

State Veterans' Homes (SVH) Corrective Action Plan
Michigan Veteran Homes at Grand Rapids 12/10/24-12/13/24

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. Please reference VA GEC's CAP Standard Operating Procedure for detailed guidance on completing this CAP template.

State the Issue Identify the Regulation Number and language only	Address how corrective action will be accomplished for those residents found to be affected by the deficient practice	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 & what benchmarks will be used to determine sustainment	Proposed Completion Date
§ 51.90(b)(1)-(5) Abuse The resident has the right to be free from mental, physical, sexual, and verbal abuse or neglect, corporal punishment, and involuntary seclusion. (1) Mental abuse includes humiliation, harassment, and threats of punishment or deprivation. (2) Physical abuse includes hitting, slapping, pinching, or kicking. Also includes controlling behavior through corporal punishment. (3) Sexual abuse includes sexual harassment, sexual	The resident no longer resides in the home.	A one-time audit was completed on 11/24/2024 of all current resident's Kardex/Care Plan to ensure they are available in bathroom and are up to date with any recent changes highlighted. All Kardex/Care Plans were identified to be current. A follow up audit was conducted on 12/18/2024 of all resident's that required the assistance of two staff for transfers. Identified residents had their Kardex/Care Plan reviewed and revised to ensure it states clearly that two staff are required for transfers only and/or if they need two	On 11/24/24, current certified nursing assistants (CNA) were re-educated on reviewing resident's Kardex/Care Plan prior to providing care, the home's abuse and neglect policy, and the Safety and Accident Fall Prevention procedure. The home's policy on reporting abuse and neglect has been reviewed by the home's Administrator and Director of Nursing and determined to be sufficient.	Starting 12/9/24 and weekly for four weeks, the Director of Nursing (DON)/designee will complete an audit of incident reports to ensure care plan/Kardex/Care Plan interventions were being followed and abuse has not occurred. The Assistant Director of Nursing (ADON)/designee will complete CNA interviews and observations starting 12/18/24, regarding Kardex/Care Plan compliance daily for one week and then weekly for three weeks to ensure there is no further potential for abuse/neglect, All audits were submitted to the QAPI (quality assurance and performance improvement) committee on 1/15/2025 for review and further recommendations. It	1/15/2025

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coercion, and sexual assault. (4) Neglect is any impaired quality of life for an individual because of the absence of minimal services or resources to meet basic needs. Includes withholding or inadequately providing food and hydration (without physician, resident, or surrogate approval), clothing, medical care, and good hygiene. May also include placing the individual in unsafe or unsupervised conditions. (5) Involuntary seclusion is a resident's separation from other residents or from the resident's room against his or her will or the will of his or her legal representative.		staff for care at all times. As the root cause was determined to be that the resident's Kardex/Care Plan stated they were able to have showers and activities of daily living (ADL) care provided by one person and required the assistance of two staff when only performing a transfer.		was upon recommendation of the home's QAPI committee to discontinue the audits due to substantial compliance of greater than 95% having been met.	
§ 51.90(c)(2) Staff treatment of residents The facility management must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of	The resident no longer resides in the home. Initial notification via phone call to the Veterans Administration (VA) medical center state veterans home point of contact on 12/2/2024. The representative stated no	Current residents have the potential to be affected by this deficient practice. The facility reviewed all resident concerns, resident council meeting minutes, incident reports and determined that no allegations of neglect went	Issue Brief 381 was submitted to VA medical center state veterans home point of contact on 12/13/2024. Facility reported incident submitted to State of Michigan on 12/13/2024. Incident was closed on 12/19/2024 via administrative	Beginning on 12/9/2024, Monday thru Friday for four weeks, the Administrator/designee will review IDT (interdisciplinary team) reports for allegations of neglect. Any identified allegations will be reported immediately to	1/15/2025

