

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: Michigan Veteran Homes D.J. Jacobetti

Location: 425 Fisher Street, Marquette, MI 49855

Onsite / Virtual: Onsite

Dates of Survey: 5/6/24 – 5/9/24

NH / DOM / ADHC: NH

Survey Class: Annual

Total Available Beds: 126

Census on First Day of Survey: 101

Surveyed By: Tonya Green, RN; Gwendolyn Dubose, MPA; Stephanie Barch, RN; Melissa Mrotek, Generalist; Allen Beebe (LSC); Cicely Robinson, VACO.

VA Regulation Deficiency	Findings
	<p>Initial Comments:</p> <p>A VA Annual Survey was conducted from May 6, 2024 through May 9, 2024 at the Michigan Veteran Homes D. J. Jacobetti. The survey revealed the facility was not in compliance with Title 38 CFR Part 51 Federal Requirements for State Veterans Homes.</p>
<p>§ 51.200 (a) Life safety from fire. (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.</p> <p>Rating – Not Met</p> <p>Scope and Severity – F</p> <p>Residents Affected – Many</p>	<p><u>Smoke Barriers and Sprinklers</u></p> <p>1. Based on record review, observation, and interview, the facility failed to properly test and maintain the standpipe system. The deficient practice affected 10 of 10 smoke compartments in the Original Building, two (2) of two (2) smoke compartments in the Part F Building, staff, and all residents. The facility had a capacity for 126 beds with a census of 101 on the first day of the survey.</p> <p>The findings include:</p> <p>Records review, on 5/8/24, at 11:19 a.m., of the fire sprinkler inspection reports from the previous five (5) years prior to the survey revealed that there was no documentation to indicate that the facility standpipe system had been flow tested within the</p>

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last five (5) years, as required by section 6.3.1 of NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Additional records review, on 5/8/24, at 11:20 a.m., revealed that the annual facility fire pump test was completed on 8/31/23.

An interview, on 5/8/24, at 11:19 a.m., with the Facilities Director revealed the facility was not aware if the building standpipe system had ever been flow tested. The interview went on to reveal that the sprinkler inspector from the sprinkler company was in the building, and they would ask the sprinkler inspector. An interview, on 5/8/24, at 11:30 a.m., with the sprinkler inspector revealed the sprinkler company was not aware of any five (5) year flow test requirements for standpipe systems. The sprinkler company performed annual fire pump testing at the facility, and those requirements were the same as five (5) year standpipe flow testing.

Observation during the building inspection tour, on 5/8/24, from 12:30 p.m., to 2:08 p.m., and 5/9/24, from 8:00 a.m., to 10:00 a.m., revealed that the buildings that the facility was located in were provided with fire hose outlet connections at each landing at the exit stair enclosures. The hose outlets were supplied water from an automatic operation, diesel, 500 gallon per minute (GPM) fire pump. The piping for the standpipe system was independent of the sprinkler system.

The census of 101 was verified by the Administrator on 5/6/24, at 9:00 a.m. The findings were acknowledged by the Administrator and verified by the Facilities Director during the exit interview on 5/9/24, at 1:00 p.m.

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

Actual NFPA Standard: NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems (2011)

3.3.31 * Standpipe System.

An arrangement of piping, valves, hose connections, and allied equipment installed in a building or structure, with the hose connections located in such a manner that water can be discharged in streams or spray patterns through attached hose and nozzles, for the purpose of extinguishing a fire, thereby protecting a building or structure and its contents in addition to protecting the occupants. [14, 2010]

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3.3.31.1 Automatic Standpipe System.

A standpipe system that is attached to a water supply capable of supplying the system demand and that requires no action other than opening a hose valve to provide water at hose connections.

3.3.31.2 Dry Standpipe.

A standpipe system designed to have piping contain water only when the system is being utilized.

3.3.31.3 Manual Standpipe.

Standpipe system that relies exclusively on the fire department connection to supply the system demand.

