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 – Minneapolis

Location: 5101 Minnehaha Ave., South Minneapolis, MN 55417

Onsite / Virtual: Onsite

Dates of Survey: 10/24/24 – 10/25/24

NH / DOM / ADHC: ADHC

Survey Class: Annual

Total Available Beds: 35

Census on First Day of Survey: 9

VA Regulation Deficiency	Findings
	Initial Comments A VA Annual Survey was conducted from October 24, 2024, through October 25, 2024, at the Minnesota Veterans Home Adult Day Health Care (ADHC). The survey revealed the facility was not in compliance with Title 38 CFR Part 51 Federal Requirements for State Veterans Homes.
§ 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. **Level of Harm** – No Actual Harm, with potential for more than minimal harm **Residents Affected** – Many	**Means Of Egress** 1. Based on record review and interview, the facility failed to test and inspect illuminated exit signs as required by the code. The deficient practice affected three (3) of three (3) smoke compartments, staff, and all participants. The facility had the capacity for 35 participants with a census of nine (9) on the first day of the survey. The findings include: Record review, on 10/24/24, at 1:00 p.m., revealed that for the 12-month period prior to the survey the facility had no documentation that indicated the required testing and inspection of illuminated exit signs was completed, as required by sections 7.10.9.1 and 7.10.9.2 of NFPA 101, Life Safety Code.

	An interview, on 10/24/24, at 11:35 a.m., with Maintenance Staff A revealed that the facility was unaware that the battery backup, illuminated exit signs were present in the facility. Observations during the facility tour, on 10/24/24, at 1:50 p.m., revealed approximately 30 battery backup, illuminated exit signs located within the facility. The census of nine (9) was verified by Administrative Staff A on 10/24/24, at 1:00 p.m. The findings were acknowledged by Administrative Staff A and verified by Maintenance Staff A during the exit interview on 10/24/24, at 3:45 p.m. **Actual NFPA Standard: NFPA 101 Life Safety Code (2012)** **17.2.10 Marking of Means of Egress.** Means of egress shall have signs in accordance with Section 7.10 **7.10.9 Testing and Maintenance.** **7.10.9.1 Inspection.** Exit signs shall be visually inspected for operation of the illumination sources at intervals not to exceed 30 days or shall be periodically monitored in accordance with 7.9.3.1.3. **7.10.9.2 Testing.** Exit signs connected to, or provided with, a battery-operated emergency illumination source, where required in 7.10.4, shall be tested and maintained in accordance with 7.9.3. **7.9.3 Periodic Testing of Emergency Lighting Equipment.** **7.9.3.1** Required emergency lighting systems shall be tested in accordance with one of the three options offered by 7.9.3.1.1, 7.9.3.1.2, or 7.9.3.1.3. **7.9.3.1.1** Testing of required emergency lighting systems shall be permitted to be conducted as follows: **(1)** Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds, except as otherwise permitted by 7.9.3.1.1(2). **(2)*** The test interval shall be permitted to be extended beyond 30 days with the approval of the authority having jurisdiction. **(3)** Functional testing shall be conducted annually for a minimum of 1½ hours if the emergency lighting system is battery powered. **(4)** The emergency lighting equipment shall be fully operational for the duration of the tests required by 7.9.3.1.1(1) and (3). **(5)** Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. **7.9.3.1.2** Testing of required emergency lighting systems shall be permitted to be conducted as follows: **(1)** Self-testing/self-diagnostic battery-operated emergency lighting equipment shall be provided. **(2)** Not less than once every 30 days, self-testing/self-diagnostic battery-operated emergency lighting equipment shall

automatically perform a test with a duration of a minimum of 30 seconds and a diagnostic routine.
(3) Self-testing/self-diagnostic battery-operated emergency lighting equipment shall indicate failures by a status indicator.
(4) A visual inspection shall be performed at intervals not exceeding 30 days.
(5) Functional testing shall be conducted annually for a minimum of 1½ hours.
(6) Self-testing/self-diagnostic battery-operated emergency lighting equipment shall be fully operational for the duration of the 1½-hour test.
(7) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.
7.9.3.1.3 Testing of required emergency lighting systems shall be permitted to be conducted as follows:
(1) Computer-based, self-testing/self-diagnostic battery-operated emergency lighting equipment shall be provided.
(2) Not less than once every 30 days, emergency lighting equipment shall automatically perform a test with a duration of a minimum of 30 seconds and a diagnostic routine.
(3) The emergency lighting equipment shall automatically perform annually a test for a minimum of 1½ hours.
(4) The emergency lighting equipment shall be fully operational for the duration of the tests required by 7.9.3.1.3(2) and (3).
(5) The computer-based system shall be capable of providing a report of the history of tests and failures at all times.

