State Veterans' Homes (SVH) Corrective Action Plan MVH-Minneapolis Adult Day Care Center, (Annual VA Survey: 01/22-26/2024)

Important: Attestation by the SVH leadership, including the SVH nurse leader, of actions to assure timely completion of goals and establishment of oversight to assure continued improvement in areas identified for correction. The Corrective Action Plan (CAP) should include input from all levels of staff and affected resident(s), as is applicable and appropriate, impacted by the issue identified. This CAP is intended to become a source towards Quality Assessment and Assurance.

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State the Issue	Address how	Address how the SVH will	Address what measures will be put into	How does the SVH plan to monitor	Proposed
Identify the Denvilation and Findings	corrective action	identify other residents	place or systemic changes made to	its performance to make sure that	Completion Date
Identify the Regulation and Findings	will be	having the potential to be	ensure that the deficient practice will not	solutions are sustained	(i.e. when corrective
	accomplished for	affected by the same	recur	(Actions should align with Quality	action will be fully
	those residents	deficient practice		Assessment and Assurance)	implemented and
	found to be affected	·		,	sustained)
	by the deficient				,
	practice				
	(Actions should align				
	with Quality				
	Assessment and				
	Assurance				
54.040 (v) 04-16	fundamentals)	Daniel a Wasternam and James	All a desiration the entire that the entire the entire that the entire the entire that the ent	O	On and a tool and
51.210 (g) Staff qualifications	Administration VA 10-3567				Completed on
(1) The facility management must employ on a full-	Staffing Profile was		responsible for the completion of the Veterans Administration VA 10-3567 Staffing Profile have been	completed accurately during the next, annual	01/23/2024.
time, part-time or consultant basis those	incorrect. The form has been		educated on the requirements of the VA concerning	VA Sulvey.	
professionals necessary to carry out the provisions	corrected for all MVH-		the accuracy of the information that needs to be		
of these requirements.	Minneapolis residents.		provided on Veterans Administration VA 10-3567.		
(2) Professional staff must be licensed, certified, or	I I I I I I I I I I I I I I I I I I I		Samples of a correctly competed form will be		
registered in accordance with applicable State laws.			maintained in the MVH-Minneapolis administrative		
9			offices to assure compliance with future VA surveys.		
Based on record review and interviews, the facility			· ·		
failed to ensure the Veterans Administration VA 10-					
3567 Staffing Profile form was completed to					
accurately reflect the professional staff employed					
necessary to carry out the provisions of these					
requirements					
0.54.450.4.) 1.144.4.4.6.					
§ 51.470 (a) 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.					
Safety Code, as incorporated by fereferice in § 51.200.					
Smoke Barriers and Sprinklers					
Similar Salitare and Sprinklere					
Based on records review, observation, and interview, the					
facility failed to maintain the kitchen cooking hood					
ventilation system in accordance with the code. The					
deficient practice affected three (3) of three (3) smoke					
compartments, staff, and all participants. The facility had					
a capacity for 35 participants with a census of 12 on the					
first day of the survey.					

