

State Veterans' Homes (SVH) Corrective Action Plan
Minnesota Veterans Home- Fergus Falls
Survey 08/22/23- 08/25/23

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)
51.140 (h) Sanitary conditions. The facility must: (1) Procure food from sources approved or considered satisfactory by Federal, State, or local authorities; (2) Store, prepare, distribute, and serve food under sanitary conditions; and (3) Dispose of garbage and refuse properly. Rating – Not Met Scope and Severity – F Residents Affected –Many 1. Opened food items were stored without being labeled and/or dated in the kitchen's preparation (prep) area, in the dry food storage area, inside the reach-in cooler,	The Fergus Falls Veterans Home will properly label and date all food items upon receiving. All food items shall be dated upon opening and closed/resealed properly. Items that must be placed in another container or leftovers must be labeled and dated.	All food storage areas at MVH-Fergus Falls have the potential to be affected.	Education provided to all Food and Nutrition Services staff on facility procedure for labeling and dating all food items upon receipt and proper food storage.	Food and Nutrition Services Supervisor (FNS-S) will audit the main kitchen storage areas weekly for 3 weeks then monthly for 3 months to ensure 100% compliance with food labeling and dating upon receipt and proper food storage. Audits will begin on 11/6/2023. These audits will be reported at upcoming Quality Assurance and Performance Improvement (QAPI) meeting monthly for three months and then reporting will then be reduced/eliminated per QAPI committee recommendations based on substantial compliance being met.	February 29, 2024

inside the walk-in freezer and inside the reach-in freezer.					
51.140 (h) Sanitary conditions. The facility must: (1) Procure food from sources approved or considered satisfactory by Federal, State, or local authorities; (2) Store, prepare, distribute, and serve food under sanitary conditions; and (3) Dispose of garbage and refuse properly. Rating – Not Met Scope and Severity – F Residents Affected –Many 2. Food items inside the reach-in freezer were soaked in water because of the improper drainage from the freezer's defrost cycle.	Food product was removed and discarded from reach-in freezer with identified concern. Work order request completed, and unit repaired.	Equipment in dietary department has the potential for malfunction and any concerns or potential concerns with equipment shall be reported timely and follow approved work order request process.	Education provided to all Food and Nutrition Department employees regarding reporting equipment concerns timely and properly. Food and nutrition team meeting agenda will add a standing discussion item of any equipment that is not working. Minutes will reflect if staff report any equipment that is not working properly	Food and Nutrition Services Supervisor (FNS-S) will complete training to all team members and competency with each Food and Nutrition Department employee. Cook Coordinator (CC) will audit walk in freezer weekly for 3 weeks then monthly for 3 months to ensure that equipment is in working order and appropriate temperatures of the walk-in freezer. Audits will begin on 11/6/2023. 100% compliance that anything not working appropriate has a work order completed.	February 29, 2024
51.140 (h) Sanitary conditions. The facility must: (1) Procure food from sources approved or considered satisfactory by Federal, State, or local authorities; (2) Store, prepare, distribute, and serve food under sanitary conditions; and (3) Dispose of garbage and refuse properly. Rating – Not Met Scope and Severity – F Residents Affected –Many 3. Dietary Aides improperly used	The Fergus Falls Veterans Home Dietary department will utilize the three (3)-compartment sink in the event that the dish machine is non-operable.	The Residents of the Fergus Falls Veterans home have the potential to be affected in the event that the dish machine is non-operable.	Education provided to all Food and Nutrition Department Staff on proper use of the three-(3) compartment sink in the event that the dish machine is non-operable. Education to include visual demonstration.	Food and Nutrition Services Supervisor (FNS-S) will complete training with all Food and Nutrition Department employees. Staff will verbalize and demonstrate competency on how to do dishes in a 3 compartment sink. Usage of three-3 compartment sink shall be audited for completion. In the event the dish machine was not working the 3-compartment sink log shall be audited for completion. Audit completed weekly for three weeks and then monthly for three months to achieve 100% compliance. Audits will begin on 11/6/2023. These items will be tracked through QAPI.	February 29, 2024

Commented [NP(1)]: You may have to show the invoice as proof of fixing.

and/or did not use the facility's three (3) compartment sink as required.					
§ 51.200 (a) Life safety from fire. (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. Courttyard Signs	All courtyard exit signs were changed on 8/28/2023 to "Not an Exit" in the correct size of letters.	The Residents of the Fergus Falls Veterans home have the potential to be affected in the event that someone misinterprets the incorrect signage during a fire.	All Courtyard signs have been changed to "Not an Exit" in the correct size of letters.	The building Maintenance Foreman, or his designee will audit all courtyard doors for the correct signage. The audits will be monthly for three months to achieve 100% compliance. Audits will begin 10/31/2023. These items will be tracked through QAPI.	February 29, 2024
§ 51.200 (a) Life safety from fire. (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. 1) Fire Alarm Testing	The fire alarm was inspected by Johnson Controls on 10/10/2023.	The Residents of the Fergus Falls Veterans home have the potential to be affected in the event that the fire alarms malfunction.	Semiannual fire alarm testing was added to an outlook reminder.	The Building Maintenance Foreman, or his designee added semiannual fire alarm testing to a calendar reminder to ensure testing is scheduled and completed in 2024.	February 29, 2024
§ 51.200 (a) Life safety from fire. (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. 2) Bed Testing	The testing of beds will be completed by Midwest Medical on 10/23/2023.	The Residents of the Fergus Falls Veterans home have the potential to be affected in the event that the electric components malfunction	Midwest Medical will now include the testing of beds during annual testing.	The Building Maintenance Foreman, or his designee added a calendar reminder to ensure the bed testing is scheduled and completed in 2024.	February 29, 2024
§ 51.200 (a) Life safety from fire. (a) Life safety from fire. The facility must meet the applicable provisions of NFPA 101, Life Safety	The existing oven had a tether and wall mount installed on 10/11/2023. There was tape placed on the floor to mark where the oven must be placed to ensure it is under the fire suppression system on 10/11/2023.	The Residents of the Fergus Falls Veterans home have the potential to be affected in the event that the oven is not placed under the fire suppression system.	Education will be provided to all dietary staff on October 25 th on the tether and latch, as well as the tape on the floor to ensure the oven is placed under the fire suppression system.	The Building Maintenance Foreman will complete training with all Food and Nutrition Department employees. Staff will verbalize and demonstrate competency on the tether and latch, as well as the placement under the Fire Suppression System using the tape guides.	February 29, 2024

Code and NFPA 99, Health Care Facilities Code. 3) Placement of Oven				The tether/latch and guides shall be audited for completion. The tether/latch and guides shall be audited for completion. Audit completed weekly for three weeks and then monthly for three months to achieve 100% compliance. Audits will begin 10/31/2023. These items will be tracked through QAPI.	
§ 51.200 (a) Life safety from fire. (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. 4) Smoke Butt Can	A Cigarette butt can with a flip top lid was purchased on 9/8/2023.	The Residents of the Fergus Falls Veterans home have the potential to be affected in the event that the smoke butts catch fire.	The new cigarette butt can will be used for disposal of cigarette butts.	The Building Maintenance Foreman, or his designee will provide education to the General Maintenance Workers on the need to use the cigarette butt can for disposal of cigarettes. Building Maintenance Foreman, or his designee will audit the use of the butt can. Audit completed weekly for three weeks and then monthly for three months to achieve 100% compliance. Audits will begin 10/31/2023. These items will be tracked through QAPI.	February 29, 2024

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