

**State Veterans' Homes (SVH) Corrective Action Plan**  
**Veterans Home of California – Yountville (VHCY) Nursing Home SNF 09/11/23-09/14/23**

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<br>Identify the Regulation and Findings   | Address how corrective action will be accomplished for those residents found to be affected by the deficient practice<br>(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<br>(Actions should align with Quality Assessment and Assurance)  | Proposed Completion Date (i.e. when corrective action will be fully implemented and sustained) |
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| <p><b>§ 51.43(b) Drugs and medicines for certain veterans—Medication Billing</b></p> <p>Review of records for December 2022 revealed that the resident's insurance was billed for which the facility is responsible for all medication costs.</p> | <p>On 09/15/2023, the VHCY Pharm II updated the resident's billing information. Additionally, the VHCY Pharm II reversed the charges from the secondary insurance.</p>                             | <p>On 9/15/23, VHCY Pharm II audited their records for any further incorrect billing.</p>                            | <p>Upon admission, the Admissions Department will notify the VHCY Pharmacy Manager of any resident with a service-connect disability qualifying them for enhanced per diem. The VHCY Pharmacy Manager will update the system to ensure correct billing.</p> <p>On 10/19/2023, the VHCY QA-SRN created a SharePoint folder accessible to the VHCY Business office, VHCY Pharmacy, and VHCY Staff Service Analyst (SSA). The folder will contain the list of residents with a service</p> | <p>The VHCY Pharmacy Manager/Designee will audit billed patients monthly to ensure the facility will not bill residents with a service-connect disability, qualifying them for enhanced per diem. This will be an ongoing audit with no end date.</p> <p>The results of these audits will be reported quarterly to the QAPI committee until the target goal of a 90% compliance rate is achieved for two consecutive quarters</p> | <p>May 31<sup>st</sup> 2024</p>  |

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|   |  |  | <p>connect disability, qualifying them for enhanced per diem.</p> <p>The information in the folder is updated daily by the HQSSA. The VHCY SSA will also email the VHCY Business office and VHCY Pharmacy for any changes.</p>  |   |                             |
| <p><b>§ 51.70 (e) (1) – (3) Privacy and confidentiality</b></p> <p>The findings include:</p> <p>1. The facility policy titled, “Wound Care, Routine,” last reviewed on 3/28/23, stated: “Policy Details and Implementation I. GENERAL WOUND CARE...F. Provide privacy (pull the cubicle curtain around the bed for privacy).”</p> <p>Record review revealed Resident #15 was readmitted to the facility on 7/27/23, and diagnoses included Multiple Sclerosis and a Stage 4 Pressure Ulcer to the Sacrum. Review of Resident #15’s Quarterly Minimum Data Set (MDS) Assessment, dated 8/31/23, revealed a Brief Interview for Mental Status (BIMS) score of nine (9), which indicated moderately impaired cognition. According to the MDS, Resident #15 was dependent on one (1) or more persons for all activities of daily living, including bed mobility. Further record review found the following Physician Order:</p> <p>“Daily Cleanse with NS [Normal Saline], Apply Santyl, Calcium Alginate to Wound Miconazole 2%, Calmoseptine to cover peri wound, then cover with abdominal pad” [sic].</p> <p>Review of Resident #15’s Care Plan found the following problem: “Self care deficit R/T [related to]: Multiple Sclerosis, muscle spasticity.” Interventions to address this problem included: “Ensure privacy by keeping bedside curtain pulled from door to bed.”</p> <p>Observation of wound care to Resident #15</p> | <p>Finding #1</p> <p>On 9/12/2023, the VHCY Supervising Nurse II (SNII) in-serviced VHCY Wound Care RN ‘D,’ VHCY LVN ‘E,’ and Contract Physician ‘H’ that even if a resident is in a private room with the door closed, the curtain needs to be pulled around the bed for privacy when opening the door.</p> <p>On 9/13/23, the VHCY Supervising RN assessed resident #15 and confirmed that there was no adverse outcome as a result of this finding.</p> <p>Finding #2 – On 9/12/23, the VHCY SRN provided training to staff to follow the residents’ preferences when administering medications.