

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:** Delaware Valley Veterans Home
- Location:** 2701 Southhampton Rd, Philadelphia, PA 19154
- Onsite / Virtual:** Onsite
- Dates of Survey:** 6/7/2022-6/10/2022
- NH / DOM / ADHC:** NH
- Survey Class:** Recognition
- Total Available Beds:** 40
- Census on First Day of Survey:** 20

VA Regulation Deficiency	Findings
<p>§51.180(d) Labeling of drugs and biologicals</p> <p>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 expiration date when applicable.</p> <p>Level of Harm – No Actual Harm, with potential for more than minimal harm.</p> <p>Residents Affected – Some</p>	<p>A VA Recognition survey was conducted from June 7, 2022, through June 10, 2022, at the Delaware Valley Veterans Home. The facility was not in compliance with Title 38 CFR Part 51 Federal Requirements for State Veterans Homes.</p> <p>Based on observation and interview the facility failed to ensure the labels on the punch packs (also known as blister packs), supplied by the pharmacy, with a 30-day supply of medications and placed in the medication storage carts for nurses to administer, contained an expiration date of the medication in each medication punch pack. The census was 20. All residents in the facility had 30-day medication punch packs in the medication storage carts on [LOCATION].</p> <p>The findings include:</p> <p>Review of the Pennsylvania State Board of Pharmacy, Chapter 27, Standards of Practice, Section 27.18(5)(k) noted: “Prepacking and labeling in convenient quantities for subsequent use shall be done under the direct personal supervision of a registered pharmacist. A container shall have a label containing the name of the drug and, if the name is generic, the name of the manufacturer, its strength, the manufacturer’s control number or other code control number and the expiration date, if any.”</p> <p>The facility presented for review an inspection report from the Pennsylvania State Board of Pharmacy which revealed a “passed” inspection on 3/1/22. This inspection report noted no</p>

Department of Veterans Affairs State Veterans Home Survey Report

outdated drugs and that labels had all the required information and matched the license record. This report was an inspection of the pharmacy and did not include information on the inspection of the medication storage carts.

The facility provided three (3) policies for review:

1. "Medication Supply," dated May, 2021.
2. "Medication Acquisition Procedure," dated January, 2020.
3. "Medication Monitoring Medication Use," dated October, 2020.

None of these policies addressed the labeling of medications provided to the nursing staff for administration to residents.

On 6/8/22, at 8:30 a.m., during observation of the morning medication administration pass on [LOCATION], it was observed that the medication punch packs that contained a 30-day supply of medication, located in the medication storage cart, did not identify the expiration date of the medication in the punch pack. The only date on the label was the date the punch pack was filled by pharmacy.

On 6/8/22, at 8:50 a.m., Licensed Nurse A confirmed that there was no expiration dated identified for the medications contained in the 30-day punch packs. They stated that they could not determine if the medication was expired or not but would have to trust that the pharmacy would not send expired medications to be administered.

On 6/8/22, at 10:45 a.m., Administrative Nurse A confirmed that there were no expiration dates on the labels on the 30-day punch packs of medications in the medication storage carts that were provided for the nurses to administer to residents. Administrative Nurse A stated that the nurse would have to trust the pharmacy not to send expired drugs. They verified that the nurse had no way to verify they were not administering expired medications to the residents.

On 6/8/22, at 11:00 a.m., Consultant Staff A confirmed that there was no expiration date on the labels of the 30-day punch packs. They stated that a 30-day supply was sent to the floor and then replaced/refilled every 28 days. They stated that the expiration dates were checked before packaging and were always greater than 30 days out. They confirmed that the nurses had no way to confirm they were not administering expired medications. They stated that the expiration date should be identified so the nurses would feel confident they were not administering expired medications.

