

State Veterans' Homes (SVH) Corrective Action Plan
Clyde E. Lassen State Veterans' Nursing Home
December 5-8, 2023

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>§ 51.43 (a) (1)-(2) Drugs and medicines for certain veterans</p> <p>(a) In addition to the per diem payments under §51.40 of this part, the Secretary will furnish drugs and medicines to a State home as may be ordered by prescription of a duly licensed physician as specific therapy in the treatment of illness or injury for a veteran receiving nursing home care in a State home if—</p> <p>(1) The veteran:</p> <p>(i) Has a singular or combined rating of less than 50 percent based on one or more service-connected disabilities and</p>	<p>Audit completed by Business Office Manager on 1/4/24 for December invoices to ensure facility will be paying for any medications not related to service connection disability.</p>	<p>All residents who are ineligible to have medications furnished by the VA have the potential to be affected.</p> <p>Business Office Manager reviewed all residents for current service connection disability rating on 12/18/23 and updated files as indicated.</p>	<p>The Business Office Manager, Accountant, VA Medical Center (VAMC) Pharmacist, and Director of Nursing were educated on pharmacy billing for Veterans with 50% SVC disability or lower by Administrator on 12/12/23.</p> <p>When VAMC Pharmacist completes monthly invoice will charge facility for medications for Veterans who are under 50% Service Connected and the medications are not related to any service connection disabilities.</p>	<p>The Business Office Manager will audit invoices monthly for 3 months starting January 2024 to ensure facility pays for any medications not related to service connection disability for Veterans with less than 50% Service Connection.</p> <p>Results to be reported to monthly QAPI committee for review.</p>	<p>4/1/24</p>

needs the drugs and medicines for a service-connected disability; and (ii) Needs nursing home care for reasons that do not include care for a VA adjudicated service-connected disability; or (2) The veteran: (i) Has a singular or combined rating of 50 or 60 percent based on one or more service-connected disabilities and needs the drugs and medicines; and (ii) Needs nursing home care for reasons that do not include care for a VA adjudicated			Director of Nursing or designee to complete clinical review of invoice prior to Business Office Manager submission to ensure medications for any Veteran with 50% service connection or less are not billed to VAMC if they are not related to service connection disability.		
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<p>§ 51.110 (e) (3)</p> <p>Comprehensive care plans.</p> <p>The services provided or arranged by the facility must—</p> <p>(i) Meet professional standards of quality; and</p> <p>(ii) Be provided by qualified persons in accordance with each resident's written plan of care.</p>	<p>Food Service Administrator (FSA) B was immediately educated on 12/6/23 portion size and reading tickets by Certified Dietary Manager</p>	<p>All residents identified to be as nutritional at risk have the potential to be affected.</p> <p>Registered Dietician audited all residents identified to be as nutritional at risk to ensure all care planned interventions and are being implemented and appropriate on 1/9/2024.</p> <p>Any additional issues identified were corrected.</p>	<p>Consultant Dietician educated all dietary staff on following diet tickets on 1/10/24 and 1/11/24.</p> <p>All nursing staff educated on where to find interventions related to residents nutrition care plans by Director of Nursing/Designee from 1/18/24 – 1/31/24.</p>	<p>Meal service process to be monitored daily for 1 week by Certified Dietary Manager /Nurse manager/or designee to ensure care plan is being followed effective January 2024. Afterwards audits of meal service process to be completed by Certified Dietary Manager /Nurse Manager/Designee weekly for 3 months or until 100% compliance is achieved.</p> <p>Results of findings from above audits will be reported monthly to the QAPI (Quality Assurance Performance Improvement) Committee for review.</p>	<p>4/1/24</p>
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<p>§ 51.120 (j) Nutrition. Based on a resident's comprehensive assessment, the facility management must ensure that a resident— (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when a nutritional deficiency is identified</p>	<p>On 12/6/23 FSA B was immediately educated on portion size and reading tickets by Certified Dietary Manager.</p>	<p>All residents identified to be as nutritional at risk have the potential to be affected Registered Dietician (RD) audited all residents identified to be as nutritional at risk to ensure all portion sizes that are ordered are being provided on 1/9/24. Any additional issues identified were corrected.</p>	<p>All dietary staff educated by Consultant Dietician on portion control on 1/10/24 and 1/11/24. All nursing staff educated on double checking tray ticket and how to visually identify what double portions and double proteins look like by Director of Nursing/Designee from 1/18/24 – 1/31/24.</p>	<p>Daily audits of meal serving process for appropriate portion size to be completed for 1 week by Certified Dietary Manager /RD/Nurse Manager/ Designee starting January 2024. Then random audits weekly for 3 months or until 100% compliance is achieved. Results of findings from above audits will be reported monthly to the QAPI Committee for review.</p>	<p>4/1/24</p>
<p>§ 51.120 (n) Medication Errors. The facility management must ensure that— (1) Medication errors are identified and reviewed on a timely basis; and (2) strategies for</p>	<p>Registered Nurse (RN) E was sent home on 12/7/23 immediately after Director of Nursing was notified of incident and placed on do not return list with agency.</p>	<p>All current residents with orders for insulin during mealtime have the potential to be affected. Director of Nursing/designee completed audit on 12/31/23 of all current residents with orders for insulin during mealtime within last month to</p>	<p>Education provided to all licensed nurses on: 1. Administering insulin 2. 5 Rights of Medication Administration and 3. Minimizing distractions during medication pass</p>	<p>Random audit insulin administration to be completed by Director of Nursing/Pharmacist/or Designee weekly for 3 months starting January 2024 or until 100% compliance is achieved. Results of audits to be</p>	<p>4/1/24</p>

