

Department of Veterans Affairs State Veterans Home Survey Report

This survey report and the information contained herein, resulted from the State Veterans Home (SVH) Survey as a Summary Statement of Deficiencies. (Each Deficiency Must be Preceded by Full Regulatory or applicable Life Safety Code Identifying Information.) Title 38 Code of Federal Regulations Part 51 is applied for SVHs applicable by level of care.

General Information:

Facility Name: Menlo Park Veterans Memorial Home

Location: 132 Evergreen Rd, Edison, NJ 08818

Onsite / Virtual: Onsite

Dates of Survey: 8/22/23 - 8/25/23

NH / DOM / ADHC: NH

Survey Class: Annual

Total Available Beds: 312

Census on First Day of Survey: 162

VA Regulation Deficiency	Findings
	<p>Initial Comments:</p> <p>A VA Annual Survey was conducted from August 22, 2023 through August 25, 2023 at the Menlo Park Veterans Memorial Home. The survey revealed the facility was not in compliance with Title 38 CFR Part 51 Federal Requirements for State Veterans Homes.</p>
<p>§ 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.</p> <p>Level of Harm – No Actual Harm, with potential for more than minimal harm Residents Affected – Few</p>	<p>Based on record review, interview, and facility policy review, the facility failed to ensure that there was a proper level of communication between the facility and the Hospice team for one (1) of thirty-one (31) sampled residents (Resident #9).</p> <p>The findings include:</p> <p>Review of the facility's policy, effective date June 1, 2023 "Hospice Service Agreement," section (d) Coordination of Care, revealed: "each party is responsible for documenting such communications in its respective clinical records to ensure that the needs of Hospice Patients are met 24 hours per day."</p> <p>Review of the medical record for Resident #9 revealed the resident admission date of [DATE], with a diagnosis of Metastatic Malignant Neoplasm of Tongue. On [DATE], the Consultant Staff A Note revealed the resident and their family member agreed to implement Hospice services. Further review of the clinical record revealed, on [DATE], the physician ordered a Hospice evaluation.</p>

Department of Veterans Affairs State Veterans Home Survey Report

	<p>Review of Hospice Plan of Care orders revealed Resident #9's start of care date was [DATE]. The orders detailed multiple disciplines who would be involved in the resident's care, to include Consultant Staff B, Consultant Staff C, and Consultant Staff A.</p> <p>Review of Resident #9 hospice communication notes, from [DATE], through [DATE], revealed no documented communication from Consultant Staff B, Consultant Staff C, or Consultant Staff A. However, Licensed Nurse A did provide five (5) follow up visit notes dated, [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE].</p> <p>An interview, on 8/24/23, at 11:35 a.m., with License Nurse B revealed the hospice staff would provide a verbal report to the nurse. They were unable to verbalize how the resident's concerns were coordinated with other facility staff.</p> <p>An interview, on 8/24/23, at 1:45 a.m., with Licensed Nurse C revealed they had been the unit supervisor for one (1) month. They stated the hospice staff, including Consultant Staff B, Consultant Staff A, and Consultant Staff C provided a verbal report to staff. However, Licensed Nurse C revealed they were unsure if the verbal reports were communicated to other shifts.</p> <p>An interview, on 8/25/23, at 11:15 a.m., with Licensed Nurse D, revealed a verbal report was provided to the nurse on duty. They indicated that the hospice documentation was comprehensive. However, due to the hospice having an electronic medical record, it was difficult to provide written documentation.</p> <p>An interview with Administrative Nurse A, on 8/25/23, at 11:30 a.m., revealed each unit was utilizing different Hospice communication systems to coordinate the resident's care needs. Therefore, the facility would be implementing a universal system for Hospice communication.</p>
<p>§ 51.120 (b) (3) Activities of daily living. A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, hydration, grooming, personal and oral hygiene, mobility, and bladder and bowel elimination.</p> <p>Level of Harm – No Actual Harm, with potential for more than minimal harm</p>	<p>Based on observations, interviews, and record review, the facility failed to provide necessary care and services to maintain good nutrition by failing to assist residents with appropriate positioning and meal tray set up for one (1) of four (4) residents reviewed for activities of daily living from a total of 31 residents sampled (Resident #2).</p> <p>The findings include:</p> <p>A review of Resident #2's medical record revealed an admission date of [DATE]. Resident #2's medical diagnoses included End-Stage Renal Disease. Review of a significant change Minimum</p>

