



**Department of Veterans Affairs  
Office of Inspector General**

**Office of Healthcare Inspections**

**Report No. 15-00075-449**

**Combined Assessment Program  
Follow-Up Review of  
Environment of Care at the  
VA St. Louis Health Care System  
St. Louis, Missouri**

**January 18, 2017**

**Washington, DC 20420**

**To Report Suspected Wrongdoing in VA Programs and Operations**

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## Glossary

CAP	Combined Assessment Program
CLC	community living center
EOC	environment of care
facility	VA St. Louis Health Care System
MH	mental health
NA	not applicable
NM	not met
OIG	Office of Inspector General
RRTP	residential rehabilitation treatment program
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

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## Executive Summary

**Review Purpose:** The purpose of this follow-up review of environment of care was to assess the status of selected action plans related to environment of care in response to the recommendations from our prior Combined Assessment Program and Combined Assessment Program follow-up reviews and to re-evaluate selected environment of care elements. We conducted the review the week of June 21, 2016.

**Review Results:** The review covered two activities, Environment of Care and Mental Health Residential Rehabilitation Treatment Program. We made no recommendations in the Mental Health Residential Rehabilitation Treatment Program activity and where applicable, closed recommendations when actions plans were completed.

**Recommendations:** We made a new recommendation in the following activity:

*Environment of Care:* Ensure that surgical intensive care unit floors are clean and that damaged bathroom fixtures on the surgical intensive care unit are repaired or replaced.

### Comments

The Veterans Integrated Service Network Director and Interim Facility Director agreed with the follow-up review findings and recommendation and provided an acceptable improvement plan. (See Appendixes A and B, pages 10–12, for the full text of the Directors' comments.) We will follow up on the planned action until it is completed.



JOHN D. DAIGH, JR., M.D.  
Assistant Inspector General for  
Healthcare Inspections

## Objective and Scope

### Objective

CAP reviews are one element of the OIG's efforts to ensure that our Nation's veterans receive high quality VA health care services. The objective of this CAP follow-up review was to assess the status of selected action plans related to EOC in response to the recommendations from our prior CAP and CAP follow-up reviews and to re-evaluate selected EOC elements.

### Scope

The scope of this CAP follow-up review of EOC was limited. We re-examined selected clinical and administrative activities to determine whether facility performance met requirements related to the EOC. In performing the review, we inspected selected areas and conversed with managers and employees. The review covered the following two activities:

- EOC
- MH RRTP

We have listed the general information reviewed for each of these activities, and inspectors conducted the review in accordance with OIG standard operating procedures for CAP reviews. Additionally, we asked the facility to provide the status on the EOC and MH RRTP recommendations we made in our previous two CAP reports (*Combined Assessment Program Review of the VA St. Louis Health Care System, St. Louis, Missouri*, Report No. 15-00075-351, May 18, 2015, and *Combined Assessment Program Follow-Up Review of the VA St. Louis Health Care System, St. Louis, Missouri*, Report No. 15-00075-87, January 20, 2016).

In this report, we make a recommendation for improvement. Recommendations pertain to issues that are significant enough for the OIG to monitor until the facility implements corrective actions.

## Results and Recommendations

### EOC

The purpose of this review was to determine whether the facility maintained a clean and safe health care environment in accordance with applicable requirements. We also determined whether the facility met selected requirements in critical care and the CLC.<sup>a</sup>

At the John Cochran division, we inspected critical care units (medical intensive care and surgical intensive care), the Emergency Department, inpatient units (two medicine, progressive care, spinal cord injury, and surgical), and primary care and specialty care clinics. At the Jefferson Barracks division, we inspected the CLC, the MH inpatient unit, the podiatry and primary care clinics, and the spinal cord injury unit. Additionally, we conversed with key employees and managers. The table below shows the areas reviewed for this topic. The areas marked as NM did not meet applicable requirements and needed improvement. Items marked NA either did not apply to this facility or for this follow-up review or are being tracked and addressed by previous CAP reports.

