CORRECTIVE ACTION PLANS

DOMICILIARY - Veterans Home Of California - Barstow - Date Surveyed: November 3-5, 2008

STANDARD	DEFICIENCY	CORRECTIVE ACTIONS	EVIDENCE OF IMPROVEMENT	SVH PERSON RESPONSIBLE	TARGET DATE
193 6. Rehabilitation. Rehabilitation services are provided as needed to improve and maintain maximum functioning of each domiciliary patient. A. The facility provides, or arranges for under a written agreement, rehabilitation services as needed by the patient.	The agency does not have provisions for assessment and treatment modalities provided by occupational therapy such as ADL's or other issues of functional status.	Please note the facility does have provisions for occupational therapy for ADL's and other issues of functional status. The facility currently contracts with Synertx, Inc. a rehabilitation company specializing in long term care. Synertx currently provides Occupational and Physical therapy services to residents at VHC-Barstow. For example, occupational therapist Jacquelyn Glenn recently provided occupational therapy to several residents at the home (see plan of care for rehabilitation services attached).		Administrator	Dec. 19, 2008
198 C. Results of social services rendered are documented in the patient's medical record.	Review of 10 Dom charts indicate that there is documentation present as required by the agency policy however patient interviews and chart reviews raise concern about the content (relevance) and quality of the documentation.	Please note resident H was seen by contract psychiatrist on November 12, 2008, and was offered medication for noted behaviors, which he refused. LCSW is monitoring behaviors and psychosocial well being and providing interventions as needed. In order to enhance current operations, in-service		Chief of Social Work Services	Nov. 11, 2008

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Continued-	Resident H social worker note reflected that the individual had racing thoughts, narcissistic tendencies, however review by medical personnel on team could not find any evidence of prior psychiatric treatment nor was the veteran referred for further evaluation by appropriate medical personnel.	training was provided to all social service staff on November 7, 2008, by Chief of Social Work Services. The content of the in-service training focused on appropriate parameters and scope of work for social service documentation. Additionally, Chief of Social Work Services will review all social service notes by unlicensed social worker to ensure they meet USDVA requirements.			
213 10. Pharmacy. Pharmaceutical services meet the needs of patients and are provided in accordance with ethical and professional practices and legal requirements. A. A registered pharmacist is responsible for pharmacy	Per written policy, quarterly reports by the consultant pharmacist are to be filed and maintained. However, no reports from this year 2008 were produced by the consultant pharmacist (the last reports were filed from 11/07). These reports need to be produced to ensure the residents' medications are adequately reviewed and recommendations are	It is the policy of the Veterans Home of California-Barstow to obtain and file quarterly reports from the pharmacist after his review. Please note that on November 5, 2008, pharmacist consultant forwarded all missing reports and those reports are now on file and up to date. In order to enhance current operations the Director of Nurses (DON) will provide monthly reminders to the pharmacy consultant to ensure the reports arrive timely.		Director of Nurses (DON)	Nov. 5, 2008

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services.	acted upon.				
216 D. Patient on self-medication are instructed by qualified personnel on the proper use of drugs.	A random review of several medical records indicated that several patients were non-compliant with their maintenance medications, including blood pressure medications and cholesterol lowering agents. Also one of the 10 residents interviewed was found to have duplicate medications, with different directions/strengths for the prescription. He had several medications throughout his room in various areas, with several pillboxes not utilized. As patients are required to	It is the policy of the Veteran's Home of California Barstow to encourage residents to maintain compliance with their medication regimens. Residents are encouraged to bring their medications during clinic visits and their drug regimen is reviewed at that time. If it is discovered that residents are not in compliance with their blood pressure or cholesterol medications the resident immediately receives drug administration training and counseling. In order to improve current operations, and in addition to the ongoing drug regimen education conducted by clinic staff as well as Residential Care Units Leader's audits, the Administrator will		Clinic nurse, Residential Care Unit Leader, Standards Compliance Coordinator	