Department of Veterans Affairs State Veterans Home Survey Report

Residents Affected – Few	<p>Data Set (MDS) assessment, dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition. The assessment identified Resident #2 as requiring extensive staff assistance with bed mobility and setup assistance with meals.</p> <p>On 8/22/23, at 12:45 p.m., Resident #2 was observed lying in bed. The head of the bed was elevated to approximately 45 degrees. An over-bed table was positioned over the resident. Resident #2's meal tray was on the table. The table was positioned at eye-level with Resident #2, requiring them to peer over the table onto the tray to see the food on the plate.</p> <p>A review of Resident #2's Care Plan revealed a focus area for activities of daily living. The problem statement indicated Resident #2 was no longer able to provide their own daily care needs due to Spastic Hemiplegia and Hemiparesis. An intervention, dated [DATE], indicated Resident #2 required extensive assistance of one (1) staff member with bed mobility. A second intervention, dated [DATE], indicated Resident #2 required set up assistance with meals.</p> <p>A review of Resident #2's Physician Orders revealed an order, dated [DATE], which directed staff to ensure Resident #2 was in an upright position during meals.</p> <p>On 8/23/23, at 12:40 p.m., Resident #2 was observed again lying in bed. The head of the bed was again elevated to approximately 45 degrees. Resident #2 was positioned down in the bed with their feet at the very end of the bed. The over-bed table was positioned over Resident #2 and the meal tray was on the table. The meal tray was noted to be above the eye level of Resident #2. Resident #2's utensils were wrapped in a cloth napkin on the left side of the tray.</p> <p>On 8/23/23, at 12:45 p.m., an interview was conducted with Resident #2. Resident #2 explained that they did have some weakness on the left side and were not able to unwrap the utensils from the napkin. Resident #2 added that they were not able to see the food on the plate due to their position in the bed. Resident #2 stated, "This happens a lot."</p> <p>On 8/23/23, at 12:58 p.m., an interview was conducted with Certified Nurse Aide A. They confirmed that they were familiar with Resident #2 and were assigned to care for the resident. Certified Nurse Aide A stated that Resident #2 required assistance with bed mobility and meal tray setup. Certified Nurse Aide A explained that someone else gave Resident #2 their tray, and that they were not sure why Resident #2 wasn't assisted to an appropriate position to eat. Certified Nurse Aide</p>
---------------------------------	--

Department of Veterans Affairs State Veterans Home Survey Report

	A added that they would find some assistance to reposition Resident #2 in bed so that they could eat lunch.
<p>§ 51.120 (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 reactions are implemented.</p> <p>Level of Harm – No Actual Harm, with potential for more than minimal harm Residents Affected – Few</p>	<p>Based on interviews and record review, the facility failed to hold an antihypertensive medication when blood pressure parameters were below the threshold ordered by the physician for one (1) of three (3) residents reviewed for compliance with medications from a total of 31 residents sampled (Resident #2).</p> <p>The findings include:</p> <p>A review of the facility’s policy governing medication administration was conducted. The policy titled, “Administering Medications,” was revised on 7/31/23. Step 21 of the policy read: “If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the MAR [Medication Administration Record] space provided for that drug and dose.”</p> <p>A review of Resident #2’s medical record revealed an admission date of [DATE]. Resident #2’s medical diagnoses included Hypertension. Review of a significant change Minimum Data Set (MDS) assessment, dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition.</p> <p>A review of Resident #2’s Physician Orders revealed an order for Amlodipine 10 milligrams (mg) to be given by mouth once daily for a diagnosis of hypertension. The order specified parameters to hold the medication for a systolic blood pressure less than 130 millimeters of mercury (mmHg).</p> <p>A review of the Medication Administration Records for [DATE] revealed the following documented administrations of Amlodipine with corresponding systolic blood pressures that were below the specified parameters:</p> <ul style="list-style-type: none"> - [DATE], with a blood pressure of 124/74 - [DATE], with a blood pressure of 114/62 <p>A review of the Medication Administration Records for [DATE] revealed the following documented administrations of Amlodipine with corresponding systolic blood pressures that were below the specified parameters:</p> <ul style="list-style-type: none"> - [DATE], with a blood pressure of 120/62 - [DATE], with a blood pressure of 120/63 - [DATE], with a blood pressure of 124/64 - [DATE], with a blood pressure of 117/60 <p>A review of the Medication Administration Records for [DATE] revealed the following documented administrations of</p>