NM	Areas Reviewed for General EOC	Findings	Recommendations
NA	EOC Committee minutes reflected sufficient detail regarding identified deficiencies, corrective actions taken, and tracking of corrective actions to closure for the facility and the community based outpatient clinics.		
NA	The facility conducted an infection prevention risk assessment.		
NA	Infection Prevention/Control Committee minutes documented discussion of identified high-risk areas, actions implemented to address those areas, and follow-up on implemented actions and included analysis of surveillance activities and data.		
NA	The facility had established a process for cleaning equipment.		
NA	Selected employees received training on updated requirements regarding chemical labeling and safety data sheets.		

NM	Areas Reviewed for General EOC (continued)	Findings	Recommendations
X	The facility met fire safety requirements.	<p>During our previous review, we recommended that facility managers ensure access to exits is unrestricted.</p> <p>During our current review, the primary care clinic at the Jefferson Barracks division and the inpatient spinal cord injury unit at John Cochran division stored equipment in the exit corridors, which restricted access to the exits.</p>	Because the facility's action plan for this recommendation is still in progress, we did not make a new recommendation or close this recommendation.
	The facility met environmental safety requirements.	<p>During our first review, we recommended that:</p> <ul style="list-style-type: none"> <li>• Facility managers ensure patient care areas and public restrooms are clean.</li> <li>• The facility repair damaged furniture in patient care areas or remove it from service.</li> <li>• The facility store oxygen tanks in a manner that distinguishes between empty and full tanks.</li> <li>• Facility managers ensure all electrical gang boxes have the appropriate covers installed.</li> </ul> <p>During our previous review, we recommended that facility managers ensure all nurse call system alarms are functioning.</p>	<p>The facility completed action plans, and we consider these recommendations closed.</p> <p>The facility completed an action plan, and we consider this recommendation closed.</p>
	The facility met infection prevention requirements.	<p>During our first review, we recommended that the facility:</p> <ul style="list-style-type: none"> <li>• Store clean and dirty items separately.</li> <li>• Promptly remove outdated commercial supplies from sterile supply rooms.</li> </ul>	The facility completed action plans, and we consider these recommendations closed.

NM	Areas Reviewed for General EOC (continued)	Findings	Recommendations
X	The facility met medication safety and security requirements.	<p>During our first review, we recommended that the facility promptly remove expired medications from patient care areas.</p> <p>During our previous review, we recommended that facility managers ensure emergency response medications and equipment are available for immediate use in patient care areas.</p>	The facility's action plans for these recommendations are still in progress; therefore, we did not close these recommendations.
	The facility met privacy requirements.		
X	The facility complied with any additional elements required by VHA, local policy, or other regulatory standards.	<p>During our first review, we recommended that the facility label medications in accordance with local policy.</p> <p>During our previous review, we recommended that facility managers ensure:</p> <ul style="list-style-type: none"> <li>• Electrical power strips are not plugged into other power strips.</li> <li>• Patient care areas do not contain portable space heaters.</li> </ul> <p>During our previous review, we recommended that facility managers ensure crash carts using electrical power strips have those strips permanently attached.</p>	<p>The facility completed an action plan, and we consider this recommendation closed.</p> <p>The facility completed action plans, and we consider these recommendations closed.</p> <p>The facility's action plan for this recommendation is still in progress; therefore, we did not close this recommendation.</p>
<b>Areas Reviewed for Critical Care</b>			
NA	Designated critical care employees received bloodborne pathogens training during the past 12 months.		
	Alarm-equipped medical devices used in critical care were inspected/checked according to local policy and/or manufacturers' recommendations.	During our first review, we recommended that the facility inspect alarm-equipped medical devices according to local policy and the manufacturers' recommendations.	The facility completed an action plan, and we consider this recommendation closed.
	The facility met fire safety requirements in critical care.		

