

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: DOM

Survey Class: 2023 Annual

Total Available Beds: 50

Census on First Day of Survey: 41

VA Regulation Deficiency	Findings
	<p>Initial Comments:</p> <p>A VA Annual Survey was conducted from January 25, 2024, through January 26, 2024, at the Minnesota State Veterans Home - Minneapolis. The survey revealed the facility was not in compliance with Title 38 CFR Part 51 Federal Requirements for State Veterans Homes/Domiciliary.</p>
<p>§ 51.210 (c) (7) Fire Marshall Inspection Report</p> <p>The facility is required to obtain an Annual State Fire Marshall's report.</p> <p>Level of Harm – No Actual Harm, with potential for more than minimal harm</p> <p>Residents Affected – Many</p>	<p>Based on record review and interview, the facility failed to obtain an Annual State Fire Marshal's Inspection report. 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>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>An interview, on 1/25/24, at 1:42 p.m., with Maintenance Staff A revealed that the facility had such an Inspection Report for the Skilled Nursing buildings, but did not have the same documentation for the Domiciliary Building.</p> <p>The census of 41 was verified by Administrative Staff A on 1/25/24, at 12:30 p.m. The findings were acknowledged by Administrative</p>

Department of Veterans Affairs State Veterans Home Survey Report

	Staff A and verified by Administrative Nurse A during the exit interview on 1/26/24, at 1:30 p.m.
<p>§ 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.</p> <p>Level of Harm – No Actual Harm, with potential for minimal harm Residents Affected – Many</p>	<p>Based on interviews and record review, 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.</p> <p>The findings include:</p> <p>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 given the required Veteran Administration (VA) forms including the VA 10-3567 Staffing Profile form for completion, which included information for the Domiciliary.</p> <p>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.</p> <p>Consultant Staff A 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>On 1/25/24, at approximately 12:45 p.m., the areas of concern on the form were presented to the facility staff.</p> <p>On 1/26/24, at approximately 3:34 p.m., the facility emailed a revised VA 10-3567 Staffing Profile form, and the box that indicated Consultant Staff A in Part II for the DOM still indicated zero (0).</p>
<p>§ 51.350 (c) 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.</p> <p>Level of Harm – No Actual Harm, with potential for more than minimal harm Residents Affected – Many</p>	<p><u>Smoke Barriers and Sprinklers</u></p> <ol style="list-style-type: none"> 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>The findings include:</p> <ol style="list-style-type: none"> 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,

Department of Veterans Affairs State Veterans Home Survey Report

National Fire Alarm and Signaling Code. The last inspections of the smoke detectors were during the annual inspections of the fire alarm on 9/22/23.

An interview with Maintenance Staff A, on 1/25/24, at 1:00 p.m., revealed the facility was not aware that the smoke detectors were required to be inspected semiannually, and that the inspections were done annually when the fire alarm contractor came to test the fire alarm.

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.

An interview with Maintenance Staff A, on 1/25/24, at 1:01 p.m., revealed the facility was not aware that testing of the battery charger, load voltage, or discharge test for the back-up batteries in the fire alarm was required semiannually and that the testing was done annually when the fire alarm contractor came to test the fire alarm.

The census of 41 was verified by Administrative Staff A on 1/25/24, at 12:30 p.m. The findings were acknowledged by Administrative Staff A and verified by Administrative Nurse A during the exit interview on 1/26/24, at 1:30 p.m.

Actual NFPA Standard: NFPA 101, Life Safety Code (2012)

33.3.3.4 Detection, Alarm, and Communications Systems.

33.3.3.4.1 General.

A fire alarm system in accordance with Section 9.6 shall be provided, unless all of the following conditions are met:

- (1) The facility has an evacuation capability of prompt or slow.
- (2) Each sleeping room has exterior exit access in accordance with 7.5.3.
- (3) The building does not exceed three stories in height.

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.

Department of Veterans Affairs State Veterans Home Survey Report

	<p>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.</p> <p>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.</p> <p>9.6.1.4 All systems and components shall be approved for the purpose for which they are installed.</p> <p>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.</p> <p>4.6.12 Maintenance, Inspection, and Testing.</p> <p>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.</p> <p>4.6.12.2 No existing life safety feature shall be removed or reduced where such feature is a requirement for new construction.</p> <p>4.6.12.3* Existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed.</p> <p>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.</p> <p>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.</p> <p>10.3 Equipment.</p> <p>10.3.1 Equipment constructed and installed in conformity with this Code shall be listed for the purpose for which it is used.</p> <p>Actual NFPA Standard: NFPA 72, National Fire Alarm and Signaling Code (2010)</p> <p>14.4.2* Test Methods.</p>
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Department of Veterans Affairs State Veterans Home Survey Report

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 14.4.2.2 Testing Schedule Frequencies

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.

