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Office of Inspector General**

Office of Healthcare Inspections

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Healthcare Inspection

Nutrition and Food Service Environment of Care Concerns Edward Hines, Jr. VA Hospital Hines, Illinois

May 23, 2017

Washington, DC 20420

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Table of Contents

	Page
Executive Summary	i
Purpose	1
Background	1
Scope and Methodology	3
Inspection Results	6
Issue 1. Persistent Presence of Cockroaches in the Nutrition and Food Service Areas.....	6
Issue 2. Food Trays Containing Cockroaches	7
Issue 3. Leadership’s Knowledge of Unsanitary Food Service Conditions	8
Issue 4. Other Issue - Staff Shortages	9
Conclusions	10
Recommendations	12
Appendixes	
A. Office of Inspector General Nutrition and Food Service Inspection Tool	13
B. Veterans Integrated Service Network Director Comments	20
C. Facility Director Comments	22
D. Office of Inspector General Contact and Staff Acknowledgments	25
E. Report Distribution	26

Executive Summary

The VA Office of Inspector General (OIG) conducted a healthcare inspection in response to a May 2016 request from the then-Senator Mark Kirk and the then-Congresswoman Tammy Duckworth to assess Nutrition and Food Service (NFS) environment of care concerns at the Edward Hines, Jr. VA Hospital (facility), Hines, IL. The allegations included:

- Cockroaches were persistently present in and around the food service area.
- Patients received food trays containing cockroaches.
- Leadership knew about the unsanitary conditions (cockroaches) in the NFS kitchens and did not resolve the problem.

We substantiated the persistent presence of cockroaches in and around NFS areas. During our unannounced site visit on May 10, 2016, we found dead cockroaches on glue traps dispersed throughout the facility's main kitchen. We observed conditions favorable to pest infestation. In the main kitchen, we found open cardboard boxes with dry food products exposed, food items in open cardboard boxes that were stored less than 6 inches from the floor, several cracks in the flooring, water infiltration around the floor drains, and trash receptacles without lids. (See Appendix A.)

We reviewed several emails from August 2015 through May 2016 amongst the Chief of NFS and the then-Chief of Environmental Management Service (EMS)/Acting Assistant Director (AD) and leadership staff discussing the presence of cockroaches in and around the main kitchen area. We also reviewed emails from December 2015 through May 2016 to the then-Chief of EMS/Acting AD from the pest control contractor reporting cockroaches in the main kitchen.

On March 4, 2016, Occupational Safety and Health Administration notified the facility about a complaint regarding a workplace hazard. The specific nature of the workplace hazard included employees' exposure to sewage and sewage odor in the main kitchen basement of Building 200 and cockroach infestation in the "pot area" of the main kitchen. On March 24, 2016, the facility provided a response to Occupational Safety and Health Administration that stated the pot and pan cleaning machine that was located in the "pot area" was taken out of service on March 2, 2016, due to leaking water that contributed to an infestation of cockroaches. The then-Acting Facility Director informed us that the pot and pan cleaning machine was removed on May 4, 2016.

The facility's safety officer informed us that kitchen areas were inspected a total of four times a year. We reviewed Environment of Care and Hospital Safety Hazard Surveillance inspection reports from fiscal year (FY) 2013 through FY 2015 that pertained to mediation of environmental conditions favorable to the presence of cockroaches in the facility's main kitchen and satellite kitchen. We found that the facility conducted inspections four times a year as required. Reports of the inspections did not include documentation of the presence of cockroaches.

We substantiated that at least several patients received food trays with cockroaches on them. We reviewed emails from mental health (MH) staff to NFS managers from March 11, 2011 through December 28, 2015, and a MH report dated March 13, 2014, that reported six complaints from patients that cockroaches were present on food trays delivered from the facility's main kitchen to the MH unit via a transportation cart.

