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 - Luverne

Location: 1300 N Kniss P.O. Box 539, Luverne, MN 56156

Onsite / Virtual: Virtual

Dates of Survey: 8/8/23 - 8/11/23

NH / DOM / ADHC: NH

Survey Class: Annual

Total Available Beds: 85

Census on First Day of Survey: 60

VA Regulation Deficiency	Findings
	Initial Comments: A VA Annual Survey was conducted from August 8, 2023 to August 11, 2023 at the Minnesota Veterans Home - Luverne. The survey revealed the facility was not in compliance with Title 38 CFR Part 51 Federal Requirements for State Veterans Homes.
§51.43(b) Drugs and medicines for certain veterans (b) VA will also furnish drugs and medicines to a State home for a veteran receiving nursing home, domiciliary, or adult day health care in a State home pursuant to 38 U.S.C. 1712(d), as implemented by § 17.96 of this chapter, subject to the limitation in § 51.41(c)(2). **Scope and Severity** – Potential for more than minimal harm, substantial compliance exists **Residents Affected** – Few	The facility was unable to demonstrate that medications for veterans receiving care at the State home are furnished pursuant to 38 U.S.C. 1712(d), as implemented by §17.96, subject to the limitation in §51.41(c)(2). The findings include: Based on interviews and document review, it was identified that the facility orders the majority of needed drugs and medications for all residents through the VA's Pharmaceutical Prime Vendor and that medication costs for those veteran residents who are eligible for VA payment of medications are subsequently billed to the VA Medical Center (VAMC) of jurisdiction for reimbursement. During an interview on August 9, 2023 at 11:00am, the facility Administrative Staff A and Consultant Staff A confirmed understanding eligibility criteria for VA payment of medications. Through a subsequent review of the list of residents for whom the facility sought reimbursement of medication costs from the

	VAMC of jurisdiction, it was identified that there was one (1) veteran resident for whom the facility received the prevailing rate of VA Per Diem and for whom the facility was thus responsible for all medication costs whose medication costs had been billed to and reimbursed by the VAMC of jurisdiction since September 2022. This subsequent review also resulted in the identification of two (2) non-veteran civilian residents, who are not eligible for VA payment of medications, whose medication costs had been billed to and reimbursed by the VAMC of jurisdiction. Prior to survey exit on August 11, 2023, the facility Administrative Staff A and Consultant Staff A confirmed understanding that the facility cannot seek reimbursement for medication costs from the VAMC of jurisdiction for either veteran residents for whom the facility receives the prevailing rate of VA Per Diem or non-veteran civilian residents.
§ 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. **Level of Harm** – No Actual Harm, with potential for more than minimal harm **Residents Affected** – Many	**<u>Smoke Barriers and Sprinklers</u>** 1. Based on records review and interview, the facility failed to test and inspect the Fire Alarm in accordance with the code. The deficient practice affected seven (7) of seven (7) smoke compartments, staff, and all residents. The facility had a capacity for 85 beds with a census of 60 on the first day of the survey. The findings include: Records review of the fire alarm inspection reports for the 12-month period prior to the survey revealed there was no documentation of a semi-annual visual inspection of the smoke detectors, as required by table 14.3.1 of NFPA 72, National Fire Alarm and Signaling Code. The last inspections of the smoke detectors were during the annual inspection of the fire alarm on 9/16/22, and during the initial system acceptance testing on 11/29/22. An interview with Maintenance Staff A, on 8/8/23, at 2:10 p.m., revealed the facility was not aware of the requirements for semi-annual visual inspections for the smoke detectors. Records review of the fire alarm inspection report, dated 11/29/22, revealed there was no indication of semiannual testing of the battery charger, load voltage, or discharge test for the back-up batteries either six (6) months prior to the inspection or six (6) months after the inspection, as required by table 14.4.5 of NFPA 72, National Fire Alarm and Signaling Code. The facility had no other documentation of testing of the

