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: Clifford Chester Sims State Veterans' Nursing Home

Location: 4419 Tram Rd, Panama City, FL 32404

Onsite / Virtual: Onsite

Dates of Survey: 5/10/22 through 5/13/22

NH / DOM / ADHC: NH

Survey Class: Annual

Total Available Beds: 120

Census on First Day of Survey: 94

Regulation #	Findings
	Initial Comments: A VA Annual Survey was conducted from May 10, 2022, through May 13, 2022, at the Clifford Chester Sims State Veterans' Nursing Home. The survey revealed the facility was not in compliance with Title 38 CFR Part 51 Federal Requirements for State Veterans Homes.
§51.43(e) Drugs and medications for certain veterans As a condition for receiving drugs or medicine under this section or under § 17.96 of this chapter, the State must submit to the VA medical center of jurisdiction a completed VA Form 10-0460 with the corresponding prescription(s) for each eligible veteran. Level of Harm – No Actual Harm, with potential for minimal harm. Residents Affected – Some	The facility was unable to demonstrate submission to the VA medical center of jurisdiction a completed VA Form 10-0460 for each eligible Veteran. Based on interviews and record review, the facility obtained medications from the VA of jurisdiction through a sharing agreement for Veterans who met eligibility under 38 CFR §51.43. The facility reimbursed the VA of jurisdiction for medications provided for non-eligible Veterans. During interviews and record review, the facility failed to complete and submit VA Form 10-0460 as required for all eligible Veterans. During interviews with Administrative Staff A, Consultant Staff A and Administrative Staff B on 5/11/22, and subsequent interviews, it was reported that the facility was not utilizing VA Form 10-0460 for any eligible Veterans whose medications were provided by the VA of jurisdiction through a sharing agreement.

§51.190(b) Preventing spread of infection (1) When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility management must isolate the resident. (2) The facility management must prohibit employees with a communicable disease or infected skin lesions from engaging in any contact with residents or their environment that would transmit the disease. (3) The facility management must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. Level of Harm – No Actual Harm, with potential for more than minimal harm. Residents Affected – Few	Based on observation, interview, review of Resident #15's medical record, and the facility's policy, the facility failed to follow accepted infection control practices to ensure that staff did not directly handle medications with their bare hands during medication administration by one (1) of three (3) nurses, for one (1) of five (5) residents, Resident #15. The findings include: Review of the facility's policy titled, "Medication Administration," dated 12/31/21, revealed the following: "I. STANDARD The Facility will ensure that Medications are administered in a safe and timely manner, and as prescribed. II. PROCEDURES … 21. Staff shall follow established infection control procedures (e.g., handwashing, antiseptic technique, gloves, isolation precautions, etc.) for the administration of medications, as applicable." Resident #15 was admitted to the facility in 2021 with diagnoses that included [Dx] with pain and [Dx]. Resident #15's Quarterly Minimum Data Set, dated [DATE], revealed the resident was moderately impaired in cognitive skills for daily decision making, with a Brief Interview for Mental Status of nine (9). Review of Resident #15's "Physician Order Report" revealed on [DATE], the resident was ordered to receive Pregabalin (Lyrica) 50 milligrams (mg), two (2) capsules twice a day at 10:00 a.m. and 9:00 p.m. for Phantom limb syndrome with pain. Further review of the Medication Administration Record (MAR) revealed Resident #15 had been administered Pregabalin 100 mg every morning at 10:00 a.m. and evening at 9:00 p.m. During medication administration observation on 5/11/22 at 10:40 a.m., Licensed Nurse A was observed preparing medications to be administered to Resident #15. Licensed Nurse A opened the drawer to the medication cart, took out medications in packaged, unit dose envelopes, and began to punch each medication in a plastic medication cup. When Licensed Nurse A popped two (2) capsules of Pregabalin (Lyrica) 50 mg from a bubble pack, the capsules fell onto the medication cart. Licensed Nurse A picked up the two (2) capsules off the medication cart with their bare, ungloved fingers, placed them into the plastic medication cup, and administered these medications to Resident #15. During an interview with Licensed Nurse A on 5/10/22 at 11:00 a.m., concerning the observation that they touched the medication of Pregabalin (Lyrica) with their ungloved fingers, on the unclean surface of the medication cart, and then placed the two (2) Pregabalin 50 mgcapsules in the medication cup, that were subsequently administered to Resident #15. Licensed Nurse A confirmed this observation, and stated that they should have discarded the medication and replaced it.