Department of Veterans Affairs State Veterans Home Survey Report

	<p>On 6/8/22, at 11:40 a.m., Administrative Nurse A stated that the facility did not have a policy addressing the labeling of medications.</p>
<p>§51.200(a) Life safety from fire The facility management must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel and the public. (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. Residents Affected – Many</p>	<p><u>Smoke Barriers and Sprinklers</u></p> <p>1. Based on observation and interview, the facility failed to maintain the smoke barriers. The deficient practice affected one (1) of seven (7) compartments, staff, and 20 residents. The facility had the capacity for 40 beds with a census of 20 on the first day of survey.</p> <p>The findings include:</p> <p>Observation during the building inspection tour on 6/7/22, at 1:11 p.m., of the smoke barrier above the acoustical tiles in the attic space at the cross-corridor doors on the [LOCATION], by the [LOCATION] revealed an unsealed, one (1) inch conduit, as prohibited by sections 19.3.7.3 and 8.5.6 of NFPA, 101 Life Safety Code. An interview with Maintenance Staff A at that time revealed that the facility was not aware of the unsealed conduit.</p> <p>The census of 20 was verified by Administrative Staff A on 6/8/22. The finding was acknowledged by Administrative Staff A and Maintenance Staff A during the exit interview on 6/8/22, at 4:30 p.m.</p> <p>Actual NFPA Standard: NFPA 101 (2012) Life Safety Code 19.3.7.3 Any required smoke barrier shall be constructed in accordance with Section 8.5 and shall have a minimum 1/2-hour fire resistance rating, unless otherwise permitted by one of the following: (1) This requirement shall not apply where an atrium is used, and both of the following criteria also shall apply: (a) Smoke barriers shall be permitted to terminate at an atrium wall constructed in accordance with 8.6.7(1)(c). (b) Not less than two separate smoke compartments shall be provided on each floor. (2)*Smoke dampers shall not be required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air-conditioning systems where an approved, supervised automatic sprinkler system in accordance with 19.3.5.8 has been provided for smoke compartments adjacent to the smoke barrier.</p> <p>8.5 Smoke Barriers. 8.5.6 Penetrations. 8.5.6.1 The provisions of 8.5.6 shall govern the materials and methods of construction used to protect through-penetrations and membrane penetrations of smoke barriers. 8.5.6.2 Penetrations for cables, cable trays, conduits, pipes, tubes, vents, wires, and similar items to accommodate electrical, mechanical, plumbing, and communications systems</p>

Department of Veterans Affairs State Veterans Home Survey Report

that pass through a wall, floor, or floor/ceiling assembly constructed as a smoke barrier, or through the ceiling membrane of the roof/ceiling of a smoke barrier assembly, shall be protected by a system or material capable of restricting the transfer of smoke.

2. Based on observation and interview, the facility failed to properly install and maintain equipment protected by the kitchen hood extinguishing system. The deficient practice affected one (1) of seven (7) compartments, staff, and no residents. The facility had the capacity for 130 beds with a census of 111 on the first day of survey.

The findings include:

Observation during the building inspection tour on 6/8/22, at 1:54 p.m., revealed the wheeled, gas-fueled, fat fryer located on the cooking line in the kitchen was not provided with an approved method that would ensure that the appliance was returned to an approved design location after it 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. Further observation revealed the fat fryer was not directly under the suppression system.

An interview with Maintenance Staff A at that time revealed that the facility was not aware an approved method should be provided to ensure that the appliance was returned to an approved design location after maintenance or cleaning.

The census of 20 was verified by Administrative Staff A on 6/8/2022. The finding was acknowledged by Administrative Staff A and Maintenance Staff A during the exit interview on 6/8/22 at 4:30 p.m.

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

Department of Veterans Affairs State Veterans Home Survey Report

Actual NFPA Standard: NFPA 96 (2011), Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations

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.

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

3. Based on observation and interview, the facility failed to properly install gas equipment and appliances. The deficient practice affected one (1) of seven (7) smoke compartments, staff, and no residents. The facility had the capacity for 130 beds with a census of 111 on the first day of survey. The findings include:

Observation during the building inspection tour on 6/8/22, at 1:54 p.m., revealed the wheeled, gas-fueled, fat fryer located on the cooking line in the kitchen was provided with restraint systems to limit the movement of the appliance to prevent strain on the connection. However, the restraint system to limit the movement of the appliance was not connected, as required by section 10.12.6 of NFPA 54, National Fuel Gas Code.

An interview with Maintenance Staff A at that time revealed that the facility was not aware that a restraint system for the wheeled, gas equipment was required.

The census of 20 was verified by Administrative Staff A on 6/8/22. The finding was acknowledged by Administrative Staff A and Maintenance Staff A during the exit interview on 6/8/22, at 4:30 p.m.

Department of Veterans Affairs State Veterans Home Survey Report

	<p>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.</p> <p>Actual NFPA Standard: NFPA 54 (2012), National Fuel Gas Code 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>
--	--