	battery charger, load voltage, or discharge test for the back-up batteries. An interview with Maintenance Staff A, on 8/8/23, at 2:10 p.m., revealed the facility was not aware of the semi-annual requirement to test the battery charger, load voltage, and discharge test for the back-up batteries on the fire alarm system. An additional interview revealed the facility only conducted an annual inspection and testing of the facility fire alarm system. The census of 60 was verified by Administrative Staff A on 8/8/23, at 9:00 a.m. The findings were acknowledged by Administrative Staff A and verified by other facility staff during the exit interview on 8/11/23, at 12:00 p.m. **Actual NFPA Standard: NFPA 101, Life Safety Code (2012)** **19.3.4.1 General.** Health care occupancies shall be provided with a fire alarm system in accordance with Section 9.6. **9.6 Fire Detection, Alarm, and Communications Systems.** **9.6.1* General.** **9.6.1.1** The provisions of Section 9.6 shall apply only where specifically required by another section of this Code. **9.6.1.2** Fire detection, alarm, and communications systems installed to make use of an alternative permitted by this Code shall be considered required systems and shall meet the provisions of this Code applicable to required systems. **9.6.1.3** A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code, unless it is an approved existing installation, which shall be permitted to be continued in use. **9.6.1.4** All systems and components shall be approved for the purpose for which they are installed. **9.6.1.5*** To ensure operational integrity, the fire alarm system shall have an approved maintenance and testing program complying with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code. **4.6.12 Maintenance, Inspection, and Testing.** **4.6.12.1** Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or other feature shall thereafter be continuously maintained. Maintenance shall be provided in accordance with applicable NFPA requirements or requirements developed as part of a performance-based design, or as directed by the authority having jurisdiction.

	4.6.12.2 No existing life safety feature shall be removed or reduced where such feature is a requirement for new construction. **4.6.12.3*** Existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. **4.6.12.4** Any device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or any other feature requiring periodic testing, inspection, or operation to ensure its maintenance shall be tested, inspected, or operated as specified elsewhere in this Code or as directed by the authority having jurisdiction. **10.2 Purpose.** The purpose of fire alarm and signaling systems shall be primarily to provide notification of alarm, supervisory, and trouble conditions; to alert the occupants; to summon aid; and to control emergency control functions. **10.3 Equipment.** **10.3.1** Equipment constructed and installed in conformity with this Code shall be listed for the purpose for which it is used. **Actual NFPA Standard: NFPA 72, National Fire Alarm and Signaling Code (2010)** **14.4.2* Test Methods.** **14.4.2.1*** At the request of the authority having jurisdiction, the central station facility installation shall be inspected for complete information regarding the central station system, including specifications, wiring diagrams, and floor plans that have been submitted for approval prior to installation of equipment and wiring. **14.4.2.2*** Systems and associated equipment shall be tested according to Table 14.4.2.2. **14.3 Inspection.** **14.3.1*** Unless otherwise permitted by 14.3.2 visual inspections shall be performed in accordance with the schedules in Table 14.3.1 or more often if required by the authority having jurisdiction. **14.4.5* Testing Frequency.** Unless otherwise permitted by other sections of this Code, testing shall be performed in accordance with the schedules in Table 14.4.5, or more often if required by the authority having jurisdiction. **Table 14.3.1 Visual Inspection Frequencies** **Table 14.4.2.2 Testing Schedule Frequencies** **<u>Electrical Systems</u>** 2. Based on records review, observation, and interview, the facility failed to maintain documentation of inspections on the Patient-Care Related Electrical Equipment (PCREE). The deficient practice affected seven (7) of seven (7) smoke compartments, staff, and all residents. The facility had a

	capacity for 85 beds with a census of 60 on the first day of the survey. The findings include: Records review revealed there was no documentation of testing of the electric, resident beds in use throughout the facility, as required by section 10.5.6.2 of NFPA 99, Health Care Facilities Code. An interview, on 8/8/23, at 10:55 a.m., with Maintenance Staff A revealed the facility inspected the electric resident beds visually when they conducted room audits. They did not conduct any electrical safety testing like the other medical equipment. The interview went on to reveal that the electric resident beds did not have any unique identification, and there was no electrical safety testing documentation for any of the electric, resident beds in the facility. Observation during the building inspection, on 8/10/22, from 9:00 a.m., to 3:15 p.m., revealed that none of the electric resident beds in the facility were provided with any markings that indicated electrical safety testing had been performed on them, as required by section 10.3 of NFPA 99, Health Care Facilities Code. An interview, on 8/10/23, at 3:19 p.m., with Maintenance Staff A revealed the facility was not aware that the electric resident beds should be tested like the other PCREE was. The census of 60 was verified by Administrative Staff A on 8/8/23, at 9:00 a.m. The findings were acknowledged by Administrative Staff A and verified by other facility staff during the exit interview on 8/11/23, at 12:00 p.m. **Actual NFPA Standard: NFPA 99, Health Care Facilities Code (2012)** **3.3.137 Patient-Care-Related Electrical Equipment.** Electrical equipment appliance that is intended to be used for diagnostic, therapeutic, or monitoring purposes in a patient care vicinity. **10.3 Testing Requirements — Fixed and Portable.** **10.3.1* Physical Integrity.** The physical integrity of the power cord assembly composed of the power cord, attachment plug, and cord-strain relief shall be confirmed by visual inspection. **10.3.2* Resistance.** **10.3.2.1** For appliances that are used in the patient care vicinity, the resistance between the appliance chassis, or any exposed conductive surface of the appliance, and the ground pin of the attachment plug shall be less than 0.50 ohm under the following conditions:

	(1) The cord shall be flexed at its connection to the attachment plug or connector. **(2)** The cord shall be flexed at its connection to the strain relief on the chassis. **10.3.2.2** The requirement of 10.3.2.1 shall not apply to accessible metal parts that achieve separation from main parts by double insulation or metallic screening or that are unlikely to become energized (e.g., escutcheons or nameplates, small screws). **10.3.3* Leakage Current Tests.** **10.3.3.1 General.** **10.3.3.1.1** The requirements in 10.3.3.2 through 10.3.3.4 shall apply to all tests. **10.3.3.1.2** Tests shall be performed with the power switch ON and OFF. **10.3.3.2 Resistance Test**. The resistance tests of 10.3.3.3 shall be conducted before undertaking any leakage current measurements. **10.3.3.3*** Techniques of Measurement. The test shall not be made on the load side of an isolated power system or separable isolation transformer. **10.3.3.4* Leakage Current Limits.** The leakage current limits in 10.3.4 and 10.3.5 shall be followed. **10.3.4 Leakage Current — Fixed Equipment.** **10.3.4.1** Permanently wired appliances in the patient care vicinity shall be tested prior to installation while the equipment is temporarily insulated from ground. **10.3.4.2** The leakage current flowing through the ground conductor of the power supply connection to ground of permanently wired appliances installed in general or critical care areas shall not exceed 10.0 mA (ac or dc) with all grounds lifted. **10.3.5 Touch Current — Portable Equipment.** **10.3.5.1* Touch Current Limits.** The touch current for cord connected equipment shall not exceed 100 µA with the ground wire intact (if a ground wire is provided) with normal polarity and shall not exceed 500 µA with the ground wire disconnected. **10.3.5.2** If multiple devices are connected together and one power cord supplies power, the leakage current shall be measured as an assembly. **10.3.5.3** When multiple devices are connected together and more than one power cord supplies power, the devices shall be separated into groups according to their power supply cord, and the leakage current shall be measured independently for each group as an assembly. **10.3.5.4** Touch Leakage Test Procedure. Measurements shall be made using the circuit, as illustrated in Figure 10.3.5.4, with the appliance ground broken in two modes of appliance operation as follows: **(1)** Power plug connected normally with the appliance on **(2)** Power plug connected normally with the appliance off (if equipped with an on/off switch)

	10.3.5.4.1 If the appliance has fixed redundant grounding (e.g., permanently fastened to the grounding system), the touch leakage current test shall be conducted with the redundant grounding intact. **10.3.5.4.2** Test shall be made with Switch A in Figure 10.3.5.4 closed. **10.3.6* Lead Leakage Current Tests and Limits — Portable Equipment.** **10.3.6.1** The leakage current between all patient leads connected together and ground shall be measured with the power plug connected normally and the device on. **10.3.6.2** An acceptable test configuration shall be as illustrated in Figure 10.3.5.4. **10.3.6.3** The leakage current shall not exceed 100 µA for ground wire closed and 500 µA ac for ground wire open. **10.5.2.1 Testing Intervals.** **10.5.2.1.1** The facility shall establish policies and protocols for the type of test and intervals of testing for patient care–related electrical equipment. **10.5.2.1.2** All patient care–related electrical equipment used in patient care rooms shall be tested in accordance with 10.3.5.4 or 10.3.6 before being put into service for the first time and after any repair or modification that might have compromised electrical safety. **10.5.2.5* System Demonstration.** Any system consisting of several electric appliances shall be demonstrated to comply with this code as a complete system. **10.5.3 Servicing and Maintenance of Equipment.** **10.5.3.1** The manufacturer of the appliance shall furnish documents containing at least a technical description, instructions for use, and a means of contacting the manufacturer. **10.5.3.1.1** The documents specified in 10.5.3.1 shall include the following, where applicable: **(1)** Illustrations that show the location of controls **(2)** Explanation of the function of each control **(3)** Illustrations of proper connection to the patient or other equipment, or both **(4)** Step-by-step procedures for testing and proper use of the appliance **(5)** Safety considerations in use and servicing of the appliance **(6)** Precautions to be taken if the appliance is used on a patient simultaneously with other electric appliances **(7)** Schematics, wiring diagrams, mechanical layouts, parts lists, and other pertinent data for the appliance **(8)** Instructions for cleaning, disinfection, or sterilization **(9)** Utility supply requirements (electrical, gas, ventilation, heating, cooling, and so forth) **(10)** Explanation of figures, symbols, and abbreviations on the appliance **(11)** Technical performance specifications

