State Veterans' Homes (SVH) Corrective Action Plan
(Insert Facility Name and Date of Survey here)

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**
51.350 (c) Life safety from fire. The facility must meet the applicable requirements of the National Fire Protection Association's NFPA 101, Life Safety Code, as incorporated by reference in § 51.200. **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 one (1) of one (1) smoke compartments, staff, and all residents. The facility	Maintenance staff have been educated on the Standpipe testing requirement.	All residents are affected by this deficient practice.	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.

had a capacity for three (3) beds with a census of two (2) on the first day of the survey.							
Electrical Systems Based on records review and interview, the facility failed to properly inspect and test all components of the emergency generator. The deficient practice affected one (1) of one (1) smoke compartments, staff, and all residents. The facility had a capacity for three (3) beds with a census of two (2) on the first day of the survey.	Maintenance staff have been reeducated on battery conductance testing.	All residents are affected by this deficient practice.	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 of the tests 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.

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