

**State Veterans' Homes (SVH) Corrective Action Plan
(Delaware Valley Veterans' Home 12/19/23-12/22/23)**

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 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>§51.100 (a) Dignity. (a)Dignity. The facility management must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p>	<p>1)-RESIDENT #2 All staff on the Unit of Resident R-2 was retrained on Dignity which included adjusting clothing to ensure that there is no exposed skin area that could make a person embarrassed.</p> <p>2)-RESIDENT#1 All staff involved were retrained on Dignity which included pulling of the Privacy Curtain whenever providing care to a Resident.</p>	<p>1)-RESIDENT #2 A)-Nursing Supervisors did walking tours of all units to identify any Resident that may have exposed skin that would be embarrassing. B)-All DVVH Staff in-serviced on the components of Dignity & Respect in Nursing Home Care.</p> <p>1)-RESIDENT #1 Nursing Supervisors did spot checks (at least 4 per Unit) Residents receiving incontinence care to ensure that Dignity & Privacy was being provided to the Residents in the identified room. B)-All DVVH Staff in-serviced on the components of Dignity & Respect in Nursing Home Care.</p>	<p>1)-RESIDENT #2 Charge nurse will continue walking rounds, especially during meals 3X a week for 6 weeks on all units to ensure that Residents have no exposed skin that could be embarrassing, commencing on 02/02/2024 and ending on 03/14/2024.</p> <p>1)-RESIDENT #1 Charge nurse will continue spot checks (at least 4 per Unit) on Residents receiving incontinence care to ensure that Dignity & Privacy is being provided 3X a week for 6 weeks on all Units, commencing on 02/02/2024 and ending on 03/14/2024.</p>	<p>1)-RESIDENT #2 Clinical Service manager/designee will report the findings of their walking audits to QA monthly X6 weeks and evaluate the need to continue at that time, based on a benchmark of 99%.</p> <p>1)-RESIDENT #1 Clinical service manager/designee will report the findings of their spot checks audits to QA weekly x6 weeks and evaluate the need to continue at that time, based on a benchmark of 100%.</p>	5-1-2024

<p>§ 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.</p>	<p>Dietary staff reeducated on recording dishwashing temperatures for each meal.</p> <p>The mixer with rotary blade and underside above the bowl, the Robot Coupe, the slicer, the handles of the two food warmers and their doors and inside units, the cart found in the walk in refrigerator, the shelves in the food preparation area, the unit A kitchen microwave, under counter dishwasher, the spigots, the steam table with protective cover, unit C kitchen juice machine, microwave and steamtable were cleaned.</p> <p>The two buckets of sanitizer that did not contain enough of the chemical to sanitize surfaces was properly disposed of and</p>	<p>All dietary staff reeducated on recording dishwashing temperatures for each meal.</p> <p>Dietary Manager has obtained temperature strips from vendor as a second method to verify the temperature gauge is accurate.</p> <p>Dietary staff reeducated on proper cleaning techniques of food prep surfaces, food storage and food prep equipment.</p> <p>Dietary staff educated on properly changing and checking sanitizer chemicals in the bucket to ensure adequate chemical amounts to effectively sanitize surfaces.</p>	<p>Food Service Managers /designee will conduct daily audits for 6 weeks of the temperature log to ensure dietary staff are recording the dishwasher temperature for each meal. This will commence on 02/02/2024 and end on 03/14/2024.</p> <p>Food Service Managers/designee will conduct daily audits for 6 weeks of unit kitchens and food prep surfaces, food storage and food prep equipment to ensure areas are kept clean and under sanitary conditions, to commence on 02/02/24 and ending on 03/14/2024.</p> <p>Food Service Managers/designee will conduct daily audits of 3 bucket changes for 1 week to ensure enough chemicals are added. This will commence on 2-27-24 and end on 03-04-24. Thereafter the audit will be conducted weekly x6</p>	<p>Dietary Manager will report the findings of the temperature log audits to QA weekly x6 weeks, then evaluate the need to continue based on a benchmark of 100% compliance.</p> <p>Dietary Manager will report the findings of the unit kitchen audits and food prep surfaces, food storage and food prep equipment audits to QA weekly x 6weeks and evaluate the need to continue at that time, based on a benchmark of 95%.</p> <p>Dietary Manager will report the findings of the daily bucket audits to QA x1 week, then the weekly audits weekly x6 weeks. Based on a benchmark of 100%, the need to continue will be evaluated at that time.</p>	5-1-2024

	bucket refilled with enough of the chemical to effectively sanitize surfaces.		weeks. This will commence on 3-5-24 and end on 04-15-24.		
<p>§ 51.200 (a) Life safety from fire.</p> <p>(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.</p>	<p>The portable heaters in use in the transportation office, and the wound care office were removed.</p> <p>Staff located in the transportation and wound care offices received a review of the rules of portable space heaters.</p>	Staff reeducated on the facility “space heaters” policy	Maintenance Supervisor/designee will conduct weekly audits for 6 weeks of offices to ensure space heaters are not in use.	Facility and Grounds Director will report the findings of the office audits to QA weekly x6 weeks, then evaluate the need to continue based on a benchmark of 100% compliance.	5-1-2024
<p>§ 51.210 (h) Use of outside resources.</p> <p>(1) If the facility does not employ a qualified professional person to furnish a specific service to be provided by the facility, the facility management must have that service furnished to residents by a person or agency outside the facility under a written agreement described in paragraph (h)(2) of this section.</p> <p>(2) Agreements pertaining to services furnished by outside resources must specify in writing that the facility management assumes responsibility for—</p> <p>(i) Obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility; and</p> <p>(ii) The timeliness of the services.</p> <p>(3) If a veteran requires health care that the State home is not required to provide under this part, the State home may assist the veteran in obtaining that care from sources outside the State home, including the Veterans Health Administration. If VA is contacted about providing such care, VA will determine the best option for obtaining the needed services and will notify the veteran or the authorized representative of the veteran.</p>	The facility will pursue an agreement with the Veterans Administration Medical Center (VAMC) who provides mental health services to the three (3) residents to ensure coordination of services.	All residents’ plans of care will be reviewed by the Quality Assurance Coordinator/designee x1 to ensure the facility is providing the required services or has obtained the required services from an outside source. This will initiate on 02/26/2024 and will be completed by 03/04/2024.	The Deputy Commandant/designee will review monthly with the VAMC that a Mental health Sharing Agreement has been obtained or to receive an update on the status of the agreement for 3 months.	The results of the care plan audits will be reviewed at the monthly Quality Assurance Meeting. The Quality Assurance Committee will determine the need for additional audits/interventions to ensure ongoing compliance.	5.1.24