

State Veterans' Homes (SVH) Corrective Action Plan
Minnesota Veteran's Home- Fergus Falls 8/20/2024-8/23/2024

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
51.140 (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. (3) Dispose of garbage and refuse properly. Rating- Not Met Scope Severity- E Residents Affected- Some	The Fergus Falls Veteran's Home will serve food in a sanitary manner. All ready to eat foods will be handled with proper hand hygiene accompanied with single use disposable gloves and or utensils.	All residents at the Minnesota Veterans Home Fergus Falls have the potential to be affected.	Just-In-Time training and education at meal times initiated follow identification of concern. Education developed to address concern as well as including commonly noted questions/concerns during just-in-time training sessions. FF- Standard of Work "Bare Hand Contact and Use of Plastic Gloves" and Policy & Policy- FF "Bare Hand Contact with Food and Use of Plastic Gloves." Competencies developed and will be completed following training to ensure staff understanding of materials. Mandatory Staff Training scheduled November 7, 2024 from 2:00-3:30 pm Teaching will be conducted by CDM, and MS, RD, LD. Any staff unable to attend mandatory meeting will be educated 1:1 by Food and Nutrition	Food and Nutrition Supervisor or designee will conduct the observation audits weekly for 4 weeks beginning on 11/8/24, then monthly for 3 months. Hands on correction will be applied if needed at point of audit. 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. 95% compliance will be expected after the initial 14 week audit period. Reeducation will be conducted if 95% compliance is not achieved and audits will continue weekly until this threshold is met, before decreasing audit frequency.	3/19/2025

- This Corrective Action Plan is to be electronically submitted to the Pod-specific National SVH Program Manager for Quality and Oversight
- In accordance with Section 163(c)(3) of the Joseph Maxwell Cleland and Robert Joseph Dole Memorial Veterans Benefits and Health Care Improvement Act of 2022, all SVH CAPs are required to be published to a publicly available internet website. Beginning with 2023 VA Surveys, each final, accepted CAP will be posted verbatim to a public-facing website.

			<p>Services Supervisor.</p> <p>Audits will be completed by Food and Nutrition Services Supervisor/ designee, through observing preparation of five (5) resident meals at one breakfast meal, one lunch meal and one supper meal weekly for 4 weeks. Audit will include evaluation of proper hand hygiene and proper food handling during meal service. (audit tool attached). Following 4 weeks, audits will then be conducted at one breakfast meal, one lunch meal and one supper meal monthly for 3 months.</p>		
<p>§ 51.190 (a) Infection control program. The facility management must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection control program. The facility management must establish an infection control program under which it—</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infection</p>	Nursing staff will assist residents while eating meals while using proper hand hygiene.	<p>All residents have the potential to be affected.</p> <p>Hand Hygiene policy was reviewed and remain appropriate.</p>	<p>Formal education on hand hygiene while assisting a resident to eat will be conducted by the Director of Nursing, Infection Preventionist, Assistant Director of Nursing and/or RN supervisor weekly during our unit focus meetings, at the monthly nursing assistant meeting and nurses meeting. This will include review of the hand hygiene policy, return demonstrations of assisting each other to eat and performing hand hygiene prior to serving or assisting a resident to consume food or beverages, after removing used dining objects, and in-between assisting other residents to eat. Each staff member attending the education will have a peer competency form filled out and verified by the Registered Nurse completing the training. Nursing leadership will meet with staff on leave 1 on 1 upon return from leave.</p>	<p>Director of Nursing or designee will randomly audit mealtimes to observe residents being fed by staff to ensure that appropriate hand hygiene is being completed. Audits will begin 10/8/2024. The audits will be completed at one breakfast meal, one lunch meal and one supper meal weekly in the main dining room and the Village dining room for 2 months. 100% compliance will be expected, or immediate reeducation will be provided in the moment if appropriate or immediately after the meal service and that staff member will be reaudited x 2 for compliance. Results will be reported to the QAPI team.</p>	12/3/2024
<p>§ 51.200 (a) Life safety from fire. Smoke Barriers and Sprinklers</p>	The Maintenance staff will inspect the Ansul system monthly.	All residents at the Minnesota Veterans Home Fergus Falls have the potential to be affected.	On 8/26/2024, the Building Maintenance Foreman completed education on all Maintenance staff including what on the Ansul system needs to be inspected monthly.	The Maintenance Director or his designee with audit monthly inspection sheets monthly for three months. 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	1/8/2025

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				committee recommendations based on substantial compliance being met.	
§ 51.200 (a) Life safety from fire. Chapter 10 Fire-Extinguishing Equipment	A new sprinkler head was installed on 10/7/2024 and is fully operational.	All residents at the Minnesota Veterans Home Fergus Falls have the potential to be affected.	The Building Maintenance Foreman, or his designee, will inspect every room in the building to ensure they have an operational sprinkler head to meet the NFPA Standard.	The Maintenance staff will continue to check sprinkler gauge and pressures daily to ensure all sprinklers are operational. The QAPI committee will monitor for 6 months.	2/21/2025

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