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: Minnesota Veterans Home – Fergus Falls

Location: 1821 N. Park St., Fergus Falls, MN 56537

Onsite / Virtual: Onsite

Dates of Survey: 8/20/24 – 8/23/24

NH / DOM / ADHC: NH

Survey Class: Annual

Total Available Beds: 106

Census on First Day of Survey: 76

VA Regulation Deficiency	Findings
	Initial Comments: A VA Annual Survey was conducted from August 20, 2024, through August 23, 2024, at the Minnesota Veterans Home – Fergus Falls. The survey revealed the facility was not in compliance with Title 38 CFR Part 51 Federal Requirements for State Veterans Homes.
§ 51.140 (h) Sanitary conditions. The facility must: (1) Procure food from sources approved or considered satisfactory by Federal, State, or local authorities; (2) Store, prepare, distribute, and serve food under sanitary conditions; and (3) Dispose of garbage and refuse properly. **Level of Harm** – No Actual Harm, with potential for more than minimal harm **Residents Affected** – Some	Based on observations, record reviews, interviews, and facility policy review, the facility failed to ensure that the food was served in accordance with professional standards for food service safety. Specifically, a dietary staff member served residents food at lunch while wearing the same gloves after touching multiple other surfaces. This failure could potentially cause a food-borne illness outbreak for approximately 64 residents who ate meals at the facility. The findings include: Record Review of the facility titled, "Hand Hygiene," with an effective date of 2/1/23, revealed: "B. MVH (Minnesota Veterans Home) staff will wash or sanitize (decontaminate) their hands: …6. After removing gloves." Further review of the policy revealed no documentation specifically related to meal service. Record Review of the facility policy titled, "Bare Hand Contact with Food and Use of Plastic Gloves," dated 2023, revealed: "3. Gloved hands are considered a food contact surface that can

	become contaminated or soiled. If used, single use gloves shall be used for only one task such as working with ready-to-eat (RTE) food or with raw animals' food, used for no other purpose and discarded when damaged or soiled, or when interruptions occur in the operation." Observation of the tray line and plating of lunch, on 8/20/24, at 12:05 p.m., revealed Dietary Staff A used their gloved hands to touch multiple surfaces that included various bowls and plates, and then opened the refrigerator and took out a bowl that contained sandwiches. Dietary Staff A then went to plate the buttered bread and sandwiches, which went with the soup. At 12:10 p.m., Dietary Staff A was then observed moving a cart that was next to them and contained taco salads. Dietary Staff A removed their gloves and donned clean gloves. No hand hygiene was performed in between the glove change. Dietary Staff A then removed a plate with salad fixings on it, and used their same gloved hand to add tortilla chips to the resident's plates. Observation of the tray line and plating of lunch, on 8/21/24, at 12:15 p.m., revealed Dietary Staff B used their gloved hands to touch multiple surfaces and to plate the rolls. Further observation revealed Dietary Staff B opened the refrigerator to remove bread, reached into the bread bag, and placed the bread in a toaster. Once the bread was toasted, Dietary Staff B removed the toast and placed it on a plate all while wearing the same gloves. During an interview, on 8/21/24, at 1:02 p.m., Dietary Staff C stated the food code allowed staff to wear gloves when plating ready-to-eat foods. They stated that as long as the staff member did not leave what was considered the clean area of the [LOCATION], it should be okay for them to continue to use the same gloves to plate the food. Dietary Staff C stated they instructed their staff on glove use, and they were following their instructions and teachings.
§ 51.190 (a) Infection control program. The facility management must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection control program. The facility management must establish an infection control program under which it—	Based on observations, interviews, and review of facility policy, facility staff failed to serve the residents during meal service in accordance with professional standards for infection control and prevention for two (2) of two (2) residents who were assisted with meal service (Resident #26 and Resident #27). The findings include: Review of facility policy titled, "Hand Hygiene," Policy Number: HC-015, with and effective date of 2/1/23, revealed: "Purpose: To ensure MVH [Minnesota Veterans Home] staff are aware of the principles and practice of good hand washing and disinfection to help prevent the spread of infection and disease

(1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. **Level of Harm** – No Actual Harm, with potential for more than minimal harm **Residents Affected** – Few	to residents, visitors, and staff. Policy: MVH staff will implement and follow infection prevention and control procedures to prevent the spread of infections and disease. MVH staff will use appropriate equipment for hand hygiene as specified by state and federal rules and regulations and consulting bodies to meet national standards of care. Procedures: …B. MVH staff will wash or sanitize (decontaminate) their hands: …5. After contact with inanimate objects (including medical equipment) in the immediate vicinity of the resident…8. Prior to serving or assisting a resident to consume food or beverages, after removing used dining objects, and in-between assisting other residents to eat." An observation, on 8/20/24, from 12:20 p.m., to approximately 12:30 p.m., revealed Certified Nurse Aide A used one (1) hand and placed their fingers in each of three (3) nose cups to carry them to serve Resident #26. Certified Nurse Aide A then sat between Residents #26 and #27 to assist with eating. Certified Nurse Aide A did not utilize any form of hand hygiene prior to assisting the residents. During the observation, both residents were fed using the same hand. While doing so, Certified Nurse Aide A continued to touch various items, positioned or adjusted the chairs of each resident, coughed into their hand (while wearing a mask), picked up cups and utensils, wiped the residents' faces, etc. During a second observation, on 8/21/24, at 12:30 p.m., Certified Nurse Aide A entered the [LOCATION], grabbed a rolling stool, positioned themselves on it, touched multiple residents to encourage them to eat, then picked up the utensil that a resident had used and used it to place food in the resident's mouth. In an interview, on 8/21/24, at 1:49 p.m., Certified Nurse Aide A acknowledged they should not have placed their fingers inside the cups served to Resident #26. Certified Nurse Aide A also acknowledged there were multiple opportunities where hand hygiene would have been appropriate. In an interview, on 8/21/24, at 2:00 p.m., Licensed Nurse A acknowledged staff should not place fingers inside cups to deliver to a resident, and that Certified Nurse Aide A did not follow proper hand hygiene policy. Licensed Nurse A reported that the facility was not utilizing one (1) of the common hand hygiene monitoring programs.
§ 51.200 (a) Life safety from fire. (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.	**<u>Smoke Barriers and Sprinklers</u>** 1. Based on observation and interview, the facility failed to maintain the kitchen cooking hood ventilation system in accordance with the code. The deficient practice

