

## 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:** Yukio Okutsu Veterans Home

**Location:** 1180 Waianuenue Ave., Hilo, HI 96720

**Onsite / Virtual:** Onsite

**Dates of Survey:** 6/25/24 – 6/27/24

**NH / DOM / ADHC:** NH

**Survey Class:** Annual

**Total Available Beds:** 95

**Census on First Day of Survey:** 62

VA Regulation Deficiency	Findings
	<p>Initial Comments:</p> <p>A VA Annual Survey was conducted from June 25, 2024, through June 27, 2024, at the Yukio Okutsu State Veterans Home. The survey revealed the facility was not in compliance with Title 38 CFR Part 51 Federal Requirements for State Veterans Homes.</p>
<p><b>§ 51.200 (a) Life safety from fire.</b> (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><b>Level of Harm</b> – No Actual Harm, with potential for more than minimal harm <b>Residents Affected</b> – Some</p>	<p><b><u>Smoke Barriers and Sprinklers</u></b></p> <ol style="list-style-type: none"><li>1. Based on records review, observation, and interview, the facility failed to maintain the required two (2) hour fire barrier separation between the [LOCATION] and the [LOCATION]. The deficient practice affected two (2) of nine (9) smoke compartments, staff, and two (2) residents. The facility had a capacity for 95 beds with a census of 62 on the first day of the survey.</li></ol> <p>The findings include:</p> <p>During records review, on 6/25/24, at approximately 12:00 p.m., of the floor plan, Maintenance Staff A delineated the two (2) hour rated fire barrier/wall separating the [LOCATION] from the adjacent [LOCATION].</p> <p>Observation during the building inspection tour, on 6/26/24, at 9:35 a.m., revealed the two-hour fire wall above the lay-in ceiling tiles in the [LOCATION] had two (2) penetrations of the</p>

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fire wall. The first unsealed penetration was a five (5) inch square for computer wiring. The second unsealed penetration was a three (3) inch square penetration for computer wiring located above the lay-in ceiling tiles. These penetrations were between the second floor of the facility ([LOCATION]) and the [LOCATION] of the facility, which also contained the [LOCATION], as prohibited by sections 19.1.3.3 NFPA 101, Life Safety Code.

An interview with Maintenance Staff A, on 6/26/24, at 9:35 a.m., revealed the facility was not aware that penetrations had been made in the fire barrier.

The census of 62 was verified by Administrative Nurse A on 6/25/24. The findings were acknowledged by Administrative Staff A and verified by Maintenance Staff A during the exit interview on 6/27/24, at 11:47 a.m.

### **Actual NFPA Standard: NFPA 101, Life Safety Code (2012) 19.1.3 Multiple Occupancies.**

**19.1.3.1** Multiple occupancies shall be in accordance with 6.1.14.

**19.1.3.2** Sections of health care facilities shall be permitted to be classified as other occupancies in accordance with the separated occupancies provisions of 6.1.14.4 and either 19.1.3.3 or 19.1.3.4.

**19.1.3.3\*** Sections of health care facilities shall be permitted to be classified as other occupancies, provided that they meet all of the following conditions:

**(1)** They are not intended to provide services simultaneously for four or more inpatients for purposes of housing, treatment, or customary access by inpatients incapable of self-preservation.

**(2)** They are separated from areas of health care occupancies by construction having a minimum 2-hour fire resistance rating in accordance with Chapter 8.

**(3)** For other than previously approved occupancy separation arrangements, the entire building is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7.

### **6.1.14.4 Separated Occupancies.**

**6.1.14.4.1** Where separated occupancies are provided, each part of the building comprising a distinct occupancy, as described

in this chapter, shall be completely separated from other occupancies by fire-resistive assemblies, as specified in 6.1.14.4.2, 6.1.14.4.3, Table 6.1.14.4.1(a), and Table 6.1.14.4.1(b), unless separation is provided by approved existing separations.

**6.1.14.4.2** Occupancy separations shall be classified as 3-hour

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fire resistance—rated, 2-hour fire resistance—rated, or 1-hour fire resistance—rated and shall meet the requirements of Chapter 8.

Chapter 6 Classification of Occupancy and Hazard of Contents

**6.1.14.4.3** The minimum fire resistance rating specified in Table 6.1.14.4.1(a) and Table 6.1.14.4.1(b) shall be permitted to be reduced by 1 hour, but in no case shall it be reduced to less than 1 hour, where the building is protected throughout by an approved automatic sprinkler system in accordance with 9.7.1.1(1) and supervised in accordance with 9.7.2, unless prohibited by the double-dagger footnote entries in the tables.

**6.1.14.4.4** Occupancy separations shall be vertical, horizontal, or both or, when necessary, of such other form as required to provide complete separation between occupancy divisions in the building.

### **Chapter 8 Features of Fire Protection**

#### **8.3 Fire Barriers.**

##### **8.3.1 General.**

**8.3.1.1** Fire barriers used to provide enclosure, subdivision, or protection under this Code shall be classified in accordance with one of the following fire resistance ratings:

- (1) 3-hour fire resistance rating
- (2) 2-hour fire resistance rating
- (3) 1-hour fire resistance rating
- (4)\*1/2-hour fire resistance rating

**8.3.1.2\*** Fire barriers shall comply with one of the following:

(1) The fire barriers are continuous from outside wall to outside wall or from one fire barrier to another, or a combination thereof, including continuity through all concealed spaces, such as those found above a ceiling, including interstitial spaces.

