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| **51.70 Resident Rights**<br>rrhe resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside he facility. The facility management must protect and promote the rights of each resident, including each of the following rights. | Staff were re-educated to knock on the (Joor of Resident #29 door prior to entering.<br><br>Staff were re-educated to knock on the door of Resident #27 door prior to entering.<br><br>Staff were re-educated to use appropriate language when referring to residents' briefs.<br><br>Kardex revised to read brief not diaper.<br><br>All Foodservice cooks, supervisors & workers were in serviced on preventing the use of Styrofoam Containers to serve the resident food in, unless it meets on of the 3 qualifying factors which are Safety Precaution<br>Communicable Disease<br>Resident Preference<br><br>Non-Age-appropriate music removed from Memory Care Unit dayroom and replaced with age-appropriate music. | All Residents have potential to be affected. | A re-education pertaining to Residents rights and knocking prior to entering Residents room was conducted facility wide.<br><br>All IDCP (Interdisciplinary Care Plan) staff were re-educated not to use the word diaper and use the word brie1 when describing incontinent brief.<br><br>All The Kardex Care Plan was revised and updated to phrase brief, and the word diaper was removed.<br><br>Audit Tool was created to ensure all 3 kitchens are conducting Tray Audit to ensure Residents are not receiving any food items in Styrofoam containers unless it is identified as a qualifying factor.<br><br>A library of age-appropriate music will be provided to unit's dayrooms. | urse Manager will audit I0% of staff knocking on Resident door prior to entering their room twice a day weekly for 3 months, and then monthly for 6 months.<br><br>Nurse Manager will audit 10% of staff using the term "briefs" vs diapers twice weekly for 3 months and then monthly for 6 months.<br><br>Foodservice Supervisors and workers will perform audit to be completed daily for all 3 meals for the 1st month. It will then be completed Ix weekly for the next month in all 3 kitchens for all 3 meals. Finally, it will be completed lx per month for all 3 kitchens for all three meals for the next 4 months.<br><br>Senior TPAs of the Recreation Department will conduct daily audit to monitor appropriateness of music while Residents are in | 1/01/2024<br><br>Begin on 6/12/23 to l/ 1/24 duration of 6 months. |

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| | | | | the dayroom for 6 months.<br><br>Results of audits will be presented for review and comments at QAPI Committee Meeting. | |

## *State Veterans' Homes (SVH) Corrective Action Plan*
## *(New Jersey Veterans Home Paramus 3114/23- 3/17123)*

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 tne Issue**<br><br>**Identify the Regulation and Findings** | **Address how corrective action will be accomplished for those residents found to be affected by the deficient practice**<br>(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**<br>(Actions should align with Quality Assessment and Assurance) | **Proposed Completion Date** (i.e. when corrective action will be fully implemented and sustained) |
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| 51.70 (c) (5)<br>Conveyance Upon Death<br><br>SS-E<br><br>tlesidents Affected - Some | [he Business Office addressed all six (6) expired resident accounts for a final ccounting and conveyance of trust accounts.<br><br>A final accounting of the funds was provided to the individual or probate jurisdiction administering the resident's estate; or appropriate individual entity. | All residents have the potential to be affected. | As of April 1st, all six accounts were corrected and closed. | The Business Office will review all deceased or discharged accounts and ensure that they are closed out by the beginning of the fiscal year.<br><br>The Business Office will conduct monthly audits to ensure compliance. The Resident Accounts Office will be conducting monthly close out processes on deceased and discharged residents. | June 1, 2023 |

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## *State Veterans' Homes (SVH) Corrective Action Plan*
## *(New Jersey Veterans Home Paramus 3114/23- 3/17/23)*

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| 51.70 (e) **(I)**- (3)<br>**Privacy and confidentiality.** The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. (1) Residents have a right to personal privacy in their accommodationii, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups. This does not require the facility management to give a private room to each resident. (2) Except as provided in paragraph (e)(3) of-this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility; (3) The resident's right to refuse release of personal and clinical records does not apply when- (i) The reside11t is transferred to another health care institution· or(ii) Record release is required by law. | Nurse (LVN) G who administered medication to Resident #29 received re-education on appropriate procedure with providing privacy and confidentiality during medication administration.<br><br>Nurse (LVN) G who administered medication to Resident #27 received re-education on appropriate procedure with providing privacy and confidentiality during medication administration.<br><br>Nurse (LVN) H who administered medication to Resident #28 received re-education on appropriate procedure with providing privacy and confidentiality during medication administration. | All Residents have potential to be affected. | All LPNs/RNs will be in-serviced on privacy and confidentiality during medication administration.<br><br>Privacy and Confidentiality education is given upon new hire and annually thereafter. Additional re-education will be conducted on privacy and confidentiality as needed. | Nurse Educator will randomly perform medication pass audit for nurses 2x's per month monthly for six months.<br><br>llesults will be presented for review and comments at QAPI Committee meeting. | 1/01/2024 |

