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: 1/25/24 – 1/26/24

NH / DOM / ADHC: ADHC

Survey Class: 2023 Annual

Total Available Beds: 35

Census on First Day of Survey: 12

VA Regulation Deficiency	Findings
	A VA Annual Survey was conducted from January 25, 2024, through January 26, 2024, at the Minnesota Veterans Home – Minneapolis. The survey revealed the facility was not in compliance with Title 38 CFR Part 51 Federal Requirements for State Veterans Homes.
§ 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. **Level of Harm** – No Actual Harm, with potential for minimal harm **Residents Affected** – Many	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 findings include: On 1/22/24 at approximately 9:40 a.m., after the entrance conference with facility staff, Administrative Staff A and Administrative Nurse A were sent the five (5) required Veteran Administration (VA) forms for completion. 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. The form was reviewed and there were several areas of concern. The facility had issues completing Part II. Consultant Staff A for Nursing Home Care (NHC) indicated zero (0). Consultant Staff B in Part II for NHC indicated zero (0). Consultant Staff C in Part II for NHC indicated zero (0).

	The facility was informed areas should not indicate zero (0). The staff stated they would get additional information to complete the form. The staffing pattern calculation for the Adult Day Care in Part III, was also incorrect. On 1/25/24 at approximately 12:45 p.m., the areas of concern were presented to the staff. On 1/26/24 at approximately 12:45 p.m., the facility emailed a revised VA 10-3567 Staffing Profile form and Consultant Staff B in Part II for NHC indicated zero (0).
§ 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	**Smoke Barriers and Sprinklers** 1. 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: 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. Additional records review of the reports, dated 3/13/23, and 10/23/23, revealed the system components were last hydrotested in 2011. An interview with Maintenance Staff A, on 1/25/24, at 1:57 p.m., revealed the facility was not aware that the cylinders were out of date and overdue for hydrostatic testing. 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 [LOCATION] 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. An interview with Maintenance Staff A, on 1/25/24, at 1:57 p.m., revealed the facility was not aware of the requirement for 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. The census of 12 was verified by Administrative Staff B on 1/25/24, at 12:30 p.m. The findings were acknowledged by Administrative Staff B and verified by the Administrative Staff C during the exit interview on 1/26/24, at 12:55 p.m. **Actual NFPA Standard: NFPA 101 Life Safety Code (2012)** **17.3.2 Protection from Hazards.** **17.3.2.1** Rooms or spaces for the storage, processing, or use of materials specified in 17.3.2.1(1) through (3) shall be protected in accordance with the following: **(1)** Separation from the remainder of the building by fire barriers having a minimum 1-hour fire resistance rating, or protection of such rooms by automatic extinguishing systems as specified in Section 8.7, in the following areas: **(a)** Boiler and furnace rooms, unless such rooms enclose only air-handling equipment **(b)** Rooms or spaces used for the storage of combustible supplies in quantities deemed hazardous by the authority having jurisdiction **(c)** Rooms or spaces used for the storage of hazardous materials or flammable or combustible liquids in quantities deemed hazardous by recognized standards **(d)** Janitor closets **(2)** Separation from the remainder of the building by fire barriers having a minimum 1-hour fire resistance rating and protection of such rooms by automatic extinguishing systems as specified in Section 8.7 in the following areas: **(a)*** Laundries **(b)** Maintenance shops, including woodworking and painting areas **(c)** Rooms or spaces used for processing or use of combustible supplies deemed hazardous by the authority having jurisdiction **(d)** Rooms or spaces used for processing or use of hazardous materials or flammable or combustible liquids in quantities deemed hazardous by recognized standards **(3)** Where automatic extinguishing is used to meet the requirements of 17.3.2.1(1) and (2), protection as permitted in accordance with 9.7.1.2 **17.3.2.2** Janitor closets protected in accordance with 17.3.2.1(1)(d) shall be permitted to have doors fitted with