Department of Veterans Affairs State Veterans Home Survey Report

	<p>Amlodipine with corresponding systolic blood pressures that were below the specified parameters:</p> <ul style="list-style-type: none"> - [DATE], with a blood pressure of 115/64 - [DATE], with a blood pressure of 119/72 - [DATE], with a blood pressure of 127/68 - [DATE], with a blood pressure of 121/61 - [DATE], with a blood pressure of 124/66 <p>On 8/23/23, at 9:59 a.m., an interview was conducted with Administrative Nurse B. They reviewed Resident #2's MARs and confirmed several instances where Amlodipine was administered despite Resident #2's systolic blood pressure being documented below 130 mmHg. Administrative Nurse B added that they would initiate immediate education to nursing staff to reinforce the importance of following physician ordered parameters or special instructions.</p>
<p>§ 51.200 (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.</p> <p>Level of Harm – No Actual Harm, with potential for more than minimal harm</p> <p>Residents Affected – Many</p>	<p><u>Smoke Barriers and Sprinklers</u></p> <ol style="list-style-type: none"> 1. Based on records review and interview, the facility failed to test and inspect the Fire Alarm in accordance with the code. The deficient practice affected nine (9) of nine (9) smoke compartments, staff, and all residents. The facility had a capacity for 312 beds with a census of 162 on the first day of the survey. <p>The findings include:</p> <p>Records review of the fire alarm inspection reports for the 12-month period prior to the survey revealed there was no documentation of semi-annual visual inspections of the smoke detectors, as required by table 14.3.1 of NFPA 72, National Fire Alarm and Signaling Code. The last inspections of the smoke detectors were during the annual inspections of the fire alarm on 1/10/23, and 3/30/22.</p> <p>An interview with Maintenance Staff A, on 8/22/23, at 11:05 a.m., revealed the facility was not aware at what intervals the smoke detectors had been inspected, and that the facility was communicating with their fire alarm testing contractor to find documentation.</p> <p>Records review of the fire alarm inspection report, dated 1/10/23, revealed there was no indication of semiannual testing of the battery charger, load voltage, or discharge test for the back-up batteries either six (6) months prior to the fire alarm inspection or six (6) months after the fire alarm inspection, as required by table 14.4.5 of NFPA 72, National Fire Alarm and Signaling Code. The facility had no other documentation of testing of the battery charger, load voltage, or discharge test for the back-up batteries.</p>

Department of Veterans Affairs State Veterans Home Survey Report

	<p>An interview with Maintenance Staff A, on 8/22/23, at 11:06 a.m., revealed the facility was not aware at what intervals the battery charger, load voltage, or discharge testing for the back-up batteries for the fire alarm system were completed, and that the facility was communicating with their fire alarm testing contractor to find documentation.</p> <p>The census of 162 was verified by Administrative Staff A on 8/22/23, at 9:30 a.m. The findings were acknowledged by Administrative Staff B and verified by Administrative Staff A during the Life Safety Code (LSC) exit interview on 8/23/23, at 4:00 p.m.</p> <p>Actual NFPA Standard: NFPA 101, Life Safety Code (2012)</p> <p>19.3.4.1 General. Health care occupancies shall be provided with a fire alarm system in accordance with Section 9.6.</p> <p>9.6 Fire Detection, Alarm, and Communications Systems.</p> <p>9.6.1* General.</p> <p>9.6.1.1 The provisions of Section 9.6 shall apply only where specifically required by another section of this Code.</p> <p>9.6.1.2 Fire detection, alarm, and communications systems installed to make use of an alternative permitted by this Code shall be considered required systems and shall meet the provisions of this Code applicable to required systems.</p> <p>9.6.1.3 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code, unless it is an approved existing installation, which shall be permitted to be continued in use.</p> <p>9.6.1.4 All systems and components shall be approved for the purpose for which they are installed.</p> <p>9.6.1.5* To ensure operational integrity, the fire alarm system shall have an approved maintenance and testing program complying with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code.</p> <p>4.6.12 Maintenance, Inspection, and Testing.</p> <p>4.6.12.1 Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or other feature shall thereafter be continuously maintained. Maintenance shall be provided in accordance with applicable NFPA requirements or requirements developed as part of a performance-based design, or as directed by the authority having jurisdiction.</p>
--	---

Department of Veterans Affairs State Veterans Home Survey Report

	<p>4.6.12.2 No existing life safety feature shall be removed or reduced where such feature is a requirement for new construction.</p> <p>4.6.12.3* Existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed.</p> <p>4.6.12.4 Any device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or any other feature requiring periodic testing, inspection, or operation to ensure its maintenance shall be tested, inspected, or operated as specified elsewhere in this Code or as directed by the authority having jurisdiction.</p> <p>10.2 Purpose. The purpose of fire alarm and signaling systems shall be primarily to provide notification of alarm, supervisory, and trouble conditions; to alert the occupants; to summon aid; and to control emergency control functions.</p> <p>10.3 Equipment.</p> <p>10.3.1 Equipment constructed and installed in conformity with this Code shall be listed for the purpose for which it is used.</p> <p>Actual NFPA Standard: NFPA 72, National Fire Alarm and Signaling Code (2010)</p> <p>14.4.2* Test Methods.</p> <p>14.4.2.1* At the request of the authority having jurisdiction, the central station facility installation shall be inspected for complete information regarding the central station system, including specifications, wiring diagrams, and floor plans that have been submitted for approval prior to installation of equipment and wiring.</p> <p>14.4.2.2* Systems and associated equipment shall be tested according to Table 14.4.2.2.</p> <p>14.3 Inspection.</p> <p>14.3.1* Unless otherwise permitted by 14.3.2 visual inspections shall be performed in accordance with the schedules in Table 14.3.1 or more often if required by the authority having jurisdiction.</p> <p>14.4.5* Testing Frequency. Unless otherwise permitted by other sections of this Code, testing shall be performed in accordance with the schedules in Table 14.4.5, or more often if required by the authority having jurisdiction.</p> <p>Table 14.3.1 Visual Inspection Frequencies Table 14.4.2.2 Testing Schedule Frequencies</p> <p>2. Based on records review and interview, the facility failed to properly maintain the sprinkler system. The deficient practice affected nine (9) of nine (9) smoke compartments, staff, and all residents. The facility had a capacity for 312 beds with a census of 162 on the first day of the survey.</p> <p>The findings include:</p>
--	---

