

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: Gino J. Merli Veterans' Center

Location: 401 Penn Ave, Scranton, PA 18503

Onsite / Virtual: Virtual

Dates of Survey: 02/07/22-02/10/22

Nursing Home / Domiciliary/ Adult Day Health Care: NH

Survey Type: Annual

Total VA Recognized Beds: 196

Census on First Day of Survey: 124

Regulation #	Statement of Deficiencies
	<p>Initial Comments:</p> <p>A VA Annual survey was conducted from February 7, 2022 through February 10, 2022 at the Gino J. Merli Veterans' Center. The survey revealed the facility was not in compliance with title 38 CFR Part 51 Federal Requirements for State Veterans Homes.</p>
<p>51.70(c)(6) Assurance of financial security. The facility management must purchase a surety bond, or otherwise provide assurance satisfactory to the Under Secretary for Health, to assure the security of all personal funds of residents deposited with the facility.</p> <p>Scope and Severity – No Actual Harm, with potential for more than minimal harm</p> <p>Residents Affected – All</p>	<p>Based on record review and email correspondence, the facility failed to ensure resident funds were protected by a surety bond or an alternative approved by the Veterans Affairs (VA) Under Secretary for Health to assure the security of all personal funds of residents deposited with the facility. This deficient practice affected all the residents/veterans of the facility whose personal funds were managed by the facility.</p> <p>The findings included: Review of a document titled "Certificate of Property Insurance" dated 5/24/21 revealed the insurer was identified as "Travelers Casualty & Surety Co of America" and the insured was identified as being the "Commonwealth of Pennsylvania." The document identified the covered location to be "Gino J. Merli Veterans' Center" located at 401 Penn Avenue in Scranton, Pennsylvania. The document stated the type of insurance was "Crime" in the amount of \$1,000,000.00 for employee dishonesty. In email correspondence received 3/10/22 at 9:50 a.m., [Administrative Staff A] stated, the Travelers Casualty and Surety Company of America policy was not approved by the VA Under Secretary.</p>

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<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.</p> <p>(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>Scope and Severity - No Actual Harm, with potential for more than minimal harm</p> <p>Residents Affected – All</p>	<p>1. Based on records review and interview, the facility failed to develop a Fire Watch Policy in accordance with the code. The deficient practice affected 18 of 18 smoke compartments, staff, and all residents. The facility has the capacity for 196 beds with a census of 124 on the day of survey.</p> <p>Findings include: Records Review on 2/7/2022 at 9:56 am of the facility's Fire Watch Policy revealed a fire watch would be initiated if the fire alarm system was out of service for 10 hours. Interview with [Maintenance Staff A] on 2/7/2022 at 11:25 am revealed the facility was not aware the fire watch should be initiated after the fire alarm is out of service four (4) hours, as required by section 9.6.1.6 of NFPA 101, Life Safety Code.</p> <p>The census of 124 was verified by [Administrative Staff A] on 2/7/2022. The findings were acknowledged by [Administrative Staff A] and verified by [Maintenance Staff A] during the exit interview on 2/7/2022.</p> <p>Actual NFPA Standard: NFPA 101 Life Safety Code (2012) 19.3.4 Detection, Alarm, and Communications Systems. 19.3.4.1 General. Health care occupancies shall be provided with a fire alarm system in accordance with Section 9.6. 9.6.1.6* Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated, or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service.</p> <p>2. Based on records review and interview, the facility failed to properly inspect the sprinkler system. The deficient practice affected 18 of 18 smoke compartments, staff, and all residents.</p> <p>The findings include:</p> <p>a. Records review on 2/7/2022 at 10:22 am of the facility's sprinkler inspection, testing, and maintenance records for the 12-month period prior to the survey revealed there was no record of monthly visual inspections of the pressure gauges on the wet pipe sprinkler system, as required by sections 9.7.5 of NFPA, 101 Life Safety Code and 5.2.4.1 of NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Interview on 2/7/2022 at 11:33 am with [Maintenance Staff A] revealed the facility was not aware of the requirements for monthly visual inspections of the sprinkler gauges.</p> <p>b. Records review on 2/7/2022 at 10:22 am of the facility's sprinkler inspection, testing, and maintenance records for the</p>
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12-month period prior to the survey revealed there was no record of weekly visual inspections of the pressure gauges on the dry sprinkler system, as required by sections 9.7.5 of NFPA, 101 Life Safety Code and 5.2.4.2 of NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Interview on 2/7/2022 at 11:33 am with [Maintenance Staff A] revealed the facility was not aware of the requirements for weekly visual inspections of the sprinkler gauges.

c. Records review on 2/7/2022 at 10:22 am of the facility's sprinkler inspection, testing, and maintenance records for the 12-month period prior to the survey revealed there was no record of monthly visual inspections of the control valves on the electronically supervised sprinkler system, as required by sections 9.7.5 of NFPA 101, Life Safety Code and 13.3.2.1.1 of NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Interview on 2/7/2022 with [Maintenance Staff A] revealed the facility was not aware of the requirements for monthly visual inspections of the control valves on the electronically supervised sprinkler system.

The findings were acknowledged by [Administrative Staff A] and verified by [Maintenance Staff A] during the exit interview on 2/7/2022.

Actual NFPA Standard: NFPA 101 Life Safety Code (2012)
19.3.5 Extinguishment Requirements.

19.3.5.1 Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, unless otherwise permitted by 19.3.5.5.