	ventilating louvers where the space is protected by automatic sprinklers. **17.3.2.3** Cooking facilities shall be protected in accordance with 9.2.3, unless otherwise permitted by 17.3.2.4 or 17.3.2.5. **17.3.2.4** Openings shall not be required to be protected between food preparation areas and dining areas. **17.3.2.5** Approved domestic cooking equipment used for food warming or limited cooking shall not be required to be protected. **9.2.3** Commercial Cooking Equipment. Commercial cooking equipment shall be in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless such installations are approved existing installations, which shall be permitted to be continued in service. **Actual NFPA Standard: NFPA 96, Standard for Ventilation Control and Fire Protections of Commercial Cooking Operations (2011)** **10.2.6** Automatic fire-extinguishing systems shall be installed in accordance with the terms of their listing, the manufacturer's instructions, and the following standards where applicable: **(1)** NFPA 12 **(2)** NFPA 13 **(3)** NFPA 17 **(4)** NFPA 17A **12.1.2 Installation.** **12.1.2.1** All listed appliances shall be installed in accordance with the terms of their listings and the manufacturer's instructions. **12.1.2.2*** Cooking appliances requiring protection shall not be moved, modified, or rearranged without prior re-evaluation of the fire-extinguishing system by the system installer or servicing agent, unless otherwise allowed by the design of the fire extinguishing system. **12.1.2.3** The fire-extinguishing system shall not require reevaluation where the cooking appliances are moved for the purposes of maintenance and cleaning, provided the appliances are returned to approved design location prior to cooking operations, and any disconnected fire-extinguishing system nozzles attached to the appliances are reconnected in accordance with the manufacturer's listed design manual. **12.1.2.3.1** An approved method shall be provided that will ensure that the appliance is returned to an approved design location. **Actual NFPA Standard: NFPA 17A, Standard for Wet Chemical Extinguishing Systems (2009)** **7.5* Hydrostatic Testing.** **7.5.1** The following parts of wet chemical extinguishing systems shall be subjected to a hydrostatic pressure test at intervals not exceeding 12 years: **(1)** Wet chemical containers

	(2) Auxiliary pressure containers **(3)** Hose assemblies Exception No. 1: Auxiliary pressure containers not exceeding 2 in. (0.05 m) outside diameter and less than 2 ft (0.6 m) in length. Exception No. 2: Auxiliary pressure containers bearing the DOT "3E" marking. **7.5.2** Wet chemical containers, auxiliary pressure containers, and hose assemblies shall be subjected to a hydrostatic test pressure equal to the marked factory test pressure or the test pressure specified by the manufacturer. **7.5.2.1** No leakage, rupture, or movement of hose couplings shall be permitted. **7.5.2.2** The test procedure shall be in accordance with the manufacturer's detailed written hydrostatic test instructions. **7.5.2.3*** Prior to being refilled or transported, in accordance with DOT or TC requirements, containers bearing DOT or TC markings shall be retested or replaced in accordance with the appropriate DOT or TC requirements. **7.5.3** Wet chemical agent removed from the containers prior to hydrostatic testing shall be discarded. **7.5.4** To protect the hazard during hydrostatic testing, if there is no connected reserve, alternate protection acceptable to the authority having jurisdiction shall be provided. 2. 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. The findings include: 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. An interview, on 1/25/24, at 1:52 p.m., with Maintenance Staff A revealed the facility was not aware the sprinkler gauges were not replaced or tested. Observation during the building inspection tour on 1/26/24, at 10:30 a.m., of the sprinkler riser located in the [LOCATION] 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. An interview, on 1/26/24, at 10:30 a.m., with Maintenance Staff A revealed the facility was not aware the sprinkler gauges were required to be replaced or tested. 2. 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 Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. An interview, on 1/25/24, at 1:53 p.m., with Maintenance Staff A revealed the facility was not aware of the five (5) year internal inspection of piping requirement and there was no documentation to indicate it had ever been conducted. The census of 12 was verified by Administrative Staff B on 1/25/24, at 12:30 p.m. The findings were acknowledged by Administrative Staff B and verified by Administrative Staff C during the exit interview on 1/26/24, at 12:55 p.m. **Actual NFPA Standard: NFPA 101 Life Safety Code (2012)** **17.3.5 Extinguishment Requirements.** **17.3.5.1** Any required sprinkler system shall be in accordance with Section 9.7. **17.3.5.2** Required sprinkler systems, other than approved existing systems, shall be installed in accordance with 9.7.1.1(1). **17.3.5.3** Buildings with unprotected openings in accordance with 8.6.6 shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. **9.7.5 Maintenance and Testing**. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. **9.7.6 Sprinkler System Impairments.** Sprinkler impairment procedures shall comply with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. **9.7.7 Documentation.** All required documentation regarding the design of the fire protection system and the procedures for maintenance, inspection, and testing of the fire protection