The findings include:					
 Records review, on 1/25/24, at 1:57 p.m., of the kitchen hood extinguishing inspection reports for the 12-month period prior to the survey revealed there was no documentation to indicate that the wet agent cylinders for th cooking hood extinguishing systems were hydrostatically tested every 12 years, as required by section 7.5 of NFPA 17A, Standar for Wet Chemical Extinguishing Systems. Observation during the building inspection tou on 1/26/24, at 10:05 a.m., revealed the stov with two (2) burners and single oven and flat top griddle and the deep fat fryer on wheels that were all located on the cooking line in th kitchen were not provided with an approved method that would ensure that the appliance were returned to an approved design locatio after they had been moved for maintenance and cleaning, as required by sections 12.1.2. and 12.1.2.3.1 of NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. 	testing of the wet agent cylinders for the kitchen shood extinguishing system will be completed by April 30, 2024. The approved area for the stove and the deep fat fryer has been clearly marked and the equipment has been smoved as necessary to be in the correct marked area.	affected.	record to ensure compliance and safety for residents. Director of Physical Plant Operations is responsible. Inspection of the floor markings and the placement of the equipment will be set up in Archibus for and annual inspection. Director of Physical Plant Operations is responsible.	Preventative Maintenance record exists to schedule automatically for the next date of inspection and testing to occur and review with QAPI. The marking of the floor indicating the proper placement of the stove and fryer will ensure that	Marking of area and
Smoke Barriers and Sprinklers Based on records reviews, observation, and interviews the facility failed to properly maintain the sprinkler system. The deficient practice affected three (3) of thre (3) smoke compartments, staff, and all participants. Th facility had a capacity for 35 participants with a census of 12 on the first day of the survey. The findings include: 1. Records review of the facility's sprinkler report for the five (5) year period prior to the survey on 1/25/24, at 1:52 p.m., revealed the facility failed to test by comparison with a calibrated gauge or replace the gauges on the sprinkler riser, as required by sections 5.3.2.1 and 5.3.2.2 of NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.	sComplete 5-year sprinkler riser inspection(s) and 5-year sprinkler gauge inspection(s) by April 30,	All residents are potentially affected.	inspection will be scheduled in Archibus Preventative Maintenance record to ensure compliance and safety	Preventative Maintenance record exists to	April 30, 2024
Observation during the building inspection tou on 1/26/24, at 10:30 a.m., of the sprinkler rise located in the basement of Building #4 revealed the water pressure gauges on the sprinkler riser were dated 2017, and 2019, an there was no indication that the pressure gauges had been replaced or calibrated. Records review, on 1/25/24, at 1:53 p.m., of the inspection, testing, and maintenance records for the facility's sprinkler system revealed there was no record of the five (5) year internal inspection of the system, as required by section 14.2 of NFPA 25, Standard for the	Complete the 5-year intemal inspection(s), testing, fmaintenance, and documentation as per NFPA	, ,	Plant will complete by April 30, 2024.	Provide documentation that an Archibus Preventative Maintenance record exists to schedule automatically for the next date of inspection to occur and review with QAPI	April 30, 2024

Inspection Testing and Maintenance of Wets Bearing					
Inspection, Testing, and Maintenance of Water-Based	· '				
Fire Protection Systems.	!				
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Electrical Systems					
Licetifear dystems	!				
Based on records review and interview, the facility failed	!				
to properly inspect and test all components of the	l '				
	,				
emergency generator. The deficient practice affected three (3) of three (3) smoke compartments, staff, and all	!				
participants. The facility had a capacity for 35 participants	!				
with a census of 12 on the first day of the survey.	· '				
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The findings include:	· '				
	!				
1. Records review, on 1/25/24, at 1:53 p.m., of	l '				
the monthly emergency generator inspection		All residents are potentially affected.	The Plant Operations Director will be educated by the	Monthly inspection (specific gravity batteries),	April 30, 2024
	the monthly lead-acid		Administrator or designee on the requirements for the		
	generator batteries was		monthly lead-acid battery testing on the generator.	to be completed by Director of Physical Plant or	
documentation of monthly specific gravity	purchased by the			designee.	
testing or conductance testing for the lead-acid	organization (MDVA).				
	Monthly specific gravity			Annual and quarterly servicing and inspections	
	testing will be completed by			by contract services Cummins Diesel.	
	the Plant Operations			,	
	Director or designee. A			Director of Physical Plant responsible and will	
	monthly test of the specific			report compliance to QAPI.	
	gravity and conductance of				
	the lead acid batteries has				
	been conducted since				
	February, 2024.		Monthly Load Testing of generators will continue to be		
	1 Columny, 2024.			Monthly generator inspections to be completed	
Records review, on 1/25/24, at 1:54 p.m., of the	!			monthly by Director of Physical Plant or	
inspection and testing documentation for the emergency	The facility conducts	All regidents are notantially affected			April 30, 2024
	inspections and monthly			designee.	Apili 30, 2024
			power system are set up in Archibus Preventative	Appual and guarterly consisting and in an estimate	
	Load Testing of generator		Maintenance record to ensure compliance and safety	Annuar and quarterly servicing and inspections	
	and has been completed		for residents in the Adult Day Care Center.	by contract services Cummins Diesel.	
required by sections 8.3.4, 8.4.2, and 8.4.2.3 of NFPA	since March, 2023.			D	
110, Standard for Emergency and Standby Power	!			Director of Physical Plant responsible and will	
Systems. Additional records review, on 1/24/24, at 1:41	· '			report compliance to QAPI.	
p.m., indicated monthly load testing was not documented	,				
or available for review for February, 2023.	'				

• This Corrective Action Plan is to be electronically submitted to the Pod-specific National SVH Program Manager for Quality and Oversight