19.3.5.2 High-rise buildings shall comply with 19.4.2.

19.3.5.3 Where required by 19.1.6, buildings containing hospitals or limited care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, unless otherwise permitted by 19.3.5.5.

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.

Actual NFPA Standard: NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems (2011)

5.2.4 Gauges.

5.2.4.1* Gauges on wet pipe sprinkler systems shall be inspected monthly to ensure that they are in good condition and

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	<p>that normal water supply pressure is being maintained.</p> <p>5.2.4.2 Gauges on dry, preaction, and deluge systems shall be inspected weekly to ensure that normal air and water pressures are being maintained.</p> <p>5.2.4.3 Where air pressure supervision is connected to a constantly attended location, gauges shall be inspected monthly.</p> <p>13.3.2 Inspection.</p> <p>13.3.2.1 All valves shall be inspected weekly.</p> <p>13.3.2.1.1 Valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly.</p> <p>3. Based on observation and interview, the facility failed to provide Dutch doors with the required equipment or design. The deficient practice affected two (2) of two (2) smoke compartments, staff, and no residents.</p> <p>The findings include:</p> <p>Observation during the building inspection tour on 2/7/2022 at 1:43 pm revealed a Dutch door at the nurses' station on the first floor, the meeting edges of the upper and lower leaves were not equipped with an astragal, a rabbet, or a bevel, as required by section 19.3.6.3.13 of NFPA 101, Life Safety Code. Interview at that time with [Maintenance Staff A] revealed the facility was not aware of the requirements for Dutch doors.</p> <p>The findings were acknowledged by [Administrative Staff A] and verified by [Maintenance Staff A] during the exit interview on 2/7/2022.</p> <p>Actual NFPA Standard: NFPA 101 Life Safety Code (2012) 19.3.6.3.13 Dutch doors shall be permitted where they conform to 19.3.6.3 and meet all of the following criteria: (1) Both the upper leaf and lower leaf are equipped with a latching device. (2) The meeting edges of the upper and lower leaves are equipped with an astragal, a rabbet, or a bevel. (3) Where protecting openings in enclosures around hazardous areas, the doors comply with NFPA80, Standard for Fire Doors and Other Opening Protectives.</p>
<p>51.210 (j)—Credentialing and Privileging.</p> <p>Credentialing is the process of obtaining, verifying, and assessing the qualifications of a health care practitioner, which may include physicians, podiatrists, dentists,</p>	<p>Based on record review and interviews, the facility failed to provide evidence to ensure that uniformly and verifiable criteria are in place for the credentialing and privileging for five of five healthcare practitioners.</p> <p>The findings included:</p>

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<p>psychologists, physician assistants, nurse practitioners, licensed nurses to provide patient care in or 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.</p> <p>(1) The facility management must uniformly apply credentialing criteria to licensed practitioners applying to provide resident care or treatment under the facility's care.</p> <p>(2) The facility management must verify and uniformly apply the following core criteria: current licensure, current certification, if applicable, relevant education, training, and experience, current competence, and a statement that he individual is able to perform the services he or she is applying to provide.</p> <p>(3) The facility management must decide whether to authorize the independent practitioner to provide resident care or treatment, and each credentials file must indicate that these criteria are uniformly an individually applies.</p> <p>(4) The facility must maintain documentation of current credentials for each licensed independent practitioner practicing within the facility.</p> <p>(5) When reappointing a licensed independent practitioner, the facility management must review the individual's record of experience.</p> <p>(6) The facility management systematically must assess whether individuals with clinical privileges act within the scope of privileges granted.</p>	<p>Review of an undated, blank form titled "State Veterans' Homes Provider Credentialing/Privileges Agreement" revealed "... Background ... 7. It is the policy of GMVC (Gino J. Merli Veterans' Center) to credential physicians and providers who provide medical services to GMVC residents and to establish criteria for provider requirements ..."</p> <p>On 2/8/22 at 3:50 p.m., the surveyor sent an email to [Administrative Staff B], [Administrative Staff A], [Administrative Staff C], [Administrative Nurse A] and [Administrative Nurse B] requesting the credentialing files for [Consultant Staff A], [Consultant Staff B], [Licensed Nurse A], [Licensed Nurse B] and [Therapy Staff A].</p> <p>On 2/9/22 at 8:36 a.m., [Administrative Staff B] sent an email to the surveyor which read, "... Can you please elaborate as to what type of files or information you are requesting ..."</p> <p>On 2/9/22 at 9:29 a.m., [Administrative Staff B] sent an email to the surveyor which read, "Employee credentials are maintained by the HR (Human Resource) department in their personnel files Contracts issued by bids are maintained in our procurement department. As I understand it, it is the company's responsibility to maintain up to date licensure and credentials on their employees and provide the documentation when requested. The credentialing that I maintain in my files are providers and services that do not require a formal bidding process...."</p> <p>On 2/9/22 at 12:52 p.m., the [Administrative Staff D] sent an email to the surveyor which read, "... I don't have anything to add beyond what [Administrative Staff B] ... has already provided ... Because most of the vetting process goes through headquarters, we do not have files on each individual ..."</p> <p>The facility management was not able to demonstrate that the Credentialing and Privileging process is uniformly applied to all licensed practitioners, regardless of whether said practitioners are State Veterans Home employees or employees obtained by way of a written agreement, such as a contract.</p>
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Scope and Severity - No Actual Harm, with potential for more than minimal harm Residents Affected – All	
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