# *State Veterans' Homes (SVH) Corrective Action Plan*
# *(New Jersey Veterans Home Paramus 3/14123 - 3117/23)*

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| **51.100** (i) **(1) Environment**<br><br>ifhe facility failed to provide a safe, clean, comfortable, and homelike environment. Specifically, the facility failed to ensure one (1) of four (4) units (Serenity) was clean and well-maintained to provide for a homelike environment. | !All employees were in serviced and a Hi-Touch Area Audit was developed to ensure hi-touch iareas are being properly cleaned, disinfected, and inspected twice daily<br>(3x daily during an outbreak) | All Residents have potential to be affected | An Audit Tool was created to ensure all units hi-touch areas are being cleaned/disinfected & inspected daily | Audit tool was developed which will require Housekeeping workers to record on the audit that their units hi touch areas were completed at approximately 7am & 3pm daily. The supervisors will then inspect and record that each hi-touch area has in fact been properly cleaned and disinfected twice daily at approximately 730arn & 330pm. A hird cleaning/disinfecting will take place daily during an outbreak and will also be required to be documented in the audit.<br><br>Results will be monitored and reported at the quarterly QAPI Committee Meeting to ensure no further action planning is needed. | **Begin on 4/24/23 to 11/1/23 duration of 6 months in the following steps.**<br>Audit to be completed daily fo1 all units/shifts for first 3 months.<br><br>It will then be completed Ix weekly for the next 2 months in all Units for both shifts.<br>Finally, it will be completed Ix per month for all units on both shifts. |

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## *(New Jersey Veterans Home Params 3/14123 - 3117/23)*

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| 51.1 lO(c)<br>Accuracy of Assessments<br><br>SS-D<br><br>Residents Affected - Few | Resident #18 was re-assessed for having contractures. Comprehensive assessment pertaining to contractures was modified and resubmitted.<br><br>Resident #22 was re-assessed for two (2) person assist with transfers. Comprehensive assessment pertaining to two (2) person assist with transfers was modified and resubmitted.<br><br>Resident #9 was re-assessed for total assistance with dressing. Comprehensive assessment pertaining to total assistance with dressing was modified and resubmitted. | All residents have the potential to be affected. | Education given to MDS Facilitators on accurate coding in Section G of MDS. | MDS Coordinator/Facilitators will perform an audit to monitor 20% of all Section G ADLs for five (5) months.<br><br>Results of audits will be presented for review and comments at QAPI Committee Meeting. | 9/30/2023 |
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| 5l.l 10(e)(2)<br>Comprehensive Care Plans<br>(i) (ii)<br>SS-E<br>Residents Affected - Some | Resident #9 Care Plan was revised by the IDCP Team and resolved.<br><br>Resident #10 Care Plan was revised by IDCP Team to include actions to be taken to ensure use of devices necessary to prevent accidents while smoking.<br><br>Resident #18 Care Plan was revised by the lDCP Team to include contractures and ambulating status.<br><br>llesident #22 Care Plan was revised by the lDCP Team to include fall that occurred on 12/25/22 with major fall injury and new intervention of 2 person assist. | All residents have the potential to be affected. | Care Plans will be updated as changes occur and reviewed quarterly by the IDCPTeam. | MDS Facilitators will conduct an audit on 10% of Care Plans monthly for accuracy and compliance for 3 months and quarterly for 6 months.<br><br>llesults of audits will be presented for review and comments at QAPI Committee Meeting. | 1/01/2024 |

