

**State Veterans' Homes (SVH) Corrective Action Plan  
(Hastings Domiciliary Survey 2/13/24 to 2/15/24)**

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 effected resident(s), as is applicable and appropriate, impacted by the issue identified. This CAP is intended to become a source towards Quality Assurance/Performance Improvement activities (QAPI).

State the Issue  Identify the Standard and Findings	Address how corrective action will be accomplished for those residents found to be affected by the deficient practice (Actions should align with QAPI 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 QAPI)	Proposed Completion Date
<p>§ 51.350 (c) Life safety from fire. 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. *Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) shall be in a room protected as a hazardous area when not attended.</p> <p>Findings: Based on observation and interview, the facility failed to ensure soiled waste containers did not exceed 32 gallons and were attended as required. The deficient practice affected four (4) of 12 smoke compartments in Building #23, zero (0) of six (6) smoke compartments in Building #25, staff, and all residents. The facility had a capacity for 200</p>	<p>Ten housekeeping staff will receive training on the revised policy and procedure. For all residents, signage will be placed to inform them where soiled linen collection points are.</p> <p>Ten housekeeping staff will receive checklists to monitor the proper utilization of the receptacles in each location.</p>	<p>All residents living in the Domiciliary have the potential to be affected by this practice</p>	<p>Director of Plant Operations will review and revise soiled linen policy by May 1, 2024.</p> <p>Soiled linen receptacles less than 32 gallons will be placed in shower rooms as collection points by March 12, 2024</p> <p>Larger covered soiled linen tubs on rollers will be stored in a modified storage room on each floor that is now identified as a soiled utility room, room has negative pressure, is sprinkled, and has a 1-hour rated fire door, self-closers by March 15, 2024.</p> <p>Signage will be added to the soiled utility rooms by March 15, 2024.</p>	<p>Soiled utility collection and storage audits that will ensure soiled utility carts are in the correct locations will be completed monthly for three months with results reported to the QAPI Committee for review and further recommendations.</p>	<p>June 15, 2024</p>

<p>beds with a census of 108 on the first day of the survey.</p> <p>Observations during building tour of Building #23 on floors two (2) and three (3), on 2/14/23, at 10:22 a.m., revealed wheeled, plastic soiled linen containers stored and not attended in the corridor that exceeded 32 gallons in capacity, and not located in a room protected as a hazardous area, as required by section 19.7.5.7.1 of NFPA 101, Life Safety Code.</p>					
<p>Standards: § 51.350 (c) Life safety from fire. 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>Based on record review, observation, and interviews, the facility failed to maintain the fire alarm (FA) system. The deficient practice affected 12 of 12 smoke compartments in Building #23, six (6) of six (6) smoke compartments in Building #25, staff, and all residents. The facility had a capacity for 200 beds with a census of 108 on the day of the survey.</p> <p>Records review of the fire alarm inspection report, dated 11/14/23, revealed there was no indication of semiannual</p>	<p>The electrician, safety officer, plant operations director received education from the surveyor on the requirement for documentation of battery charger testing on February 13, 2024.</p> <p>The vendor was contacted on 2/13/24 to obtain further documentation on semi-annual battery charger testing, load voltage, and discharge testing for the backup batteries. The vendor confirmed that the testing was completed.</p> <p>For all residents affected by the alleged deficient practice the vendor was contacted and has provided a new form that includes additional information including the semi-annual battery charger test, load voltage, and</p>	<p>All residents who reside in the SVH have the potential to be affected by the alleged deficient practice.</p>	<p>The contractor made permanent changes to the forms that include the testing and load voltage.</p> <p>New forms received from vendor by Plant Operations Director on March 8, 2024.</p>	<p>The Plant Operations Director or designee will complete audits to ensure proper documentation is present will be completed semi-annually starting April 2024.</p> <p>Results will be reported to the QAPI Committee for review and further recommendations.</p>	<p>April 2024 for next semi-annual vendor check.</p> <p>New form including additional information (voltage, load testing, and backup battery testing) from previous inspection on November 3 and November 8, 2023, was received March 8, 2024.</p>

testing of the battery charger, load voltage, or discharge test for the back-up batteries either 12 months prior to the inspection or three (3) months after the inspection, as required by table 14.4.5 of NFPA 72, National Fire Alarm and Signaling Code. The facility had no other documentation of testing of the battery charger, load voltage, or discharge test for the back-up batteries.	discharge testing March 8, 2024.				
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- This Corrective Action Plan is to be sent to the Medical Center Director of jurisdiction and VACO Pod Manager