State Veterans' Homes (SVH) Corrective Action Plan-Domiciliary

Illinois Veterans' Home at Quincy 5/6/24-5/10/24

Updated 10/08/24

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)
§**51.210 (h) Use of outside Resources** **The findings include:** On 5/10/24, during review of the facility's professional contracts, it was determined the facility did not have a contractual agreement with a dental provider. Further review revealed the facility staff provided a list of dental providers in the area for residents to choose from. On 5/10/24 at approximately 9:15 a.m., the Business Manager (BM) confirmed the facility did not have a dental provider, however, the facility did provide the residents with transportation to several local dentist providers in the area. The BM further revealed, that to his/her knowledge, the facility had always done it that way and did not have a contract with any dentist.	Upon admission, facility currently provides resident/family a listing of 8 local dental offices who are willing to see our residents. The listing includes information for each dental office including billing/estimated costs. Resident/ POA completes IVHQ form to indicate whether they would like IVHQ to schedule and provide transportation to dental appointments. If they would like IVHQ to schedule and transport, they can list their top three choices for dental office. This information is then used to schedule appointments and transportation for the resident. This current process ensures that all residents who desire assistance with scheduling and	Current practice is in place to ensure needs of all domiciliary residents are met regarding dental services: Upon admission, facility currently provides resident/family a listing of 8 local dental offices who are willing to see our residents. The listing includes information for each dental office including billing/estimated costs. Resident/ POA completes IVHQ form to indicate whether they would like IVHQ to schedule and provide transportation to dental appointments. If they would like IVHQ to schedule and transport, they can list their top three choices for dental office. This information is then used to schedule appointments and transportation for the	Facility is working to establish contracts with multiple local dental providers in order to meet the VA requirements. Once contracts are in place, we will notify residents/families of the contracted providers. Residents/families will be required to switch to a contracted dental provider in the case that they are using a dental provider who is unwilling to establish a contract Facility is currently working with multiple staff on review of dental services to determine which of the 8 offices on the listing are being utilized. Facility will update listing to include only those dental offices willing to contract with the facility. New form/listing will be sent to all resident's/families once contracts are established and information will be shared with pertinent staff along with updated listing of contracted providers.	Schedulers will be informed of contracted providers to be used when scheduling resident dental appointments. Tracker will be maintained by schedulers of dental appointments with resident name, date and dental provider/office. Tracker will be audited by Business Office to ensure dental offices are under contract. Frequency of audit will be monthly for 3 months. Start date will be upon execution of contracts, end date after 3 monthly audits. Results will be reported to the Home Administrator.	Targeted completion date: 1/31/25.

	transportation for dental appointments are assisted. Facility is working to establish contracts with local dental providers in order to meet the VA requirements.	resident. This current process ensures that all residents who desire assistance with scheduling and transportation for dental appointments are assisted. Facility is working to establish contracts with local dental providers in order to meet the VA requirements. Review of DOM residents receiving dental services is underway to determine which of the 8 offices on the listing are being utilized, will continue to work towards establishing contracts with all providers being utilized to bring facility into compliance. Will update listing to include only those dental offices willing to contract with the facility.			
§ 51.350 (c) Life safety from fire. **The findings include:** Record review of Domiciliary (DOM) emergency egress and relocation drills for the year prior to the day of survey, on 5/10/24, at 11:33 a.m., revealed the facility did not have documentation of bi-monthly fire drills, including egressing of residents through all exits and means of escape to assembly point on the exterior of the building to an assembly point on the exterior of the building, as required by section	With regard to the corrective action taken for residents impacted by not exiting buildings completely during scheduled fire drills in the past. Security staff running all drills will man each exit of buildings and account for all residents impacted by the drill by having them sign a sign-in sheet showing their participation and exiting the building during the drill. Drill records will also document all cases when residents cannot exit the building due	All 34 residents residing in Anderson/Somerville Domiciliary buildings were impacted by this situation.	Now security staff running all drills will man each exit of buildings and account for all residents impacted by the drill by having them sign a sign-in sheet showing their participation and exiting the building during the drill. Fire drill records will also document all cases when residents cannot exit the building due to safety concerns such as inclement weather. Fire drill sheet along with sign-in sheet will be reviewed by Security Director and then forwarded to Maintenance Director for review. All fire drill records will be kept in Security Department. There will be 12 drills conducted annually (1 each month). Of these	At the quarterly facility QAPI meetings, Security Director will report monitored results of fire drills and resident participation for each drill that quarter. Any other issues relating to fire drills run in Somerville/Anderson Domiciliary buildings that might have been experienced will also be shared.	Fire drills were run on 6/21/24 and 7/31/24. Results of drills were reported at QAPI Meeting held on 8/14/24. With this, we are now in substantial compliance and will continue to monitor.

33.7.3.3 of NFPA 101, Life Safety Code. An interview with the Chief Engineer and Police Chief, on 5/10/24, at 10:28 a.m., revealed the DOM residents were only egressing to a central assembly point in the middle of the buildings on the first floor in the common living area, and the egress and relocation drills did not include egressing of residents through all exits and means of escape to an assembly point on the exterior of the building. Additional interview with the Chief Engineer and Police Chief revealed the facility was not aware that egress and relocation drills needed to include egressing of residents through all exits and means of escape to an assembly point on the exterior of the building.	to safety concerns such as inclement weather. There will be 12 drills conducted annually (1 each month). Of these drills, 6 drills will be full evacuations of the building (weather permitting). Of these 6 drills, 4 drills will be held between the hours of 6am and 9pm with 2 drills being held between the hours of 9pm and 6am.		drills, 6 drills will be full evacuations of the building (weather permitting). Of these 6 drills, 4 drills will be held between the hours of 6am and 9pm with 2 drills being held between the hours of 9pm and 6am.		

- This Corrective Action Plan is to be electronically submitted to the Pod-specific National SVH Program Manager for Quality and Oversight