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Continued-	bring all medications in to the clinic during their appointments, this duplication of medications should have been corrected. Proper instructions and aids to help residents adhere to medication regimens need improvement. Further reviews are necessary t ensure all patients in the domiciliary are properly taking the correct medications.	provide enhanced resident education regarding drug therapy protocols and proper drug administration during monthly meetings with the residents. Moreover, the residential care unit leader will conduct monthly random medication audits of residents receiving drug therapy in order to enhance proper administration of medications.			
218 F. There is an established system for monitoring the outcome of drug therapy or treatment.	Patients are seen in the clinic for follow up and monitoring outcome of drug therapy. However, one of the 10 residents interviewed was found to have duplicate medications, with different directions/strengths for the prescription. As patients are required to bring all medications in to	Please note that it is the policy of the Veterans Home of California Barstow to monitor outcomes of drug therapy for DOM residents. In fact, each time the residents visit the clinic they are reminded to bring their medications and their drug regimen is reviewed at that time. If it is discovered that residents have duplicate medications or contradictory		Clinic nurse, Residential Care Unit Leader, Standards Compliance Coordinator	Dec. 19, 2008

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Continued-	the clinic during their appointments, this duplication of medication should have been corrected. Further review is necessary to ensure all patients in the domiciliary are properly taking the correct medications.	instructions/strengths for medication it is corrected immediately. However, the DOM residents are independent and act independently to obtain medications outside the healthcare corridor of the Veterans Home of California Barstow. In order to improve operations, and in addition to the ongoing drug regimen education conducted by clinic staff, the Administrator will provide enhanced resident education regarding drug therapy protocols and proper drug administration during monthly meetings with the residents. Moreover, the residential care unit leader will conduct monthly random medication audits of residents receiving drug therapy in order to enhance proper administration of medications.			

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223 B. The quality assurance program encompasses reviews of all services and programs provided for the domiciliary patients.	The QA Committee minutes do not reflect review, action items or follow up.	Please note that it is the policy of the Veterans Home of California Barstow to review services and programs provided for the DOM residents. In order to enhance current operations the Administrative and DOM staff received in-service training regarding policies and procedures regarding proper review of services and programs for DOM residents.		Administrator, Residential Care Unit Leader	On or before January 4, 2009
227 B. There is input to the domiciliary program through a patient advisory council.	IDT does not meet at stated intervals. Several patients interviewed stated concerns related to scheduling of IDT and inability to provide input at IDT	The IDT currently meets on a regular schedule to review residents care and needs: within 14 days for new admits, 90 days following that, 9 months after that, then an annual review, and semi-annual review after that. Please note that residents receive written notification regarding their pending IDT well in advance. However, in order to improve current operations residents		Clinic nurse or IDT lead	On or before January 3, 2009.

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		will now be offered an alternative date to attend their IDT meeting if unable to attend.			

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NURSING HOME CARE (ICF - SNF) - Veterans Home Of California - Barstow - Date Surveyed: November 3-5, 2008

STANDARD	DEFICIENCY	CORRECTIVE ACTIONS	EVIDENCE OF IMPROVEMENT	SVH PERSON RESPONSIBLE	TARGET DATE
13 I. Medical Director: 1. The facility management must designate a primary care physician to serve as medical director. 2. The medical director is responsible for: i. Participating in establishing policies, procedures, and guidelines to ensure adequate, comprehensive services: ii. Directing and coordinating medical care in the facility, iii. Helping to arrange for continuous physician coverage to handle medical emergencies, iv. Reviewing the credentialing and privileging process, v. Participating in	1. Medical staff privileging forms are missing Medical Director signature. 2. No evidence of involvement in monitoring employee health (eg. Medical staff member with positive PPD but no documentation of normal CXR)	Please note that is it the policy of the Veteran's Home of California- Barstow to have the Medical Director sign all relevant privileging forms. Please note that many of the forms in question were corrected. However, select items needed follow-up and requests for that information was forwarded to participating doctors requesting completion and return of necessary documentation to complete file. Moreover, the Medical Director also participates in monitoring employee health screenings and signs accordingly.		Medical Director and clinic staff	Dec. 23, 2008

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managing the environment by reviewing and evaluating incident reports, identifying hazards to health and safety, and making recommendations to the administrator, and vi. Monitoring employee health policies.					
14 j. Credentialing and privileging. Credentialing is the process of obtaining, verifying, and assessing the qualifications of a health care practitioner, which may include physicians, podiatrists, dentists, psychologists, physician assistants, nurse practitioners, licensed nurses to provide patient care	1. Missing Medical Director's signature on privileging forms. 2. Missing reference letters in credentialing process. 3. Missing appointment letter to medical staff member. 4. Expired license. 5. Incomplete application of a medical staff	Please note that all medical staff files were audited and missing items were identified and replaced. However, select items needed follow-up and requests for that information was forwarded to participating doctors requesting completion and return of necessary documentation to complete file. In order to enhance current operations the facility will now conduct monthly audit meetings to review and update credentialing files to improve accuracy and timeliness.		Medical Director and Standards Compliance coordinator	Dec. 23, 2008

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services in for a health care organization. Privileging is the process whereby a specific scope and content of patient care services are authorized for a health care practitioner by the facility management, based on evaluation of the individual's credentials and performance. 1. The facility management must uniformly apply Credentialing criteria to licensed independent practitioners applying to provide resident care or treatment under the facility's care. 2. The facility management must verify and	member (residency training missing) 6. Failure to have current Databank queries in the reappointment process. 7. On call PA not credentialed.				

