State Veterans' Homes (SVH) Corrective Action Plan DJ Jacobetti Home for Veterans 4/17/2023-4/19/2023

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 effected resident(s), as is applicable and appropriate, impacted by the issue identified. This CAP is intended to become a source towards Quality Assurance/Performance Improvement activities (QAPI).

State the Issue Identify the Standard and Findings	Address how corrective action will be accomplished for those residents found to be affected by the deficient practice (Actions should align with QAPI 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 QAPI)	Proposed Completio n Date	Status	Evidence to be provided
(1) The facility management must develop an individualized comprehensive care plan for each resident that includes measurable	reviewed and updated to include a problem, goal and intervention were added to address potential suicidal ideation.	"yes" to Question #9 on the MDS Section D "PHQ9" at least once in last 12 months were reviewed by the home's social workers had their care plans reviewed and updated as appropriate.	Care Planning and Member Assessment were reviewed and determined to be appropriate. Social Workers who are responsible for completing Section D of the MDS were reeducated to the Care Plan policies and competency validated through written testing.	The Director of Nursing, or Designee, will conduct a quality review of member care plans to assure MDS Section D "PHQ9" is addressed with appropriate problem, goal and interventions weekly X6. The findings of these quality reviews will be reported to the Quality Assurance/Performance Improvement Committee monthly until committee determines substantial compliance has been met. The Director of Nursing is responsible for sustained compliance.	6/29/2023	Member assessments completed. Education complete. Policy reviewed. Audits for weeks 1 and 2	Weekly audits until 6/29/2023

otherwise be required							
under §51.120 of this part							
but are not provided due to							
the resident's exercise of							
rights under §51.70,							
including the right to refuse							
treatment under							
§51.70(b)(4) of this part.							
Based on interview, record							
review, and facility policy							
review, the facility failed to							
develop a Care Plan for one							
(1) of 21 residents reviewed							
for Quality of Care.							
Resident #4 was assessed as							
having suicidal ideation. The							
resident did not have a Care							
Plan addressing this							
concern.							
§ 51.120 (h) Enteral	Resident #8 was evaluated by a	All residents residing in the	Manufacturer's	The Director of Nursing, or	6/29/2023	Member	Weekly audits until
Feedings.	•	facility with an enteral		Designee, will conduct a			6/29/2023
Based on the	r -	•		quality review of appropriate		completed.	
comprehensive assessment	deficient practice. The resident no	potential to be affected by	tube were reviewed	treatment and services to		Education	
of a resident, the facility	longer resides at the facility.	the deficient practice. All	and determined to be	residents fed by enteral		complete. Policy	
management must ensure	·	residents with an enteral	appropriate. The	nutrition weekly X6. The		reviewed. Audits	
that—		feeding tube were evaluated		findings of these quality		for weeks 1 and 2	
(1) A resident who has been		by a provider and		reviews will be reported to			
able to adequately eat or		experienced no negative	and Use of Feeding	the Quality			
take fluids alone or with		outcome related to the	Tubes was reviewed	Assurance/Performance			
assistance is not fed by		deficient practice.	determined to be	Improvement Committee			
enteral feedings unless the			appropriate. LPN A was	monthly until committee			
resident's clinical condition			interviewed, removed	determines substantial			
demonstrates that use of			from medication	compliance has been met.			
enteral feedings was			administration duties,	The Director of Nursing is			
unavoidable; and			re-educated, and	responsible for sustained			
(2) A resident who is fed by			provided remediation	compliance.			
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enteral feedings receives			training and				