MH nursing staff informed us that food on patients' trays is generally covered and trays are clean when they arrive to the unit via the transportation cart. However, MH nursing staff and several patients witnessed cockroaches on transportation carts. We were informed that patients became very upset and distressed as a result of witnessing cockroaches on food trays and transportation carts. At times, the patients' distress would disrupt the entire unit. MH nursing staff reported that on one occasion, pizza was ordered because patients were upset and refused to eat the food delivered via transportation carts.

During our visit on May 10, 2016, we observed several food transportation carts that had not been cleaned. The then-facility's Chief of EMS/Acting AD informed us that the wheels of the transportation carts had residual grime and debris because the cleaning process at the facility was not effective. The grime and debris not only attracted cockroaches but provided a hiding place. NFS staff reported that they witnessed cockroaches coming out of the transportation carts' wheels. Facility leadership determined that replacing the wheels would remove the grime and debris that was attracting and providing a hiding place for cockroaches. Transportation carts were cleaned and some of the transportation carts' wheels deemed problematic were replaced.

We were not provided documentation that transportation carts were inspected and sanitized after each use. As of June 2016, a standard operating procedure was developed outlining the cleaning schedule for regular daily and weekly cleanings of food transportation carts. The standard operating procedure contains an attachment showing examples of checklists that may be printed, initialed, and dated by the employee and supervisor after cleaning is complete.¹ We reviewed the patient advocate data for complaints related to pests and food delivery. As of March 2017, the last reported cockroach complaint occurred in December 2015.

We substantiated that leadership had knowledge of unsanitary food service conditions (cockroaches) in the NFS kitchen but had not successfully resolved the problem. Six reports of cockroaches on patient food trays had been submitted to facility leadership between March 2011 and December 2015. Facility leadership relied on its pest control program and did not take additional action to control the problem.

We determined that between March 2011 and September 2016, 10 different individuals were assigned to the Director's position. The facility did not have a permanent Director which may have contributed to the failure to readily resolve a persistent pest issue.

¹ Edward Hines, Jr. Hospital Policy, Memorandum No. M-5-13, Nutrition and Food Service, *Food Delivery Cart Washing Procedures*, June 2016.

Environment of Care inspection reports for at least the last 2 years did not document the presence of cockroaches.

More recently, the individual who was in the Acting Facility Director role at the time of our May 2016 site visit was assigned to the facility in October 2015. Two of the six patient complaints reporting cockroaches on patient trays were submitted in December 2015. During our interview on May 10, 2016, the then-Acting Facility Director informed us that she responded to complaints regarding work hazards and/or environment of care concerns in the NFS main kitchen from The Joint Commission on February 26, 2016, the Occupational Safety and Health Administration on March 24, 2016, and the Food and Drug Administration's unannounced inspection on April 29, 2016. These complaints included reports of cockroaches. She submitted an Issue Brief to VISN 12 on April 7, 2016. She also took the following steps as preventative pest control measures:

- Approved hiring of 20 full-time employees for food service staff (see Issue 4);
- Authorized a new pest control contractor with increased pest control surveillance;
- Approved removal of the leaking pot and pan cleaning machine that contributed to an infestation of cockroaches. It was removed on May 4, 2016 (a new pot and pan cleaning machine was installed on August 17, 2016; however, it was not operational until November 3, 2016); and
- Approved EMS staff overtime to clean the kitchen.

The Chief of NFS informed us that there was a combination of issues that contributed to the problems with cockroaches observed in and around the main kitchen. Contributing factors included:

- Several changes of pest control companies
 - In FY 2016 a pest control contract was awarded. In the beginning of FY 2017, the facility's leadership did not renew the pest control contract. A service agreement with a pest controller provided temporary pest control services.
- Structural integrity of the floors, walls, and ceilings due to aging infrastructure
- Location of the main kitchen in the facility's basement
 - Water infiltration in the sub-basement attracts cockroaches that travel throughout the building.

On May 31, 2016, an Interim Facility Director was assigned to the facility. On June 21, 2016, we conducted a briefing with the Interim Facility Director who stated that he was aware that the concerns and issues regarding cockroaches did not happen "overnight." The Interim Facility Director outlined to us his plans to renovate the main kitchen.