</p> <p>Additionally, on 9/13/23, medication administration competency was done for VHCY RN F. No adverse outcome was noted for Resident #27.</p> | <p>Finding #1 - On 9/13/23, the VHCY DON and the VHCY SRNs confirmed that no other residents were identified to be affected by this finding. All residents are provided privacy during their care.</p> <p>Finding #2 - On 9/13/23, the VHCY DON and the VHCY SRNs confirmed that no other residents were identified to be affected by this finding. All medications were given in private per the resident’s preference.</p> | <p>On 9/12/2023, VHCY SRN, in-serviced all nursing staff to ensure privacy during patient care.</p> <p>On 9/12/23, the VHCY SRNs in-serviced all nursing staff to administer medications privately.</p> <p>On 9/19/23, the VHCY SNII revised the Environmental rounds to include that medication administration and patient care are done in private.</p> <p>The VHCY Nurse Instructor will provide training for licensed nurses upon New Employee Orientation (NEO) and annually</p> | <p>The VHCY QA RN/SRN will develop and implement a Report to ensure Resident are provided with privacy on the environmental rounds to monitor performance and track compliance. The VHCY QA RN/SRN will collect and evaluate data monthly and report findings through the Skilled Nursing Facility (SNF) Quality Assurance Performance Improvement (QAPI) Committee.</p> <p>The results of these audits will be reported quarterly to QAPI Committee until the target goal of 90% compliance rate is achieved for two consecutive quarters.</p> | May 31 <sup>st</sup> , 2024 |

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| <p>began at 9:47 a.m., on 9/12/23. Wound Care Registered Nurse (WCRN) D knocked on Resident #15's closed door and obtained permission to enter. When WCRN D opened the door, observation from the doorway found Resident #15's lying in bed wearing no clothing or bed linens, with only a towel covering his/her genitals.</p> <p>After WCRN D gained Resident #15's permission for the surveyor to observe wound care, the surveyor entered the room. Observation at that time found the right side of the bed was against the wall, and the back of the headboard faced the door. There was a ceiling-mounted privacy curtain track encircling the resident's bed, and the privacy curtain was gathered at the far end of the track against the wall at the foot of the bed. When WCRN D exited the room to gather his/her supplies from the treatment cart parked in the hallway, the door to the room remained open. WCRN D re-entered the room at 9:49 a.m., on 9/12/23, and carried the treatment supplies in a plastic basket. The surveyor and Licensed Vocational Nurse (LPN) E also entered the room at that time, and LVN E closed the door.</p> <p>At approximately 9:50 a.m., on 9/12/23, Physician H opened the door, entered the room, and closed the door. Over the course of the treatment, the door to Resident #15's room was opened two (2) more times, as LVN E exited and re-entered the room to bring additional supplies into the room.</p> <p>The privacy curtain was not drawn around the resident's bed before, during, or after the treatment observation.</p> <p>During an interview, at 12:55 p.m., on 9/12/23, the Director of Nursing (DON) acknowledged that Resident #15's Care Plan required the cubicle curtain to be pulled for privacy.</p> <p>2. Review of the facility policy titled, "Resident Bill of Rights, California Code of Regulations Title 22," dated February, 2005 revealed on page 3: "(11) To be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and in care of personal needs."</p> |  |  |  |  |  |
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| <p>Furthermore, review of the Code of Federal Regulations, Title 42, Public Health, Section 483.10 Resident rights, page 23 noted: “(e) Privacy and confidentiality. The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. (1) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.”</p> <p>Record review revealed Resident #27 was admitted to the facility on 12/17/22, and active diagnoses included disorder of Conjunctivitis, inflammation or infection of the outer membrane of the eyeball and the inner eyelid, Prostatic Hypertrophy, and Gastroesophageal Reflux Disease.</p> <p>Review of Resident #27’s Annual MDS, dated 7/5/23, documented a BIMS score of 15, which indicated the resident was cognitively intact. Resident #27’s Physician Orders included the following: Refresh Tear drops 0.5% ophthalmic apply one (1) drop in each eye Three (3) Times A Day (TID) at 9:00 a.m., 1:00 p.m., and 6:00 p.m., and Pataday solution 0.7% apply one (1) drop bilateral eyes every morning (QD) at 9:00 a.m.