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: Southeastern Pennsylvania Veterans Center

Facility Location: One Veterans Drive, Spring City, Pennsylvania, 19475

Onsite / Virtual: Virtual

Dates of Survey: 01/31/22-02/03/22

Nursing Home / Domiciliary/ Adult Day Health Care: NH

Survey Type: Annual

Total VA Recognized Beds: 238

Census on First Day of Survey: 134

Regulation #	Statement of Deficiencies
	Initial Comments: A VA Annual survey was conducted from January 31, 2022 through February 3, 2022 at the Southeastern Pennsylvania Veterans Center. The survey revealed the facility was not in compliance with title 38 CFR Part 51 Federal Requirements for State Veterans Homes.
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. Scope and Severity – No Actual Harm, with potential for more than minimal harm Residents Affected – All	Based on interview and record review, resident funds were not protected by a surety bond or an alternative approved by the VA Under Secretary for Health to assure the security of all personal funds of residents deposited with the facility. Findings include: Review of facility documents provided by the accounting office revealed a Resident Fund Balance as of 12/31/21 in the amount of $817,057.60 for the facility. An interview with [Administrative Staff A], who oversees the residents' personal funds accounts, on 2/3/22 at 9:00 a.m. revealed that there was no surety bond nor an alternative approved by the VA Under Secretary for Health maintained by the facility for assurance of security of the resident fund deposits due to the laws of the state.

	In an interview with [Administrative Staff B] on 2/3/22 at 10:35 a.m., it was stated that the facility does not maintain a surety bond. [Administrative Staff B] stated the facility also had not received approval of the state's Letter of Assurance submitted to the VA Under Secretary for Health.
51.100 (f) Accommodation of needs. A resident has the right to— (1) Reside and receive services in the facility with reasonable accommodation of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. (2) Receive notice before the resident's room or roommate in the facility is changed. Scope and Severity – No Actual Harm, with potential for more than minimal harm Residents Affected – Few	Based on observation, interview and record review, the facility failed to provide reasonable accommodation of individual preferences for one (1) of 18 residents sampled, Resident #101. The findings include: The facility did not have a policy related to resident preferences and accommodation of needs; however, they provided their copy of "Resident's Rights", undated, which stated the residents had the right to dignity, respect, freedom and to be treated with consideration, respect, dignity and self-determination. Resident #101 admitted to the facility on [DATE] with a medical record history to include Peripheral Vascular Disease, Gout, Hypothyroidism, Disorders of Urethra, Moderate Chronic Kidney Disease, Arthritis, Abnormalities of Gait and Mobility, Constipation, Pneumonitis, Squamous Cell Carcinoma of Parts of Face, Diseases of Anus and Rectum, Full Incontinence of Feces, Disorder of Penis, Benign Prostatic Hyperplasia, Tinea Pedis, Hyperlipidemia, Hypertension, and Erythema Intertrigo. Review of the Quarterly Minimum Data Set (MDS) dated [DATE] recorded the resident had a Brief Interview for Mental Status (BIMS) score of 14/15, indicating intact cognition. The MDS recorded the resident required total staff assistance for locomotion in the room and the corridor and required extensive to total assistance for all Activities of Daily Living (ADLs). Review of the ADLs Care Plan dated [DATE] and updated [DATE] directed staff to place the resident in a Broda Chair with leg rests, calf and footrest padding and a head rest. During interview and observation on 1/31/22 at 11:14 a.m., Resident #101 sat in a slightly tilted back Broda chair in their room with a blanket over their lap. The resident stated they were so lonely and was "sick and tired" of watching TV all day. They stated earlier (before COVID) there were many more activities to attend but didn't know which activities were offered now because they couldn't read their activity calendar, it was too far away. Observation of the room revealed the activity calendar on the wall behind their bedside stand, across the room. The resident stated, "I can't get close enough to read it. What good is it if I can't read it; what good is it?"

	During interview on 1/31/22 at 1:10 p.m., [Activity Staff A] assigned on Resident #101's floor stated they delivered the facility newspaper every morning they worked and reminded the resident which activities were offered that day. [Activity Staff A] stated the resident had, "a selective memory." [Activity Staff A] stated they placed the calendar in the same place every month but did not discuss with the resident where the resident would like to have their calendar. During interview on 1/31/22 at 1:19 p.m., [Activity Staff B] stated they trained their staff to hang the calendars in the residents' rooms in the same place every month so the residents would know where to look for it. [Activity Staff B] stated the resident would have to notify the activities staff to request bigger font if needed, however, if the font size was increased, then it wouldn't fit on the size paper they used. In that case, [Activity Staff B] continued, the resident would have to ask daily what the activities were. [Activity Staff B] stated they did not train the activities staff to ask the resident what their preferences were for the location of the calendar in their rooms. During follow up interview and observation with Resident #101 on 2/1/22 at 2:11 pm, they stated "They came in and put the calendar on my table [rolling bedside table] when I wasn't here. I can't see it because they tip my chair back so I can't see that far, and they taped it down. Yes, I would like to see it." Observation of the room at that time revealed the resident with the head of the Broda chair tipped back and the Activities Calendar taped down on the rolling bedside table in front of the resident's chair. During and follow up interview with [Activity Staff A] on 2/2/22 at 8:19 a.m., [Activity Staff A] stated they told the resident yesterday they had moved the calendar, but they did not speak to the resident about taping it down, or where the resident would like it located. [Activity Staff A] stated, "It makes sense the resident wouldn't be able to read it when they are tipped back in the chair." During follow up interview on 2/2/22 at 8:59 a.m., [Activity Staff B] stated they would expect [Activity Staff A] to have a discussion with the resident first on where to place the calendar so the resident could read it. During interview on 2/3/22 at 10:33 a.m., [Administrative Nurse A] stated they supervised the Activity Department and expected the Activities staff to have a discussion with the resident about where to put the calendar so they could read it. [Administrative Nurse A] acknowledged and agreed the resident had preferences that should have been honored.