	system shall be maintained at an approved, secured location for the life of the fire protection system. **9.7.8 Record Keeping.** Testing and maintenance records required by NFPA25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, shall be maintained at an approved, secured location. **4.5.8 Maintenance.** Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be maintained, unless the Code exempts such maintenance. **Actual NFPA Standard: NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems (2011)** **5.1.1.1** This chapter shall provide the minimum requirements for the routine inspection, testing, and maintenance of sprinkler systems. **5.1.1.2** Table 5.1.1.2 shall be used to determine the minimum required frequencies for inspection, testing, and maintenance. **5.3 Testing.** **5.3.2* Gauges.** **5.3.2.1** Gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. **5.3.2.2** Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. **14.2 Internal Inspection of Piping.** **14.2.1** Except as discussed in 14.2.1.1 and 14.2.1.4 an inspection of piping and branch line conditions shall be conducted every 5 years by opening a flushing connection at the end of one main and by removing a sprinkler toward the end of one branch line for the purpose of inspecting for the presence of foreign organic and inorganic material. **14.2.1.1** Alternative nondestructive examination methods shall be permitted. **14.2.1.2** Tubercules or slime, if found, shall be tested for indications of microbiologically influenced corrosion (MIC). **14.2.1.3*** If the presence of sufficient foreign organic or inorganic material is found to obstruct pipe or sprinklers, an obstruction investigation shall be conducted as described in Section 14.3. **14.2.1.4** Non-metallic pipe shall not be required to be inspected internally. **14.2.1.5** In dry pipe systems and pre-action systems, the sprinkler removed for inspection shall be from the most remote branch line from the source of water that is not equipped with the inspector's test valve.

Electrical Systems

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 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:

1. Records review, on 1/25/24, at 1:53 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.

   An interview, on 1/25/24, at 1:53 p.m., with Maintenance Staff A confirmed the batteries on the generator were lead-acid and revealed the facility was aware of the monthly generator battery testing requirements for generator batteries. The facility had just purchased the equipment to complete the monthly testing.

2. Records review, on 1/25/24, at 1:54 p.m., of the inspection and testing documentation for the emergency generator dating back 12 months prior to the survey 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.

   An interview, on 1/25/24, at 1:54 p.m., with Maintenance Staff A revealed the facility was aware that the generators were not tested on load in February, 2023.

The census of 12 was verified by Administrative Staff B on 1/25/24, at 12:30 p.m. The findings were acknowledged by Administrative Staff B and verified by Administrative Staff C during the exit interview on 1/26/24, at 12:55 p.m.

Actual NFPA Standard: NFPA 101, Life Safety Code (2012)
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. **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)** **8.3.7.1** Maintenance of lead-acid batteries shall include the monthly testing and recording of electrolyte specific gravity. Battery conductance testing shall be permitted in lieu of the testing of specific gravity when applicable or warranted. **8.3.4** A permanent record of the EPSS inspections, tests, exercising, operation, and repairs shall be maintained and readily available. **8.3.4.1** The permanent record shall include the following: **(1)** The date of the maintenance report **(2)** Identification of the servicing personnel **(3)** Notation of any unsatisfactory condition and the corrective action taken, including parts replaced **(4)** Testing of any repair for the time as recommended by the manufacturer **8.4 Operational Inspection and Testing.** **8.4.1*** EPSSs, including all appurtenant components, shall be inspected weekly and exercised under load at least monthly. **8.4.1.1** If the generator set is used for standby power or for peak load shaving, such use shall be recorded and shall be permitted to be substituted for scheduled operations and testing of the generator set, providing the same record as required by 8.3.4. **8.4.2*** Diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer (2) Under operating temperature conditions and at not less than 30 percent of the EPS nameplate kW rating **8.4.2.1** The date and time of day for required testing shall be decided by the owner, based on facility operations. **8.4.2.2** Equivalent loads used for testing shall be automatically replaced with the emergency loads in case of failure of the primary source. **8.4.2.3** Diesel-powered EPS installations that do not meet the requirements of 8.4.2 shall be exercised monthly with the available EPSS load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less

	than 75 percent of the EPS nameplate KW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours.