

CONTENTS

CHAPTER 3. INSPECTION, RECONCILIATION, MUSTER AND REPORTS

PARAGRAPH	PAGE
3.01 Inspection .....	3-1
3.02 Reconciliation of Records .....	3-2
3.03 Muster .....	3-3
3.04 Corrective Action .....	3-3
3.05 Recurring Report .....	3-4

CHAPTER 3. INSPECTION, RECONCILIATION, MUSTER AND REPORTS

3.01 INSPECTION

a. In accordance with the provisions of 38 U.S.C. (United States Code) 1742 and 38 CFR (Code of Federal Regulations) 17.167, an annual inspection, audit and reconciliation of records will be conducted to assure that the minimum standards of care as prescribed by the VA (Department of Veterans Affairs) are met.

(1) The annual inspection and audit of each home will be conducted by appropriate VA personnel on a mutually agreeable date arranged by the Chief, MAS (Medical Administration Service) with the Administrator of the State Veterans' Home.

(2) As a minimum, the team appointed by the VA health care facility Director, will consist of:

(a) A physician, who will be responsible for verifying levels of care and overseeing all clinical aspects of the annual inspection;

(b) A nurse;

(c) A pharmacist;

(d) A dietitian;

(e) A rehabilitation therapist;

(f) A social worker, and

(g) Representatives from:

1. MAS,

2. Fiscal Service,

3. Engineering Service, and

4. Environmental Management Service.

(3) The inspection will include:

(a) The physical plant,

(b) Admissions,

(c) Discharges,

November 4, 1992

M-5, Part VIII  
Chapter 5

M-5, Part VIII  
Chapter 5

November 4, 1992

- (d) A reconciliation of records,
- (e) A muster,
- (f) Fiscal records, and
- (g) A review of evidence of compliance with standards of care and applicable laws and regulation, e.g., 38 CFR 17.165-17.168, and 38 CFR 18.1-18.13.

M-5, Part VIII  
Chapter 5

November 4, 1992

(4) Additional musters and inspections will be made whenever considered necessary by the Director of the VA health care facility or ACMD (Assistant Chief Medical Director) for Geriatrics and Extended Care.

b. The VA health care facility Director will designate a coordinator for the State home inspection.

(1) The coordinator's responsibility is to:

(a) Meet with all members of the inspection team;

(b) Review the inspection process;

(c) Review previous years inspection reports, and inform the team of any changes that have been made since the last inspection;

(d) Assemble the final inspection report;

(e) Resolve any inconsistencies, and

(f) Obtain signed concurrences for the completed report from all inspection team members before the VA health care facility Director signs and transmits the report to the State veterans' home.

(2) All inspection team members should review the video on the inspection process prior to the inspection.

c. In reviewing State homes under the provisions of this paragraph, VA personnel are instructed to observe the quality of care provided and measure it against the standards of care as prescribed in M-5, part VIII, paragraphs 2.05 through 2.08.

(1) The VA Form 10-3567, State Home Inspection Staffing Profile, with applicable attachments (i.e., domiciliary, nursing home, and/or hospital) will be prepared to record the results of the inspection and compliance with applicable standards and regulations.

(2) Any deficiencies should be clearly indicated, with explanatory statements indicating any adverse impact upon patient care and recommendations for corrective action to achieve compliance.

d. The authority to inspect carries with it no authority over the management or control of any home.

### 3.02 RECONCILIATION OF RECORDS

a. The control cards in the active file of the VA facility will be checked against the home's records.

November 4, 1992

M-5, Part VIII  
Chapter 5

M-5, Part VIII  
Chapter 5

November 4, 1992

(1) The computation of days of care for at least a 12-month period, as reported on line 10 of VA Form 10-5588, State Home Report and Statement of Federal Aid Claimed, will be verified.

(2) A complete review of the records since the last reconciliation will be made if significant discrepancies are found. NOTE: The VA facility staff responsible for verification of records should be trained in and knowledgeable of State home operations.

b. The fiscal representative will verify, at least annually, the computation of per diem rates and authorized expense items.

(1) Records of collections by the State from patients or other sources on their behalf, will be audited to assure compliance with M-1, part I, paragraph 3.10c.

(2) The fiscal representative will also obtain annually the signed verification from the Administrator, if there is a fund as described in M-1, part I, paragraph 3.10d.

### 3.03 MUSTER

a. To assure that veterans for whom the State is receiving VA aid are actually present, a muster will be conducted of a 10 percent sample but not fewer than 20 patients.

b. The sample will be made by random selection of one card from among the first 10 in the active file and every 10th card thereafter. The selection process will be repeated until a minimum of 20 cards has been selected. All patients will be mustered in homes with an average load of fewer than 20.

c. No substitutions will be made for names selected nor will names be revealed to State officials prior to muster.

(1) A positive accounting must be made of each patient on the list.

(2) Authorized absences will be accounted for by home's absence records.

### 3.04 CORRECTIVE ACTION

a. After approval by the VA health care facility director, the inspection report should be sent to the State home and to the Office of Geriatrics and Extended Care (114B) no later than 15 workdays after the inspection has been performed.

(1) A plan of correction for the home shall be requested for any cited deficiencies that cannot be corrected within 30 days from the date of the annual inspection. The plan for corrective action shall be submitted to the VA facility of jurisdiction 10 workdays after the inspection report is received by the State home.

(2) The Director of the VA facility of jurisdiction, on review of the plan, will assure that the standards prescribed by the VA are met within a reasonable period of time. A follow-up inspection may be required.

M-5, Part VIII  
Chapter 5

November 4, 1992

(3) The facility of jurisdiction will forward one copy of the home's plan of corrective action to the Office of Geriatrics and Extended Care (114B) within 30 workdays from the date of the inspection.

(4) Six months from the date of inspection visit, the facility of jurisdiction will provide a status report related to any cited deficiency and a follow-up plan for any deficiency not corrected by that date to the Office of Geriatrics and Extended Care (114B).

(5) The facility of jurisdiction will provide regular reviews of partially met and/or not met standards until the deficiency is corrected.

b. If there is no evidence of satisfactory progress toward correction, appropriate action by the Director of the VA health care facility will be initiated with concurrence of the ACMD for Geriatrics and Extended Care. The Secretary of Veterans Affairs may approve action which includes withholding of funds or withdrawal of recognition, pending compliance.

3.05 RECURRING REPORT (RCS exempt)

After approval by the Director, the original VA Form 10-3567 with applicable attachments will be filed at the VA facility of jurisdiction.

a. One copy will be furnished to the Administrator of the State home and a copy forwarded to the ACMD for Geriatrics and Extended Care (114B).

b. If the results of the fiscal audit, muster, and reconciliation of records meet VA requirements, a certification to that effect should be forwarded to the ACMD for Geriatrics and Extended Care in lieu of the complete reports. NOTE: Only unusual findings should be reported to VA Central Office; however, necessary records and evidence to support the certification will be retained at the facility of jurisdiction.