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<p>resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures.</p>	<p>issue brief was required at this time.</p>	<p>unreported. It was determined that no other residents were affected by the deficient practice.</p> <p>The home has determined the root cause to be that through a thorough investigation, the Administrator did not substantiate neglect.</p> <p>Therefore, the incident was not reportable to the medical center state veterans home point of contact or the state agency.</p>	<p>review and an onsite visit is not required.</p> <p>Administrator reviewed the guide to issue briefs that was received from VA medical center state veterans home point of contact, for referencing reportable and not reportable incidents.</p> <p>The home's policy on reporting abuse and neglect has been reviewed by the home's Administrator and Director of Nursing and determined to be sufficient.</p>	<p>MVH leadership, VA medical center state veterans home point of contact, and the state agency.</p> <p>All reviews were submitted to the QAPI committee on 1/15/2025 for review and further recommendations. Any finding resulting in a compliance rate of less than 100% will be reported to the VA and to the State agency as required. It was upon recommendation of the home's QAPI committee to discontinue the audits due to substantial compliance.</p>	
<p>§ 51.110(e)(3) Comprehensive care plans. 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>The resident no longer resides in the home.</p>	<p>A one-time audit was completed on 11/24/2024 of all current resident's Kardex/Care Plan to ensure they are available in bathroom and are up to date with any recent changes highlighted.</p> <p>A follow up audit was conducted on 12/18/2024 of all resident's that required the assistance of two staff for transfers. Identified residents had their Kardex/Care Plan reviewed and revised to ensure it states clearly that two staff</p>	<p>Current certified nursing assistants (CNA) have been educated on reviewing member's Kardex/Care Plan prior to providing care, the home's abuse and neglect policy, and the Safety and Accident Fall Prevention procedure.</p> <p>The home's policy on reporting abuse and neglect has been reviewed by the home's Administrator and Director of Nursing and determined to be sufficient.</p>	<p>Starting 12/9/24 and weekly for four weeks, the Director of Nursing (DON)/designee will complete an audit of incident reports to ensure care plan/Kardex/Care Plan interventions were being followed.</p> <p>The Assistant Director of Nursing (ADON)/designee will complete CNA interviews and observations starting 12/18/24, regarding Kardex/Care Plan compliance daily for one week and then weekly for three weeks.</p> <p>All audits were submitted to the QAPI committee on 1/15/2025 for review and further recommendations. It was upon</p>	<p>1/15/2025</p>

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		are required for transfers only and/or if they need two staff for care at all times. As the root cause was determined to be that the resident's Kardex/Care Plan stated they were able to have showers and activities of daily living (ADL) care provided by one person and required the assistance of two staff when only performing a transfer.		recommendation of the home's QAPI committee to discontinue the audits due to substantial compliance of greater than 95% having been met.	
<p>§ 51.140(h) Sanitary conditions</p> <p>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>	No specific residents were determined to be affected by the deficient practice.	<p>Current residents have the potential to be affected by this deficient practice.</p> <p>The pizzas that were contaminated by the food thermometer were disposed of and remade.</p> <p>The sanitizing solution was discarded and buckets filled with new sanitizing solution and staff notified of where sanitation wipes are stored.</p> <p>The home has determined the root cause to be inconsistent education on sanitation practices. Immediate education was completed with the nutritional services staff regarding thermometer sanitation and proper glove use.</p>	<p>Current nutritional services staff have been educated on proper glove use, sanitation solution usage, and food thermometer sanitation.</p> <p>Current nutritional services staff will have a return demonstration and competency completed for handwashing/glove use, testing sanitation solution, and food thermometer sanitation.</p>	<p>The Nutritional Services Director/Designee will complete kitchen observations three times per week for four weeks to ensure staff are properly using gloves, washing hands, and sanitizing food thermometers when taking the temperature of food.</p> <p>All audits will be submitted to the QAPI committee for review and further recommendations and discontinued once the home has achieved 95% or above compliance rate.</p>	2/28/2025

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