The Interim Facility Director also informed us that the Chief of NFS was tasked with conducting a needs assessment on food transportation carts: considering cart age/life expectancy, state of operational readiness, and repair. As a result, four carts were taken out of service and/or repaired and replacement carts were ordered. As of October 4, 2016, replacement carts were put into service.

NFS staff informed us that understaffing contributed to the presence of cockroaches in the facility's main kitchen. Before the current Chief of NFS, a dietitian manager, who retired on August 29, 2014, was responsible for maintaining the kitchen cleanliness. Prior to the arrival of the Chief of NFS in June 2014, facility leadership reallocated funding for the dietitian manager's position to an administrative position not associated with maintaining kitchen cleanliness. NFS staff informed us that no one was assigned with the primary responsibility of ensuring and maintaining kitchen cleanliness. NFS staff also informed us that cleaning duties were distributed among existing staff. Although overtime was offered to NFS staff to clean the kitchen, some staff declined to work overtime, reportedly due to low morale and feeling overworked. The Chief of EMS informed us that in April 2016, EMS staff provided overtime nightly and weekend kitchen cleaning. Also, in April 2016, 20 full-time positions for food service staff were approved. On July 18, 2016, the facility established a contract with a cleaning service to clean the main kitchen daily in addition to twice a year deep cleaning.

Despite the efforts made to control pests through cleaning and regular extermination agreements, the physical location of the main kitchen in the basement and adjacent sub-basement may increase the difficulty to control pests.

We recommended that the:

- Veterans Integrated Service Network Director ensure that the Facility Director complete an analysis of the basement and sub-basement structures to determine if adequate measures are in place to prevent water infiltration.
- Facility Director ensure that Nutrition and Food Service kitchen staffing is sufficient to perform all required duties, including cleaning and sanitation.
- Facility Director complete an analysis of the feasibility of relocating the main kitchen to an area that limits the environmental conditions for pests.

Comments

The Veterans Integrated Service Network and Facility Directors concurred with our recommendations and provided an acceptable plan. (See Appendixes B and C, pages 20–24 for the Directors' comments.) Based on information provided, we consider Recommendation 3 closed. We will follow up on the planned actions for the remaining open recommendations until they are completed.



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Purpose

The VA Office of Inspector General (OIG) conducted a healthcare inspection in response to a May 2016 request from the then-Senator Mark Kirk and the then-Congresswoman Tammy Duckworth to assess Nutrition and Food Service (NFS) environment of care (EOC) concerns at the Edward Hines, Jr. VA Hospital (facility), Hines, IL.

Background

Facility Profile. The facility is a tertiary care facility with 483 inpatient beds and provides a broad range of medical, surgical, and psychiatric inpatient care, as well as primary and specialty care outpatient services. The facility is part of Veterans Integrated Service Network (VISN) 12 and serves a veteran population of over 57,000 unique patients.

Nutrition and Food Service. Veterans Health Administration (VHA) Handbook 1109.04, Food Services Management Program outlines responsibilities for operating the NFS program in accordance with 38 United States Code 7301(b).² The Handbook states:

The Nutrition and Food Services Program must provide quality meals that are nutritionally adequate, meet the regulatory requirements for food safety, and are acceptable to Veterans in a health care and residential environment. The highest standard of quality and safety must be maintained in accordance with the Food and Drug Administration (FDA) Food Code and the Department of Veterans Affairs (VA), VHA-established food safety program.³ Continuous quality improvement, assessment, and monitoring ensures that operational and cost-effective measures are maintained.

The facility operates two NFS kitchens. The main kitchen is located in the basement of Building 200 where meals are prepared for inpatients. A satellite kitchen is located on the first floor of Building 217 where prepared food from the main kitchen is assembled on food trays and delivered to patients in the community long-term care center, long-term spinal cord injury unit, and blind rehabilitation unit.