STANDARD	DEFICIENCY	CORRECTIVE ACTIONS	EVIDENCE OF IMPROVEMENT	SVH PERSON RESPONSIBLE	TARGET DATE
uniformly apply the following core criteria: Current licensures; current certification, if applicable, relevant education, training, and experience; current competence; and a statement that the individual is able to perform the services he or she is applying to provide. 3. The facility management must decide whether to authorize the independent practitioner to provide resident care or treatment, and each credential's file must indicate that these criteria are uniformly and					

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STANDARD	DEFICIENCY	CORRECTIVE ACTIONS	EVIDENCE OF IMPROVEMENT	SVH PERSON RESPONSIBLE	TARGET DATE
individually applied. 4. The facility management must maintain documentation of current credentials for each licensed independent practitioner practicing within the facility. 5. When reappointing a licensed independent practitioner, the facility management must review the individual's record of experience. 6. The facility management					

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27 2. The quality assessment and assurance committee: i. Meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary, and ii. Develops and implements appropriate plans of action to correct identified quality deficiencies	Quarterly meetings are evident, however, not all are typed to date. Record keeping does not clarify Actions to be taken and responsibility. Minutes do not reflect a flow of Action items from the previous meeting. It is not clear how they determine which items are to be tracked and trended.	Please note that it is the policy of Veterans Home of California-Barstow to identify and correct quality deficiencies. In order to enhance current operations the quality assurance committee received in-service training regarding effective methods for tracking care practices and root cause analysis. The training also focused on action plans and timeframes.		Standards Compliance Coordinator	On or before January 3, 2009
28 3. Identified quality deficiencies are corrected within an established time period.	Minutes do not reflect identification of deficiencies, action plans and timeframes.	Effective immediately quality assurance minutes will reflect identification of deficiencies, action plans and timeframes.		Standards Compliance Coordinator	Dec. 23, 2008

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32 u. Intermingling. A building housing a facility recognized as a State home for providing nursing home care may only provide nursing home care in the areas of the building recognized as a State home for providing nursing home care.	There are no clear definitions or admission criteria for the IMC or SNF.	Please note it is the policy of the Veterans Home of California-Barstow to provide specific criteria for admission to the IMC and SNF. A new policy was written that included specific functional requirements for Level of Care.		Administrator, Standards Compliance Coordinator	Dec 23, 2008
73 2. The activities program must be directed by a qualified professional who is a qualified therapeutic recreational specialist or an activities professional who: Is licensed or registered, if applicable, by the State in which practicing; and Is certified as a	Currently the Quality Assurance (compliance official) is supervision the activities program. Although she had supervisory experience she is not a Recreational Therapist nor an Occupational Therapist. This has been an area of concern for several surveys. During last survey a Recreational Therapist was detailed	Please note that for the past twelve months the Veterans Home of California-Barstow has been vigorously recruiting for a supervisory recreational therapist. During that time we received only one application and the candidate did not have the adequate qualifications to supervise the department. In addition to ongoing recruiting through the CDVA and DPA notification venues we have recently engaged with UMS		Human Resourses	Ongoing

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therapeutic recreation specialist or as an activity professional by a recognized accrediting body.	from Chula Vista for approximately 4 months providing coverage and oversight, so the position has been vacant for over 1 year. The agency does have a recreational therapist on payroll however she has been out on extended leave for most of the y	Healthcare Medical Recruiting Experts to help facilitate this search.			
96 51.120 Quality of Care Each resident must receive and the facility management must provide the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.	Sentinel event occurred in July 2008 and VA notified during this inspection they indicate they sent a fax August which was not within 24 hours and not received by VA.	Please note that the Standard Compliance Coordinator did in fact fax the 802 report to the USDVA office on August 5, 2008. However, the report inadvertently did not arrive as intended. In order to improve current operations the Standards Compliance Coordinator will send the 802 report via overnight mail in addition to email notification.		Standards Compliance Coordinator	Dec. 23, 2008

