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: Veterans Home of California – Barstow

Location: 100 East Veterans Parkway, Barstow, California 92311

Onsite / Virtual: Onsite

Dates of Survey: 4/25/24 - 4/26/24

NH / DOM / ADHC: DOM

Survey Class: Annual

Total Available Beds: 220

Census on First Day of Survey: 25

VA Regulation Deficiency	Findings
	Initial Comments: A VA Annual Survey was conducted from April 25, 2024, through April 26, 2024, at the Veterans Home of California – Barstow. The survey revealed the facility was not in compliance with Title 38 CFR Part 51 Federal Requirements for State Veterans Homes.
§ 51.43(d) Drugs and medicines for certain veterans VA may furnish a drug or medicine under this section and under § 17.96 of this chapter by having the drug or medicine delivered to the State home in which the veteran resides by mail or other means and packaged in a form that is mutually acceptable to the State home and to VA set forth in a written agreement. **Level of Harm** – No Actual Harm, with potential for minimal harm **Residents Affected** – Many	The facility failed to have a valid written agreement in place to include the pharmacy providing medications for the residents of the Veterans Home of California - Barstow. Based on interviews and record reviews, the facility provided a copy of the Sharing Agreement signed October 12, 2023 between the Veterans Home of California – Barstow and VA Loma Linda Healthcare System. During interviews and record reviews, it was identified the facility is obtaining medications from the Veterans Home of California – Chula Vista onsite pharmacy. The SVH in Chula Vista is not included in the established sharing agreement.
§ 51.43(e) Drugs and medicines for certain veterans	The facility was unable to demonstrate submission of VA Form 10-0460 for Veterans who are be eligible to have medications provided by the VA of jurisdiction.

As a condition for receiving drugs or medicine under this section or under §17.96 of this chapter, the State must submit to the VA medical center of jurisdiction a completed VA Form 10-0460 with the corresponding prescription(s) for each eligible veteran. **Level of Harm** – No Actual Harm, with potential for minimal harm **Residents Affected** – Many	Based on interviews and record reviews, the facility obtained reimbursement for medications from the Veterans Affairs (VA) of jurisdiction for Veterans who meet eligibility under 38 CFR §51.43. During interviews and record reviews, it was identified the facility failed to complete and submit VA Form 10-0460 as required for each eligible Veteran. The SVH did not have on file VA Form 10-0460 for three (3) of three (3) sampled Veterans.
§ 51.210 (i) Medical director. (1) The facility management must designate a primary care physician to serve as medical director. (2) The medical director is responsible for— (i) Participating in establishing policies, procedures, and guidelines to ensure adequate, comprehensive services; (ii) Directing and coordinating medical care in the facility; (iii) Helping to arrange for continuous physician coverage to handle medical emergencies; (iv) Reviewing the credentialing and privileging process; (v) Participating in managing the environment by reviewing and evaluating incident reports or summaries of incident reports, identifying hazards to health and safety, and making recommendations to the administrator; and (vi) Monitoring employees' health status and advising the administrator on employee-health policies. **Level of Harm** – No Actual Harm, with potential for more than minimal harm **Residents Affected** – Many	Based on interview and record review, the facility failed to ensure that a licensed Consultant Staff A had been appointed to the facility Administrative Staff A position to assume the duties outlined in the Duty Statement. The findings include: Review of the facility's policy titled, "[Consultant Staff A's] Role (CalVet) (4166 v.3)," no date, revealed the Homes Division Policy Statement: "All residents of the Veterans Homes of California are provided a [Consultant Staff A] in compliance with U.S. Department of Veterans Affairs. Under 38 Federal Code of Regulations (CFR) §51.150, A [Consultant Staff A] must personally approve in writing a recommendation that an individual be admitted to a facility. Each resident must remain under the care of [Consultant Staff A]. The facility management must ensure that the medical care of each resident is supervised by [Consultant Staff A]" [sic]. In an interview with Licensed Nurse A, on 4/23/24, at 1:20 p.m., they stated that, to their knowledge, the facility did not have an Administrative Staff A to provide direct supervision. They stated that the former Administrative Staff A left the facility approximately three (3) to four (4) years prior, to practice in another Veterans Administration (VA) facility, and to their knowledge the Administrative Staff A position was vacant. They confirmed that a Consultant Staff A from another facility was providing medical duty on an "on call" basis; however, this physician had not been to the facility providing oversite of Licensed Nurse A, or visited any residents during this time. They stated they reported directly to Administrative Staff B. In an interview with Administrative Staff B, on 4/23/24, at 12:40 p.m., they revealed that the facility had assigned a Consultant Staff A to only provide "on call" services to the facility. This was due to the facility's Consultant Staff A being on leave of absence and in rehabilitation. They concluded that the facility's position of