Smoke Barriers and Sprinklers

2. Based on record review and interview, the facility failed to properly maintain the alarm system in accordance with the code. The deficient practice affected three (3) of three (3) smoke compartments, staff, and all participants. The facility had the capacity for 35 participants with a census of nine (9) on the first day of the survey.

The findings include:

Record review, on 10/24/24, at 2:00 p.m., of the fire alarm testing and inspection records for the 12-month period prior to the survey revealed there was no documentation of semi-annual testing of the alarm system battery charger or discharge test for the back-up batteries, as required by table 14.4.5 of NFPA 72, National Fire Alarm and Signaling Code.

An interview, on 10/24/24, at 2:00 p.m., with Maintenance Staff A revealed that the facility was unaware of the requirement for

	semi-annual testing of the alarm panel backup batteries. An additional interview with the Maintenance Staff B revealed the facility only had charger and discharge testing completed during annual fire alarm testing. Record review, on 10/24/24, at 2:10 p.m., of the fire alarm testing and inspection records for the 12-month period prior to the survey revealed there was no documentation of semi-annual, visual inspections of the alarm system smoke detectors, as required by table 14.3.1 of NFPA 72, National Fire Alarm and Signaling Code. An interview, on 10/24/24, at 2:10 p.m., with Maintenance Staff A revealed that the facility was unaware of the requirement for semi-annual, visual inspections of the alarm system smoke detectors. The census of nine (9) was verified by Administrative Staff A on 10/24/24, at 1:00 p.m. The findings were acknowledged by Administrative Staff A and verified by Maintenance Staff A during the exit interview on 10/24/24, at 3:45 p.m. **Actual NFPA Standard: NFPA 101 Life Safety Code (2012)** **17.3.4.1 General.** Day-care occupancies, other than day-care occupancies housed in one room, 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 14.4.5 Testing Schedule Frequencies**

Electrical Systems

3. Based on observations and interview, the facility failed to provide emergency stop devices for each emergency generator as required by 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 nine (9) on the first day of the survey.

An observation during the building inspection tour, on 10/24/24, at 1:25 p.m., revealed the facility failed to install a remote manual stop device for the 2000Kw primary generator and the 1600Kw secondary generator that provided emergency power to the entire campus, as required by section 5.6.5.6 of NFPA 110 (2010) Standard for Emergency and Standby Power Systems. An additional observation, on 10/24/24, at 1:30 p.m., revealed that the 1600kw generator was installed and operational in 1999, and the 2000Kw Generator was installed and operational in 2012.

An interview, on 10/24/24, at 1:30 p.m., with Maintenance Staff A revealed the facility was aware of the requirement for remote manual stops to be provided for emergency generators, but was unaware that the facility did not have the required remote manual stops installed on their generators.

The census of nine (9) was verified by Administrative Saff A on 10/24/24, at 1:00 p.m. The findings were acknowledged by Administrative Staff A and verified by Maintenance Staff A during the exit interview on 10/24/24, at 3:45 p.m.

Actual NFPA Standard: NFPA 101, (2012) Life Safety Code
17.5 Building Services.
17.5.1 Utilities.
17.5.1.1 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) **5.6.5.6*** All installations shall have a remote manual stop station of a type to prevent inadvertent or unintentional operation located outside the room housing the prime mover, where so installed, or elsewhere on the premises where the prime mover is located outside the building. **5.6.5.6.1** The remote manual stop station shall be labeled 4. Based on observation and interview, the facility failed to provide protective covers for receptacles occupied by participants as required by 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 nine (9) on the first day of the survey. The findings include: Observation during the facility tour, on 10/24/24, at 1:45 p.m., revealed that all electrical receptacles installed in areas of the facility occupied by participants were not provided with protective covers as required by section 17.5.1.2 of NFPA 101 (2012) Life Safety Code. An interview, on 10/24/24, at 1:50 p.m., with Maintenance Staff A revealed the facility was unaware of the requirement for protective covers to be provided for receptacles located in areas occupied by participants. The census of nine (9) was verified by Administrative Staff A on 10/24/24, at 1:00 p.m. The findings were acknowledged by Administrative Staff A and verified by Maintenance Staff A during the exit interview on 10/24/24, at 3:45 p.m. **Actual NFPA Standard: NFPA 101, (2012) Life Safety Code** **17.5 Building Services.** **17.5.1 Utilities.** **17.5.1.1** Utilities shall comply with the provisions of Section 9.1. **17.5.1.2** Special protective covers for all electrical receptacles shall be installed in all areas occupied by clients.