	During an interview on 5/11/22 at 11:55 a.m., with Administrative Nurse A, they stated that Licensed Nurse A should have discarded the medication of Pregabalin and obtained another doseage of this medication from the medication cart.
§51.200(a) Life safety from fire The facility management must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. (a) Life safety from fire. The facility must meet the applicable provisions of NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities Code. – Level of Harm – No Actual Harm, with potential for more than minimal harm. Residents Affected – Many	1. Based on observation and interview, the facility failed to install the required directional signs and instructional placards for the fire extinguishers located throughout the facility. The deficient practice affected one (1) of seven (7) smoke compartments, staff, and all residents. The facility had a capacity for 120 beds with a census of 94 on the day of the survey. The findings include: Observation during the building inspection tour on 5/10/2022 at 1:42 p.m. in the kitchen revealed instructional placards meant for K-type extinguishers were installed above ABC type extinguishers, which created confusing directions for which extinguisher to use in the event of a fire at cooking appliances that use combustible cooking media (vegetable or animal oils and fats). The signs and extinguishers were not installed as required by section 5.5.5.2 and 5.5.5.3 of NFPA 10, Standard for Portable Fire Extinguishers. An interview at that time with Maintenance Staff A revealed the facility was not aware that the instructional placards were installed incorrectly. The census of 94 was verified by Administrative Staff A on 5/10/2022. The finding was acknowledged and verified by Administrative Staff A during the exit interview on 5/5/2022. **Actual NFPA Standard: NFPA 101, Life Safety Code (2012)** **19.3.5.12** Portable fire extinguishers shall be provided in all health care occupancies in accordance with 9.7.4.1. **9.7.4** Manual Extinguishing Equipment. **9.7.4.1*** Where required by the provisions of another section of this Code, portable fire extinguishers shall be selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. **Actual NFPA Standard: NFPA 10, Standard for Portable Fire Extinguishers (2010)** **5.5.5*** Class K Cooking Media Fires. Fire extinguishers provided for the protection of cooking appliances that use combustible cooking media (vegetable or animal oils and fats) shall be listed and labeled for Class K fires. **5.5.5.1** Class K fire extinguishers manufactured after January 1, 2002, shall not be equipped with extended wand–type discharge devices. **5.5.5.2** Fire extinguishers installed specifically for the protection of cooking appliances that use combustible cooking media

	(animal or vegetable oils and fats) without a Class K rating shall be removed from service. **5.5.5.3*** A placard shall be conspicuously placed near the extinguisher that states that the fire protection system shall be actuated prior to using the fire extinguisher. 2. Based on observation and interview, the facility failed to properly install and maintain equipment protected by the kitchen hood extinguishing system. The deficient practice affected one (1) of seven (7) smoke compartments, staff, and no residents. The facility had the capacity for 120 beds with a census of 94 on the day of survey. The findings include: Observation during the building inspection tour on 5/10/2022 at 1:45 p.m. revealed the wheeled, gas-fired, deep fryer located on the cooking line in the kitchen was not provided with an approved method that would ensure that the appliance was returned to an approved design location after it had been moved for maintenance and cleaning, as required by section 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 at that time with Maintenance Staff A revealed that the facility was not aware an approved method should be provided to ensure that the appliance was returned to an approved design location after maintenance or cleaning. The census of 94 was verified by Administrative Staff A on 5/10/2022. The finding was acknowledged and verified by Administrative Staff A during the exit interview on 5/10/2022. **Actual NFPA Standard: NFPA 101, Life Safety Code (2012)** **19.3.2.5 Cooking Facilities.** **19.3.2.5.1** Cooking facilities shall be protected in accordance with 9.2.3, unless otherwise permitted by 19.3.2.5.2, 19.3.2.5.3, or 19.3.2.5.4. **19.3.2.5.2*** Where residential cooking equipment is used for food warming or limited cooking, the equipment shall not be required to be protected in accordance with 9.2.3, and the presence of the equipment shall not require the area to be protected as a hazardous area. **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 Protection of Commercial Cooking Operations (2011) **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. 3. Based on observation and interview, the facility failed to properly install and maintain gas equipment and appliances. The deficient practice affected one (1) of seven (7) smoke compartments, staff, and no residents. The facility had the capacity for 120 beds with a census of 94 on the day of survey. The findings include: Observation during the building inspection tour on 5/1022 at 1:46 p.m. revealed that the gas-fired, deep fryer with caster-style wheels located on the cooking line in the kitchen was not provided with a restraint system to limit the movement of the appliances to prevent strain on the gas connection, as required by section 10.12.6 of NFPA 54, National Fuel Gas Code. An interview with Maintenance Staff A at that time revealed that the facility was not aware that a restraint system for the wheeled, gas equipment was required. The census of 94 was verified by Administrative Staff A on 5/10/2022. The findings were acknowledged and verified by Administrative Staff A during the exit interview on 5/10/2022. **Actual NFPA Standard: NFPA 101, Life Safety Code (2012)** **19.5.1 Utilities.** **19.5.1.1** Utilities shall comply with the provisions of Section 9.1. **9.1 Utilities.** **9.1.1 Gas.** Equipment using gas and related gas piping shall be in accordance with NFPA 54, *National Fuel Gas Code*, or NFPA 58, *Liquefied Petroleum Gas Code*, unless such installations