	Administrative Staff A was currently vacant, and had been since the former Administrative Staff A left in 2021. On 4/25/24, during the exit conference, Administrative Staff B submitted a letter titled "Interim [Administrative Staff A] Assignment," dated [DATE]. This document stated: "As of [DATE], [Administrative Staff C] assigned [Consultant Staff A] as the acting [Administrative Staff A] in the interim until the vacancy for the position of [Administrative Staff A] is filled." The letter was written by Administrative Staff C and dated [DATE]; however, Administrative Staff C was on medical leave of absence at that time. The signature was signed "on behalf of" with a signature of Administrative Staff B. When asked for the Duty Statement or Letter of Intent/Acceptance of Consultant Staff A to become the acting Administrative Staff A, the facility was unable to provide these documents. As per Administrative Staff B's interview on 4/23/24, at 12:40pm, Administrative Staff B stated that the Administrative Staff A position was currently vacant.
§ 51.210 (j) Credentialing and Privileging. Credentialing is the process of obtaining, verifying, and assessing the qualifications of a health care practitioner, which may include physicians, podiatrists, dentists, psychologists, physician assistants, nurse practitioners, licensed nurses to provide patient care services 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. (1) The facility management must uniformly apply credentialing criteria to licensed practitioners applying to provide resident care or treatment under the facility's care. (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 the individual is able to perform the services he or she is applying to provide. (3) The facility management must decide whether to authorize the independent practitioner to provide resident care or	Based on record review and policy review, the facility failed to complete criminal background checks for three (3) out of nine (9) Consultant Staff prior to allowing the Consultant Staff to practice medicine within the facility and provide care to the residents. The findings include: A review of the facility procedure policy for "Practitioner Credentialing (all Homes) for the Veteran Homes of California, Medical Staff Services, Section 4850v.5, Primary Source Verification" found it stated the procedure for new applicants included a lifetime criminal history (Fingerprinting done by Veteran Home Security [VH]). A review of the contract staff records revealed that Consultant Staff B, C, and D had not received a criminal background check during their credentialing process prior to hire. An interview, on 4/25/24, at 9:10 a.m., with Administrative Staff D revealed they were responsible for conducting the credentialing process for new consultant staff hires either full time staff or contract staff. They concluded consultant staff were not allowed to practice within the State Veterans' Home until a clear Lifetime background check had been completed and no history was found. They were not aware that these consultant staff had no criminal background check completed.

treatment, and each credentials file must indicate that these criteria are uniformly and individually applied. (4) The facility management must maintain documentation of current credentials for each licensed independent practitioner practicing within the facility. (5) When reappointing a licensed independent practitioner, the facility management must review the individual's record of experience. (6) The facility management systematically must assess whether individuals with clinical privileges act within the scope of privileges granted. **Level of Harm** – No Actual Harm, with potential for more than minimal harm **Residents Affected** – Many	
§ 51.340 (a) Supervision of medical practitioners. Any licensed medical practitioner who is not a physician may provide medical care to a resident within the practitioner's scope of practice without physician supervision when permitted by State law. **Level of Harm** – No Actual Harm, with potential for more than minimal harm **Residents Affected** – Many	Based on interview and record review, the facility failed to ensure that one (1) of one (1) Licensed Nurse A was acting within their scope of practice as defined by California State law as evidenced by the lack of onsite supervision of a licensed Consultant Staff. The findings include: Review of the facility's Duty Statement revealed: "Under Direct Supervision of [Consultant Staff A], [Consultant Staff A] shall assume complete responsibility as primary care provider for specifically assigned residents to provide complete and total medical care. [Consultant Staff A] shall commit to the highest standard of medical care and shall be personally responsible to pursue continuous medical education to accomplish this goal. [Consultant Staff A] shall work with, oversee and participate in ongoing training of the Veterans Home of California-Barstow [Licensed Nurse A]. Provider must be linked, through their NPI [National Provider Identifier], to their facility for Medicare, medical, and all other applicable insurance vendors" [sic]. A review of the "California Board of Registered Nursing's statement of the Assembly Bill 890," dated 2/22/23, revealed: "Beginning in January 2023, [Licensed Nurse As] who completed 4,600 hours or three years of full-time clinical work in the State of California can apply to work without [Consultant Staff A] supervision. However, the facility must have at least one (1) practicing [Consultant Staff A] on-site" [sic].