3.3.31.4 Wet Standpipe System.

A standpipe system having piping containing water at all times. [14, 2010]

6.3 Testing. Where water damage is a possibility, an air test shall be conducted on the system at 25 psi (1.7 bar) prior to introducing water to the system.

6.3.1 Flow Tests.

6.3.1.1 * A flow test shall be conducted every 5 years at the hydraulically most remote hose connections of each zone of an automatic standpipe system to verify the water supply still provides the design pressure at the required flow.

A.6.3.1.1

The hydraulically most remote hose connections in a building are generally at a roof manifold, if provided, or at the top of a stair leading to the roof. In a multizone system, the testing means is generally at a test header at grade or at a suction tank on higher floors.

6.3.1.2 Where a flow test of the hydraulically most remote outlet(s) is not practical, the authority having jurisdiction shall be consulted for the appropriate location for the test.

6.3.1.3 All systems shall be flow tested and pressure tested at the requirements for the design criteria in effect at the time of the installation.

6.3.1.3.1 The actual test method(s) and performance criteria shall be discussed in advance with the authority having jurisdiction.

6.3.1.4 Standpipes, sprinkler connections to standpipes, or hose stations equipped with pressure reducing valves or pressure regulating valves shall have these valves inspected, tested, and maintained in accordance with the requirements of Chapter 13.

6.3.1.5 A main drain test shall be performed on all standpipe systems with automatic water supplies in accordance with the requirements of Chapter 13.

6.3.1.5.1 The test shall be performed at the low point drain for each standpipe or the main drain test connection where the supply main enters the building (when provided).

6.3.1.5.2 Pressure gauges shall be provided for the test and shall be maintained in accordance with 5.3.2.

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2. Based on observation and interview, the facility failed to properly maintain the sprinkler system. The deficient practice affected one (1) of 10 smoke compartments in the Original Building, zero (0) of two (2) smoke compartments in the Part F Building, staff, and 12 residents. The facility had a capacity for 126 beds with a census of 101 on the first day of the survey.

The findings include:

Observation during the building inspection tour, on 5/9/24, at 8:56 a.m., revealed the fusible links on all of the sprinklers installed in the 2 West Day Room located off the West Hall on the second floor of the Original Building were loaded with a sticky, tar-like material that was consistent with nicotine residue, as prohibited by section 5.2.1.1.2 (5) of NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.

An interview, on 5/9/24, at 8:56 a.m., with the Facilities Director revealed the room was once used as a smoking lounge, and the facility was not aware the sprinklers were loaded with foreign materials.

The census of 101 was verified by the Administrator on 5/6/24, at 9:00 a.m. The findings were acknowledged by the Administrator and verified by the Facilities Director during the exit interview on 5/9/24, at 1:00 p.m.

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

Actual NFPA Standard: NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems (2011)

5.2.1 Sprinklers.

5.2.1.1* Sprinklers shall be inspected from the floor level annually.

5.2.1.1.1* Sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., upright, pendent, or sidewall).

5.2.1.1.2 Any sprinkler that shows signs of any of the following shall be replaced:

- (1) Leakage
- (2) Corrosion

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- (3) Physical damage
- (4) Loss of fluid in the glass bulb heat responsive element
- (5)*Loading
- (6) Painting unless painted by the sprinkler manufacturer

3. Based on observation and interview, the facility failed to properly install electronic supervisory devices on all sprinkler control valves. The deficient practice affected one (1) of 10 smoke compartments in the Original Building, zero (0) of two (2) smoke compartments in the Part F Building, staff, and no residents. The facility had a capacity for 126 beds with a census of 101 on the first day of the survey.

The findings include:

Observation during the facility inspection tour, on 5/8/24, at 1:23 p.m., of Mechanical Room #7 on the ground floor revealed one (1) control valve on the piping was not supervised, as required by section 19.3.5.1 of NFPA 101, Life Safety Code. An additional observation, on 5/8/24, at 1:24 p.m., revealed that the sprinkler piping that was connected to the unsupervised valve left the mechanical room, traveled across the corridor, and served two (2) sprinkler heads that were installed in a closet off the Wheelchair Maintenance Room.

