

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.

State the Issue Identify the Regulation and Findings	Address how corrective action will be accomplished for those residents found to be affected by the deficient practice (Actions should align with Quality Assessment and Assurance fundamentals)	Address how the SVH will identify other residents having the potential to be affected by the same deficient practice	Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur	How does the SVH plan to monitor its performance to make sure that solutions are sustained (Actions should align with Quality Assessment and Assurance)	Proposed Completion Date (i.e. when corrective action will be fully implemented and sustained)
51.210 (g) Staff qualifications (1) The facility management must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements. (2) Professional staff must be licensed, certified, or registered in accordance with applicable State laws. 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	The completion of Veterans Administration VA 10-3567 Staffing Profile was incorrect. The form has been corrected for all MVH-Minneapolis residents.	Does not affect any residents.	All administrative staff of MVH-Minneapolis responsible for the completion of the Veterans Administration VA 10-3567 Staffing Profile have been educated on the requirements of the VA concerning the accuracy of the information that needs to be provided on Veterans Administration VA 10-3567. Samples of a correctly completed form will be maintained in the MVH-Minneapolis administrative offices to assure compliance with future VA surveys.	Completed on 01/25/2024. Form will be completed accurately during the next, annual VA survey.	Completed on 01/25/2024.
§ 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. Smoke Barriers and Sprinklers 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.					

<p>The findings include:</p> <ol style="list-style-type: none">1. 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 the cooking hood extinguishing systems were hydrostatically tested every 12 years, as required by section 7.5 of NFPA 17A, Standard for Wet Chemical Extinguishing Systems.2. Observation during the building inspection tour, on 1/26/24, at 10:05 a.m., revealed the stove 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 the kitchen were not provided with an approved method that would ensure that the appliances were returned to an approved design location after they had been moved for maintenance and cleaning, as required by sections 12.1.2.3 and 12.1.2.3.1 of NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations.	<p>The 12-year hydrostatic testing of the wet agent cylinders for the kitchen hood extinguishing system will be completed by April 30, 2024.</p> <p>The approved area for the stove and the deep fat fryer has been clearly marked and the equipment has been moved as necessary to be in the correct marked area.</p>	<p>All residents have the potential to be affected.</p> <p>All residents have the potential to be affected.</p>	<p>The 12-year hydrostatic testing of the cylinders will be scheduled in Archibus Preventative Maintenance record to ensure compliance and safety for residents. Director of Physical Plant Operations is responsible.</p> <p>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.</p>	<p>Provide documentation that an Archibus Preventative Maintenance record exists to schedule automatically for the next date of inspection and testing to occur and review with QAPI.</p> <p>The marking of the floor indicating the proper placement of the stove and fryer will ensure that the equipment will be in the proper location. The completion of marking and Annual inspection will be reported to QAPI by the Director of Physical Plant Operations.</p>	<p>Testing to be completed by April 30, 2024</p> <p>Marking of area and correct placement of the stove and fryer completed March 12, 2024</p>
<p>Smoke Barriers and Sprinklers</p> <p>Based on records reviews, observation, and interviews, the facility failed to properly maintain the sprinkler system. 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.</p> <p>The findings include:</p> <ol style="list-style-type: none">1. Records review of the facility's sprinkler reports 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. <p>Observation during the building inspection tour on 1/26/24, at 10:30 a.m., of the sprinkler riser located in the basement of Building #4 revealed the water pressure gauges on the sprinkler riser were dated 2017, and 2019, and there was no indication that the pressure gauges had been replaced or calibrated.</p> <p>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</p>	<p>Complete 5-year sprinkler riser inspection(s) and 5-year sprinkler gauge inspection(s) by April 30, 2024.</p> <p>Complete the 5-year internal inspection(s), testing, maintenance, and documentation as per NFPA 25, 14.2 by April 30, 2024.</p>	<p>All residents are potentially affected.</p> <p>All residents are potentially affected</p>	<p>The five-year fire riser inspection and gauge inspection will be scheduled in Archibus Preventative Maintenance record to ensure compliance and safety for residents in the Adult Day Care Center.</p> <p>Director of Physical Plant will complete by April 30, 2024.</p> <p>The five-year sprinkler system inspection will be scheduled in Archibus Preventative Maintenance record to ensure compliance and safety for residents in the Adult Day Care Center. Director of Physical Plant will complete by April 30, 2024.</p>	<p>Provide documentation that an Archibus Preventative Maintenance record exists to schedule automatically for the next date of inspection to occur and review with QAPI..</p> <p>Provide documentation that an Archibus Preventative Maintenance record exists to schedule automatically for the next date of inspection to occur and review with QAPI..</p>	<p>April 30, 2024</p> <p>April 30, 2024</p>