	Review of the Licensed Nurse A Duty Statement revealed: "An [Licensed Nurse A] must work under general direct supervision of [Consultant Staff A], and plans, provides, and evaluates generalized heal care services of the facility." Review of the Administrative Staff A's Duty Statement revealed that Administrative Staff A was responsible for planning, organizing, and directing the medical care program of the facility. In an interview with Licensed Nurse A, on 4/23/24, at 1:20 p.m., they stated that, to their knowledge, the facility did not have an Administrative Staff A to provide direct supervision. They stated that the former Administrative Staff A left the facility approximately three (3) to four (4) years prior, to practice in another Veterans Administration (VA) facility, and to their knowledge, the Administrative Staff A position was vacant. They stated that the facility had a Consultant Staff A that practiced in the facility; however, they confirmed that this Consultant Staff A had not been available often for direct supervision, and since [DATE], when Consultant Staff A was placed on medical leave of absence, no direct, onsite supervision had been provided as of [DATE]. They confirmed that a Consultant Staff A from another facility was providing medical duty on an "on call" basis; however, this Consultant Staff A had not been to the facility providing oversite of Licensed Nurse A. They concluded that the responsibilities of the Skilled Nursing Facility and half of the Intermediate Care Facility were provided by Consultant Staff A and the Domiciliary (DOM), and remaining half of the residents were seen by Licensed Nurse A. However, during the absence of Consultant Staff A, Licensed Nurse A stated they were responsible for seeing all the residents in all three (3) units, and providing coverage of patients coming into the outpatient clinic located on the State Veteran Homes facility grounds. An interview with Administrative Staff B, on 4/23/24, at 12:40 p.m., revealed the facility had assigned a Consultant Staff A to only provide "on call" services to the facility. This was due to the facility's Consultant Staff A being on a leave of absence and in rehabilitation. They concluded that the facility's Administrative Staff A position was currently vacant. In an interview with Administrative Staff B, on 4/23/24, at 2:00 p.m., they revealed that the facility currently did not have an Administrative Staff A. They stated that the position, to their knowledge, had been vacant since the former Administrative Staff A left in 2021, to practice in another VA facility. They confirmed that since Consultant Staff A was placed on medical leave of absence, on 4/3/24, the facility had assigned an "on call" Consultant Staff A from another VA facility, but this Consultant Staff A had not provided on-site supervision to Licensed Nurse A, or visited any residents during this time.

§ 51.350 (c) Life safety from fire. The facility must meet the applicable requirements of the National Fire Protection Association's NFPA 101, Life Safety Code, as incorporated by reference in §51.200. **Level of Harm** – No Actual Harm, with potential for more than minimal harm **Residents Affected** – Many	Based on records review, observation, and interview, the facility failed to properly maintain the sprinkler system. The deficient practice affected 16 of 16 smoke compartments, staff, and all residents. The facility had a capacity for 220 beds with a census of 25 on the day of the survey. The deficient practice affected four (4) of four (4) smoke compartments in the [LOCATION]; four (4) of four (4) smoke compartments in the [LOCATION]; four (4) of four (4) smoke compartments in the [LOCATION]; four (4) of four (4) smoke compartments in the [LOCATION]; and one (1) of one (1) smoke compartment in the [LOCATION], staff, and all residents. The facility had a capacity for 220 beds with a census of 25 on the first day of the survey. The findings include: Records review of the facility's sprinkler reports for the one (1) year period prior to the survey, on 4/25/24, at 9:21 a.m., revealed the following: the last quarterly sprinkler inspection had been done on 10/20/23. No documentation was available showing that a quarterly sprinkler inspection had been performed in January, as required by Table 5.1.1.2 of NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. An interview with Maintenance Staff A, on 4/25/24, at 9:21 a.m., revealed they were aware of the missing quarterly sprinkler inspection. The census of 25 was verified by Administrative Staff B on 4/25/24. The findings were acknowledged by Administrative Staff B and verified by Maintenance Staff B and Maintenance Staff A during the exit interview on 4/26/24, at 12:30 p.m. **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. **NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems (2011)** **5.1 General.** **5.1.1** Minimum Requirements. **5.1.1.1** This chapter shall provide the minimum requirements for the routine inspection, testing, and maintenance of sprinkler systems.

	5.1.1.2 Table 5.1.1.2 shall be used to determine the minimum required frequencies for inspection, testing, and maintenance.