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a. Reporting of Sentinel Events: 1. Definition. A sentinel event is an adverse event that results in the loss of life or limb or permanent loss of function. 2. Examples of sentinel events are as follows: i. Any resident death, paralysis, coma or other major permanent loss of function associated with a medication error, or ii. Any suicide of a resident, including suicides following elopement (unauthorized departure) from the facility; of iii. Any elopement of a resident from the facility resulting in a death or a major permanent loss of					

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function; or iv. Any procedure or clinical intervention, including restraints, that result in death or a major permanent loss of function; or v. Assault, homicide or other crime resulting in patient death or major permanent loss of function; or vi. A patient fall that results in death or major permanent loss of function as a direct result of the injuries sustained in the fall. 3. The facility management must report sentinel events to the director of the VA medical center of jurisdiction within 24 hours of identification.					

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97 4. The facility management must establish a mechanism to review and analysis of a sentinel event is to prevent injuries to residents, visitors, and personnel, and to manage those injuries that do occur and to minimize the negative consequences to the injured individuals and facility.	The facility did not provide evidence of review or analysis of the sentinel event that occurred in July they did not notify the VA of the sentinel event.	Please note it is the policy of the Veterans Home of California-Barstow to follow procedures relating to the review and analysis of sentinel events. In-service training was provided on 12-19-08 regarding review and analysis of sentinel events. New procedure will include a root cause follow-up summary to USDVA within 10 days.		Administrator	Dec. 23, 2008

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112 m. Unnecessary drugs: 1. General. Each resident's drug regimen must be free from unnecessary drugs when used: i. In excessive dose (including duplicate drug therapy): or ii. For excessive duration; or iii. Without adequate indications for its use; or iv. Without adequate indications for its use; or v. In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or vi. Any combinations of the reasons above.	1. multiple psychotropic agents. 2. long-acting benzodiazepines used for anxiety 3. poorly designed insulin regimens resulting in both hypo and hyperglycemia 4. combination of anticoagulants (Coumadin) and ASA with anti-inflammatory agents (ibuprofen, Celebrex) Several of the patient's charts reviewed had medications without adequate monitoring, duplication of therapy, excessive duration, or without adequate indications for use. One pt. In the SNF had scheduled orders for zolpidm and clonazepam qhs scheduled, and xanax q12PRN. Although xanax and clonezepam were listed for anxiety, while	Please note in order to improve the current operations of the Veterans Home of California-Barstow the monthly drug regimen review will be conducted by the pharmacist consultant with recommendations being given to the unit physicians. As part of the quality assurance process the quality assurance nurse will continue with monthly focus monitor comparison, of random resident chart reviews of physician orders, medication records and recaps for any errors. Inservice training will be given to all licensed nurses by January 3, 2009 by Nursing Instructor, regarding the policy and procedures for medication administration, duplicate drug therapy, excessive duration, indication of usage, types of adverse drug reactions and unnecessary drugs.		Director of Nurses, Nurse instructor, Quality Assurance Nurse	On or before January 3, 2009

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	anxiety was not listed in the problem list. Pain levels for that resident remained at 7-8/10 since August, without any adjustments in the pain regimens (was on fentanyl 25mcg patches and vicodin q6h prn). Another resident with potassium supplement that was started 10/9 (also concurrently on lasix 40 mg, metolazone 2.5mg and HCTZ 12.5mg), had only one lab done 10/14, still with decreased potassium at 3.2. This resident also has active problem of chronic diarrhea on lomotil using regularly while also having an active prn dosing of bisacodyl po/rectal and milk of magnesium for constipation. Several of the residents on iron supplements were				

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	without recent iron studies, and only 1 was on ascorbic for increasing absorption. Another resident was on duplicate oral steroid medication continuously scheduled for over the past several months, flunisolide oral inhaler 1 po bid and fluticasone/salmeterol inhaler 1 po bid. This same resident also had active orders of tiotropium daily in addition to a PRN order for nebulizer albuterol with ipratropium (nebulizer order should have been albuterol alone to avoid potential duplicate anticholinergic agents). This resident for pain control was on fentanyl 25mcg patches, morphine 2mg elixir PRN and lorcet q4h scheduled and PRN doses (which could exceed the acetaminophen limits). For improved pain control,				

