

This survey report and the information contained herein, which resulted from the State Veterans Home Unannounced On-Site or Announced Virtual Survey is a Summary Statement of Deficiencies. (Each Deficiency Must be Preceded by Full Regulatory or LSC Identifying Information.) Title 38 CFR Part 51 Federal Regulations for SVHs. §51.210, §51.390, §51.475 Administration, resident personal funds protected in §51.70 (c)(1-6), and all required VA and life safety standards in 38 CFR Part 51.

**General Information:**

**Facility:** Veterans Home of California - Barstow

**Location:** 100 East Veterans Pkwy., Barstow, CA 92311

**Onsite / Virtual:** Virtual

**Dates of Survey:** 3/28/22 through 3/31/22

**NH / DOM / ADHC:** NH

**Survey Class:** Annual

**Total Available Beds:** 100

**Census on First Day of Survey:** 69

Deficiency	Findings
	<p>Initial Comments:</p> <p>A VA Annual survey was conducted from March 28, 2022, through March 31, 2022, at the Veterans Home of California-Barstow. The survey revealed the facility was not in compliance with 38 CFR part 51 Federal Regulations for State Veterans Homes.</p>
<p><b>§51.43(d) Drugs and medicines for certain veterans.</b></p> <p>(d) VA may furnish a drug or medicine under this section and under <a href="#">§ 17.96</a> of this chapter by having the drug or medicine delivered to the <a href="#">State home</a> in which the <a href="#">veteran</a> resides by mail or other means and packaged in a form that is mutually acceptable to the <a href="#">State home</a> and to VA set forth in a written agreement.</p> <p>Rating: Not Met            Scope and Severity – F            Residents Affected – All</p>	<p>The facility was unable to provide an executed Sharing Agreement for medications between the facility and the VA of jurisdiction and/or the VA which is required due to the facility obtaining medications purchased from the Pharmaceutical Prime Vendor (PPV) as well as receiving reimbursement from the VA of Jurisdiction for Veterans eligible under §51.43.</p> <p>Based on interviews and record review, the facility is obtaining medications from the onsite pharmacy at the Veterans Home of California in Chula Vista. “AGREEMENT FOR USE OF DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE RESOURCES”, Agreement Number 36C26221S0011, was reviewed which reveals an agreement between the VA San Diego Healthcare System and the Veterans Home of California in Chula Vista. The Veterans Home of California in Barstow is not addressed in the document. During interviews on 3/29/22 with Consultant Staff A, Administrative Staff A, and Consultant Staff B, it was reported that the facility sends electronic order requests to the State Veterans Home onsite pharmacy in Chula Vista who fills</p>

	<p>the order and sends the medications through overnight mail back to Barstow. The SVH onsite pharmacy in Chula Vista confirms eligibility for VA to furnish medications and submits an invoice to the VA Loma Linda Health Care System. During an interview on 3/30/22 with Administrative Staff B and Administrative Staff C, it was reported they were searching for an agreement between the facility and the Veterans Home of California in Chula Vista. A Memorandum, dated and signed 3/31/22, was sent on 4/1/22 for review. The document states the “Veterans Home of California – Chula Vista will be the pharmacy provider for the residents at the Veterans Home of California – Barstow.” The facility was unable to provide a written sharing agreement to meet the requirements under §51.43 to allow the State Veterans Home onsite pharmacy in Chula Vista to provide medications to the facility as well as bill the facility’s VA of jurisdiction.</p>
<p><b>§51.200(a) Life safety from fire</b>  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>Rating: Not Met  Scope and Severity - D  Residents Affected – Few</p>	<p>Based on records review and interview, the facility failed to maintain the kitchen hood ventilation system in accordance with the code. The deficient practice affected one (1) of 16 smoke compartments, staff, and no residents. The facility has the capacity for 100 beds with a census of 69 on the day of survey.</p> <p>The findings include:</p> <p>Records review on 3/28/22 at 10:32 am revealed the facility had no documentation to show that the kitchen ventilation system was being inspected semi-annually, as required by section 11.4 and Table 11.4 of NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. Additional record review revealed the kitchen ventilation system was inspected last on 4/16/21 and then on 3/7/22.</p> <p>Interview with the Maintenance Staff A at that time revealed the facility was aware that kitchen hood exhaust ventilation systems were required to be inspected on a semi-annual basis and added that the contractor for that inspection could not provide staff with proper vaccinations.</p> <p>The census of 69 was verified by Administrative Staff A on 3/28/22. The finding was acknowledged by Administrative Staff A and verified by Maintenance Staff A during the exit conference on 3/30/22 at 3:45 p.m.</p> <p><b>Actual NFPA Standard: NFPA 101 Life Safety Code (2012) 19.3.2.5 Cooking Facilities.</b>  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</p>