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 1:28 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-Based Fire Protection Systems.

An interview, on 1/25/24, at 1:28 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 1/25/24, at 2:25 p.m., of the sprinkler riser located in the [LOCATION] on the [LOCATION] revealed the water pressure gauges on the sprinkler riser were dated 9/20/17,

Department of Veterans Affairs State Veterans Home Survey Report

and there was no indication that they had been replaced or calibrated.

An interview, on 1/25/24, at 2:25 p.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 1/25/25, 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.

An interview, on 1/25/25, at 1:27 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 41 was verified by Administrative Staff A on 1/25/24, at 12:30 p.m. The findings were acknowledged by Administrative Staff A and verified by Administrative Nurse A during the exit interview on 1/26/24, at 1:30 p.m.

Actual NFPA Standard: NFPA 101 Life Safety Code (2012)

33.3.3.5 Extinguishment Requirements.

33.3.3.5.1 * General.

Where an automatic sprinkler system is installed, for either total or partial building coverage, the system shall be installed in accordance with Section 9.7, as modified by 33.3.3.5.1.1, 33.3.3.5.1.2, and 33.3.3.5.1.3.

33.3.3.5.1.1 In buildings four or fewer stories above grade plane, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, shall be permitted.

33.3.3.5.1.2 In facilities having prompt or slow evacuation capability, automatic sprinklers shall not be required in closets not exceeding 24 ft² (2.2 m²) and in bathrooms not exceeding 55 ft² (5.1 m²), provided that such spaces are finished with noncombustible or limited-combustible materials.

33.3.3.5.1.3 Initiation of the fire alarm system shall not be required for existing installations in accordance with 33.3.3.5.6.

33.3.3.5.2 Impractical Evacuation Capability.

Department of Veterans Affairs State Veterans Home Survey Report

All facilities having impractical evacuation capability shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with 9.7.1.1(1).

33.3.3.5.3 High-Rise Buildings.

All high-rise buildings shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with 33.3.3.5. Such systems shall initiate the fire alarm system in accordance with Section 9.6.

33.3.3.5.4 Attics shall be protected in accordance with 33.3.3.5.4.1 or 33.3.3.5.4.2.

33.3.3.5.4.1 Where an automatic sprinkler system is installed, attics used for living purposes, storage, or fuel-fired equipment shall be protected with automatic sprinklers that are part of the required, approved automatic sprinkler system in accordance with 9.7.1.1.

33.3.3.5.4.2 Where an automatic sprinkler system is installed, attics not used for living purposes, storage, or fuel-fired equipment shall meet one of the following criteria:

(1) Attics shall be protected throughout by a heat detection system arranged to activate the building fire alarm system in accordance with Section 9.6.

(2) Attics shall be protected with automatic sprinklers that are part of the required, approved automatic sprinkler system in accordance with 9.7.1.1.

(3) Attics shall be of noncombustible or limited-combustible construction.

(4) Attics shall be constructed of fire-retardant-treated wood in accordance with NFPA 703, Standard for Fire Retardant-Treated Wood and Fire-Retardant Coatings for Building Materials.

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

Department of Veterans Affairs State Veterans Home Survey Report

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 Tubercles 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.

Department of Veterans Affairs State Veterans Home Survey Report

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 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.

The findings include:

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.

An interview, on 1/25/24, at 1:40 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 1:41 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 1:41 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 41 was verified by Administrative Staff A on 1/25/24, at 12:30 p.m. The findings were acknowledged by Administrative Staff A and verified by Administrative Nurse A during the exit interview on 1/26/24, at 1:30 p.m.

Actual NFPA Standard: NFPA 101, Life Safety Code (2012)
33.3.6 Building Services.
33.3.6.1 Utilities.

Utilities shall comply with the provisions of Section 9.1.

Department of Veterans Affairs State Veterans Home Survey Report

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

Department of Veterans Affairs State Veterans Home Survey Report

	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.
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