

State Veterans' Homes (SVH) Corrective Action Plan
Michigan Veteran Homes at Grand Rapids
1/23/2024-1/26/2024

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
§51.43(d) – Drugs and medicines for certain veterans – written agreement	Updated sharing agreement to be completed between the Michigan Veterans home at Grand Rapids and the Battle Creek VA Pharmacy by May 1, 2024.	Updated sharing agreement to be completed between the Michigan Veterans home at Grand Rapids and the Battle Creek VA Pharmacy by May 1, 2024.	The Administrator/designee will complete and annual review of pharmacy sharing agreement.	The results of the annual review will be submitted to the QAPI committee for further review and recommendations.	Date of completion will be May 1, 2024.	In process: 11/7/2023-Sharing Agreement was sent off for review to the Branch Chief and Procurement Analyst.	The home to provide a copy of the completed and signed sharing agreement.
§51.110(e)(3) - Comprehensive Care Plans	Resident #6 received a new physician's order for Physical Therapy to complete an assessment related to member safety with falls prevention. Resident #6's care planned fall interventions were reviewed and updated per the Physical Therapy recommendations. Resident #6 had a new intervention for a change in supplemental nutrition with increased calories. Resident #6 received a	Residents that have triggered on the MDS for Falls in the last 90 days have the potential for being affected by the deficient practice. These identified residents have had their care planned interventions for falls reviewed and updated as necessary. Residents that have triggered on the MDS for significant weight loss in the last 90 days have the	The Administrator and DON have reviewed the Care Plan Revisions upon status changes Policy and the Safety & Accident Prevention: Fall and Fall Risk, Managing Policy is deemed both appropriate. Caregivers were educated on following the interventions on the	Registered Nurse/Designee will complete weekly observations starting on 3/8/24 for 4 weeks, monthly x 1 to ensure that care planned interventions for fall prevention are being followed. The dietitian/designee will complete weekly observations starting on 3/8/24 for 4 weeks, monthly x1 to ensure care plan interventions are being followed.	Date of compliance will be May 1, 2024.	In process: 1/25/24-Resident #6 interventions implemented. 2/5/24-Staff education initiated. 3/8/24 – weekly audits have started.	1. Resident #6 medical record documentation. 2. Identified like resident's medical record documentation. 3. Copy of reviewed policies. Caregiver, Nurse, and Dietitian education record.

	<p>new physician's order for Speech Therapy. New Physician order received for Resident #6 to have weekly weights completed with report of refusals to the licensed nurse. Resident #6 had their meal preferences updated to include preferred breakfast foods and flavors of supplements. Resident #6's care planned nutrition interventions were reviewed and updated per the Speech Therapy and Dietitian recommendations.</p>	<p>potential for being affected by the deficient practice. These identified residents have had their care plans and food preferences reviewed and updated as necessary by the Registered Dietitians.</p>	<p>Kardex.</p> <p>Nursing staff were educated on monitoring subsequent falls and fall risk according to the Home's policy.</p> <p>The Administrator, DON, and Nutritional Services Director have reviewed the Nutrition Services Policy and deemed it appropriate.</p> <p>The Registered Dietitians and Licensed Nurses were educated on Member Dietary Needs & Preferences Weight Assessment and Intervention Policy.</p>	<p>The results of the audits will be submitted to the QAPI committee for further review and analysis. Compliance issues will be individually identified and addressed through corrective action. These audits will be discontinued once substantial compliance of 80% or greater has been achieved.</p>			<ol style="list-style-type: none">4. Audits -4 weekly audits of care plan intervention observations.-1 monthly audit of care plan intervention observations.5. Staff corrective actions (if applicable)6. QAPI minutes reviewing audits.
<p>§51.120(i) - Accidents</p>	<p>Resident #6 received a new physician's order for Physical Therapy to complete an assessment related to member safety with falls prevention. Resident #6's care planned fall interventions were reviewed and updated per the Physical Therapy recommendations.</p>	<p>Residents that have triggered on the MDS for Falls in the last 90 days have the potential for being affected by the deficient practice. These identified residents have had their care planned interventions for falls reviewed and updated as necessary.</p>	<p>The Administrator and DON have reviewed the Safety & Accident Prevention: Fall and Fall Risk, Managing Policy is deemed it appropriate.</p> <p>Caregivers were educated on following the interventions on the Kardex.</p> <p>Nursing staff were educated on monitoring subsequent falls and fall risk according to the Home's policy.</p>	<p>Registered Nurse/Designee will complete weekly observations starting 3/8/24 x4 weeks, monthly x1 to ensure that care planned interventions for fall prevention are being followed.</p> <p>The results of the audits will be submitted to the QAPI committee for further review and analysis. Compliance issues will be individually identified and addressed through corrective action. These audits will be discontinued once substantial compliance of 80% or greater has been achieved.</p>	<p>Date of compliance will be May 1, 2024.</p>	<p>In process: 1/25/24-Resident # 6 interventions implemented. 2/5/24-Staff education initiated. 3/8/24 – weekly audits have started.</p>	<ol style="list-style-type: none">1. Resident #6 medical record documentation.2. Identified like resident's medical record documentation.3. Copy of reviewed policy. Caregiver and Nurse education record.4. Audits -4 weekly audits of care plan intervention observations.-1 monthly audit of care plan intervention observations.

							5. Staff corrective actions (if applicable) 6. QAPI minutes
§51.120(j) - Nutrition	Resident #6 had a new intervention for a change in supplemental nutrition with increased calories. Resident #6 received a new physician's order for Speech Therapy. New Physician order received for Resident #6 to have weekly weights completed with report of refusals to the licensed nurse. Resident #6 had their meal preferences updated to include preferred breakfast foods and flavors of supplements. Resident #6's care planned nutrition interventions were reviewed and updated per the Speech Therapy and Dietitian recommendations.	Residents that have triggered on the MDS for significant weight loss in the last 90 days have the potential for being affected by the deficient practice. These identified residents have had their care plans and food preferences reviewed and updated as necessary by the Registered Dietitians.	The Administrator, DON, and Nutritional Services Director have reviewed the Nutrition Services Policy and deemed it appropriate. The Registered Dietitians and Licensed Nurses were educated on Member Dietary Needs & Preferences Weight Assessment and Intervention Policy.	The dietitian/designee will complete weekly observations starting on 3/8/24 x 4 weeks, monthly x 1 to ensure care plan interventions are being followed. The results of the audits will be submitted to the QAPI committee for further review and analysis. Compliance issues will be individually identified and addressed through corrective action. These audits will be discontinued once substantial compliance of 80% or greater has been achieved.	Date of compliance will be May 1, 2024.	In process: 1/25/24-Resident # 6 interventions implemented. 2/5/24-Staff education initiated. 3/8/24 – weekly audits have started.	1. Resident #6 medical record documentation. 2. Identified like resident's medical record documentation. 3. Copy of reviewed policy. Dietician education record. 4. Audits -4 weekly audits of care plan intervention observations. -1 monthly audit of care plan intervention observations. 5. Staff corrective actions (if applicable) 6. QAPI minutes

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