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	continuous dose can be maximized, while limiting to one breakthrough medication. Another resident was on high doses of gabapentin and was started on pregabalin since 10/18/08, but the gabapentin was not discontinued. This duplication of medications could potentially lead to additive side effects. Yet another resident was prescribed on aspirin, plavix, and celebrex. This resident also had an active PRN order for napraxen as well. The potential for bleeding while on this combination is high. This resident was on zolpidem 10 mg since February, with no written dose decrease trial. This same resident was also on amiodarone and levothyroid, however, the last TSH level has not				

STANDARD	DEFICIENCY	CORRECTIVE ACTIONS	EVIDENCE OF IMPROVEMENT	SVH PERSON RESPONSIBLE	TARGET DATE
	been checked since 11/07. Another resident was on several psychiatric prescriptions, without any psychiatric review. Resident is currently on celexa, seroquel, valproid acid (with written indication for "generalized pain"), and zolpidem in addition to previously being tried on trazadone and Librium. Another resident was on propoxyphene (should be avoided in the elderly) when other alternative pain medications could have been considered.				

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113 2. Antipsychotic Drugs. Based on a comprehensive assessment of a resident, the facility management must ensure that: ii. Residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. i. Residents who have not used antipsychotic drugs are not given these drugs unless anitpsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and	One resident on quetiapine for diagnosis of anxiety (listed on MAR) without anxiety being on resident's problem list. On the nurses medication sheet, it was listed for indication of depression. Another resident on risperidone was listed as "persistent mental disorder". Antipsychotic drugs should not be used unless the clinical record documents that the resident has one of the indicated "specific conditions".	Please note it is the policy of the Veterans Home of California-Barstow to provide antipsychotic medications to residents based on a comprehensive assessment of the resident and their symptoms. Licensed nurses will be inserviced on antipsychotic medication administration and clinical documentation including side effects and necessary monitoring for behavior changes by January 3, 2009.		Director of Nurses and Nurse Instructor	On or before Jan. 3, 2009

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114 n. Medication Errors. The facility management must ensure that: 1. Medication errors are identified and reviewed on a timely basis; and 2. Strategies for preventing medication errors and adverse reaction are implemented.	Strategies for reporting ADRs were implemented in policy but not only used once in the entire year. Improved employee education may help with increasing the number of ADR reports. One resident was initially admitted on metoprolol succinate 100mg XL daily. After discharge to another facility on this medication, he was readmitted to the Barstow facility. Upon readmission in May, pt. was started on metoprolol tartrate 100mg daily (needs to be 50mg BID for tartrate dosing due to different formulation). Metoprolol succinate 100 qd changed to Metoprolol tartrate 100 qd, apparently in error (pt has been getting it for 6 months)	Please note that it is the facility's policy to educate licensed nursing staff on the proper procedure for reporting possible Adverse Drug Reactions (ADR's), on a quarterly basis. During the past year there were inservice trainings provided on March 20th and 27th, May 29 and 30th, August 27th and 29th and Nov.29, 2008. Licensed nurses will again receive inservice training on appropriate protocols for reporting ADR's on or before January 3, 2009, with subsequent quarterly training throughout the year of 2009.		Director of Nurses, Nursing Instructor	On or before Jan. 3, 2009

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138 a. Procedures. The facility management must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. b. Service consultation. The facility management must employ or obtain the services of a pharmacist licensed in a State in which the facility is located who: 1. Provides consultation on all aspects of the provision of pharmacy services in the facility;	Per written policy, quarterly reports by the consultant pharmacist are to be filed and maintained. However, no reports from this year of 2008 were produced by the consultant pharmacist (the last reports were filed from 11/07). These reports need to be produced to ensure the residents' medications are adequately reviewed and recommendations are acted upon appropriately.	Please note that it is the policy of the Veterans Home of California-Barstow to provide pharmaceutical services to all residents that are accurately acquired, and dispensed to meet the need of each resident. Currently, the consultant pharmacist's reports are up to date and copies of said reports were emailed to the facility on November 5, 2008. Under the direction of the Director of Nurses (DON) a reminder letter/email will be sent to the pharmacy consultant as a reminder to provide these reports to the facility after they are completed.		Director of Nurses	Dec. 23, 2008

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2. Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and 3. Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.					

