

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: Georgia War Veterans Home

Location: 2249 Vinson Highway, Milledgeville, GA 31061

Onsite / Virtual: Onsite

Dates of Survey: 7/23/24 – 7/26/24

NH / DOM / ADHC: NH

Survey Class: Annual

Total Available Beds: 375

Census on First Day of Survey: 142

VA Regulation Deficiency	Findings
	<p>Initial Comments:</p> <p>A VA Annual Survey was conducted from July 23, 2024, through July 26, 2024, at the Georgia War Veterans Home. The survey revealed the facility was not in compliance with Title 38 CFR Part 51 Federal Requirements for State Veterans Homes.</p>
<p>51.190 (b) Preventing spread of infection.</p> <p>(1) When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility management must isolate the resident.</p> <p>(2) The facility management must prohibit employees with a communicable disease or infected skin lesions from engaging in any contact with residents or their environment that would transmit the disease.</p> <p>(3) The facility management must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>Level of Harm – No Actual Harm, with potential for more than minimal harm</p>	<p>Based on observation, interview, and review of facility policy, the facility failed to ensure catheter care was provided appropriately for a Foley catheter care observation for one (1) of 10 residents with Foley catheters on one (1) of five (5) Units ([LOCATION]), and used aseptic technique (Resident #6). The failure to provide appropriate catheter care had the potential to promote infection in the resident.</p> <p>The findings include:</p> <p>Review of the facility's Med-Pass, Inc. Policy and Procedure titled, "Catheter Care, Urinary," revised August of 2022, revealed the following: "Purpose - The purpose of this procedure is to prevent urinary catheter-associated complications, including urinary tract infections." The listed equipment and supplies needed were a wash basin, soap and water, and washcloths, or bathing wipes. Further review found listed: "Steps in the Procedure, Routine Perineal Hygiene, 14. For a male resident:</p> <ol style="list-style-type: none">Use a washcloth with warm water and soap (or a clean bathing wipe) to cleanse around the meatus.

Department of Veterans Affairs State Veterans Home Survey Report

<p>Residents Affected – Few</p>	<ul style="list-style-type: none"> b. Cleanse the glans using circular strokes from the meatus outward. c. Change the position of the washcloth (or wipe) with each cleansing stroke. d. With a clean washcloth (or wipe), rinse using the above technique.” <p>Record review of Resident #6’s face sheet revealed the resident was re-admitted to the facility on [DATE], with diagnoses which included: Calculus of the Kidney, Retention of Urine, Atherosclerosis Heart Disease, and Hemiplegia.</p> <p>Review of the Quarterly Minimum Data Set (MDS) Assessment, dated [DATE], revealed the resident’s cognitive status was moderately impaired with a Brief Interview for Mental Status (BIMS) score of nine (9).</p> <p>Review of Resident #6’s Physician Orders revealed Resident #6 was to have their Foley catheter cleansed with soap and water daily and as needed (PRN).</p> <p>Observation of Resident #6, on 7/23/24, at 11:30 a.m., revealed Certified Nurse Aide A entered their room to provide Foley Catheter care. Certified Nurse Aide A knocked on Resident #6’s door, entered their room, closed the door, and donned gloves, then removed the resident’s brief. Then Certified Nurse Aide A opened Resident #6’s door with their gloved hands and walked down the hallway, gathered two (2) washcloths, then entered the bathroom (outside the resident’s room) with gloved hands. Certified Nurse Aide A soaked the washcloths with water, and took the washcloths to Resident #6’s room and re-entered their room with the same gloved hands. Then Certified Nurse Aide A went to a cabinet in Resident #6’s room and opened the cabinet door, still no glove change, and obtained a wash basin in which they placed the two (2) wet washcloths.</p> <p>Certified Nurse Aide A used a wet washcloth and wiped around the meatus of Resident #6’s genitals, then, with the same washcloth, wiped Resident #6’s perineal area and scrotum, then wiped around the meatus of the genitals again.</p> <p>Certified Nurse Aide A used a second wet washcloth to wipe the perineal area, then wiped the catheter tubing downward to the meatus of the genitals with the contaminated washcloth.</p> <p>During this observation of Foley catheter care, Certified Nurse Aide A never changed their gloves and/or sanitized their hands or used soap on the wet washcloth.</p> <p>During an interview, on 7/23/24, at 11:55 a.m., with Certified Nurse Aide A who performed the Foley catheter care, they</p>
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Department of Veterans Affairs State Veterans Home Survey Report