## *State Veterans' Homes (SVHJ Corrective Action Plan*
## *(New Jersey Veterans Home Paramus 3/14/23 - 3/17123)*

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| 51.11O(e) (3)<br>Comprehensive Care Plans<br>(i) (ii)<br>SS-D<br>Residents Affected - Few | CNA assigned to Resident #9 was counseled for not following Care Plan intervention - use of foam noodles/hip protectors for fall injury. | All residents have the potential to be affected. | All Nursing Staff were re-educated emphasizing the importance of following care plans.<br><br>Licensed Nursing Staff will verify application of protective devices (foam noodles/hip protectors) prior to initializing TAR. | SNS/Designee will perform an observation audit for application of protective devices as per Physician Order. 10% of Nursing Staff will be audited for 3 months and then quarterly for 6 months.<br><br>Results of audit will be presented for review and comments at the monthly QAPI Committee Meeting. | 1/01/2024 |
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| **51.120** (d) **Pressure sores.** Based on the comprehensive assessment of a resident, the facility management must ensure tilat-(1) A resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and (2) Aresidenthavingpressure sores receives necessary treatment and services to promote healing prevent infection and prevent new sores from developing-. | CNA assigned to Resident #5 was re-educated on immediate reporting to Nurse when protective dressing comes off. | All Residents with pressure sores have potential to be affected. | Residents with protective wound dressing will have Physician Order checked for proper placement que shift.<br><br>All CNAs will be re-educated on immediate reporting when protective dressing comes off. | SNS/Designee will perform an aurut on placement of protective dressing as per Physician Order monthly for 3 months and quarterly for 6 months.<br><br>Results of audits will be presented for review and comments at QAPI Meeting. | 1/01/2024 |

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| **51.120 (e) (3) Urinary and Fecal Incontinence.** A resident who has persistent fecal incontinence receives appropriate treatment and services to treat reversible causes and to restore as much normal bowel function as possible. | CNA assigned to Resident #9 was re-educated on appropriate incontinence care using wash cloth when providing incontinence care. CNA had skills competency on perineal care completed and passed successfully. | All Residents with urinary and •ecal incontinence have potential o be affected. | All CNAs will be re-educated on appropriate use of wash cloth during incontinence care.<br><br>Skills Competency is done upon new hire and annually hereafter. | Nurse Educator/Designee will perform an audit to randomly monitor 2 Licensed Staff monthly for 3 months and quarterly for 6 months for proper changing of wash cloth during incontinence care.<br><br>Results of audit will be presented for review and comments at the monthly QAPI Meeting. | 1/01/2024 |



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| **51.120** (i) **Accidents.** 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. | SNS/Designee met and reviewed with Nursing Staff assigned to Resident #26 Care Plan interventions for prevention of elopement.<br><br>SNS/Designee met and reviewed with Nursing Staff assigned to Resident #11 Care Plan interventions for use of smoking apron and not leaving medication in resident room.<br><br>SNS/Designee met and reviewed with Nursing Staff assigned to Resident #7 Care Plan intervention for not leaving medication in resident room. | All Residents have potential to be affected. | Re-education will be provided to all Nursing Staff on the following Care Plan interventions; prevention of elopement, use of apron while smoking, and not leaving medication in resident room. | SNS/designee will perform an audit on compliance to interventions for: residents who ltequire a smoking apron have it properly donned when smoking, prevention of elopement, medication pass protocol and not leaving medications at bedside monthly x 3 months and quarterly thereafter.<br><br>Results of audit will be presented for review and comments at the monthly QAPI Meeting. | 1/01/2024 |

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## *State Veterans' Homes (SVH) Corrective Action Plan*
## *(New Jersey Veterans Home Paramus 3114123 - 3117123)*

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| **51.120** (I) **Special needs.** The facility management must ensure that residents receive proper treatment and care for the following special services: (1) [njections; (2) Parenteral and enteral fluids; (3) Colostomy, ureterostomy, or ileostomy care; (4) Tracheostomy care; (5) Ifracheal suctioning; (6) Respiratory care; (7) Foot care; and (8) Prostheses. | Oxygen setting for Resident #6 was recalibrated as per Physicians Order. | All Residents on oxygen therapy have potential to be affected. | SNS/Designee will provide re-education to RNs and LPNs on oxygen flow rate as per Physician Order. | SNS/Designee will perform an audit on residents receiving oxygen therapy confrrming flow rate matches Physicians Orders monthly for 3 months and quarterly for 6 months.<br><br>Results of audits will be presented for review and comments at QAPI Meeting. | 1/01/2024 |

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## *State Veterans' Homes (SVH) Corrective Action Plan*
## *(New Jersey Veterans Home Paramus 3/14123 - 3/17/23)*

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 Assessment and Assurance.