NM	Areas Reviewed for Critical Care (continued)	Findings	Recommendations
X	The facility met environmental safety requirements in critical care.	<p>During our current review:</p> <ul style="list-style-type: none"> <li>• Three rooms on the surgical intensive care unit had dirty floors and damaged bathroom fixtures.</li> </ul> <p>During our first review, we recommended that facility managers ensure all electrical gang boxes have the appropriate covers installed.</p>	<p>1. We recommended that facility managers ensure that surgical intensive care unit floors are clean and that damaged bathroom fixtures on the surgical intensive care unit are repaired or replaced.</p> <p>We closed this recommendation under the general EOC section.</p>
	The facility met infection prevention requirements in critical care.		
	The facility met medication safety and security requirements in critical care.		
	The facility met medical equipment requirements in critical care.		
	The facility met privacy requirements in critical care.		
	The facility complied with any additional elements required by VHA, local policy, or other regulatory standards.	<p>During our first review, we recommended that the facility label medications in accordance with local policy.</p> <p>During our previous review, we recommended that facility managers ensure:</p> <ul style="list-style-type: none"> <li>• Electrical power strips are not plugged into other power strips.</li> <li>• Patient care areas do not contain portable space heaters.</li> </ul>	We closed these recommendations under the general EOC section.
<b>Areas Reviewed for CLC</b>			
NA	Designated CLC employees received bloodborne pathogens training during the past 12 months.		

NM	Areas Reviewed for CLC (continued)	Findings	Recommendations
NA	For CLCs with resident animal programs, the facility conducted infection prevention risk assessments and had policies addressing selected requirements.		
NA	For CLCs with elopement prevention systems, the facility documented functionality checks at least every 24 hours and documented complete system checks annually.		
X	The facility met fire safety requirements in the CLC.	During our previous review, we recommended that facility managers ensure access to exits is unrestricted.	The recommendation for this finding appeared under the general EOC section. The facility's action plan for this recommendation is still in progress; therefore, we did not close the recommendation.
	The facility met environmental safety requirements in the CLC.		
	The facility met infection prevention requirements in the CLC.		
	The facility met medication safety and security requirements in the CLC.		
	The facility met medical equipment requirements in the CLC.	During our first review, we recommended that the facility inspect and tag critical medical equipment in the CLC.	The facility completed an action plan, and we consider this recommendation closed.
	The facility met privacy requirements in the CLC.		
X	The facility complied with any additional elements required by VHA, local policy, or other regulatory standards.	<p>During our first review, we recommended that the facility label medications in accordance with local policy.</p> <p>During our previous review, we recommended that facility managers ensure crash carts using electrical power strips have those strips permanently attached.</p>	<p>We closed this recommendation under the general EOC section.</p> <p>The recommendation for this finding appeared under the general EOC section. The facility's action plan for this recommendation is still in progress; therefore, we did not close this recommendation.</p>

<b>NM</b>	<b>Areas Reviewed for Construction Safety</b>	<b>Findings</b>	<b>Recommendations</b>
NA	The facility met selected dust control, temporary barrier, storage, and security requirements for the construction site perimeter.		
NA	The facility complied with any additional elements required by VHA or local policy, or other regulatory standards.		

**MH RRTP**

The purpose of this review was to determine whether the facility’s Domiciliary RRTP, previously combined with the Substance Abuse RRTP, complied with selected EOC requirements.<sup>b</sup>

We inspected the Domiciliary RRTP and conversed with key employees. The table below shows the areas reviewed for this topic. The area marked as NM did not meet applicable requirements and needed improvement. Items marked NA either did not apply to this facility or for this follow-up review or are being tracked and addressed by previous CAP reports.

<b>NM</b>	<b>Areas Reviewed</b>	<b>Findings</b>	<b>Recommendations</b>
X	The residential environment was clean and in good repair.	During our previous review, we recommended that the facility repair or replace the uneven and buckling flooring in the Domiciliary RRTP.	The facility’s action plan for this recommendation is still in progress; therefore, we did not close this recommendation.
NA	Appropriate fire extinguishers were available near grease producing cooking devices.		
NA	There were policies/procedures that addressed safe medication management and contraband detection.		
NA	MH RRTP employees conducted and documented monthly MH RRTP self-inspections that included all required elements, submitted work orders for items needing repair, and ensured correction of any identified deficiencies.		
NA	MH RRTP employees conducted and documented contraband inspections, rounds of all public spaces, daily bed checks, and resident room inspections for unsecured medications.		
NA	The MH RRTP had written agreements in place acknowledging resident responsibility for medication security.		