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. Scope and Severity - No Actual Harm, with potential for more than minimal harm Residents Affected – All	A. Based on records review and interview, the facility failed to properly inspect the sprinkler system. The deficient practice affected 15 of 15 smoke compartments in Coates Hall and 10 of 10 smoke compartments in the Community Living Center, staff, and all residents. The facility has the capacity for 238 beds with a census of 134 on the day of survey. The findings include: 1. Records review on 1/31/2022 at 1:13 pm 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 at that time with [Maintenance Supervisor A] revealed the facility was not aware of the requirements for monthly visual inspections of the sprinkler gauges. 2. Records review on 1/31/2022 at 1:13 pm 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 weekly visual inspections of the pressure gauges on the wet 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 at that time with [Maintenance Supervisor A] revealed the facility was not aware of the requirements for weekly visual inspections of the sprinkler gauges. 3. Records review on 1/31/2022 at 1:13 pm 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 at that time 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 census of 134 was verified by [Administrative Staff C] on 1/31/22. The findings were acknowledged by [Administrative Staff C] and verified by [Maintenance Staff A] during the exit interview on 2/3/22. 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 that normal water supply pressure is being maintained. 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. 5.2.4.3 Where air pressure supervision is connected to a constantly attended location, gauges shall be inspected monthly. 13.3.2 Inspection. 13.3.2.1 All valves shall be inspected weekly. 13.3.2.1.1 Valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly. B. Based on observation and interview, the facility failed to maintain the smoke barriers. The deficient practice affected four (4) of 10 smoke compartments in the Community Living Center, staff, and 29 residents. The facility has the capacity for 238 beds with a census of 134 on the day of survey. The findings include: 1. Observation during the building inspection tour on 2/1/2022 at 9:42 am of the smoke barrier leading into Unit 1B in the Community Living Center revealed the end of a 1 (one) inch pass-through conduit was not sealed, as prohibited by section

	8.5.6 of NFPA 101, Life Safety Code. Interview at that time with [Maintenance Supervisor A] revealed the facility was not aware of the unsealed penetration. 2. Observation during the building inspection tour on 2/1/2022 at 10:29 am of the smoke barrier leading into Unit 3B in the Community Living Center revealed the end of a 1 (one) inch pass-through conduit was not sealed, as prohibited by section 8.5.6 of NFPA 101, Life Safety Code. Interview at that time with [Maintenance Staff A] revealed the facility was not aware of the unsealed penetration. The census of 134 was verified by [Administrative Staff C] on 1/31/22. The findings were acknowledged by [Administrative Staff C] and verified by [Maintenance Staff A] during the exit interview on 2/3/22. 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. 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 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. C. Based on observation and interview, the facility failed to provide hazardous areas with self-closing or automatic-

	closing doors. The deficient practice affected one (1) of 10 smoke compartments in the Community Living Center, staff, and five (5) residents. The facility has the capacity for 238 beds with a census of 134 on the day of survey. The findings include: Observation during the building inspection tour on 2/1/2022 at 10:02 am of the library on the first floor of the Community Living Center revealed the space was over 50 square feet and filled with shelves of books; the double doors leading into the library were held open. Additional observation revealed the closing device installed on the doors was also equipped with a hold-open mechanism that was holding the doors open. Interview with [Maintenance Supervisor A] at that time revealed the hold-open mechanism was not tied into the fire alarm and that the doors were not self-closing or automatic-closing as required by section 19.3.2.1.3 of NFPA 101 Life Safety Code. The interview went on to reveal that the facility was not aware the library was considered a hazardous area. The census of 134 was verified by [Administrative Staff C] on 1/31/22. The findings were acknowledged by [Administrative Staff C] and verified by [Maintenance Staff A] during the exit interview on 2/3/22. Actual NFPA Standard: NFPA 101 Life Safety Code (2012) 19.3.2 Protection from Hazards. 19.3.2.1 Hazardous Areas. Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system in accordance with 8.7.1. 19.3.2.1.1 An automatic extinguishing system, where used in hazardous areas, shall be permitted to be in accordance with 19.3.5.9. 19.3.2.1.2* Where the sprinkler option of 19.3.2.1 is used, the areas shall be separated from other spaces by smoke partitions in accordance with Section 8.4. 19.3.2.1.3 The doors shall be self-closing or automatic-closing. D. Based on observation and interview, the facility failed to properly install and maintain gas equipment and appliances. The deficient practice affected one (1) of 15 smoke compartments in Coates Hall, staff, and no residents. The facility has the capacity for 238 beds with a census of 134 on the day of survey.

	The findings include: Observation during the building inspection tour on 2/1/2022 at 1:16 pm revealed that the gas-fired stove and griddle with caster-style wheels located on the cooking line in the kitchen on the ground floor of Coates Hall was not provided with a restraint system to limit the movement of the appliances to prevent strain on the connection as required by sections 9.1.1 of NFPA 101 Life Safety Code and 10.12.6 of NFPA 54, National Fuel Gas Code. 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 134 was verified by [Administrative Staff C] on 1/31/22. The findings were acknowledged by [Administrative Staff C] and verified by [Maintenance Staff A] during the exit interview on 2/3/22. Actual NFPA Standard: NFPA 101, Life Safety Code (2012) 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, National Fuel Gas Code (2012) 10.12 Food Service Appliance, Floor-Mounted. 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.