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#8). Resident #7 was assessed by a registered nurse related to his incentive spirometer and had experienced no negative outcome fluids; (3) Colostomy, Resident #7 was assessed by a registered nurse related to his incentive spirometer and had experienced no negative outcome related to the deficient practice. The resident no registered nurse related to the deficient practice. The resident no registered nurse related to his incentive spirometer and had experienced no negative outcome from the deficient practice. The resident no registered nurse related to his incentive spirometer and had experienced no negative outcome from the deficient practice. The resident no registered nurse related to his incentive spirometer and tare facility's procedures from the Lippincott manual for incentive spirometer and tracheostomy or using an incentive spirometry were reviewed and demend appropriate. LPN A was removed from medication administration duties, Assurance/Performance Resident #7 was assessed by a registered nurse related to his incentive spirometer and had experienced no negative outcome related to the deficient practice. The resident no registered nurse related to his currently at the facility's procedures from the Lippincott manual for incentive spirometer and tracheostomy or using an incentive spirometry were were reviewed and demend appropriate. LPN A was removed from medication administration duties, Assurance/Performance								
S 51.120 (I) Special needs. The facility management registered nurse related to his incentive spirometer and had experienced no negative outcome special services: (1) Injections; (2) Parenteral and enteral filuids; (3) Colostomy, Resident #7 was assessed by a registered nurse related to his incentive spirometer and had experienced no negative outcome filuids; (3) Colostomy, Resident #7 was assessed by a registered nurse related to his incentive spirometer and had experienced no negative outcome from the deficient practice. The provider was notified. Resident #7 was assessed by a registered nurse related to his incentive spirometer and had experienced no negative outcome from the deficient practice. The provider and had experienced no negative outcome related to the deficient practice. The resident no The facility's procedures from the Lippincott manual for incentive spirometer and tracheostomy or using an incentive spirometry weekly x6. The findings of these quality reviews will be reported to the Quality Assurance/Performance The Director of Nursing, or Obesignee, will conduct a quality review of any future resident with tracheostomy or using an incentive spirometry weekly x6. The findings of these quality reviews will be reported to the Quality Assurance/Performance	#8).							
The facility management registered nurse related to his must ensure that residents incentive spirometer and had must ensure that residents receive proper treatment and care for the following special services: (1) Injections; (2) Parenteral and enteral (2) Parenteral and enteral (3) Colostomy, (3) Colostomy, (3) Colostomy, (2) Parenteral and enteral (3) Colostomy, (3) Colostomy, (4) Colostomy (2) Currently at the facility that use an incentive spirometer or have a tracheostomy. (4) Lippincott manual for incentive spirometer and tracheostomy or using an incentive spirome								
The facility management registered nurse related to his must ensure that residents incentive spirometer and had must ensure that residents receive proper treatment and care for the following special services: (1) Injections; (2) Parenteral and enteral (2) Parenteral and enteral (3) Colostomy, (3) Colostomy, (3) Colostomy, (2) Parenteral and enteral (3) Colostomy, (3) Colostomy, (4) Colostomy (4) Currently at the facility that use an incentive spirometer and tracheostomy. (4) Lippincott manual for incentive spirometer and tracheostomy or using an incentive spirometer and trache	§ 51.120 (I) Special needs.	Resident #7 was assessed by a	There are no other residents	The facility's	The Director of Nursing, or	6/29/2023	Member	Weekly audits until
must ensure that residents incentive spirometer and had receive proper treatment and care for the following special services: (1) Injections; (2) Parenteral and enteral foliosis; (3) Colostomy, must ensure that residents incentive spirometer and had experienced no negative outcome and incentive spirometer or have a tracheostomy. use an incentive spirometer or have a tracheostomy. Lippincott manual for incentive spirometer and tracheostomy or using an incentive spirometry or using an incentive spirometry and tracheostomy or using an incentive spirometer and tracheostomy or using an ince		•		•	G.			•
receive proper treatment and care for the following special services: (1) Injections; (2) Parenteral and enteral fluids; (3) Colostomy, (3) Colostomy, (4) Provider was notified. (5) Provider was notified to the and tracheostomy and tracheostomy care provider was notified. (6) Provider was notified to the and tracheostomy care provider was notified. (7) Injections; (8) Colostomy, (9) Provider was notified to the and tracheostomy care provider was notified. (1) Injections; (1) Injections; (2) Parenteral and enteral provider and had experienced no negative outcome related to the administration duties, administration duties, administration duties, administration duties, and tracheostomy care provider with tracheostomy or using an incentive spirometer and tracheostomy or using an incentive spirometry weekly x6. The findings of these quality reviews will be reported to the Quality (2) Provider and had experienced no negative outcome related to the deficient practice. The resident no duties, administration duties, administration duties, and tracheostomy or using an incentive spirometry weekly x6. The findings of these quality reviews will be reported to the Quality (3) Colostomy, deficient practice. The resident no administration duties, Assurance/Performance				ř	,			, ,
and care for the following special services: (1) Injections; (2) Parenteral and enteral fluids; (3) Colostomy, (3) Colostomy, (4) Injections from the deficient practice. The provider was notified. (5) And tracheostomy care were reviewed and deemed appropriate. (6) Parenteral and enteral fluids; (7) Parenteral and enteral fluids; (8) Colostomy, (8) Colostomy, (9) And tracheostomy care were reviewed and spirometry weekly x6. The findings of these quality reviews will be reported to the administration duties, (1) Injections; (2) Parenteral and enteral from the deficient practice. The medication and tracheostomy care were reviewed and spirometry weekly x6. The findings of these quality reviews will be reported to the administration duties, (6) Assurance/Performance		•		• •	1.			
special services: provider was notified. (1) Injections; Resident #8 was evaluated by a deemed appropriate. (2) Parenteral and enteral provider and had experienced no fluids; negative outcome related to the (3) Colostomy, deficient practice. The resident no were reviewed and spirometry weekly x6. The findings of these quality for weeks 1 and 2 reviews will be reported to from medication the Quality administration duties, Assurance/Performance			,	•	·			
(1) Injections; Resident #8 was evaluated by a (2) Parenteral and enteral provider and had experienced no fluids; negative outcome related to the (3) Colostomy, deficient practice. The resident no deemed appropriate. Findings of these quality reviews will be reported to from medication the Quality administration duties, Assurance/Performance		•			_			
(2) Parenteral and enteral provider and had experienced no fluids; provider and had experienced no negative outcome related to the (3) Colostomy, deficient practice. The resident no administration duties, Assurance/Performance	1'	r			1			
fluids; negative outcome related to the from medication the Quality (3) Colostomy, deficient practice. The resident no administration duties, Assurance/Performance		•						
(3) Colostomy, deficient practice. The resident no administration duties, Assurance/Performance		r ·			· ·			
		_			-			
		•			Improvement Committee			