Pest Management. Pest management requires an integrated approach that involves regular inspection, eliminating or sealing off hiding areas, sanitation, and pesticide application. VHA's Integrated Pest Management (IPM) Handbook provides the requirements for establishing and maintaining an IPM program in facilities that promotes safe, efficient, and environmentally-preferred strategies, and prevents or controls

² VHA Handbook 1109.04, *Food Services Management Program*, October 11, 2013.

³ The Food Code is a model for safeguarding public health and ensuring food is unadulterated and honestly presented when offered to the consumer. FDA periodically updates the Food Code recommendations; the most recent update was in 2013. The Food Code establishes practical, science-based guidance for mitigating risk factors that are known to cause or contribute to foodborne illness outbreaks associated with retail and food service establishments and is an important part of strengthening our nation's food protection system.

disease vectors and other pests that may adversely affect health, impede operations, or damage property.^{4,5}

VHA Handbook 1109.04 also establishes guidelines for controlling and minimizing the presence of pests by routinely inspecting incoming shipments, performing routine departmental inspections, and eliminating harboring conditions.⁶ Controlling and minimizing actions include:

- Reducing the number of packing cases within the kitchen area;
- Sealing all cracks in floors and walls to prevent any pests from entering;
- Repairing gaps and cracks in doorframes and thresholds;
- Inspecting areas behind refrigerators, freezers, stoves, sinks, and floor drains for signs of pests on a daily basis; and
- Ensuring outer openings are protected from pest entry.

Pests will persist or increase in number when environmental conditions promote their existence. Kitchen areas have several conditions that attract pests—food, water, and hiding areas. Pests also prefer sewers and boiler rooms, basements and steam tunnels in commercial establishments, especially where food is processed or prepared. The key to limiting pests is to limit those environmental conditions. The Food and Drug Administration (FDA) provides guidelines to limit conditions that promote the presence of pests.⁷ The FDA delineates measures to address pests in food service including extermination, in conjunction with control of the physical environmental and promotion of cleanliness, as specified in the Code of Federal Regulations Title 21.⁸

According to the facility's pest control policy, the facility will maintain a relatively pest-free environment through prevention of infestation or re-infestation, and control or elimination of existing infestation.⁹

⁴ VHA Handbook 1850.02, *Pest Management Operations*, December 7, 2011. This VHA Handbook was scheduled for recertification on or before the last working day of December 2016 and has not yet been updated.

⁵ IPM is a decision-making process which considers cultural, mechanical, biological, and chemical controls that are selected as each situation warrants.

⁶ VHA Handbook 1109.04, *Food Services Management Program*, October 11, 2013.

⁷ United States Public Health Service Food and Drug Administration 2013 Recommendations Food Code. The Food Code is a model for safeguarding public health and ensuring food is unadulterated and honestly presented when offered to the consumer.

⁸ Code of Federal Regulations, Title 21, Volume 2, Chapter 1, Subchapter B, Part 110, *Current Good Manufacturing Practice in Manufacturing, Packing, or Holding Human Food*, updated April 1, 2016. Retrieved on March 27, 2017 from <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcr/CFRSearch.cfm?CFRPart=110&s>

⁹ Edward Hines Jr. Hospital Policy, Memorandum 578-09-137-003 (R-2), *Pest Control Protocol*, September 30, 2015.

Prior Report. In January 2016, the VA OIG published a healthcare inspection assessing allegations of EOC and safety concerns at the Edward Hines Jr. VA Hospital, Hines, Illinois.¹⁰ Specifically, the areas of concern were:

- Flooding and presence of mold throughout the new surgical Operating Room (OR) areas, and
- Years of flooding and water damage in the old operating room.

We substantiated the allegation that prior to the new OR's first use for patient care on July 21, 2014, water had flooded the new surgical OR areas and mold was present. However, we determined the water infiltration problem was resolved and the mold was remediated prior to the new OR's first use for patient care.

We substantiated the allegation of years of flooding and water damage in the old OR. We identified signs of water damage on the floor and wall tiles due to past flooding in the former surgical OR area, which was previously located in the basement.