	are approved existing installations, which shall be permitted to be continued in service. **Actual NFPA Standard: NFPA 54, National Fuel Gas Code (2012)** **10.12.6 Use with Casters.** Floor-mounted appliances with casters shall be listed for such construction and shall be installed in accordance with the manufacturer's installation instructions for limiting the movement of the appliance to prevent strain on the connection. 4. Based on observation and interview, the facility failed to provide a fire alarm trouble signal in a continuously occupied location where it would likely be heard by staff. The deficient practice affected seven (7) of seven (7) smoke compartments, staff, and all residents. The facility had the capacity for 120 beds with a census of 94 on the day of survey. Findings include: Observation during the building inspection tour on 5/10/2022 at 2:50 p.m. revealed a remote fire alarm control panel was located on the Delta Blue Unit. An interview at that time with Maintenance Staff A revealed the main fire alarm panel was located in an electrical room and another remote panel was located at the main entrance, neither of which were continuously occupied, and any trouble signals would not be heard. Additional interview revealed the Delta Blue Unit was temporarily closed due to lower census and was not attended on a regular basis; therefor, any trouble signal would not be heard by staff, as required by sections 10.12.5 and 10.12.6 of NFPA 72, National Fire Alarm Signaling Code. The census of 94 was verified by Administrative Staff A on 5/10/2022. The findings were acknowledged and verified by Administrative Staff A during the exit interview on 5/10/2022. **Actual NFPA Standard: NFPA 101, Life Safety Code (2012)** **19.3.4** Detection, Alarm, and Communications Systems. **19.3.4.1** General. Health care occupancies 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. **Actual NFPA Standard: NFPA 72, National Fire Alarm Signaling Code (2010)** **10.12** Trouble Signals. **10.12.1** Trouble signals and their restoration to normal shall be indicated within 200 seconds at the locations identified in 10.12.6 or 10.12.7. **10.12.2** Indication of primary power failure trouble signals transmitted to a supervising station shall be delayed in accordance with 10.17.3.3. **10.12.3** If an intermittent signal is used, it shall sound at least once every 10 seconds, with a minimum duration of 1⁄2 second. **10.12.4** A single audible trouble signal shall be permitted to annunciate multiple fault conditions. **10.12.5** The trouble signal(s) shall be located in an area where it is likely to be heard. **10.12.6** Visible and audible trouble signals and visible indication of their restoration to normal shall be indicated at the following locations: (1) Fire alarm control unit for protected premises alarm systems (2) Building fire command center for in-building fire emergency voice/alarm communications systems (3) Central station or remote station location for systems installed in compliance with Chapter 26 10.12.7 Trouble signals and their restoration to normal shall be visibly and audibly indicated at the proprietary supervising station for systems installed in compliance with Chapter 26.
§51.200(b) Emergency power (1) An emergency electrical power system must be provided to supply power adequate for illumination of all exit signs and lighting for the means of egress, fire alarm and medical gas alarms, emergency communication systems, and generator task illumination. (2) The system must be the appropriate type essential electrical system in accordance with the applicable provisions of NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities Code. (3) When electrical life support devices are used, an emergency electrical power system must also be provided for devices	1. Based on records review and interview, the facility failed to properly inspect and test all components of the emergency generator. The deficient practice affected seven (7) of seven (7) smoke compartments, staff, and all residents. The facility had a capacity for 120 beds with a census of 94 on the day of the survey. The findings include: Records review on 5/20/2022 at 11:27 a.m. of the emergency generator inspection, testing, and maintenance logs for the 12-month period prior to the survey revealed the facility was inspecting the batteries for the emergency generator. An interview with Maintenance Staff A on 5/10/2022 at 11:28 a.m. revealed the facility would inspect the lead-acid batteries but did not conduct testing of the electrolyte specific gravity or conductance testing in lieu of battery electrolyte specific gravity testing, as required by