preventing medication errors and adverse reactions are implemented.		verify they were administered within timeframe. Education provided to nurses on late administration as needed	completed with competencies by Assistant Director of Nursing/Designee from 1/18 – 1/31/24.	reported Monthly by Director of Nursing/Designee to QAPI committee for review.	
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<p>§ 51.140 (h) Sanitary conditions. The facility must:</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State, or local authorities;</p> <p>(2) Store, prepare, distribute, and serve food under sanitary conditions; and</p> <p>(3) Dispose of garbage and refuse properly.</p>	<p>Certified Dietary Manager Immediately stopped Food Service Administrator B on 12/5/23 and instructed him to wash his/her hands. Education provided immediately to Food Service Administrator B on 12/5/23.</p> <p>Certified Dietary Manager Immediately on 12/6/23 started education for dietary staff on labeling beverages.</p> <p>Cook C and Cook D were educated on 12/6/23 by Certified Dietary Manager on process for prepping salads.</p>	<p>All residents have the potential to be affected. Registered Dietician completed kitchen sanitation audit and temperature audit on 12/12/23.</p> <p>Any concerns identified were addressed.</p>	<p>All dietary staff were provided immediate Inservice on proper procedures of recording temperatures, hand hygiene, beverage labeling and salad preparation procedures Certified Dietary Manager</p> <p>Consultant RD provided training and competencies of all dietary staff on guidelines for checking temperatures and hand hygiene on 1/10 and 1/11/24.</p>	<p>Random sanitation and recording of temperatures, monitoring meal preparation, and hand hygiene to be completed by RD/ Certified Dietary Manager /designee weekly for 3 months starting January 2024 or until 100% compliance is achieved. Results reported monthly to QAPI committee for review.</p>	4/1/24
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<p>§ 51.180 (a) Procedures. (a) Procedures. The facility management must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p>	<p>RN E was sent home on 12/7/23 immediately after Director of Nursing was notified of incident and placed on do not return list with agency.</p>	<p>All current residents with orders for insulin at mealtime have the potential to be affected.</p> <p>Director of Nursing/designee completed audit on 12/28/23 of all current residents with orders for insulin during mealtime within last month to verify they were administered within timeframe.</p> <p>No additional concerns identified.</p>	<p>Education provided to all licensed nurses on:</p> <ol style="list-style-type: none"> 1.Administering insulin 2. 5 Rights of Medication Administration and 3.Minimizing distractions during medication pass <p>completed Director of Nursing on 1/18/24.</p>	<p>Random medication pass audits to be completed by nurse managers and pharmacist weekly for 3 months starting January 2024 or until 100% compliance is achieved with findings reported monthly to the QAPI committee for review.</p>	<p>4/1/24</p>
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<p>§ 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.</p>	<p><u>Fire safety operations</u> Maintenance Director educated by Region Maintenance Director that alarms cannot be silenced during drills during daytime hours on 1/9/24.</p>	<p>Fire Safety Operations Maintenance Director and Regional Maintenance Consultant reviewed all other fire drills for previous 12 months on 1/9/24 no other drills were identified as being silenced during waking hour. All residents have potential to be affected.</p>	<p>Fire Safety Operations Maintenance staff educated by Regional Maintenance consultant that audible cannot be silenced for drills during waking hours on 1/9/24.</p>	<p>Fire drills will be audited monthly for compliance by Maintenance director/designee effective January 2024 and findings reported to QAPI committee for review monthly for 3 months.</p>	<p>4/1/24</p>
	<p><u>Electrical Systems</u> Electrical receptacles tested for initial installation physical integrity, continuity, polarity, and retention by Maintenance Director and Regional Maintenance Consultant on 1/9/24.</p>	<p><u>Electrical Systems</u> Maintenance Director and Regional Maintenance Consultant reviewed all receptacles for testing compliance on 1/9/24. All residents have potential to be affected. No additional issues identified.</p>	<p><u>Electrical Systems</u> All maintenance staff educated by Regional Maintenance Consultant on 1/9/24 that when receptacles are replaced they need to be inspected.</p>	<p><u>Electrical Systems</u> Monthly review of receptacles for any replacements to be completed by Maintenance director/designee effective January 2024 and findings reported monthly to QAPI committee for review for 3 months.</p>	<p>4/1/24</p>

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