Department of Veterans Affairs State Veterans Home Survey Report

	<p>Records review, on 8/22/23, at 11:20 a.m., of the fire sprinkler inspection reports for the year prior to the survey documented that Quick Response (QR) sprinkler heads that were in service longer than 20 years, and Dry sprinkler heads that were in service longer than 10 years, had not been tested or replaced, as required by sections 5.3.1.1.1.3 and 5.3.1.1.1.6 of NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There was no documentation at the facility to indicate that any of the QR sprinkler heads or any of the Dry sprinkler heads had been replaced or tested.</p> <p>Observation during the building inspection tour, on 8/22/23, from 2:00 p.m., to 3:15 p.m., and on 8/23/23, from 8:40 a.m., to 12:00 p.m., revealed that QR sprinkler heads were installed throughout the [LOCATION], [LOCATION], and [LOCATION]. The QR heads were the horizontal, sidewall style and were installed from the walls of the resident bedrooms. Dry sprinkler heads were located in all of the six (6) walk-in coolers within the [LOCATION], and on the exterior of the facility at patios, overhangs, and roofs.</p> <p>An interview with the Maintenance Staff A, on 8/22/23, at 11:20 a.m., revealed that the facility was not certain that sprinkler head testing or replacement had been conducted, and the facility was communicating with past and present sprinkler inspection contractors trying to find when this was completed.</p> <p>Records review of the fire sprinkler inspection reports for the year prior to the survey did not document when the last trip test of the dry pipe sprinkler valves was conducted, as required by section 13.4.4.2.2.2 of NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. The last annual trip tests were documented as completed on 3/2/22.</p> <p>An interview with Maintenance Staff A, on 8/22/23, at 11:40 a.m., revealed that the facility was not certain that this had been conducted, and the facility was communicating with past and present sprinkler inspection contractors trying to find when this was completed.</p> <p>Observation during the building inspection tour, on 8/23/23, at 10:28 a.m., revealed the fusible links on the sprinklers installed in the [LOCATION] located off the [LOCATION] on the [LOCATION] were loaded with a sticky, tar-like material that was consistent with nicotine residue, as prohibited by section 5.2.1.1.2 (5) of NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.</p>
--	---

Department of Veterans Affairs State Veterans Home Survey Report

	<p>An interview, on 8/23/23, at 10:28 a.m., with Maintenance Staff A and Maintenance Staff B revealed the facility was not aware of the sprinklers that were loaded with foreign materials.</p> <p>The census of 162 was verified by Administrative Staff A on 8/22/23, at 9:30 a.m. The findings were acknowledged by Administrative Staff B and verified by Administrative Staff A during the LSC exit interview on 8/23/23, at 4:00 p.m.</p> <p>Actual NFPA Standard: NFPA 101 Life Safety Code (2012) 9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.</p> <p>Actual NFPA Standard: NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems (2011) 5.2.1 Sprinklers. 5.2.1.1* Sprinklers shall be inspected from the floor level annually. 5.2.1.1.1* Sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., upright, pendent, or sidewall). 5.2.1.1.2 Any sprinkler that shows signs of any of the following shall be replaced: (1) Leakage (2) Corrosion (3) Physical damage (4) Loss of fluid in the glass bulb heat responsive element (5)*Loading (6) Painting unless painted by the sprinkler manufacturer 5.3 Testing. 5.3.1 * Sprinklers. 5.3.1.1 * Where required by this section, sample sprinklers shall be submitted to a recognized testing laboratory acceptable to the authority having jurisdiction for field service testing. 5.3.1.1.1 Where sprinklers have been in service for 50 years, they shall be replaced or representative samples from one or more sample areas shall be tested. 5.3.1.1.1.1 Test procedures shall be repeated at 10-year intervals. 5.3.1.1.1.2 Sprinklers manufactured prior to 1920 shall be replaced. 5.3.1.1.1.3 * Sprinklers manufactured using fast-response elements that have been in service for 20 years shall be replaced, or representative samples shall be tested and then retested at 10-year intervals.</p>
--	--