in accordance with NFPA 99, Health Care Facilities Code. (4) The source of power must be an on-site emergency standby generator of sufficient size to serve the connected load or other approved sources in accordance with NFPA 101, Life Safety Code and NFPA 99, Health Care Facilities Code Level of Harm – No Actual Harm, with potential for more than minimal harm. Residents Affected – Many	sections 8.3.7.1 of NFPA 110, Standard for Emergency and Standby Power Systems. The census of 94 was verified by Administrative Staff A on 5/10/2022. The findings were acknowledged and verified by Administrative Staff A during the exit interview on 5/10/2022. **Actual NFPA Standard: NFPA 101, Life Safety Code (2012)** **19.5 Building Services.** **19.5.1 Utilities.** **19.5.1.1** 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)** **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. 2. Based on observation and interview, the facility failed to provide a remote annunciator for the emergency generators in a location readily observed by operating personnel. The deficient practice affected seven (7) of seven (7) smoke compartments, staff, and all residents. The facility had the capacity for 120 beds with a census of 94 on the day of survey. Findings include: An interview with Maintenance Staff A on 5/10/2022 at 2:48 p.m. revealed Generator Two (2) was recently added to the facility's emergency power system and an Automatic Transfer Switch was installed. The interview went on to reveal the annunciator panel for Generator Two (2) was located in the Maintenance Office that was not attended on a continuous basis (overnight and weekends), and not at a worksite observable by personnel, as required by section 6.4.1.1.17.1 of NFPA 99, Health Care Facilities Code and section 5.6.6 of NFPA 110, Standard for Emergency and Standby Power Systems. Observation during the building inspection tour on 5/10/2022 at 2:51 p.m. revealed the annunciator panel for Generator One (1) was located in Delta Blue Unit, which was unoccupied at the time of the survey. An interview at that time with Maintenance Staff A revealed the unit had been closed temporarily due to lower census

	and the remote annunciator panel was not at a worksite observable by personnel, as required by section 6.4.1.1.17.1 of NFPA 99, Health Care Facilities Code and section 5.6.6 of NFPA 110, Standard for Emergency and Standby Power Systems. The census of 94 was verified by Administrative Staff A on 5/10/2022. The findings were acknowledged and verified by Administrative Staff A during the exit interview on 5/10/2022. **Actual NFPA Standard: NFPA 99, Health Care Facilities Code (2012)** **6.4.1.1.17** Alarm Annunciator. A remote annunciator that is storage battery powered shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular workstation (see 700.12 of NFPA 70, National Electrical Code). The annunciator shall be hard-wired to indicate alarm conditions of the emergency or auxiliary power source as follows: (1) Individual visual signals shall indicate the following: (a) When the emergency or auxiliary power source is operating to supply power to load (b) When the battery charger is malfunctioning (2) Individual visual signals plus a common audible signal to warn of an engine−generator alarm condition shall indicate the following: (a) Low lubricating oil pressure (b) Low water temperature (below that required in 6.4.1.1.11) (c) Excessive water temperature (d) Low fuel when the main fuel storage tank contains less than a 4-hour operating supply (e) Over crank (failed to start) (f) Overspeed **6.4.1.1.17.1*** A remote, common audible alarm shall be provided as specified in 6.4.1.1.17.4 that is powered by the storage battery and located outside of the EPS service room at a worksite observable by personnel. [110:5.6.6] **6.4.1.1.17.2** An alarm-silencing means shall be provided, and the panel shall include repetitive alarm circuitry so that, after the audible alarm has been silenced, it reactivates after the fault condition has been cleared and has to be restored to its normal position to be silenced again. [110:5.6.6.1] **6.4.1.1.17.3** In lieu of the requirement of 5.6.6.1 of NFPA110, a manual alarm-silencing means shall be permitted that silences the audible alarm after the occurrence of the alarm condition, provided such means do not inhibit any subsequent alarms from sounding the audible alarm again without further manual action. [110:5.6.6.2] **6.4.1.1.17.4** Individual alarm indication to annunciate any of the conditions listed in Table 6.4.1.1.16.2 shall have the following characteristics:

	(1) It shall be battery powered. (2) It shall be visually indicated. (3) It shall have additional contacts or circuits for a common audible alarm that signals locally and remotely when any of the itemized conditions occurs. (4) It shall have a lamp test switch(es) to test the operation of all alarm lamps. **Actual NFPA Standard: NFPA 110, Standard for Emergency and Standby Power Systems (2010)** **5.6.6** Remote Controls and Alarms. A remote, common audible alarm shall be provided as specified in 5.6.5.2(4) that is powered by the storage battery and located outside of the EPS service room at a work site observable by personnel. **5.6.6.1** An alarm-silencing means shall be provided, and the panel shall include repetitive alarm circuitry so that, after the audible alarm has been silenced, it reactivates after the fault condition has been cleared and has to be restored to its normal position to be silenced again. **5.6.6.2** In lieu of the requirement in 5.6.6.1, a manual alarm silencing means shall be permitted that silences the audible alarm after the occurrence of the alarm condition, provided such means do not inhibit any subsequent alarms from sounding the audible alarm again without further manual action.