

**State Veterans' Homes (SVH) Corrective Action Plan
Minnesota Veterans Home – Luverne – 8/8/2023**

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)
51.43(b) Drugs and medicines for certain veterans	One veteran resident was identified in which our home received the prevailing rate of VA Per Diem and for whom our agency also billed medication costs to the VAMC. Two non-veteran civilian residents were identified for which our agency billed medication costs to the VAMC. Our agency will issue monthly credits to the VAMC for medication costs billed in error for these three residents.	All residents have the potential to be affected. All veterans and non-veteran civilian residents will be audited to ensure proper medication billing practices are in place. Specifically, veterans for whom our home is receiving the prevailing rate of VA Per Diem and non-veteran civilian residents will be reviewed to ensure the VAMC is not being billed for any medication costs.	Going forward during our monthly billing process, all veteran and non-veteran residents will have their records reviewed to verify their veteran status and whether or not we are receiving the prevailing rate of VA Per Diem. This will ensure that we are not billing the VAMC for medications for any Veteran Residents receiving the prevailing rate of VA Per Diem and ensure that we are not billing the VAMC for medications for any non-veteran civilian residents.	Audits will be conducted weekly for 4 weeks starting 10/9/2023 and ending 11/3/2023 by the Pharmacy Director or Designee for up to 5 random veterans for whom our home is receiving the prevailing rate of VA per diem and for up to 5 random non-veteran civilian residents to ensure that the VAMC is not being billed for any medication costs. Audit results will be reported to the Quality Assurance Committee for review at the next Quality Assurance meeting.	12/1/2023
51.200 (a) Life safety from fire.	On 5/25/2023 a semi-annual visual inspection of the smoke detectors as well as complete testing of the battery charger, load voltage, and discharge test for the back-up batteries was completed. However, we failed to provide this documentation during the survey process. On 8/30/2023 Minnesota Medical Specialists completed testing of the electric resident beds throughout the facility. The electric beds were also marked to note that they had been inspected.	All residents have the potential to be affected.	On 9/27/2023 Maintenance Director was educated regarding NFPA 101, Life Safety Code (2012), NFPA 72, National Fire Alarm and Signaling Code (2010), and NFPA 99, Health Care Facilities Code (2012) as they relate to the survey findings. On 5/25/2023 a semi-annual visual inspection of the smoke detectors as well as complete testing of the battery	By 12/1/2023 Administrator or Designee will audit maintenance records to ensure a semi-annual visual inspection of the smoke detectors as well as testing of the battery charger, load voltage, and discharge test for the back-up batteries is completed and documented. By 12/1/2023 Administrator or	12/1/2023

			<p>charger, load voltage, and discharge test for the back-up batteries was completed. However, we failed to provide this documentation during the survey process. Going forward this testing will be performed on a semi-annual basis.</p> <p>On 8/30/2023 Minnesota Medical Specialists completed testing of the electric resident beds throughout the facility. The electric beds were also marked to note that they had been inspected. Going forward, this testing will be performed on an annual basis.</p>	<p>Designee will audit maintenance records to ensure testing of the electric resident beds has been completed and documented and that the electric beds were marked to note that they had been inspected.</p> <p>Audit results will be reported to the Quality Assurance Committee for review at the next Quality Assurance meeting.</p>	
51.200(b) Emergency Power	On 8/15/2023 Interstate Power Systems completed fuel quality testing for our generator fuel.	All residents have the potential to be affected.	<p>On 9/27/2023 Maintenance Director was educated regarding NFPA 101, Life Safety Code (2012) and NFPA 110, Standard for Emergency and Standby Power Systems (2010) as they relate to the survey findings.</p> <p>On 8/15/2023 Interstate Power Systems completed fuel quality testing for our generator fuel. Going forward, this testing will be performed on an annual basis.</p>	By 12/1/2023 Administrator or Designee will audit maintenance records to ensure generator fuel quality testing was completed and documented. Audit results will be reported to the Quality Assurance Committee for review at the next Quality Assurance meeting.	12/1/2023
51.210 (h) Use of outside resources.	A proposed mental health sharing agreement with our VAMC was discussed on our VISN 23 quarterly meeting on 4/25/2023 and 7/25/2023. On 8/22/2023 we received a draft mental health sharing agreement from the VAMC. We anticipate an executed mental health sharing agreement to be in place with our VAMC by 12/1/2023.	All residents have the potential to be affected.	A proposed mental health sharing agreement with our VAMC was discussed on our VISN 23 quarterly meeting on 4/25/2023 and 7/25/2023. On 8/22/2023 we received a draft mental health sharing agreement from the VAMC. We anticipate an executed mental health sharing agreement to be in place with our VAMC by 12/1/2023.	By 12/1/2023 Administrator or Designee will audit our contracts to ensure a mental health sharing agreement is executed with our VAMC. Audit results will be reported to the Quality Assurance Committee for review at the next Quality Assurance meeting.	12/1/2023

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