(2) The fire barriers are continuous from outside wall to outside wall or from one fire barrier to another, and from the floor to the bottom of the interstitial space, provided that the construction assembly forming the bottom of the interstitial space has a fire resistance rating not less than that of the fire barrier.

- 2. Based on observation and interview, the facility failed to install smoke detectors in accordance with the code. The deficient practice affected two (2) of nine (9) smoke compartments, staff, and three (3) residents. The facility had a capacity for 95 beds with a census of 62 on the first day of the survey.

The findings include:

Observation during the building inspection tour, on 6/26/24, at 8:57 a.m., of a smoke detector in the hallway of [LOCATION] near [LOCATION] was mounted within one (1) foot of an air register; and in [LOCATION], a smoke detector was mounted

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within one (1) foot of an air register. Observation during the building inspection tour, on 6/26/24, at 9:07 a.m., of a smoke detector in the hallway off the [LOCATION] revealed it was mounted within one (1) foot of an air register, not three (3) feet away as required by 17.7.4.1 of NFPA 72, National Fire Alarm and Signaling Code.

An interview with Maintenance Staff A, on 6/26/24, at 9:07 a.m., revealed the facility was not aware the smoke detectors were not allowed to be mounted within 36 inches of an air register.

The census of 62 was verified by Administrative Nurse A on 6/25/24. The findings were acknowledged by Administrative Staff A and verified by Maintenance Staff A during the exit interview on 6/27/24, at 11:47 a.m.

### **Actual NFPA Standard: NFPA 101, Life Safety Code (2012)**

**19.3.4.1 General.** Health care occupancies shall be provided with a fire alarm system in accordance with Section 9.6.

#### **9.6 Fire Detection, Alarm, and Communications Systems.**

##### **9.6.1\* General.**

**9.6.1.1** The provisions of Section 9.6 shall apply only where specifically required by another section of this Code.

**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.

**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.

**9.6.1.4** All systems and components shall be approved for the purpose for which they are installed.

**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.

##### **4.6.12 Maintenance, Inspection, and Testing.**

**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.

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	<p><b>4.6.12.2</b> No existing life safety feature shall be removed or reduced where such feature is a requirement for new construction.</p> <p><b>4.6.12.3*</b> Existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed.</p> <p><b>4.6.12.4</b> 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><b>10.2 Purpose.</b> 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><b>10.3 Equipment.</b></p> <p><b>10.3.1</b> Equipment constructed and installed in conformity with this Code shall be listed for the purpose for which it is used.</p> <p><b>Actual NFPA Standard: NFPA 72, National Fire Alarm and Signaling Code (2010)</b></p> <p><b>17.7 Smoke-Sensing Fire Detectors.</b></p> <p><b>17.7.4 Heating, Ventilating, and Air-Conditioning (HVAC)</b></p> <p><b>17.7.4.1 *</b> In spaces served by air-handling systems, detectors shall not be located where airflow prevents operation of the detectors.</p>
<p><b>§ 51.210 (h) Use of outside resources.</b></p> <p>(1) If the facility does not employ a qualified professional person to furnish a specific service to be provided by the facility, the facility management must have that service furnished to residents by a person or agency outside the facility under a written agreement described in paragraph (h)(2) of this section.</p> <p>(2) Agreements pertaining to services furnished by outside resources must specify in writing that the facility management assumes responsibility for—</p> <p>(i) Obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility; and</p> <p>(ii) The timeliness of the services.</p> <p>(3) If a veteran requires health care that the State home is not required to provide under this part, the State home</p>	<p>Based on record review and interviews, the facility's management failed to obtain a written agreement from an entity(s) that furnished mental health services. This failure had the potential to affect all residents at the facility who might need mental health services.</p> <p>The findings included:</p> <p>Review of the facility's professional contracts pertaining to outside service providers, such as a psychiatrist and/or psychologist, revealed the facility did not have a written agreement for mental health services.</p> <p>On 6/26/24, at 10:49 a.m., Administrative Staff A sent an email that confirmed with an explanation that the State Veterans Home did not employ any behavioral health professionals. Administrative Staff A further confirmed in the email that the facility had one (1) Consultant Staff A who had privileges at the facility and visited once a week for in person visits. Administrative Staff A also confirmed the facility had one (1) Consultant Staff B who used telehealth visits with residents with specific needs due to behaviors, diagnoses, or medication management.</p> <p>On 6/26/24, at 11:00 a.m., during an interview with Administrative Staff A, they stated the facility did not have a</p>

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<p>may assist the veteran in obtaining that care from sources outside the State home, including the Veterans Health Administration. If VA is contacted about providing such care, VA will determine the best option for obtaining the needed services and will notify the veteran or the authorized representative of the veteran.</p> <p><b>Level of Harm</b> – No Actual Harm, with potential for more than minimal harm</p> <p><b>Residents Affected</b> – Many</p>	<p>written agreement with Consultant Staff A or Consultant Staff B listed in the email who provided mental health services for the residents at the home.</p>
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