	(12) Instructions for unpacking, inspection, installation, adjustment, and alignment **(13)** Preventive and corrective maintenance and repair procedures **10.5.3.1.2** Service manuals, instructions, and procedures provided by the manufacturer shall be considered in the development of a program for maintenance of equipment. **10.5.6 Record Keeping — Patient Care Appliances.** **10.5.6.1 Instruction Manuals.** **10.5.6.1.1** A permanent file of instruction and maintenance manuals shall be maintained and be accessible. **10.5.6.1.2** The file of manuals shall be in the custody of the engineering group responsible for the maintenance of the appliance. **10.5.6.1.3** Duplicate instruction and maintenance manuals shall be available to the user. **10.5.6.1.4** Any safety labels and condensed operating instructions on an appliance shall be maintained in legible condition. **10.5.6.2* Documentation.** **10.5.6.2.1** A record shall be maintained of the tests required by this chapter and associated repairs or modifications. **10.5.6.2.2** At a minimum, the record shall contain all of the following: **(1)** Date **(2)** Unique identification of the equipment tested **(3)** Indication of which items have met or have failed to meet the performance requirements of 10.5.6.2 **10.5.6.3 Test Logs.** A log of test results and repairs shall be maintained and kept for a period of time in accordance with a health care facility's record retention policy. **10.5.8 Qualification and Training of Personnel.** **10.5.8.1*** Personnel concerned for the application or maintenance of electric appliances shall be trained on the risks associated with their use. **10.5.8.1.1** The health care facilities shall provide programs of continuing education for its personnel. **10.5.8.1.2** Continuing education programs shall include periodic review of manufacturers' safety guidelines and usage requirements for electrosurgical units and similar appliances. **10.5.8.2** Personnel involved in the use of energy-delivering devices including, but not limited to, electrosurgical, surgical laser, and fiberoptic devices shall receive periodic training in fire suppression. **10.5.8.3** Equipment shall be serviced by qualified personnel only.
§51.200(b) Emergency Power. (1) An emergency electrical power system must be provided to supply power adequate for illumination of all	Based on records review and interview, the facility failed to inspect and test the emergency generator in accordance with the code. The deficient practice affected seven (7) of seven (7) smoke compartments, staff, and all residents. The facility had a

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. (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. **Level of Harm** – No Actual Harm, with potential for more than minimal harm **Residents Affected** – Many	capacity for 85 beds with a census of 60 on the first day of the survey. The findings include: Records review of the generator inspection, testing, and maintenance records revealed the facility did not conduct fuel testing for 2022. There was no documentation of an annual fuel quality test in the 12 months preceding the survey, as required by section 8.3.8 of NFPA 110, Standard for Emergency and Standby Power Systems. An interview with Maintenance Staff A, on 8/9/23, at 9:32 a.m., revealed the facility had the generator fuel quality test scheduled for the current year. The census of 60 was verified by Administrative Staff A on 8/8/23, at 9:00 a.m. The findings were acknowledged by Administrative Staff A and verified by other facility staff during the exit interview on 8/11/23, at 12:00 p.m. **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)** **8.3.8** A fuel quality test shall be performed at least annually using tests approved by ASTM standards.
§ 51.210 (h) Use of outside resources. (1) If the facility does not employ a qualified professional person to furnish a specific service to be provided by the facility, the facility management must have that service furnished to residents by a person or agency outside the facility under a written agreement described in paragraph (h)(2) of this section. (2) Agreements pertaining to services furnished by outside resources must	Based on interview and record review, the facility's management failed to obtain a sharing agreement that governed mental health services provided to three (3) of the 60 residents by the Veterans Administration Medical Center (VAMC). The findings include: Review of administrative documents provided by the facility did not identify a sharing agreement with the VAMC to cover residents who received mental health services there.

specify in writing that the facility management assumes responsibility for— (i) Obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility; and (ii) The timeliness of the services. (3) If a veteran requires health care that the State home is not required to provide under this part, the State home may assist the veteran in obtaining that care from sources outside the State home, including the Veterans Health Administration. If VA is contacted about providing such care, VA will determine the best option for obtaining the needed services and will notify the veteran or the authorized representative of the veteran. **Level of Harm** – No Actual Harm, with potential for more than minimal harm **Residents Affected** – Few	Pre-survey documents provided by the facility indicated that three (3) residents were receiving mental health services from the local VAMC. An emailed document dated March 6, 2020 provided by Administrative Staff A on August 8, 2023 did not provide sufficient evidence of current efforts to finalize the required sharing agreement.