An interview, on 5/8/24, at 1:24 p.m., with the Facilities Director revealed the unsupervised sprinkler control valve had never been brought to the facilities' attention.

The census of 101 was verified by the Administrator on 5/6/24, at 9:00 a.m. The findings were acknowledged by the Administrator and verified by the Facilities Director during the exit interview on 5/9/24, at 1:00 p.m.

**Actual NFPA Standard: NFPA 101 Life Safety Code (2012)
19.3.5 Extinguishment Requirements.**

19.3.5.1 Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, unless otherwise permitted by 19.3.5.5.

9.7.2 Supervision.

9.7.2.1* Supervisory Signals.

Where supervised automatic sprinkler systems are required by another section of this Code, supervisory attachments shall be installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and a distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system. Supervisory signals shall sound and shall be displayed either at a location within the protected building that is constantly attended by

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qualified personnel or at an approved, remotely located receiving facility.

Actual NFPA Standard: NFPA 72 National Fire Alarm and Signaling Code (2010)

17.16 Supervisory Signal–Initiating Devices.

17.16.1 Control Valve Supervisory Signal–Initiating Device.

17.16.1.1 Two separate and distinct signals shall be initiated: one indicating movement of the valve from its normal position (off-normal), and the other indicating restoration of the valve to its normal position.

17.16.1.2 The off-normal signal shall be initiated during the first two revolutions of the handwheel or during one-fifth of the travel distance of the valve control apparatus from its normal position.

17.16.1.3 The off-normal signal shall not be restored at any valve position except normal.

17.16.1.4 An initiating device for supervising the position of a control valve shall not interfere with the operation of the valve, obstruct the view of its indicator, or prevent access for valve maintenance.

4. Based on observation and interviews, the facility failed to install sprinklers in accordance with the code. The deficient practice affected one (1) of 10 smoke compartments in the Original Building, zero (0) of two (2) smoke compartments in the Part F Building, staff, and 12 residents. The facility had a capacity for 126 beds with a census of 101 on the first day of the survey.

The findings include:

Observation during the building inspection tour, on 5/9/24, at 8:57 a.m., of the 2 West Day Room located off the West Hall on the second floor of the Original Building revealed two (2) quick response (QR) sprinkler heads installed within the space, with the remaining sprinkler heads standard response (SR) type sprinklers and installed in the same compartment, as prohibited by section 8.3.3.2 of NFPA 13, Standard for the Installation of Sprinkler Systems.

An interview, 5/9/24, at 8:57 a.m., with the Facilities Director revealed the facility was not aware that standard response sprinklers and quick response sprinklers could not be installed in the same compartment.

The census of 101 was verified by the Administrator on 5/6/24, at 9:00 a.m. The findings were acknowledged by the Administrator and verified by the Facilities Director during the exit interview on 5/9/24, at 1:00 p.m.

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Actual NFPA Standard: NFPA 101 (2012) Life Safety Code
19.3.5.1 Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, unless otherwise permitted by 19.3.5.5.

9.7 Automatic Sprinklers and Other Extinguishing Equipment

9.7.1 Automatic Sprinklers.

9.7.1.1* Each automatic sprinkler system required by another section of this Code shall be in accordance with one of the following:

(1) NFPA 13, Standard for the Installation of Sprinkler Systems

Actual NFPA Standard: NFPA 13, Standard for the Installation of Sprinkler Systems (2010), section 8.1.1(1)

8.1.1* The requirements for spacing, location, and position of sprinklers shall be based on the following principles:

(1) Sprinklers shall be installed throughout the premises.

