State Veterans' Homes (SVH) Corrective Action Plan
(DJ Jacobetti Home for Veterans 5/6/2024-5/9/2024)

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)	**Status**	**Evidence to be provided**
51.200 (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. **Smoke Barriers and Sprinklers** 1. Based on record review, observation, and interview, the facility failed to properly test and maintain the standpipe system. The deficient practice affected 10 of 10 smoke compartments in the Original Building, two (2) of two (2) smoke compartments in the Part F Building, staff, and all	Maintenance staff have been educated on the Standpipe testing requirement.	All residents are affected by this deficient practice.	1.In accordance with 6.3.1 of NFPA 25, the facility has contacted Superiorland Electronics to perform a proper flow test from the highest, and most remote location on the standpipe system. The facility will ensure the test is being completed properly in accordance with NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.	A task was created in the TELS workorder systems to ensure the facilities Standpipe is being tested every 5 years. Results of the test will be brought to the Homes QAPI meeting for any corrective action and to ensure implementation of the CAP.	This test will be completed no later than 9/1/2024.	In Process.	Education, flow test report.

residents. The facility had a capacity for 126 beds with a census of 101 on the first day of the survey. 2. Based on observation and interview, the facility failed to properly maintain the sprinkler system. The deficient practice affected one (1) of 10 smoke compartments in the Original Building, zero (0) of two (2) smoke compartments in the Part F Building, staff, and 12 residents. The facility had a capacity for 126 beds with a census of 101 on the first day of the survey.	Maintenance staff has been educated on identifying foreign materials on sprinkler heads to ensure compliance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.	All residents are affected by this deficient practice.	2.In accordance with 5.2.1.1.2 (5) NFPA 25, the facility has contacted Superiorland Electronics to replace all sprinkler heads in the 2 West Dayroom.	A task is present in the TELS workorder system to audit sprinkler heads for function annually. Results of audit will be brought to the Homes QAPI meeting for any corrective action and to ensure implementation of the CAP	Replacement of sprinkler heads will be completed no later than 9/1/2024.	In Process.	Education, Sprinkler replacement report.

3. Based on observation and interview, the facility failed to properly install electronic supervisory devices on all sprinkler control valves. The deficient practice affected one (1) of 10 smoke compartments in the Original Building, zero (0) of two (2) smoke compartments in the Part F Building, staff, and no residents. The facility had a capacity for 126 beds with a census of 101 on the first day of the survey.	Maintenance staff has been educated on identifying valves that are required to be supervised on the sprinkler system.	All residents are affected by this deficient practice.	3.In accordance with 19.3.5.1 of NFPA 101, the facility has contacted Superiorland Electronics to remove the unsupervised valve located on the sprinkler system piping in Mechanical Room 7, that supplies the two adjacent Janitor closets. This will ensure the facility remains in compliance with NFPA 101, Life Safety Code.	A complete sweep of the sprinkler system was conducted to ensure that there were no further unsupervised valves in the sprinkler system. Results of will be brought to the Homes QAPI meeting for any corrective action and to ensure implementation of the CAP.	The valve will be removed from the system no later than 9/1/2024.	In Process.	Education, sprinkler system sweep

4. Based on observation and interview, the facility failed to properly install electronic supervisory devices on all sprinkler control valves. The deficient practice affected one (1) of 10 smoke compartments in the Original Building, zero (0) of two (2) smoke compartments in the Part F Building, staff, and no residents. The facility had a capacity for 126 beds with a census of 101 on the first day of the survey.	Maintenance Staff has been educated on 8.3.3.2 of NFPA 13 to ensure each smoke compartment has like style sprinkler heads.	All residents are affected by this deficient practice.	4. In accordance with 8.3.3.2 of NFPA 13, the facility has contacted Superiorland Electronics to replace all sprinkler heads in the 2 West Dayroom. This will ensure all sprinkler heads in the smoke compartment are quick response heads to ensure compliance with NFPA 13 Standard for the Installation of Sprinkler Systems.	A task has been created in the TELS workorder system to audit for matching sprinkler heads in smoke compartments. Results will be brought to the Homes QAPI meeting for any corrective action and to ensure implementation of the CAP.	Replacement of sprinkler heads will be completed no later than 9/1/2024.	In Process.	Education, sprinkler replacement report
Electrical Systems 5. Based on record review, observation, and interview, the facility failed to maintain the electrical receptacles in patient care areas. The deficient practice affected 10 of 10 smoke compartments in the Original Building, two (2) of two (2) smoke compartments in the Part F Building, staff, and all residents. The facility had a capacity for 126 beds with a census of 101 on the first day of the survey.	Maintenance staff have been educated on receptacle test requirement.	All residents are affected by this deficient practice.	5. In accordance with 6.3.3.2 through 6.3.4.2.1.2 of NFPA 99, the facility conducted a building wide electrical receptacle test in all patient care areas. This testing was completed from 5-9-2024 through 5-14-2024 in accordance with NFPA 99 Health Care Facilities Code requirements.	A task was created in the TELS workorder systems to ensure the facilities patient area receptacles are being tested annually. Results will be brought to the Homes QAPI meeting for any corrective action and to ensure implementation of the CAP.	Receptacle test completed 5/14/2024.	Completed.	Education, receptacle test report.

51.200 (b) Emergency power 6. Based on records review and interview, the facility failed to properly inspect and test all components of the emergency generator. The deficient practice affected 10 of 10 smoke compartments in the Original Building, two (2) of two (2) smoke compartments in the Part F Building, staff, and all residents. The facility had a capacity for 126 beds with a census of 101 on the first day of the survey.	Maintenance staff have been reeducated on battery conductance testing.	All residents are affected by this deficient practice.	6. In accordance with 8.3.7.1 of NFPA 110, the facility was made aware of battery conductance testing that needed to be performed on the maintenance free batteries for the emergency generator in November of 2023. The facility began preforming a monthly battery conductance test in December of 2023 and logged the reading into the TELS workorder system. Maintenance staff will continue to perform the monthly conductance test to ensure compliance with 8.3.7.1 of NFPA 110, Standard for Emergency and Standby Power Systems.	A task exists in the TELS workorder system to test battery conductance monthly. Results will be brought to the Homes QAPI meeting for any corrective action and to ensure implementation of the CAP.	12 months of testing will be complete 12/2024	In Process.	12 months of testing report.
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	Resident #28 continues to receive outside resources from the VAMC in Iron Mountain. Administrator will continue to communicate with Iron Mountain VAMC to complete Mental Health sharing agreement. Administrator will contact IMVA monthly until a sharing agreement is obtained.	The Home has audited and determined that no other members receive outside resources from the VAMC.	Administrator has created an annual calendar alert to review all outside resources agreement to be reviewed to be current and valid.	Administrator will monitor annually for Sharing Agreement is in place and current.	9/1/2024	In Process	Sharing Agreement

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 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.							