</p> <p>Observation in the hallway directly outside the nursing station, at 8:35 a.m., on 9/13/23, revealed Registered Nurse (RN) F administered eye drops to both of Resident #27’s eyes, without providing privacy for the administration of these drops in the resident’s room.</p> <p>During an interview with Resident #27, on 9/13/23, at 9:15 a.m., with the DON present, when referred to the above observations, he/she was asked if he/she would have preferred to have had his/her eye drops administered with privacy in his/her room; he/she stated “yes.”</p> <p>The DON reported at the time of the above observation that it was his/her expectation that the resident should have been afforded privacy when he/she received his/her eye drops.</p> |  |  |  |  |  |
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| Record review of Resident #27's Medication Administration Record (MAR), on 9/13/23, at 10:30 a.m., noted that it had been documented that Resident #27 stated he/she would "prefer eye drops to be given in [his/her] room per Resident request."   |   |  |   |  |                             |
| <p><b>§ 51.140 (h) Sanitary conditions</b></p> <p>The findings include:</p> <p>Review of the facility policy titled, "Food &amp; Nutrition Services- Sanitation (All Homes)," last reviewed 10/7/22, revealed: "Policy Details and Implementation I. Kitchen and serving area(s): A. Will be kept clean, free from litter and rubbish. B. Will be protected from rodents, roaches, flies, and other insects."</p> <p>Review of the facility policy titled, "Pest Control," last reviewed 7/27/23, revealed: "VHC - Policy Statement The Veterans Home of California maintains a pest control program to eradicate and contain pest such as roaches, ants, mosquitoes, flies, bees, wasps, mice and rats, etc. All possible measures are taken, within reason, to maintain a pest-free environment...Policy Details and Implementation II. Food &amp; Nutrition Services follow facility policies on food storage and food area sanitation."</p> <p>On 9/12/23, at 10:05 a.m., and 2:20 p.m., three (3) rolling carts were observed unattended in the kitchen. Further observation revealed the residents' leftover foods were not discarded and were left on trays on the cart. During two (2) observations, flies and gnats were observed hovering over the trays of food.</p> <p>On 9/12/23, at 2:37 p.m., in the presence of the Food Service Supervisor and the Director of Dietetics, the Food Service Supervisor revealed nursing staff should have discarded the leftover foods and placed the trays in an enclosed cart. The Food Service Supervisor stated this process was completed after each meal, so the food service staff could remove the trays and take them to the main kitchen to be washed.</p> <p>On 9/12/23, at 2:49 p.m., Supervising Registered Nurse (SRN) C revealed the</p> | On 09/12/23, the VHCY SRN C coordinated with the VHCY Director of Dietetics and Housekeeping to clean the dining room. On 9/15/23, the VHCY Food Service Supervisor 1 provided an additional cart for the storage of dirty trays. There was no resident affected by this finding. | On 9/12/23, the VHCY DON and the VHCY Ward SRNs confirmed that no other residents were affected by this finding. | <p>From 9/15/23 through 9/19/23, the VHCY DON/Designee &amp; VHCY Director of Dietetics provided education and training in Food &amp; Nutrition Services/Sanitation Policy emphasizing the cleanliness of the dining room.</p> <p>On 9/19/23, the VHCY SNII revised the Environmental rounds to include monitoring of the dining room cleanliness.</p> <p>The VHCY Nurse Instructor will provide training upon New Employee Orientation (NEO) and annually.</p> | <p>The VHCY QA RN will develop and implement a tracking report to ensure the dirty meal trays are properly placed in the carts to prevent insects and to monitor performance/compliance. The VHCY QA RN/SRN will collect and evaluate data monthly and report findings through the Skilled Nursing Facility (SNF) Quality Assurance Performance Improvement (QAPI) Committee.</p> <p>The results of these audits will be reported quarterly to QAPI Committee until the target goal of 90% compliance rate is achieved for two consecutive quarters.</p> | May 31 <sup>st</sup> , 2024 |