NM	Areas Reviewed (continued)	Findings	Recommendations
NA	MH RRTP main point(s) of entry had keyless entry and closed circuit television monitoring, and all other doors were locked to the outside and alarmed.		
NA	The MH RRTP had closed circuit television monitors with recording capability in public areas but not in treatment areas or private spaces and signage alerting veterans and visitors of recording.		
NA	There was a process for responding to behavioral health and medical emergencies, and MH RRTP employees could articulate the process.		
NA	In mixed gender MH RRTP units, women veterans' rooms had keyless entry or door locks, and bathrooms had door locks.		
NA	Residents secured medications in their rooms.		
	The facility complied with any additional elements required by VHA or local policy	<p>During our previous review, we recommended that facility managers ensure:</p> <ul style="list-style-type: none"> <li>• Compliance with Safety Data Sheet recommendations regarding chemical storage, use, and safety.</li> <li>• Posting of signage to identify the location of alternative exits during construction projects.</li> <li>• Installation of signage to clearly identify the location of fire extinguishers in large rooms and those obstructed from view.</li> </ul>	The facility completed action plans, and we consider these recommendations closed.

## VISN Director Comments

**Department of  
Veterans Affairs**

# Memorandum

**Date:** September 6, 2016

**From:** Director, VA Heartland Network (10N15)

**Subject:** **CAP Follow-Up Review of EOC at the VA St. Louis Health Care System, St. Louis, MO**

**To:** Director, Kansas City Office of Healthcare Inspections (54KC)

Director, Management Review Service (VHA 10E1D MRS OIG CAP CBOC)

Attached please find the response for the CAP Follow-Up review of EOC of VA St. Louis Health Care System, St. Louis, Missouri.

I have reviewed and concur with the Medical Center Director's response. Thank you for this opportunity of review focused on continuous improvement.

For additional questions please feel free to contact Mary O'Shea, VISN 15 Quality Management Officer at 816-701-3014.

*(original signed by:)*

William P. Patterson, MD, MSS

Network Director

VA Heartland Network (VISN 15)

## Interim Facility Director Comments

**Department of  
Veterans Affairs**

# Memorandum

**Date:** September 6, 2016

**From:** Interim Director, VA St. Louis Health Care System (657/00)

**Subject:** **CAP Follow-Up Review of EOC at the VA St. Louis Health Care System, St. Louis, MO**

**To:** Director, VA Heartland Network (10N15)

I have reviewed the findings within the report of the Combined Assessment Follow Up Review of Environment of Care System. I am in agreement with the findings of the review.

The plan of corrective actions has been established with planned dates as outlined.

*(original signed by:)*

Keith Repko

Interim Medical Center Director

## Comments to OIG's Report

The following Director's comments are submitted in response to the recommendation in the OIG report:

### **OIG Recommendation**

**Recommendation 1.** We recommended that facility managers ensure that surgical intensive care unit floors are clean and that damaged bathroom fixtures on the surgical intensive care unit are repaired or replaced.

Concur

Target date for completion: December 31, 2016

Facility response: Chief of Environmental Management Service (EMS) ensured remediation immediately after on site observation. EMS Assistant Chief will conduct audit of daily and weekly EMS supervisor rounds to ensure Audit data will be shared at monthly Environment of Care Safety.

## Office of Inspector General Contact and Staff Acknowledgments

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<b>Contact</b>	For more information about this report, please contact the OIG at (202) 461-4720.
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This report is available at [www.va.gov/oig](http://www.va.gov/oig).

## Endnotes

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<sup>a</sup> The references used for this topic included:

- VHA Directive 2010-052, *Management of Wandering and Missing Patients*, December 3, 2010.
- VHA Directive 2011-007, *Required Hand Hygiene Practices*, February 16, 2011.
- Under Secretary for Health, “Non- Research Animals in Health Care Facilities,” Information Letter 10-2009-007, June 11, 2009.
- Various requirements of The Joint Commission, the Occupational Safety and Health Administration, the International Association of Healthcare Central Service Materiel Management, the National Fire Protection Association, the Health Insurance Portability and Accountability Act, Underwriters Laboratories, VA Master Specifications.

<sup>b</sup> The references used for this topic were:

- VHA Handbook 1162.02, *Mental Health Residential Rehabilitation Treatment Program (MH RRTP)*, December 22, 2010.
- VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.
- Requirements of the VHA Center for Engineering and Occupational Safety and Health and the National Fire Protection Association.