Level of Harm – No Actual Harm, with potential for more than minimal harm **Residents Affected** – Some	affected one (1) of 10 smoke compartments, staff, and seven (7) residents. The facility had a capacity for 106 beds with a census of 76 on the day of the survey. The findings include: Observation, on 8/22/24, at 11:34 a.m., of the service tag dated 5/7/24, for the kitchen hood extinguishing system revealed there were no initials or dates on the back of the tag to indicate monthly owner's inspection had been performed, as required by section 7.2 of NFPA 17A, Standard for Wet Chemical Extinguishing Systems. An interview with Maintenance Staff A, on 8/22/24, at 11:34 a.m., revealed the facility was not aware of the requirement for monthly owner's inspection. The census of 76 was verified by Administrative Nurse A on 8/20/24, at 9:00 a.m. The findings were acknowledged by Administrative Nurse A and verified by Maintenance Staff A during the exit interview on 8/22/24, at 3:30 p.m. **Actual NFPA Standard: NFPA 101 Life Safety Code (2012)** **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. **Actual NFPA Standard: NFPA 96, Standard for Ventilation Control and Fire Protections of Commercial Cooking Operations (2011)** **10.2.6** Automatic fire-extinguishing systems shall be installed in accordance with the terms of their listing, the manufacturer's instructions, and the following standards where applicable: **(1)** NFPA 12 **(2)** NFPA 13 **(3)** NFPA 17 **(4)** NFPA 17A **Actual NFPA Standard: NFPA 17A, Standard for Wet Chemical Extinguishing Systems (2009)** **Chapter 10 Fire-Extinguishing Equipment** **7.2** Owner's Inspection.

	7.2.1 On a monthly basis, inspection shall be conducted in accordance with the manufacturer's listed installation and maintenance manual owner's manual. **7.2.2** At a minimum, this "quick check" or inspection shall include verification of the following: **(1)** The extinguishing system is in its proper location. **(2)** The manual actuators are unobstructed. **(3)** The tamper indicators and seals are intact. **(4)** The maintenance tag or certificate is in place. **(5)** No obvious physical damage or condition exists that might prevent operation. **(6)** The pressure gauge(s), if provided, shall be inspected physically or electronically to ensure it is in the operable range. **(7)** The nozzle blow off caps, where provided, are intact and undamaged. **(8)** Neither the protected equipment nor the hazard has not been replaced, modified, or relocated. **7.2.3** If any deficiencies are found, appropriate corrective action shall be taken immediately. **7.2.3.1** Where the corrective action involves maintenance, it shall be conducted by a service technician as outlined in 7.3.1. **7.2.4** Personnel making inspections shall keep records for those extinguishing systems that were found to require corrective action **7.2.5** At least monthly, the date the inspection is performed and the initials of the person performing the inspection shall be recorded. **7.2.6** The records shall be retained for the period between the semiannual maintenance inspections. 2. Based on observation, interview, and record review, the facility failed to install sprinklers in all required areas. The deficient practice affected one (1) of 10 smoke compartments, staff, and seven (7) residents. The facility had a capacity for 106 beds with a census of 76 on the day of the survey. The findings include: Observation during the facility inspection tour, on 8/22/24, at 11:23 a.m., revealed a [LOCATION] off the [LOCATION], did not have a sprinkler in it as required by section 19.3.5 of NFPA 101, Life Safety Code and Certification Letter 13-55 LSC. Maintenance Staff B utilized a ladder to observe the ceiling area within the room and confirmed no sprinkler was located in the closet.

	During an interview with Maintenance Staff B, on 8/22/24, at 11:26 a.m., they acknowledged that the closet was not sprinkler protected. Record review, on 8/22/24, at 1:30 p.m., of the previous year's sprinkler inspection reports revealed the annual inspection, done on 2/15/24, noted in Part III Comments: "No head seen in [LOCATION]. Chase in the [LOCATION]." The census of 76 was verified by Administrative Nurse A on 8/20/24, at 9:00 a.m. The findings were acknowledged by Administrative Nurse A and verified by Maintenance Staff A during the exit interview on 8/22/24, at 3:30 p.m. **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. **9.7 Automatic Sprinkler and Other Extinguishing Equipment.** **9.7.1 Automatic Sprinklers.** **9.7.1.1*** Each automatic sprinkler system required by another section of this Code shall be in accordance with one of the following: (1) NFPA 13, Standard for the Installation of Sprinkler Systems **Actual NFPA Standard: NFPA 13 (2010), Standard for the Installation of Sprinkler Systems** **8.1.1*** The requirements for spacing, location, and position of sprinklers shall be based on the following principles: (1) Sprinklers shall be installed throughout the premises.