

State Veterans' Homes (SVH) Corrective Action Plan (Minneapolis Domiciliary Survey 1/25/24 to 1/25/24)

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)
<p>§ 51.210 (c) (7) Fire Marshal Inspection Report</p> <p>The facility is required to obtain an Annual State Fire Marshal's report.</p> <p>Based on record review and interview, the facility failed to obtain an Annual State Fire Marshal's Inspection report.</p> <p>The deficient practice affected five (5) of five (5) smoke compartments, staff, and all residents. The facility had a capacity for 50 beds with a census of 41 on the first day of the survey.</p> <p>The findings include: Records review, on 1/25/24, at 1:42 p.m., revealed there was no documentation to indicate that the facility had an inspection by the State Fire Marshal or obtained an inspection report from the State Fire Marshal.</p>	<p>For the affected residents a fire marshal inspection will be scheduled by the plant operations director or designee.</p> <p>For the fire marshal inspection that was completed on June 13, 2023, the documentation was located.</p>	<p>All residents have the potential to be affected by this practice.</p>	<p>A memo of understanding was signed between the State of MN and the MDVA as a contract to conduct annual fire marshal inspections.</p> <p>The plant operations director will be educated by the Administrator or designee on the requirements for semi-annual visual smoke detector checks.</p>	<p>A life safety code manual with copies of the fire inspection report will be created by the Administrator and kept in building 16 (Minneapolis Domiciliary) to ensure documentation is up to date and accurate.</p> <p>The annual inspection will be added to the Archibus preventive maintenance software by the Plant Operations Director or designee as a reminder of the due date each year.</p> <p>The life safety code manual and Archibus system will be monitored weekly by the Administrator or designee for compliance with results reported to the QAPI committee at least quarterly for review and further recommendations.</p>	<p>June 1, 2024</p>
<p>§ 51.210 (g) Staff qualifications</p> <p>(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.</p> <p>(2) Professional staff must be licensed, certified, or registered in</p> <p>Based on interviews and record review, the facility failed to ensure</p>	<p>For the affected residents form VA 10-3567 was updated to reflect a consultant pharmacist at a 0.1 FTE.</p>	<p>All residents have the potential to be affected by this practice.</p>	<p>Education was provided to the Administrator and Director of Nursing by the survey team on the requirements for the completion of the form VA 10-3567 on January 26, 2024. The instructions were reviewed by the Administrator and Director of Nursing on March 15, 2024.</p>	<p>Form VA 10-3567 will be kept in the survey preparation binder that is kept in Administration. The form will be reviewed and updated monthly and as needed if there are changes in staffing with the results reported to the QAPI committee at least quarterly for review and further recommendations.</p>	<p>Completed on 01/25/2024.</p>

<p>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.</p> <p>The findings include: On 1/22/24, at approximately 9:40 a.m., after the entrance conference with facility staff, the Administrator and Director of Nursing (DON) were given the required Veteran Administration (VA) forms including the VA 10-3567 Staffing Profile form for completion, which included information for the Domiciliary. On 1/23/24, at 9:15 a.m., the facility emailed the VA 10-3567 Staffing Profile form, and the survey team received a copy.</p> <p>The form was reviewed and there were several areas of concern. The facility had issues completing Part II. - The Registered Pharmacist in Part II for the DOM indicated zero (0). The facility was informed areas should not indicate zero (0). The facility staff stated they would get additional information to complete the form.</p>					
<p>§ 51.350 (c) Life safety from fire.</p> <p><u>Smoke Barriers and Sprinklers</u></p> <p>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 five (5) of five (5) smoke compartments, staff, and all residents. The facility had a capacity for 50 beds with a census of 41 on the first day of the survey.</p> <p>The findings include:</p> <p>1. Records review of the fire alarm inspection reports for the 12-month period prior to the survey revealed there was no documentation of semi-annual visual inspections 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</p>	<p>For the residents affected by this practice the plant operations director or designee will conduct a visual inspection of the smoke detectors at least semi-annually and document the inspection for the Life Safety Code Book. Added to the inspections will be testing of the battery charger, load voltage, and discharge testing.</p>	<p>All residents have the potential to be affected by this practice.</p>	<p>The plant operations director will be educated by the Administrator or designee on the requirements for visual inspection of the smoke detectors.</p>	<p>A life safety code manual will be created and kept in building 16 (Minneapolis Domiciliary) to ensure documentation is up to date and accurate and audited at least monthly by the Administrator or designee to ensure compliance.</p> <p>The semi-annual inspection of smoke detectors will be added to the Archibus preventive maintenance software by the Plant Operations Director or designee as a reminder of the due date every six months.</p>	<p>June 1, 2024</p>