			г	T			
care;			i e	monthly until committee			
(4) Tracheostomy care;			0	determines substantial			
(5) Tracheal suctioning;			, ,	compliance has been met.			
(6) Respiratory care;			· ·	The Director of Nursing is			
(7) Foot care; and			use and monitoring,	responsible for sustained			
(8) Prostheses.			and tracheostomy care	compliance.			
			with an emphasis on				
Based on observations,			when to provide				
interviews, and record			humidification. LPN A				
review, the facility failed to			will not return to				
provide proper respiratory			medication				
care by failing to 1)			administration duties				
Appropriately monitor	1		until validated as				
residents with orders for	1		competent on this skill.				
incentive spirometry, and 2)	1		Licensed nurses were				
Administer humidification			educated and validated				
when needed for residents			as competent on the				
with tracheostomies. These			monitoring residents				
deficient practices affected			with an incentive				
one (1) of one (1) resident			spirometer and				
with orders for incentive			tracheostomy care with				
spirometry (Resident #7)			an emphasis on when				
and one (1) of one (1)			to provide				
resident with a			humidification.				
tracheostomy (Resident #8)							
from a total of 28 residents							
sampled.							
§ 51.120 (n) Medication R	Residents #26, #6, and #28 were	All residents have the	The facility's policy on	The Director of Nursing, or	6/29/2023	Member	Weekly audits until
Errors.	assessed by a Registered Nurse and	potential to be affected by	Medication	Designee, will conduct a		assessments	6/29/2023
The facility management h	nave experienced no negative	this deficient practice.	Administration was	quality review of medication		completed.	
must ensure that—	outcome related to the deficient	Specifically, all residents	reviewed and	administration on each unit		Education	
(1) Medication errors are p		residing on the 2North	determined to be	weekly X6. The findings of		complete. Policy	
identified and reviewed on w	were brought to the attention of	nursing unit have the	appropriate. LPN A was	these quality reviews will be		reviewed. Audits	
	_	_		reported to the Quality		for weeks 1 and 2	
(2) strategies for preventing	•	r		Assurance/Performance			
medication errors and		residents residing on the		Improvement Committee			
adverse reactions are		_	re-educated, and	monthly until committee			
implemented.		assessed by a Registered	-	determines substantial			
		, -	training and	compliance has been met.			
Based on observations,		identified were brought to	_	The Director of Nursing is			
interviews, and record		the attention of their medical	medication	responsible for sustained			

raviavy tha facility failed to			administration IDNI A	la mandia na a			
review, the facility failed to prevent medication errors		•		compliance.			
'			will not return to				
by failing to 1) Administer			medication				
appropriate dosages of stool softener as ordered by			administration duties until validated as				
•							
the provider, and 2)			competent by a				
Administer insulin timely			Registered Nurse.				
after meals, and 3) Obtain			Licensed nurses were				
blood glucose results for			educated and validated				
residents with insulin orders			as competent on				
that included parameters to			medication				
hold the medication. There			administration.				
were three (3) medication							
errors observed from a total							
of 27 opportunities for							
error.					- 1 1		
` ,	, , ,				, ,		Weekly audits until
-	vere assessed by a Registered Nurse			Designee, will conduct a			6/29/2023
	•	-		quality review of Infection		completed.	
		1 //	Medication	Control practices including		Education	
l I	· · · · · · · · · · · · · · · · · · ·	•	Administration and	hand hygiene and glove use		complete. Policy	
•	_	_		on each unit weekly X6. The		reviewed. Audits	
·	-	•		findings of these quality		for weeks 1 and 2	
facility management must		•	reviewed and	reviews will be reported to			
isolate the resident.)		the Quality			
(2) The facility management		_		Assurance/Performance			
must prohibit employees		,	removed from	Improvement Committee			
with a communicable		•		monthly until committee			
disease or infected skin		•	· ·	determines substantial			
lesions from engaging in any		the attention of their medical	•	compliance has been met.			
contact with residents or				The Director of Nursing is			
their environment that			training and	responsible for sustained			
would transmit the disease.			competency testing on	compliance.			
(3) The facility management			infection control with				
must require staff to wash			an emphasis on Hand				
their hands after each direct			Hygiene and				
resident contact for which			appropriate glove use.				
hand washing is indicated			LPN A will not return to				
by accepted professional			medication				
practice.			administration duties				
Based on observations,			until validated as				

interviews, and record	competent and	
review, the facility failed to	compliant with	
ensure 1) Staff were	infection control	
performing adequate hand	practices including	
hygiene before and after	hand hygiene and	
care, and 2) Staff were	appropriate glove use.	
preparing and administering	Licensed nurses were	
medications in accordance	educated and validated	
with the facility's own	as competent and	
infection prevention	compliant with	
policies.	infection control	
	including hand hygiene	
	and appropriate glove	
	use.	

• This Corrective Action Plan is to be sent to the Medical Center Director of jurisdiction and VACO Pod Manager