| **State the Issue**<br><br>**Identify the Regulation and Findings** | **Address how corrective action will be accomplished for those residents found to be affected by the deficient practice**<br>(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**<br>(Actions should align with Quality Assessment and Assurance) | **Proposed Completion Date** (i.e. when corrective action will be fully implemented and sustained) |
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| **51.120 (n) Medication Errors.**<br>The facility management must ensure that- (1) Medication errors are identified and reviewed on a timely basis; and (2) strategies for preventing medication errors and adverse reactions are implemented. | (LPN) G was re-educated for Resident #4 timely administration of medication.<br><br>LPN) G and (LPN) I was re-educated for proper administration of eye drops for Resident #27 and Resident #30. | All Residents have potential to be affected. | SNS/Designee will in-service Nursing Staff on providing timely administration of medication and proper administration of eye drops as per Physicians Order. | SNS/Deignee will randomly perform medication pass audit for nurses 2x's per month monthly for six months.<br><br>Results will be presented for review and comments at QAPI Committee meeting. | 1/01/2024 |

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# *State Veterans' Homes (SVH) Corrective Action Plan*
# *(New Jersey Veterans Home Paramus 3114/23 - 3117/23)*

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| **51.140 (h) Sanitary Conditions**<br>The facility failed to ensure that food was stored, prepared, distributed, and served under sanitary conditions. Specifically, the facility failed to ensure that tableware was not incorrectly handled during meal service for three (3) of six (6) dining room service areas, and that food was distributed without potential cross-contamination of thermometer equipment for two (2) of three (3) observed facility kitchens. | !Nylon wrist lanyard removed from all Thermometers | This has been done in all 3 Kitchens | Wrist lanyards have been disposed of | No further action required | **3/17/23** |
| **51.140 (h) Sanitary Conditions**<br>The facility failed to en51,Jre that food was stored, prepared, distributed, and served under sanitary conditions. Specifically, the facility failed to ensure that tableware was not incorrectly handled during meal service for three (3) of six (6) dining room | All Foodservice cooks, supervisors & workers were in serviced on the process of using 2-person temperature recording procedure & the proper Sanitizing of the Thermometer probe after each use | All Residents have potential to be affected | An Audit Tool was created to ensure all 3 kitchens are conducting 2-person temperature recordings & proper cleaning and sanitizing of the Thermometer probe during/after each usage. | !Audit tool was developed which will require Foodservice cooks, supervisors, and workers to record on the audit that their Kitchen has followed the 2-person temperature recording procedure and has ensured that during the procedure the Food Thermometer probe was properly cleaned/sanitized in between each food item.<br><br>Results will be monitored and reported at the quarterly QAPI | **Begin on 4/28/23 to 11/1/23 duration of 6 months in the following steps;**<br>Audit to be completed daily for all 3 meals for the 1st month.<br>[t will then be completed lx weekly for the next month in |

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| service areas, and that food was distributed without potential cross-contamination of thermometer equipment for two (2) of three (3) observed facility kitchens. | | | | Committee Meeting to ensure no further action planning is needed. | all 3 kitchens for all 3 meals.<br>Finally, it will be completed lx per month for all 3 kitchens for all three meals for the next 4 months. |
| **51.140 (h) Sanitary Conditions**<br>The facility failed to ensure that food was stored, prepared, distributed, and served under sanitary conditions. Specifically, the facility failed to ensure that tableware was handled correctly during meal service. | !Nursing Staff was in-serviced on proper handling of Residents plates, cups and/or glasses during meal service. | All Residents have potential to be affected. | lnfection Control Nurse/Unit Manager/Supervisor will in-service all !Nursing Staff on proper handling of Residents Plates, cups and/or glasses during meal service. | Audit tool developed to monitor proper handling of Residents plates, cups and/or glasses during meal service.<br><br>Results will be monitored and reported to the monthly QAPI Committee for 3 months and quarterly for 6 months. | **01/01/2024** |

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## *State Veterans' Homes (SVH) Corrective Action Plan*
## *(New Jersey Veterans Home Paramus 3/14/23 - 3/17/23)*