Department of Veterans Affairs State Veterans Home Survey Report

	<p>5.3.1.1.1.4 * Representative samples of solder-type sprinklers with a temperature classification of extra high [325°F (163°C)] or greater that are exposed to semicontinuous to continuous maximum allowable ambient temperature conditions shall be tested at 5-year intervals.</p> <p>5.3.1.1.1.5 Where sprinklers have been in service for 75 years, they shall be replaced or representative samples from one or more sample areas shall be submitted to a recognized testing laboratory acceptable to the authority having jurisdiction for field service testing and repeated at 5-year intervals.</p> <p>5.3.1.1.1.6 * Dry sprinklers that have been in service for 10 years shall be replaced or representative samples shall be tested and then retested at 10-year intervals.</p> <p>5.3.1.1.2 * Where sprinklers are subjected to harsh environments, including corrosive atmospheres and corrosive water supplies, on a 5-year basis, either sprinklers shall be replaced or representative sprinkler samples shall be tested.</p> <p>5.3.1.1.3 Where historical data indicate, longer intervals between testing shall be permitted.</p> <p>5.3.1.2 * A representative sample of sprinklers for testing per 5.3.1.1.1 shall consist of a minimum of not less than four sprinklers or 1 percent of the number of sprinklers per individual sprinkler sample, whichever is greater.</p> <p>5.3.1.3 Where one sprinkler within a representative sample fails to meet the test requirement, all sprinklers within the area represented by that sample shall be replaced.</p> <p>5.3.1.3.1 Manufacturers shall be permitted to make modifications to their own sprinklers in the field with listed devices that restore the original performance as intended by the listing, where acceptable to the authority having jurisdiction.</p> <p>13.4.4.2 Testing.</p> <p>13.4.4.2.1 * The priming water level shall be tested quarterly.</p> <p>13.4.4.2.2 * Each dry pipe valve shall be trip tested annually during warm weather.</p> <p>13.4.4.2.2.1 Dry pipe valves protecting freezers shall be trip tested in a manner that does not introduce moisture into the piping in the freezers.</p> <p>13.4.4.2.2.2 * Every 3 years and whenever the system is altered, the dry pipe valve shall be trip tested with the control valve fully open and the quick-opening device, if provided, in service.</p> <p>13.4.4.2.2.3 * During those years when full flow testing in accordance with 13.4.4.2.2 is not required, each dry pipe valve shall be trip tested with the control valve partially open.</p> <p>13.4.4.2.3 Grease or other sealing materials shall not be applied to the seating surfaces of dry pipe valves.</p> <p>13.4.4.2.4 * Quick-opening devices, if provided, shall be tested quarterly.</p> <p>13.4.4.2.5 A tag or card that shows the date on which the dry pipe valve was last tripped, and the name of the person and organization conducting the test, shall be attached to the valve.</p>
--	--

Department of Veterans Affairs State Veterans Home Survey Report

	<p>13.4.4.2.5.1 Separate records of initial air and water pressure, tripping air pressure, and dry pipe valve operating conditions shall be maintained on the premises for comparison with previous test results.</p> <p>13.4.4.2.5.2 Records of tripping time shall be maintained for full flow trip tests.</p> <p>13.4.4.2.6 Low air pressure alarms, if provided, shall be tested quarterly in accordance with the manufacturer's instructions.</p> <p>13.4.4.2.7 Low temperature alarms, if installed in valve enclosures, shall be tested annually at the beginning of the heating season.</p> <p>13.4.4.2.8 Automatic air pressure maintenance devices, if provided, shall be tested annually during the dry pipe valve trip test in accordance with the manufacturer's instructions.</p> <p>13.4.4.2.9 Dry pipe systems shall be tested once every 3 years for air leakage, using one of the following test methods:</p> <p>(1) A pressure test at 40 psi (3.2 bar) shall be performed for 2 hours.</p> <p>(a) The system shall be permitted to lose up to 3 psi (0.2 bar) during the duration of the test.</p> <p>(b) Air leaks shall be addressed if the system loses more than 3 psi (0.2 bar) during this test.</p> <p>(2) With the system at normal system pressure, the air source (compressor or shop air) shall be shut off for 4 hours. If the low air pressure alarm goes off within this period, the air leaks shall be addressed.</p> <p>3. Based on records review and interview, the facility failed to maintain the kitchen cooking hood ventilation system in accordance with the code. The deficient practice affected one (1) of nine (9) smoke compartments, staff, and no residents. The facility had a capacity for 312 beds with a census of 162 on the first day of the survey.</p> <p>The findings include:</p> <p>Records review, on 8/22/23, at 1:18 p.m., of the kitchen hood extinguishing inspection reports for the 12-month period prior to the survey revealed there was no documentation to indicate that the wet agent cylinders for the cooking hood extinguishing systems were hydrostatically tested every 12 years, as required by section 7.5 of NFPA 17A, Standard for Wet Chemical Extinguishing Systems. Additional records review of the report, dated 6/28/23, revealed the system components were last hydrotested on 6/28/10. There was an extinguishing system in the [LOCATION] on the [LOCATION], and another in the [LOCATION] located on the [LOCATION].</p>
--	--

