

**State Veterans' Homes (SVH) Corrective Action Plan**  
**Veterans Home of California-Barstow - DOM**  
**March 27 - March 31, 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 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)
<p>§51.43(b) Drugs and medicines for certain veterans.</p> <p>VA will also furnish drugs and medicines to a State home for a veteran receiving nursing home, domiciliary, or adult day health care in a State home pursuant to 38 U.S.C. 1712(d), as implemented by §17.96 of this chapter, subject to the limitation in §51.41(c)(2).</p> <p>Rating: Not Met Scope and Severity – B Residents Affected – Some</p>	<p>No residents have been negatively impacted by the deficient practice.</p> <p>The facility has continued to provide pharmaceutical needs to all level of care residents.</p>	<p>All residents have the potential to be affected by the deficient practice; however, no residents have had any interruptions in their medication regimens nor were negatively impacted by the deficient practice.</p>	<p>VHC-Barstow sends out a memorandum notifying all residents that VHC-Barstow Clinic is their primary medical provider. All health-related issues will be addressed by the clinic. More so, VHC-Barstow will provide pharmacy services to the residents.</p>	<p>A list is being created which will identify all current residents that are eligible to receive medications from the V.A. If any of the current residents are eligible, our clinic staff will notify the resident that all current and future prescription medication will be filled through our in-house pharmacy services. All future admissions will be identified of their eligibility and also notified that all medications prescribed by their specialty physicians and the Home's physicians will be filled through the Home's in-house pharmacy service.</p>	<p>This process will be on-going and will become a normal task for the clinic staff.</p>

				<p>This list will be updated monthly and a copy will be provided to the QAPI Committee for auditing.</p> <p>The purpose of the audits is to track and monitor DOM residents who may get prescription from an outside provider and to ensure coordination of care.</p>	
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<p>§51.43(d) Drugs and medicines for certain veterans.</p> <p>VA may furnish a drug or medicine under this section and under §17.96 of this chapter by having the drug or medicine delivered to the State home in which the veteran residents by mail or other means and packaged in a form that is mutually acceptable to the State home and to VA set forth in a written agreement.</p> <p>Rating: Not Met Scope and Severity – C Residents Affected - Many</p>	<p>No residents have been negatively impacted by the deficient practice.</p> <p>The facility has continued to provide pharmaceutical needs to all residents.</p>	<p>All residents have the potential to be affected by the deficient practice; however, no residents have had any interruptions in their medication regimens nor were negatively impacted by the deficient practice.</p>	<p>The VHC-Barstow Staff, with the assistance of CalVet Headquarters Staff, have been working to secure a Pharmacy Sharing Agreement between VHC-Barstow and the Loma Linda V.A., since March 2022.</p> <p>Our efforts to complete this task are recorded and can be accessed to confirm that we have been diligent in our efforts.</p> <p>Correspondence dated March 28, 2023 from the Loma Linda V.A. Staff advised VHC-Barstow that the package that had been sent to VISN 22 for completion of the Sharing Agreement was rejected and Loma Linda V.A., was working on making the required corrections.</p> <p>On May 4, 2023, the Loma Linda V.A. Staff informed VHC-Barstow, that they</p>	<p>The VHC-Barstow will continue to call and e-mail the Loma Linda V.A. Staff for regular updates until the process has been completed.</p> <p>Also, the VHC-Barstow has no authority to put mandates on the Loma Linda V.A., to make this process a priority in their daily job duties, therefore, the most that VHC-Barstow can do is call and e-mail for updates as we have been doing since March, 2022.</p>	<p>Proposed Completion Date: June 30, 2023</p> <p>An update received via e-mail on June 2, 2023, from Hung Le, PharmD, BCPS Associate Chief of Pharmacy Operations at the Loma Linda V.A., stating the Agreement has been sent for signatures, and before it can become official it has to be reviewed by the National personnel.</p> <p>On June 6, 2023, the Veterans Home of California-</p>

			were close to completing the Sharing Agreement but could not confirm a final date of full execution. The VHC-Barstow Staff will continue to get updates regularly until the process has been completed.		Barstow (VHC-Barstow) Administrative Staff advised Hung Le, that the VCH-Barstow 2023 USDVA Survey CAP cannot be certified without a copy of the fully executed Pharmacy Sharing Agreement, however, no response has been received as of June 7, 2023 .
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<p><b>§51.350 (c) Life safety from fire</b></p> <p>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.</p> <p>Rating - Not Met Scope and Severity - F Residents Affected – Many</p>	<p>It is the practice of this facility to ensure the annual emergency light testing plan includes all applicable sources of assistance. No residents were negatively impacted by the deficient practice. The Annual Emergency Light Testing plan has been updated to include the following:</p> <ol style="list-style-type: none"> <li>Added a yearly work order, as well as added additional reminders to conduct Annual Emergency Light Testing on the Master Calendar.</li> <li>Updated the facilities internal forms to differentiate from monthly checks and annual checks, along with anticipated dates for the annual testing.</li> </ol>	<p>All residents have the potential to be affected by the alleged deficient practice; however, no residents were negatively impacted by the deficient practice. The Annual Emergency Light Testing plan was updated promptly once the facility was notified of the oversight.</p> <ol style="list-style-type: none"> <li>Internal facility forms have been updated to differentiate between monthly and annual testing. Also, dates have been added with anticipated dates for annual testing.</li> </ol> <p>Directions have also been added on each inspection form.</p>	<p>The Annual Emergency Light Testing plan will be reviewed quarterly by the QAPI Committee to ensure the required testing is being done within the required timeframes.</p> <p>A Microsoft Outlook message will be added to the Life Safety Master Calendar as a reminder.</p>	<p>There will be quarterly audits conducted by the QAPI Committee. These audits will continue until the next Survey date in 2024.</p>	<p>June 30, 2023, is the proposed completion date. This will allow Life Safety Staff to train all staff on the 90 min testing process from the Plant Operations Department.</p> <p>The annual Emergency Light Testing Staff Training was completed on May 29, 2023.</p> <p>The actual Annual Light Test was initiated on June 1, 2023 and was completed on June 4, 2023.</p>

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