	<p>confirmed that they had cleansed the perineal and scrotum with the same wet washcloth, then cleansed around the meatus of the resident's genitals, and touched the catheter tubing, which contaminated the meatus of the genitals and the catheter tubing. Certified Nurse Aide A also confirmed that they had not changed their gloves, sanitized their hands, or used soap on the wet washcloths during cleansing. They stated, "I was nervous and should have known better."</p> <p>An interview with Administrative Nurse A, on 7/25/24, at 10:05 a.m., confirmed that Certified Nurse Aide A, who provided Foley catheter care, should have used soap on the washcloth, changed their gloves, sanitized their hands, and not cleansed the perineal area, then cleansed the meatus of the genitals, and then cleansed the catheter tubing using the same washcloth.</p>
<p>§ 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.</p> <p>Level of Harm – No Actual Harm, with potential for more than minimal harm</p> <p>Veterans Affected – Many</p>	<p><u>Smoke Barriers and Sprinklers</u></p> <p>Based on interview and observation, the facility failed to properly maintain the smoke barriers. The deficient practice affected one (1) of eight (8) smoke compartments in the [LOCATION], affected zero (0) of eight (8) smoke compartments in the [LOCATION], affected zero (0) of four (4) smoke compartments in the [LOCATION], and affected zero (0) of eight (8) smoke compartments in the [LOCATION], staff, and 10 residents. The facility had the capacity for 375 beds with a census of 142 on the day of survey.</p> <p>The findings include:</p> <p>Observation during the building inspection tour, on 07/25/24, at 10:45 a.m., of the smoke barrier wall in [LOCATION] near [LOCATION], located above the lay-in ceiling tiles at the cross-corridor doors revealed one (1), 4 inch, unsealed penetration with blue data cables running through it, as prohibited by sections 19.3.7.3 and 8.5.6 of NFPA 101, Life Safety Code.</p> <p>An interview, on 07/25/24, at 10:48 a.m., with Maintenance Staff A revealed the facility was not aware of the unsealed penetration.</p> <p>The census of 142 was verified by Administrative Staff A on 07/23/24, at 9:10 a.m. The finding was acknowledged by Administrative Staff A and verified by Maintenance Staff A during the LSC exit interview on 7/26/24, at 10:45 a.m.</p> <p>Actual NFPA Standard: NFPA 101, Life Safety Code (2012) 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</p>

Department of Veterans Affairs State Veterans Home Survey Report

	<p>fire resistance rating, unless otherwise permitted by one of the following:</p> <p>(1) This requirement shall not apply where an atrium is used, and both of the following criteria also shall apply:</p> <p>(a) Smoke barriers shall be permitted to terminate at an atrium wall constructed in accordance with 8.6.7(1)(c).</p> <p>(b) Not less than two separate smoke compartments shall be provided on each floor.</p> <p>(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.</p> <p>8.5 Smoke Barriers.</p> <p>8.5.6 Penetrations.</p> <p>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.</p> <p>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.</p> <p>8.5.6.3 Where a smoke barrier is also constructed as a fire barrier, the penetrations shall be protected in accordance with the requirements of 8.3.5 to limit the spread of fire for a time period equal to the fire resistance rating of the assembly and 8.5.6 to restrict the transfer of smoke, unless the requirements of 8.5.6.4 are met.</p> <p>8.5.6.4 Where sprinklers penetrate a single membrane of a fire resistance-rated assembly in buildings equipped throughout with an approved automatic fire sprinkler system, noncombustible escutcheon plates shall be permitted, provided that the space around each sprinkler penetration does not exceed 1/2 in. (13 mm), measured between the edge of the membrane and the sprinkler.</p> <p>8.5.6.5 Where the penetrating item uses a sleeve to penetrate the smoke barrier, the sleeve shall be securely set in the smoke barrier, and the space between the item and the sleeve shall be filled with a material capable of restricting the transfer of smoke.</p> <p>8.5.6.6 Where designs take transmission of vibrations into consideration, any vibration isolation shall meet one of the following conditions:</p> <p>(1) It shall be provided on either side of the smoke barrier.</p>
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Department of Veterans Affairs State Veterans Home Survey Report

	(2) It shall be designed for the specific purpose
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