Department of Veterans Affairs State Veterans Home Survey Report

	<p>An interview with Maintenance Staff A, on 8/22/23, at 1:18 p.m., revealed the facility was not aware that the cylinders were out of date and overdue for hydrostatic testing.</p> <p>Observation during the building inspection tour, on 8/22/23, at 2:40 p.m., revealed the stove with six (6) burners and single oven, the stove with a flat top griddle and single oven, the grill installed on a wheeled cart, and the deep fat fryer on wheels that were all located on the cooking line in the [LOCATION] were not provided with an approved method that would ensure that the appliances were returned to an approved design location after they had been moved for maintenance and cleaning, as required by sections 12.1.2.3 and 12.1.2.3.1 of NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations.</p> <p>An interview, on 8/22/23, at 2:40 p.m., with Maintenance Staff A revealed the facility was not aware of the requirement for an approved method that would ensure that the appliances were returned to an approved design location after they had been moved for maintenance and cleaning.</p> <p>The census of 162 was verified by Administrative Staff A on 8/22/23, at 9:30 a.m. The findings were acknowledged by Administrative Staff B and verified by Administrative Staff A during the LSC exit interview on 8/23/23, at 4:00 p.m.</p> <p>Actual NFPA Standard: NFPA 101 Life Safety Code (2012) 19.3.2.5 Cooking Facilities. 19.3.2.5.1 Cooking facilities shall be protected in accordance with 9.2.3, unless otherwise permitted by 19.3.2.5.2, 19.3.2.5.3, or 19.3.2.5.4. 19.3.2.5.2* Where residential cooking equipment is used for food warming or limited cooking, the equipment shall not be required to be protected in accordance with 9.2.3, and the presence of the equipment shall not require the area to be protected as a hazardous area. 9.2.3 Commercial Cooking Equipment. Commercial cooking equipment shall be in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless such installations are approved existing installations, which shall be permitted to be continued in service.</p> <p>Actual NFPA Standard: NFPA 96, Standard for Ventilation Control and Fire Protections of Commercial Cooking Operations (2011) 10.2.6 Automatic fire-extinguishing systems shall be installed in accordance with the terms of their listing, the manufacturer's instructions, and the following standards where applicable: (1) NFPA 12 (2) NFPA 13</p>
--	--

Department of Veterans Affairs State Veterans Home Survey Report

	<p>(3) NFPA 17 (4) NFPA 17A 12.1.2 Installation. 12.1.2.1 All listed appliances shall be installed in accordance with the terms of their listings and the manufacturer's instructions. 12.1.2.2* Cooking appliances requiring protection shall not be moved, modified, or rearranged without prior re-evaluation of the fire-extinguishing system by the system installer or servicing agent, unless otherwise allowed by the design of the fire extinguishing system. 12.1.2.3 The fire-extinguishing system shall not require reevaluation where the cooking appliances are moved for the purposes of maintenance and cleaning, provided the appliances are returned to approved design location prior to cooking operations, and any disconnected fire-extinguishing system nozzles attached to the appliances are reconnected in accordance with the manufacturer's listed design manual. 12.1.2.3.1 An approved method shall be provided that will ensure that the appliance is returned to an approved design location.</p> <p>Actual NFPA Standard: NFPA 17A, Standard for Wet Chemical Extinguishing Systems (2009) 7.5* Hydrostatic Testing. 7.5.1 The following parts of wet chemical extinguishing systems shall be subjected to a hydrostatic pressure test at intervals not exceeding 12 years: (1) Wet chemical containers (2) Auxiliary pressure containers (3) Hose assemblies Exception No. 1: Auxiliary pressure containers not exceeding 2 in. (0.05 m) outside diameter and less than 2 ft (0.6 m) in length. Exception No. 2: Auxiliary pressure containers bearing the DOT "3E" marking. 7.5.2 Wet chemical containers, auxiliary pressure containers, and hose assemblies shall be subjected to a hydrostatic test pressure equal to the marked factory test pressure or the test pressure specified by the manufacturer. 7.5.2.1 No leakage, rupture, or movement of hose couplings shall be permitted. 7.5.2.2 The test procedure shall be in accordance with the manufacturer's detailed written hydrostatic test instructions. 7.5.2.3* Prior to being refilled or transported, in accordance with DOT or TC requirements, containers bearing DOT or TC markings shall be retested or replaced in accordance with the appropriate DOT or TC requirements. 7.5.3 Wet chemical agent removed from the containers prior to hydrostatic testing shall be discarded.</p>
--	---

Department of Veterans Affairs State Veterans Home Survey Report

7.5.4 To protect the hazard during hydrostatic testing, if there is no connected reserve, alternate protection acceptable to the authority having jurisdiction shall be provided.