8.3.3 Thermal Sensitivity.

8.3.3.1* Sprinklers in light hazard occupancies shall be one of the following:

(1) Quick-response type as defined in 3.6.4.7

(2) Residential sprinklers in accordance with the requirements of 8.4.5

(3) Standard-response sprinklers used for modifications or additions to existing light hazard systems equipped with standard-response sprinklers

(4) Standard-response sprinklers used where individual standard-response sprinklers are replaced in existing light hazard systems

8.3.3.2 Where quick-response sprinklers are installed, all sprinklers within a compartment shall be quick-response unless otherwise permitted in 8.3.3.3.

8.3.3.3 Where there are no listed quick-response sprinklers in the temperature range required, standard-response sprinklers shall be permitted to be used.

8.3.3.4 When existing light hazard systems are converted to use quick-response or residential sprinklers, all sprinklers in a compartmented space shall be changed.

3.3 General Definitions.

3.3.6 Compartment. A space completely enclosed by walls and a ceiling. Each wall in the compartment is permitted to have openings to an adjoining space if the openings have a minimum lintel depth of 8 in. (200 mm) from the ceiling and the total width of the openings in each wall does not exceed 8 ft (2.4 m). A single opening of 36 in. (900 mm) or less in width without a lintel is permitted when there are no other openings to adjoining spaces.

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Electrical Systems

5. Based on record review, observation, and interview, the facility failed to maintain the electrical receptacles in patient care areas. The deficient practice affected 10 of 10 smoke compartments in the Original Building, two (2) of two (2) smoke compartments in the Part F Building, staff, and all residents. The facility had a capacity for 126 beds with a census of 101 on the first day of the survey.

The findings include:

Record review, on 5/8/24, at 10:30 a.m., revealed that non-hospital grade electrical receptacles located in patient bed locations throughout the facility did not have annual physical integrity, continuity, polarity, or retention testing documentation, as required by sections 6.3.3.2 through 6.3.4.2.1.2 of NFPA 99 Health Care Facilities Code.

An interview with the Maintenance Mechanic, on 5/8/24, at 10:30 a.m., revealed the facility had no non-hospital grade electrical receptacles located in patient bed locations at the facility. All receptacles in patient bed locations were hospital grade. The facility did no testing of any kind on the electrical receptacles located in patient bed locations.

Observation during the building inspection tour, on 5/8/24, from 12:30 p.m., to 2:08 p.m., and on 5/9/24, from 8:00 a.m., to 10:00 a.m., revealed that every resident bedroom throughout the facility had a mixture of hospital grade electrical receptacles and non-hospital grade electrical receptacles. The hospital grade receptacles were provided at the headwalls with the red, emergency power receptacles. Non-hospital grade receptacles were provided in over bed lamps, television power upgrade projects at the foot walls, and at sinks.

The census of 101 was verified by the Administrator on 5/6/24, at 9:00 a.m. The findings were acknowledged by the Administrator and verified by the Facilities Director during the exit interview on 5/9/24, at 1:00 p.m.

Actual NFPA Standard NFPA 99, Health Care Facilities Code (2012)

6.3.3.2 Receptacle Testing in Patient Care Rooms

6.3.3.2.1 The physical integrity of each receptacle shall be confirmed by visual inspection.

6.3.3.2.2 The continuity of the grounding circuit in each electrical receptacle shall be verified.

6.3.3.2.3 Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed.