<p>smoke detectors were during the annual inspections of the fire alarm on 9/22/23.</p>				<p>The life safety code manual and Archibus system will be monitored weekly by the Administrator or designee for compliance with results reported to the QAPI Committee for review and further recommendations.</p>	
<p>2. Records review of the fire alarm inspection reports, dated 9/22/23, 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 fire alarm inspections or six (6) months after the fire alarm 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.</p> <p><u>Table 14.4.2.2 Testing Schedule Frequencies</u></p> <p>2. Based on records reviews, observation, and interviews, the facility failed to properly maintain the sprinkler system. The deficient practice affected five (5) of five (5) smoke compartments, staff, and all residents. The facility had a capacity for 50 beds, with a census of 41 on the first day of the survey.</p>	<p>The of semiannual testing of the battery charger, load voltage, or discharge test for the back-up batteries will be conducted either six (6) months prior to the fire alarm inspections or six (6) months after the fire alarm inspection.</p>	<p>All residents have the potential to be affected by this practice.</p>	<p>The Plant Operations Director will put the schedule for the inspections into Archibus to ensure that future inspections will be completed timely.</p>	<p>The Plant Operations Director will Monitor Archibus for completed inspections and will report to QAPI for review.</p>	<p>April 30, 2024</p>
<p>1. The findings include: Records review of the facility's sprinkler reports for the five (5) year period prior to the survey, on 1/25/24, at 1:28 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-</p>	<p>The vendor will be contacted by the Plant Operations Director or designee to schedule the five-year test by comparison with a calibrated gauge or replace gauges on the sprinkler riser.</p>	<p>All residents have the potential to be affected by this practice.</p>	<p>The Plant Operations Director will be educated by the Administrator or designee on the requirements for the five-year inspections on the sprinkler riser.</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>Based Fire Protection Systems.</p> <p>2. Records review, on 1/25/25, at 1:27 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 Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.</p>	<p>Complete the 5-year internal pipe inspection(s), testing, maintenance, and documentation as per NFPA 25, 14.2.</p>	<p>All residents have the potential to be affected by this practice.</p>	<p>The five-year fire internal pipe inspection will be scheduled in Archibus Preventative Maintenance record to ensure compliance and safety for residents in the Minneapolis Domiciliary</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><u>Electrical Systems</u></p> <p>3. Based on records review and interview, the facility failed to properly inspect and test all components of the emergency generator. The deficient practice affected five (5) of five (5) smoke compartments, staff, and all residents. The facility had a capacity for 50 beds with a census of 41 on the first day of the survey.</p> <p>The findings include:</p> <p>1. Records review, on 1/25/24, at 1:40 p.m., of the monthly emergency generator inspection and testing records dating back 12 months prior to the survey revealed there was no documentation of monthly specific gravity testing or conductance testing for the lead-acid batteries, as required by section 8.3.7.1 of NFPA 110, Standard for Emergency and Standby Power Systems.</p> <p>2. Records review, on 1/25/24, at 1:41 p.m., of the inspection and testing documentation for the emergency generator dating back 12 months prior to the survey</p>	<p>The equipment to complete the monthly lead-acid generator batteries was purchased by the organization (MDVA). Monthly specific gravity testing will be completed by the Plant Operations Director or designee.</p> <p>The generator was tested on load by the Plant Operations Director on March 28, 2024. Going forward the generator will be tested on load every month as required.</p>	<p>All residents have the potential to be affected by this practice.</p> <p>All residents have the potential to be affected by this practice.</p>	<p>The Plant Operations Director will be educated by the Administrator or designee on the requirements for the monthly lead-acid battery testing on the generator.</p> <p>The Plant Operations Director will be educated by the Administrator on the requirements to test the generator on load monthly.</p>	<p>A life safety code manual will be created and kept in building 16 (Minneapolis Domiciliary) to ensure documentation is up to date and accurate and audited at least monthly by the Administrator or designee to ensure compliance.</p> <p>The monthly lead-acid battery testing will be added to the Archibus preventive maintenance software by the Plant Operations Director or designee as a reminder of the due date each month.</p> <p>The life safety code manual and Archibus system will be monitored weekly by the Administrator or designee for compliance with results reported to the QAPI Committee for review and further recommendations.</p> <p>A life safety code manual will be created and kept in building 16 (Minneapolis Domiciliary) to ensure documentation is up to date and accurate and audited at least monthly by the Administrator or designee to ensure compliance.</p>	<p>April 30, 2024</p> <p>April 30, 2024</p> <p>April 30, 2024</p>

indicated there was no documentation that the facility generator had been tested on load every month, as required by sections 8.3.4, 8.4.2, and 8.4.2.3 of NFPA 110, Standard for Emergency and Standby Power Systems. Additional records review, on 1/24/24, at 1:41 p.m., indicated monthly load testing was not documented or available for review for February 2023.				<p>The monthly generator testing (on load) will be added to the Archibus preventive maintenance software by the Plant Operations Director or designee as a reminder of the due date each month.</p> <p>The life safety code manual and Archibus system will be monitored weekly by the Administrator or designee for compliance with results reported to the QAPI Committee for review and further recommendations.</p>	
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- This Corrective Action Plan is to be electronically submitted to the Pod-specific National SVH Program Manager for Quality and Oversight