Building Services (Elevators, Escalators, Laundry Chutes, etc.)

4. Based on observation and interview, the facility failed to properly install gas equipment and appliances. The deficient practice affected nine (9) of nine (9) smoke compartments, staff, and all residents. The facility had a capacity for 312 beds with a census of 162 on the first day of the survey.

The findings include:

Observation during the building inspection tour, on 8/22/23, at 2:35 p.m., revealed the stove with six (6) burners and single oven, the stove with a flat top griddle and single oven, the grill installed on a wheeled cart, and the deep fat fryer on wheels that were all located on the cooking line in the [LOCATION] were not provided with a restraint system to limit the movement of the appliances to prevent strain on the connections, as required by sections 9.6.1.2 and 10.12.6 of NFPA 54, National Fuel Gas Code. Additional observation, on 8/22/23, at 2:35 p.m., revealed that blue cables were installed at each appliance to prevent damage to the fuel lines, but none of them were connected after the last time the appliances were disconnected.

An interview, on 8/22/23, at 2:35 p.m., with Maintenance Staff A revealed the facility was not aware of the requirement for a restraint system to limit the movement of the appliances to prevent strain on the connections.

The census of 162 was verified by Administrative Staff A on 8/22/23, at 9:30 a.m. The findings were acknowledged by Administrative Staff B and verified by Administrative Staff A during the LSC exit interview on 8/23/23, at 4:00 p.m.

Actual NFPA Standard: NFPA 101 (2012), Life Safety Code 19.5.1 Utilities.

19.5.1.1 Utilities shall comply with the provisions of Section 9.1. **9.1 Utilities.**

9.1.1 Gas. Equipment using gas and related gas piping shall be in accordance with NFPA 54, National Fuel Gas Code, or NFPA 58, Liquefied Petroleum Gas Code, unless such installations are approved existing installations, which shall be permitted to be continued in service.

Actual NFPA Standard: NFPA 54 (2012), National Fuel Gas Code

Department of Veterans Affairs State Veterans Home Survey Report

	<p>9.6.1.1 Commercial Cooking Appliances. Commercial cooking appliances that are moved for cleaning and sanitation purposes shall be connected in accordance with the connector manufacturer's installation instructions using a listed appliance connector complying with ANSI Z21.69/CSA 6.16, Connectors for Movable Gas Appliances. The commercial cooking appliance connector installation shall be configured in accordance with the manufacturer's installation instructions.</p> <p>9.6.1.2 Restraint. Movement of appliances with casters shall be limited by a restraining device installed in accordance with the connector and appliance manufacturer's installation instructions.</p> <p>10.12.6 Use with Casters. Floor-mounted appliances with casters shall be listed for such construction and shall be installed in accordance with the manufacturer's installation instructions for limiting the movement of the appliance to prevent strain on the connection.</p>
<p>§51.200 (b) Emergency power.</p> <p>(1) An emergency electrical power system must be provided to supply power adequate for illumination of all exit signs and lighting for the means of egress, fire alarm and medical gas alarms, emergency communication systems, and generator task illumination.</p> <p>(2) The system must be the appropriate type essential electrical system in accordance with the applicable provisions of NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities Code.</p> <p>(3) When electrical life support devices are used, an emergency electrical power system must also be provided for devices in accordance with NFPA 99, Health Care Facilities Code.</p> <p>(4) The source of power must be an on-site emergency standby generator of sufficient size to serve the connected load or other approved sources in accordance with NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities Code.</p> <p>Level of Harm – No Actual Harm, with potential for more than minimal harm</p> <p>Residents Affected – Many</p>	<p>Based on records review, observation, and interview, the facility failed to properly inspect and test all components of the emergency generator. The deficient practice affected nine (9) of nine (9) smoke compartments, staff, and all residents. The facility had a capacity for 312 beds with a census of 162 on the first day of the survey.</p> <p>The findings include:</p> <p>Records review, on 8/22/23, at 1:29 p.m., of the inspection and testing documentation for the emergency generator dating back 12 months prior to the survey indicated there was no documentation that the facility generator had been tested on load every month, as required by sections 8.3.4, 8.4.2, and 8.4.2.3 of NFPA 110, Standard for Emergency and Standby Power Systems. Additional records review, on 8/22/23, at 1:29 p.m., indicated monthly load testing was not documented or available for review for June, 2023 and September, 2022.</p> <p>An interview, on 8/22/23, at 1:29 p.m., with Maintenance Staff C revealed the facility did not conduct generator monthly testing on load in June of 2023 because on the day of the month that the generator was run, it was a poor air quality day because of smoke in the atmosphere from Canada, and regulations prevented generator testing on poor air quality days. The interview went on to reveal that the facility was not aware that the monthly generator testing could be completed on other days of the month. Documentation of the September, 2022 monthly test on load was not available because the person conducting the test was not familiar with the forms and procedures required to document a monthly test on load.</p> <p>Records review, on 8/22/23, at 1:30 p.m., of the monthly emergency generator inspection and testing records dating back</p>

