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: Veterans Home of California – West Los Angeles

Location: 11500 Nimitz Avenue Los Angeles, California, 90049

Onsite / Virtual: Onsite

Dates of Survey: 8/29/2022 – 9/1/2022

NH / DOM / ADHC: NH

Survey Class: Annual

Total Available Beds: 312

Census on First Day of Survey: 211

VA Regulation Deficiency	Findings
	Initial Comments: A VA Annual Survey was conducted from August 29,2022, through September 1, 2022, at the Veterans Home of California. The survey revealed the facility was not in compliance with Title 38 CFR Part 51 Federal Requirements for State Veterans Homes.
§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) 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	**Smoke Barriers and Sprinklers** 1.Based on observation and interview, the facility failed to provide the required separation between hazardous areas and other areas of the facility. The deficient practice affected two (2) of 32 smoke compartments, staff, and 21 residents. The facility had a capacity for 312 beds with a census of 211 on the day of the survey. The findings include: a. Observation during the building inspection tour on 8/30/22, at 11:18 a.m. of Human Resources (HR) storage D414 revealed that the room was over 50 square feet and filled with paper files, cardboard boxes, and other combustible materials. The door to the room was not self-closing or automatic closing, as required by section 19.3.2.1.3 of NFPA 101, Life Safety Code. An interview at that time with Maintenance Staff A revealed

	that the facility was not aware the door was required to be self-closing or automatic closing. b. Observation during the building inspection tour on 8/30/22, at 11:45 a.m., of [LOCATION] revealed that the room was over 50 square feet and filled with cardboard boxes, patient equipment, and additional combustible material. The door to the room was not self-closing or automatic closing, as required by section 19.3.2.1.3 of NFPA 101, Life Safety Code. An interview at that time with Maintenance Staff A revealed that the facility was not aware the door was required to be self-closing or automatic closing. The census of 211 was verified by Administrative Staff A on 8/29/22. The findings were acknowledged by Administrative Staff A and Maintenance Staff A during the exit interview on 8/31/22. Actual NFPA Standard: NFPA 101 Life Safety Code (2012) 19.3.2 Protection from Hazards. 19.3.2.1 Hazardous Areas. Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system in accordance with 8.7.1. 19.3.2.1.1 An automatic extinguishing system, where used in hazardous areas, shall be permitted to be in accordance with 19.3.5.9. 19.3.2.1.2 Where the sprinkler option of 19.3.2.1 is used, the areas shall be separated from other spaces by smoke partitions in accordance with Section 8.4. 19.3.2.1.3* The doors shall be self-closing or automatic-closing. 19.3.2.1.4 Doors in rated enclosures shall be permitted to have nonrated, factory- or field-applied protective plates extending not more than 48 in. (1220 mm) above the bottom of the door. 19.3.2.1.5 Hazardous areas shall include, but shall not be restricted to, the following: (1) Boiler and fuel-fired heater rooms (2) Central/bulk laundries larger than 100 ft2 (9.3 m2) (3) Paint shops (4) Repair shops (5) Rooms with soiled linen in volume exceeding 64 gal (242 L) (6) Rooms with collected trash in volume exceeding 64 gal (242 L) (7) Rooms or spaces larger than 50 ft2 (4.6 m2), including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction

	(8) Laboratories employing flammable or combustible materials in quantities less than those that would be considered a severe hazard **Fire Safety and Operations** 2. Based on observation and interview, the facility failed to maintain and ensure functionality of fire doors installed throughout the facility. The deficient practice affected three (3) of 32 smoke compartments, staff, and 33 residents. The facility had a capacity for 312 beds with a census of 211 on the day of the survey. The findings include: Observation during the building inspection tour, on 8/30/22, at 10:30 a.m., revealed that the meeting edge protection for Fire Doors between [LOCATION] and [LOCATION] on the third (3rd) floor were damaged, resulting in an excessive gap of ½ inch, which was observed as a result of damaged edge seal, as required by 4.8.4 and 6.3.1.7. of NFPA 80, Standard for Fire Doors and Other Opening Protectives. An interview at that time with the Maintenance Staff A revealed that the facility was not aware of the damaged seal at the time of the building tour inspection. The census of 211 was verified by Administrative Staff A on 8/29/22. The findings were acknowledged by Administrative Staff A and verified by Maintenance Staff A during the exit interview on 8/31/22. Actual NFPA Standard: NFPA 101 Life Safety Code (2012) 8.4.3 Opening Protectives. 8.4.3.1 Doors in smoke partitions shall comply with 8.4.3.2 through 8.4.3.5. 8.4.3.2 Doors shall comply with the provisions of 7.2.1. 8.4.3.3 Doors shall not include louvers. 8.4.3.4 * Door clearances shall be in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Actual NFPA Standard: NFPA 80 Standard for Fire Doors and Other Opening Protectives (2010) 4.8.4 Clearance. 4.8.4.1 The clearance under the bottom of a door shall be a maximum of 3⁄4 in. (19 mm). 6.3.1.7* Clearances. 6.3.1.7.1 The clearances between the top and vertical edges of the door and the frame, and the meeting edges of doors swinging in pairs, shall be 1⁄8 in. ± 1⁄16 in. (3.18 mm ± 1.59 mm) for steel

	doors and shall not exceed 1⁄8 in. (3.18 mm) for wood doors. 6.3.1.7.2 Clearances shall be measured from the pull face of the door(s).
§ 51.210 (c) (7) Required Information. Annual State Fire Marshall's report. Level of Harm – No Actual Harm, with potential for more than minimal harm Residents Affected – Many	Based on records review and interview, the facility failed to ensure the annual State Fire Marshal inspection was completed in accordance with VA Nursing Home Care Regulation. The deficient practice affected 32 of 32 smoke compartments, staff, and all residents. The facility had the capacity for 312 beds with a census of 211 on the day of survey. The findings include: Records review, on 8/29/22, at 10:04 a.m., revealed the last inspection from the City Fire Inspector was conducted in July of 2021. The facility had no documentation of a State Fire Marshal inspection in the 12-month period prior to the survey. An interview with Maintenance Staff A at that time revealed the facility was aware of the requirement to be inspected on an annual basis and had two prior inspections scheduled with the State Fire Marshal; however, the facility was unable to allow visitations during both scheduled times of inspection because of COVID-19. The census of 211 was verified by Administrative Staff A on 8/29/22. The finding was acknowledged Administrative Staff A and verified by Maintenance Staff A during the exit interview on 8/31/22.