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	<p>6.3.3.2.4 The retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 g (4 oz).</p> <p>6.3.4.1 Maintenance and Testing of Electrical System.</p> <p>6.3.4.1.1 Where hospital-grade receptacles are required at patient bed locations and in locations where deep sedation or general anesthesia is administered, testing shall be performed after initial installation, replacement, or servicing of the device.</p> <p>6.3.4.1.2 Additional testing of receptacles in patient care rooms shall be performed at intervals defined by documented performance data.</p> <p>6.3.4.1.3 Receptacles not listed as hospital-grade, at patient bed locations and in locations where deep sedation or general anesthesia is administered, shall be tested at intervals not exceeding 12 months.</p> <p>6.3.4.1.4 The LIM circuit shall be tested at intervals of not more than 1 month by actuating the LIM test switch (see 6.3.2.6.3.6). For a LIM circuit with automated self-test and self-calibration capabilities, this test shall be performed at intervals of not more than 12 months. Actuation of the test switch shall activate both visual and audible alarm indicators.</p> <p>6.3.4.1.5 After any repair or renovation to an electrical distribution system, the LIM circuit shall be tested in accordance with 6.3.3.3.2.</p> <p>6.3.4.2 Record Keeping.</p> <p>6.3.4.2.1* General.</p> <p>6.3.4.2.1.1 A record shall be maintained of the tests required by this chapter and associated repairs or modification.</p> <p>6.3.4.2.1.2 At a minimum, the record shall contain the date, the rooms or areas tested, and an indication of which items have met, or have failed to meet, the performance requirements of this chapter.</p>
<p>§51.200 (b) Emergency power.</p> <p>(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.</p> <p>(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.</p>	<p>Based on records review and interview, the facility failed to properly inspect and test all components of the emergency generator. The deficient practice affected 10 of 10 smoke compartments in the Original Building, two (2) of two (2) smoke compartments in the Part F Building, staff, and all residents. The facility had a capacity for 126 beds with a census of 101 on the first day of the survey. The findings include:</p> <p>Records review, on 5/8/24, at 11:15 a.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 each month, as required by section 8.3.7.1 of NFPA 110, Standard for</p>

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<p>(3) When electrical life support devices are used, an emergency electrical power system must also be provided for devices in accordance with NFPA 99, Health Care Facilities Code.</p> <p>(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.</p> <p>Rating – Not Met</p> <p>Scope and Severity – F</p> <p>Residents Affected – Many</p>	<p>Emergency and Standby Power Systems. Additional records review, on 5/8/24, at 11:16 a.m., revealed the facility started performing monthly conductance testing of the generator batteries in December, 2023.</p> <p>An interview, on 5/8/24, at 11:15 a.m., with the Facilities Director revealed the facility was made aware of the monthly generator battery testing requirement after being cited for it during the last annual Centers for Medicare and Medicaid (CMS) recertification survey.</p> <p>The census of 101 was verified by the Administrator on 5/6/24, at 9:00 a.m. The findings were acknowledged by the Administrator and verified by the Facilities Director during the exit interview on 5/9/24, at 1:00 p.m.</p> <p>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.</p> <p>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.</p>
<p>§ 51.210 (h) Use of outside resources.</p> <p>(1) If the facility does not employ a qualified professional person to furnish a specific service to be provided by the facility, the facility management must have that service furnished to residents by a person or agency outside the facility under a written agreement described in paragraph (h)(2) of this section.</p> <p>(2) Agreements pertaining to services furnished by outside resources must specify in writing that the facility</p>	<p>Based on interview and record review, the facility's management failed to obtain a sharing agreement that governed mental health services provided to one (1) resident (Resident # 28) by the Veterans Administration Medical Center (VAMC).</p> <p>The findings include:</p> <p>During the Administration and Fiscal review, it was discovered that the facility did not have a sharing agreement for Mental Health Services with the VAMC.</p> <p>During an interview, on 4/8/24, at 11:53 a.m., the nursing home Administrator stated he/she was talking with the VAMC. The Administrator verified there was one (1) resident who received services prior to admission, and had continued services at the</p>

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<p>management assumes responsibility for—</p> <p>(i) Obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility; and</p> <p>(ii) The timeliness of the services.</p> <p>(3) If a veteran requires health care that the State home is not required to provide under this part, the State home may assist the veteran in obtaining that care from sources outside the State home, including the Veterans Health Administration. If VA is contacted about providing such care, VA will determine the best option for obtaining the needed services and will notify the veteran or the authorized representative of the veteran.</p> <p>Rating – Not Met</p> <p>Scope and Severity – D</p> <p>Residents Affected – Few</p>	<p>VAMC after admission. The Administrator stated, “We identified that we needed to have a sharing agreement for services. I started communication with the VAMC on 3/8/24, for the sharing agreement.”</p>
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