Department of Veterans Affairs State Veterans Home Survey Report

	<p>12 months prior to the survey, revealed there was no documentation of monthly specific gravity testing or conductance testing for the lead-acid batteries, as required by section 8.3.7.1 of NFPA 110, Standard for Emergency and Standby Power Systems. The weekly and monthly checklist was left blank where the space for battery specific gravity was located.</p> <p>An interview, on 8/22/23, at 1:30 p.m., with Maintenance Staff C confirmed the batteries on the generator were lead-acid and revealed the facility was not aware of the monthly generator battery testing requirements for generator batteries. The generator contractor tested the batteries when they came every six (6) months.</p> <p>Records review, on 8/22/23, at 1:32 p.m., of the generator inspection, testing, and maintenance records for the prior year revealed during the monthly load test, the load handled by the generator did not list or document the percent of the nameplate kW rating, and it was unknown if the generator reached the 30 percent threshold, as required by section 8.4.2 of NFPA 110, Standard for Emergency and Standby Power Systems. Additional records review revealed there was no load bank test of the generator in any of the 12-months prior to the survey, as required by section 8.4.2.3 of NFPA 110, Standard for Emergency and Standby Power Systems. Additional records review revealed the generator was placed back into service after a faulty radiator required a temporary generator unit to be placed into service at the facility. The temporary generator was at the facility for several years. The temporary generator was returned on 9/7/22, after the facility generator was repaired. There was no documentation available at the facility to indicate that a load bank test had ever been conducted on the facility generator. The temporary generator was last load banked in 2020. A load bank test of the facility generator was scheduled for September, 2023.</p> <p>An interview, on 8/22/23, at 1:32 p.m., with Maintenance Staff C revealed the facility was not aware that that the percent load in Kw or annual load banking was required. The facility believed that the generator delivered 70 percent load based upon what a generator mechanic told them.</p> <p>The census of 162 was verified by Administrative Staff A on 8/22/23, at 9:30 a.m. The findings were acknowledged by Maintenance Staff B and verified by Administrative Staff A during the LSC exit interview on 8/23/23, at 4:00 p.m.</p> <p>Actual NFPA Standard: NFPA 101, Life Safety Code (2012) 19.5 Building Services. 19.5.1 Utilities.</p>
--	---

Department of Veterans Affairs State Veterans Home Survey Report

	<p>19.5.1.1 Utilities shall comply with the provisions of Section 9.1.</p> <p>9.1.3 Emergency Generators and Standby Power Systems. Where required for compliance with this Code, emergency generators and standby power systems shall comply with 9.1.3.1 and 9.1.3.2.</p> <p>9.1.3.1 Emergency generators and standby power systems shall be installed, tested, and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems.</p> <p>Actual NFPA Standard: NFPA 110, Standard for Emergency and Standby Power Systems (2010)</p> <p>8.3.7.1 Maintenance of lead-acid batteries shall include the monthly testing and recording of electrolyte specific gravity. Battery conductance testing shall be permitted in lieu of the testing of specific gravity when applicable or warranted.</p> <p>8.3.4 A permanent record of the EPSS inspections, tests, exercising, operation, and repairs shall be maintained and readily available.</p> <p>8.3.4.1 The permanent record shall include the following:</p> <ol style="list-style-type: none">(1) The date of the maintenance report(2) Identification of the servicing personnel(3) Notation of any unsatisfactory condition and the corrective action taken, including parts replaced(4) Testing of any repair for the time as recommended by the manufacturer <p>8.4 Operational Inspection and Testing.</p> <p>8.4.1* EPSSs, including all appurtenant components, shall be inspected weekly and exercised under load at least monthly.</p> <p>8.4.1.1 If the generator set is used for standby power or for peak load shaving, such use shall be recorded and shall be permitted to be substituted for scheduled operations and testing of the generator set, providing the same record as required by 8.3.4.</p> <p>8.4.2* Diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <ol style="list-style-type: none">(1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer(2) Under operating temperature conditions and at not less than 30 percent of the EPS nameplate kW rating <p>8.4.2.1 The date and time of day for required testing shall be decided by the owner, based on facility operations.</p> <p>8.4.2.2 Equivalent loads used for testing shall be automatically replaced with the emergency loads in case of failure of the primary source.</p> <p>8.4.2.3 Diesel-powered EPS installations that do not meet the requirements of 8.4.2 shall be exercised monthly with the available EPSS load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate KW rating for 1</p>
--	--

Department of Veterans Affairs State Veterans Home Survey Report

	continuous hour for a total test duration of not less than 1.5 continuous hours.
--	--
