State Veterans' Homes (SVH) Corrective Action Plan
Illinois Veterans' Home at Quincy 5/5/25-5/8/25

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
§ 51.41 (c) (2) Payments under State home care agreements. (2) The State home shall not charge any individual, insurer, or entity (other than VA) for the nursing home care paid for by VA under a State home care agreement. Also, as a condition of receiving payments under paragraph (c), the State home must agree not to accept drugs and medicines from VA provided under 38 U.S.C. 1712(d) on behalf of veterans covered by	Illinois Veterans Home at Quincy (IVHQ) established a dental contract on 5/19/25 which indicates that 100% of cost for prevailing rate veterans will be billed to the Home – no insurance may be billed. While the United States Department of Veterans Affairs (USDVA) regulation indicates IVHQ can charge the residents for these services, Illinois Department of Veterans Affairs (IDVA) has obtained funding to cover these costs. IVHQ is working with the provider to have services retroactively billed to IVHQ for April and May 2025.	IVHQ was able to establish a dental contract on 5/19/25 which indicates that 100% of cost for prevailing rate veterans will be billed to the Home – no insurance may be billed. While the USDVA regulation indicates IVHQ can charge the residents for these services, IDVA has obtained funding to cover these costs. IVHQ is working with the provider to have services retroactively billed to IVHQ for April and May 2025.	IVHQ was able to establish a dental contract on 5/19/25 which indicates that 100% of cost for prevailing rate veterans will be billed to the Home – no insurance may be billed. While the USDVA regulation indicates IVHQ can charge the residents for these services, IDVA has obtained funding to cover these costs. Business Office receives a list of dental appointments and verifies that provider is aware that 100% should be billed to IVHQ for prevailing rate veterans and no insurance may be billed. Employee notifies vendor if invoiced for amount other than 100% and requires vendor correction and resubmission of invoice.	Business Office will audit 3 months of dental appointments for prevailing rate residents, ensuring we receive an invoice from the providers office billed at 100% - no insurance billed. Targeted completion of 3 monthly audits: May, June, July appointments to be audited, expected completion of audits by 8/31/25.	8/31/25

- 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.

this section and corresponding VA regulations (payment under this paragraph (c) includes payment for drugs and medicines).					
§ 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.	With regard to failure to promote treatment of residents with respect and dignity while assisting them with eating: -(Public Service Administrator (PSA) of the unit gave education to all shifts. -Nutritional Protocol Policy No. 7-N was updated and put on emergent policy review. -Inservice held for all nursing staff, Dining with Dignity a caregiver's guide, Dementia Nutrition Solutions.	-Inservice along with test provided to all nursing staff includes dining with dignity and reviews the unique abilities of each resident. 2025 Inservice to be completed by 6/30/25 -Education sent to all staff regarding Policy 7-N which has been approved.	-Yearly Inservice to be done by Nurse Educator regarding dining with dignity with updated material. Dining with Dignity will be reviewed during Nursing Boot Camp held annually in the Spring	Yearly Inservice with updated material to be conducted by Nurse Educator in regard to dining with dignity. Nursing Supervisors will conduct random audits at mealtimes 2x a week for 4 weeks beginning 6/23/25 and ending 7/21/25. Audits to be completed by July 21, 2025. The Director of Nursing (DON) will report the results of the audit at the 8/13/25 quarterly QAPI meeting. The Director of Nursing (DON) will be responsible for ensuring ongoing compliance. Audits to be conducted periodically throughout the year by Nursing Supervisors to ensure compliance and competency. The goal for compliance is 100%	8/13/25

- 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.

§ 51.200 (a) Life safety from fire. (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.	Annual electrical receptacle testing will be performed per actual National Fire Protection Association (NFPA) standard NFPA 99, Health Care Facilities Code (2012). This will include the documentation of continuity of the grounding circuit in each electrical receptacle being verified. It will also include the documentation of correct polarity of the hot and neutral connections in each receptacle being verified.	All electrical receptacles will be tested and documented annual for conductivity and correct polarity serving all resident care areas, impacting all residents. Test performed 5/28/25 and 5/29/25.	Forms documenting these tests will be updated to include the required additional information as performed by facility personnel.	Performance of the testing will be confirmed by the Chief Engineer and Facility Administrator annually and reported to the Quality Assurance Performance Improvement (QAPI) Committee annually. The goal for compliance is 100%	5/29/25
§51.200 (b) Emergency power. (1) An emergency electrical power system must be provided to supply power adequate for illumination of all exit signs and lighting for the means of egress, fire alarm and medical gas alarms, emergency communication systems, and generator task illumination. (2) The system must be the appropriate type essential electrical system in accordance with the applicable provisions of NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities Code. (3) When electrical life support devices are used, an emergency electrical power system must also be provided for devices in accordance with NFPA 99, Health Care Facilities Code.	Annual fuel quality testing will be performed annually for emergency electrical power system.	All emergency generator fuel storage systems will be tested annual for fuel quality serving all resident care areas, impacting all residents. This test was performed and completed on 5/6/25.	An outside testing consultant will be contracted to annually perform the required tests to meet the requirement in the month of May each year.	Performance of the testing will be confirmed by the Chief Engineer and Facility Administrator annually through department workorder and reported to the Quality Assurance Performance Improvement (QAPI) Committee annually at next meeting after test. The goal for compliance is 100%	5/6/25

- 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.

(4) The source of power must be an on-site emergency standby generator of sufficient size to serve the connected load or other approved sources in accordance with NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities Code.					
§ 51.210 (h) Use of outside resources. (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. (2) Agreements pertaining to services furnished by outside resources must specify in writing that the facility management assumes responsibility for— (i) Obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility; and (ii) The timeliness of the services. (3) If a veteran requires health care that the State home is not required to provide under this	IVHQ was able to establish a dental contract on 5/19/25. Prior to that time, while working to establish a written dental contract, IVHQ provided, upon admission, a listing of 8 local dental offices who were willing to see our residents. The listing included information for each dental office including billing/estimated costs. Resident/ POA completed 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 was then used to schedule appointments and transportation for the resident to ensure resident dental needs were met in the absence of a written contract. IVHQ will require that residents use the contracted dental provider to be in compliance with 51.210 (h) Use of outside resources.	IVHQ was able to establish a dental contract on 5/19/25. Prior to that time, while working to establish a written dental contract, IVHQ provided, upon admission, a listing of 8 local dental offices who were willing to see our residents. The listing included information for each dental office including billing/estimated costs. Resident/ POA completed 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 was then used to schedule appointments and transportation for the resident to ensure resident dental needs were met in the absence of a written contract. IVHQ will require that residents use the contracted dental provider to be in compliance with 51.210 (h) Use of outside resources.	IVHQ was able to establish a dental contract on 5/19/25. Scheduler has been notified of new provider. New residents are being notified of our contracted dental provider upon admission. Social Workers are contacting current residents/families to notify them of the transition to the new provider.	Business Office will audit dental appointments monthly until compliance is achieved. Targeted completion of audits: monthly beginning August. Expected completion of audits by 1/31/26. Goal of compliance: August 15%, September 30%, October 50%, November 70%, December 90%, January 100%. Results will be reported to the Home Administrator.	1/31/26

- 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.

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					

- 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.