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| <p>facility were using agency Certified Nursing Assistants (CNAs), and the agency CNAs may not have been aware that they were to discard leftovers from the trays after each meal. SRN C stated he/she would conduct an immediate in-service with all nursing staff to ensure everyone was on the same page moving forward.</p>   |   |   |   |   |                                  |
| <p><b>§ 51.180 (e) (1) Storage of drugs and biologicals</b><br/> The findings include:<br/> The facility policy titled, “Medication, Storage &amp; Labels,” last reviewed on 3/14/23, stated: “Policy Details and Implementation...B. Drug Storage...3. Medications will not be left at the resident’s bedside without a Physician order...E. Bedside Medications – Medication (prescription or non-prescription) will not be left at the bedside unless there is a specific order for bedside medication and the container is labeled and stored appropriately.”<br/> Record review revealed Resident #17 was readmitted to the facility on 10/18/17, and diagnoses included: Hypertension, Anemia, and Benign Prostatic Hypertrophy.<br/> Review of Resident #17’s Quarterly Minimum Data Set (MDS) Assessment, dated 6/30/23, revealed a Brief Interview for Mental Status (BIMS) score of 14, which indicated intact cognition. According to the MDS, Resident #17 was independent with performing all activities of daily living, including bed mobility, transfers, eating, and toilet use.<br/> Further record review found the following Physician Orders scheduled to be administered to Resident #17 each morning:</p> <ul style="list-style-type: none"> <li>• Vitamin B-12 1000 micrograms (mcg) by mouth once daily</li> <li>• Ferrous Sulfate 324 milligrams (mg) by mouth twice daily</li> <li>• Vitamin C 500mg by mouth once daily</li> <li>• Amlodipine 10mg by mouth once daily –hold if systolic blood pressure is less than 95 millimeters of Mercury (mm Hg)</li> <li>• Finasteride 5mg by mouth once daily</li> </ul> <p>Observation in the company of Supervising Registered Nurse (SRN) A and SRN B, at 11:26 a.m., on 9/11/23, found Resident #17</p> | <p>On 9/11/23, Resident 17 was assessed, and no complication was noted. On 9/11/23, the VHCY Nurse Educator trained the VHCY RN on medication administration, emphasizing not leaving medication at the bedside without a physician’s order. Additionally, the VHCY Nurse educator provided a medication administration competency checklist.</p> | <p>On 9/11/23, the VHCY DON and the VHCY SRNs confirmed that no other residents were affected by this finding. No medication was left at the bedside without a physician’s order.</p> | <p>From 9/11/23 through 9/15/23, using the Medication Administration Standards policy, the VHCY SRN and VHCY QA SRN provided education and training to ensure that medications at the bedside have physician’s orders.</p> <p>On 9/19/23, the VHCY SNII revised the environmental rounds to include monitoring of medications at the bedside without a physician’s order.</p> <p>The VHCY Nurse Instructor will train licensed nurses upon New Employee Orientation (NEO) and annually.</p> | <p>The VHCY QA RN/SRN will develop and implement a tracking report to monitor that there are no medications left at the bedside without the physician’s order.</p> <p>The VHCY QA RN/SRN will collect and evaluate data monthly and report findings through the Skilled Nursing Facility (SNF) Quality Assurance Performance Improvement (QAPI) Committee.</p> <p>The results of these audits will be reported quarterly to QAPI Committee until the target goal of 90% compliance rate is achieved for two consecutive quarters.</p> | <p>May 31<sup>st</sup>, 2024</p> |

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| sitting at his/her bedside rummaging through personal possessions stored on the floor of his/her room. Observation of the bedside stand located behind Resident #17 found a medicine cup. When asked if the medicine cup contained medications, Resident #17 picked up the cup and showed the contents to the surveyor. The medicine cup contained five (5) tablets. After exiting the room, the surveyor asked SRN A and SRN B if Resident #17's physician had written an order for the resident to self-administer medications.<br>At 11:35 a.m., on 9/11/23, SRN B confirmed there were no Physician Orders in Resident #17's medical record for the resident to keep medications at bedside or to self-administer medications. |  |  |  |  |  |
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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