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| **State the issue**<br><br>**Identify the Regulation and Findings** | **Address how corrective action will be accomplished for those residents found to be affected by the deficient practice**<br>(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**<br>(Actions should align with Quality Assessment and Assurance) | **Proposed Completion Date**<br>(i.e. when corrective action will be fully implemented and sustained) |
|---|---|---|---|---|---|
| **51.190 (a) Infection control program.**<br>The facility management must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection control program. The facility management must establish an infection control program under which it- (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. | Nursing Staff assigned to Resident #32 received re-education on appropriate Capillary Blood Glucose Testing.<br><br>CNA assigned to Resident #8 was re-educated on adherence to Enhanced Barrier Precaution Policy. | All Residents have potential to be affected. | [nfection Control Nurse will provide re-education on proper Capillary Blood Glucose Testing and Enhanced Barrier Precaution procedure. | [nfection Control Nurse/Designee will perform an audit on 6 Licensed Nursing staff per month for 3 months and quarterly for 6 months on Capillary Blood Glucose Testing Competency.<br><br>[nfection Control Nurse/Designee will audit 15 Nursing Staff per month on Enhanced Barrier l_:>recaution procedures monthly for 3 months and quarterly for 6 months.<br><br>Results of audit will be presented for review and comments at the monthly QAPI Committee Meeting. | 1/01/2024 |

## *State Veterans' Homes (SVH) Corrective Action Plan*
## *(Insert Facility Name and Date of Survey here)*

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.

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| § 51.200 (a) Life safety from Fire.<br>NFPA 96: Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 2014 Edition<br>- Chapter 12 Minimum Safety Requirements for Cooking Equipment | When cooking appliances are moved for the purposes of maintenance/ cleaning, returned to approved design location prior to cooking operations | All Residents have potential to be affected. | Cut a grout line into tile floor filled with yellow grout for all 4 corners of the appliance. | In the work order system [under work history) A record of completed work orders #5 | April 20 ,2023 |
| § 51.200 (a) Life safety from Fire.<br>Smoke Barriers and Sprinklers | When vendors or staff are penetrating a barrier wall an inspection will be conducted prior to closing the ceiling. | All Residents have potential to be affected. | Will instruct vendors/staff use of fire stop bags that are easily removed and replaced daily. | During any project/ task an inspection will be done of the fire barrier wall<br><br>Presented Annually in the Q.A.P.I. meeting | April 20 ,2023 |
| § 51.200 (b) Emergency power<br>(3) Functional testing shall be conducted annually for a minimum ofll/2 hours if the emergency load bank system. | A test shall be conducted annually for a minimum of 11/2 hours | All Residents have potential to be affected. | Vendor has been selected to perform load test tank | Schedule test on yearly for loadl bank test | April 27 ,2023 |

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| §51.200 (h) (3) Other environmental conditions. | Equip corridors with firmly secured handrails on each side. | All Residents have potential to be affected. | In work order system a monthly task for inspection of handrails to check that they are secured to the wall, no sharp edges and exposed screws are covered with wood putty has been scheduled for P.M. | Engineering staff will perform an audit on compliance to the monthly tasks every month x one year. | January 1,2024 |



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## *State Veterans' Homes (SVH) Corrective Action Plan*
## *(New Jersey Veterans Home Paramus 3/14123 - 3117/23)*

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|---|---|---|---|---|---|
| **51.210 (j) Credentialing and Privileging.** Credentialing is the process of obtaining, verifying, and assessing the qualifications of a health care practitioner, which may include physicians, podiatrists, dentists, psychologists, physician assistants, nurse practitioners, licensed nurses to provide patient care services in or for a health care organization. Privileging is the process whereby a specific scope and content of patient care services are authorized for a health care practitioner by the facility management, based on evaluation of the individual's credentials and performance. (1) The facility management must uniformly apply credentialing criteria to licensed practitioners applying to provide resident care or treatment under the facility's care. (2) The facility | Administrative Secretary in-serviced on verification of credentials and updated list on what information to obtain applicable to regulatory agency rules. | 11 Residents have potential to be affected. | The Administrative Secretary will develop a spreadsheet of due dates for credentialing information. | ACEO Clinical will develop an audit tool to monitor the completion of Credentialing information for each provider.<br><br>Results will be monitored and reported to the monthly QAPI Committee for 3 months then quarterly for 6 months. | 1/01/2024 |

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| management must verify and unifomtly apply the following core criteria: cun-ent licensure; current certification, if applicable, elevant education, training, and experience; current competence; and a statement hat the individual is able to perform the services he or she ·s applying to provide. (3) The facility management must decide whether to authorize the independent practitioner to provide resident care or treatment, and each credentials file must indicate that these criteria are uniformly and individually applied. (4) The facility management must maintain documentation of current credentials for each licensed independent practitioner practicing within the facility. (5) When reappointing a licensed independent practitioner, the facility management must review the individual's record of experience. 6) The facility management systematically must assess whether individuals with clinical privileges act within the scope of privileges granted. | | | | | |

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