

State Veterans' Homes (SVH) Corrective Action Plan
Silver Bay MN Veterans Home 07/09/24-07/11/24

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 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)
§ 51.200 (a) Lifesafety 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. Semi-annual visual inspection of smoke detectors. Anticipated completion July 2025 2. Semi-annual discharge test for back-up batteries either 6 months prior to the inspection or 6 months after the inspection. Anticipated completion July 2025	1. Six month review that semi-annual visual inspection of smoke detectors is complete. 2. Six month review that semi-annual discharge test for the backup batteries is complete.	1. Maintenance will ensure inspections are done in a timely matter and filled in Life Safety Book 2. Maintenance will ensure inspections are done in a timely matter and filled in Life Safety Book	1. Log of completed semi-annual visual inspection of smoke detectors and next due date will be completed by maintenance department 2. Log of completed semi-annual discharge test for back up batteries and next due date will be completed by maintenance department 3. QAPI as follows: Monthly inspections/ audits X 3 months in August, September, and October 2024 until > than 95% compliant then monitored/audits quarterly x3 January, April and July 2025	1. 11/1/2024 2. 11/1/2024
§ 51.200 (a) Lifesafety 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. 6 gas burner stove located on the cooking line in the kitchen ensure that appliance was returned to approved design location after it had been moved for maintenance and cleaning. Will install wheel chocks that have been ordered.	Install 6 gas burner stove wheel chocks. Ordered 7/24/24.	Maintenance will install wheel chocks and ensure in proper placement. Routine audits to be completed to ensure wheel chocks are in place.	1. Ensure wheel chocks are in place by monitoring for compliance will be followed in QAPI as follows: Monthly inspections/ audits X 3 months until > than 95% compliant then inspections/audits reported quarterly x3 if remain in compliance.	11/1/2024

§ 51.200 (a) Lifesafety 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 drills are completed Monthly at various times each month to ensure fire panel/ alarm is operating correctly	Continue to complete fire drills monthly at various times each month. Fire drills will be entered into Archibus (preventative maintenance software) to meet the requirements. August drill done 8/2/24 at 0545	Maintenance will conduct fire drills at various times each month. Monthly audits will be done to ensure fire drills ae completed.	1 Log of completed monthly fire drills and next due take will be completed by maintenance department and will be monitored in QAPI as follows: Monthly inspections/ audits X 3 months in August, September, and October 2024 until > than 95% compliant then monitoring/audits reported quarterly x3 January, April, and July 2025	11/1/2024
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- This Corrective Action Plan is to be electronically submitted to the Pod-specific National SVH Program Manager for Quality and Oversight