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.

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

11.4\* Inspection for Grease Buildup. The entire exhaust system shall be inspected for grease buildup by a properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction and in accordance with Table 11.4.

Table 11.4 Schedule of Inspection for Grease Buildup Type or Volume of Cooking

Inspection	Frequency
Systems serving solid fuel cooking operations	Monthly
Systems serving high-volume cooking operations, such as 24-hour cooking, charbroiling, or wok cooking	Quarterly
Systems serving moderate-volume cooking operations	Semiannually
Systems serving low-volume cooking operations, such as churches, day camps, seasonal businesses, or senior centers	Annually

**§51.200(b) Emergency power**

(1) An emergency electrical power system must be provided to supply power adequate for illumination of all exit signs and lighting for the means of egress, fire alarm and medical gas alarms, emergency communication systems, and generator task illumination.

(2) The system must be the appropriate type essential electrical system in accordance with the applicable provisions of NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities Code.

(3) When electrical life support devices are used, an emergency electrical power system must also be provided for devices in accordance with NFPA 99, Health Care Facilities Code.

Based on observation and interview, the facility failed to ensure that an emergency stop switch was installed for the emergency generator. The deficient practice affected 16 of 16 smoke compartments, staff, and all residents. The facility has the capacity for 100 beds with a census of 69 on the day of survey. The findings include:

Observation during the building inspection tour on 3/30/22 at 11:00 a.m. revealed the facility's emergency generator was not provided with a remote manual stop station located elsewhere on the premises, as required by section 5.6.5.6 and 5.6.5.6.1 of NFPA 110, Standard for Emergency and Standby Power Systems.

Interview with Maintenance Staff A at that time revealed the facility was not aware of the requirement and there was no such switch installed at the facility.

The census of 69 was verified by Administrative Staff A on 3/28/22. The finding was acknowledged Administrative Staff A and verified by Maintenance Staff A during the exit conference on 3/30/22 at 3:45 p.m.

(4) The source of power must be an on-site emergency standby generator of sufficient size to serve the connected load or other approved sources in accordance with NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities Code.

Rating: Not Met  
Scope and Severity - F  
Residents Affected – All

**Actual NFPA Standard: NFPA 101, Life Safety Code (2012)  
19.5 Building Services.**

19.5.1 Utilities.

19.5.1.1 Utilities shall comply with the provisions of Section 9.1.

9.1.3 Emergency Generators and Standby Power Systems.

Where required for compliance with this Code, emergency generators and standby power systems shall comply with 9.1.3.1 and 9.1.3.2.

9.1.3.1 Emergency generators and standby power systems shall be installed, tested, and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems.

**Actual NFPA Standard: NFPA 110, Standard for Emergency and Standby Power Systems (2010)**

5.6.5.6\* All installations shall have a remote manual stop station of a type to prevent inadvertent or unintentional operation located outside the room housing the prime mover, where so installed, or elsewhere on the premises where the prime mover is located outside the building.

5.6.5.6.1 The remote manual stop station shall be labeled.