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141 d. Labeling of drugs and biologicals. Drugs and biologicals used in the facility management must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the e	Numerous insulin vials in the refrigerator of medication room (ICF) were already expired or not properly labeled with the date opened. Several opened/used vials had the date opened stickers, with no handwritten dates. Several items were expired throughout the facility, including the following: dressings, sterile sodium chloride 0.9%, skin protectant, maxabsorb, opsite (wound care items were which were supposed to be locked at all times were left opened), 10+ boxes of joint relief, entire boxes of hydrocortisone and triple antibiotic ointments,	Please note the Senior Registered Nurse immediately removed all insulin vials, expired Over the Counter (OTC) medications, dressings, sterile solutions and wound care products. Replacements were ordered and obtained the same day, November 3, 2008. A weekly monitoring system was implemented which is to be done by the night shift licensed nurse. The Senior Registered Nurse/Unit Manager will submit a weekly QA focus monitor to the Director of Nurses (DON) for compliance.		Director of Nurses, Senior Registered Nurse (SRN), licensed nurse	Dec. 23, 2008

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142 e. Storage of drugs and biologicals. 1. In accordance with State and Federal laws, the facility management must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.	Both the medication rooms in the ICF and SNF had medications for internal use stored with medications for external use. Previous recommendations to separate external and internal medications were not met.	Please note it is the policy of the Veterans Home of California-Barstow to comply with State and Federal laws to store all drugs and biologicals according to regulations. Immediately upon discovery the internal/external medications were placed upon the appropriate shelves. A weekly monitoring system was implemented which is to be done by the night shift licensed nurse. The Senior Registered Nurse/Unit Manager will submit a weekly QA focus monitor to the Director of Nurses (DON) for compliance.		Director of Nurses, Senior Registered Nurse (SRN)	Dec. 23, 2008

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NURSING HOME CARE (ICF - SNF) - Veterans Home Of California - Barstow - Date Surveyed: November 3-5, 2008

STANDARD	DEFICIENCY	CORRECTIVE ACTIONS	EVIDENCE OF IMPROVEMENT	SVH PERSON RESPONSIBLE	TARGET DATE
144 51.190 Infection Control. 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. a. Infection control program. The facility management must establish an infection control program under which it: 1. Investigates, controls, and prevents infections in the facility. 2. Decides what procedures, such as isolation, should be	Infection control program minutes are available quarterly. Isolation policy is inconsistent/conflicting. Nor is it followed. A patient with MRSA wound infection was found in isolation in a room on the SNF after being moved from the ICF without any other change in condition. The policies are in the process of being merged and updated. A new nurse has been hired to implement the Infection Control Program. 71/140+ Employees had their flu immunization 7/10 residents had Flu vaccine. 2/10 refused. 1/10 had no documentation 8/10 Residents had Pneumonia Vaccine 2/10 Refuse 10/10 Residents had been tested for TB within the last year. 13/14 Employees had	Please note it is the policy of the Veterans Home of California-Barstow to provide a safe, sanitary and comfortable environment to prevent the development and transmission of disease and infection. Residents requiring isolation will be assessed per policy and procedure and CDC guidelines. Under the direction of the Director of Nurses all licensed nurses will receive inservice training on policies and procedures for isolation assessment. Consistency in following the two-step test for TB to maintain controls for infection is the policy of the Veterans Home of California-Barstow. The clinic SRN will keep and maintain a list of all new employees for baseline 2-step TST. The SRN is to notify the new employee at the time of the first reading of the date and time of the second TST.		Director of Nurses, Nurse Instructor Director of Nurses, Clinic Senior Registered Nurse	On or before Jan. 3, 2009

CORRECTIVE ACTION PLANS

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applied to an individual resident; and 3. Maintains a record of incidents and corrective actions related to infections.	been tested for TB within the last year The two step test policy for TB was not consistently followed on new employees.	Clinic SRN will monitor every thirty days times three months for compliance and provide the QA committee and the Director of Nurses (DON) with quarterly reports.			On or before Jan. 3, 2009

CORRECTIVE ACTION PLANS

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149 c. Space and equipment. Facility management must: 1. Provide sufficient space and equipment in dining, health services, recreation, and program areas to enable staff to provide residents with needed services as required by these standards and as identified in each resident's plan of care; and 2. Maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.	Process for electrical safety	Please note it is the policy of the Veterans Home of California-Barstow to maintain all essential electrical equipment in safe and operating condition. Effective immediately, all new and donated electrical equipment will be sent to plant operations for safety inspection and tagged.		Maintenance, Standards Compliance Coordinator, Activity Coordinators	Dec. 23, 2008