We recommended that the then-Acting Facility Director implement an action plan to remediate water damage in the basement of Building 200. In a response to the recommendation, a partition wall was constructed to remediate water damage and to ensure a safe environment in the basement of Building 200. The wall was a measure to prevent any water intrusion.

Allegations. In May 2016, OIG received requests from the then-Senator Mark Kirk and the then-Congresswoman Tammy Duckworth to assess the following NFS specific concerns:

- Cockroaches were persistently present in and around the food service area¹¹
- Patients received food trays containing cockroaches
- Leadership knew about the unsanitary conditions (cockroaches) in the NFS kitchens and did not resolve the problem

Scope and Methodology

We conducted our review from May through July 2016. We made an unannounced site visit on May 10, 2016, and a scheduled site visit from May 23 through 26, 2016. We

¹⁰ Department of VA OIG, *Healthcare Inspection: Environment of Care and Safety Concerns in Operating Room Areas, Edward Hines Jr. VA Hospital, Hines, IL*, Report No. 14-05173-92, January 19, 2016.

¹¹ Illinois Department of Public Health. *Prevention and Control Cockroaches*. Cockroaches may transfer disease pathogens, such as the various bacteria that produce "food poisoning" in humans, by contaminating food, food preparation surfaces, dishes, and eating utensils. Fragments of their exoskeletons that are shed as they grow and may also serve as antigens (foreign protein) that when inhaled, cause allergic and asthmatic reactions. Cockroaches are primarily nocturnal and prefer warm, moist places where they can feed on human and pet foods, decaying and fermenting matter, and a variety of other items. <http://www.idph.state.il.us/envhealth/pcsaferoach.htm>. Website accessed on April 17, 2016.

interviewed the then-Acting Facility Director and the Interim Facility Director; Chief of NFS; the then-Chief of Environmental Management Service (EMS)/Acting Assistant Director (AD); the then-Assistant Chief of EMS (as of March 2017 current Chief of EMS), Chief of Engineering; Chief of Safety; Chief of Infection Control; Chief of Quality, Safety and Value; and the Section Chief for Environmental Services/Contracting Officer's Representative (COR) for pest contracts. We also interviewed EMS staff, NFS staff, and mental health (MH) nursing staff.

We reviewed prior VA OIG reports, an infection control risk assessment for construction, patient advocate reports related to NFS, an electronic patient event report, and Town Hall meeting messages from the Chief of NFS to hospital staff. We also reviewed the pest control contractor's daily service inspection reports from August 2015 through May 2016, facility pest control procedures and protocols, VHA policies regarding NFS pest control contractor documents, an Issue Brief dated April 7, 2016, regarding pest control, and FDA guidelines. We reviewed facility leadership responses regarding system improvements and follow-up actions submitted to The Joint Commission, the Occupational Safety and Health Administration (OSHA), and FDA related to similar complaints. We reviewed EOC and annual and semi-annual Hospital Safety Hazard Surveillance policies and inspections from fiscal year (FY) 2013 through FY 2015. We reviewed hospital staff emails, NFS Employee Meeting minutes, and the facility's Safety Committee minutes.

We inspected the facility's main and satellite kitchens using a guide we developed based on VHA Handbook 1109.04¹² which outlines regulations, procedures, recommendations, and guidelines that apply to all NFS programs. We also inspected the community living center group dining area located in Building 217, and visited two MH units located in Building 228.

Three VHA policies cited in this report were beyond their recertification dates:

1. VHA Handbook 1850.02, *Pest Management Operations*, December 7, 2011 (recertification due date, December 30, 2016).
2. VHA Handbook 1109.06, *NFS Administrative and Resource Management*, July 9, 2009 (recertification due date, July 2014).
3. VHA Handbook 1109.07, *NFS Human Resource Management*, April 21, 2010 (recertification due date, April 30, 2015).

We considered these policies to be in effect as they had not been superseded by more recent policy or guidance. In a June 29, 2016 memorandum to supplement policy provided by VHA Directive 6330(1),¹³ the VA Under Secretary for Health (USH) mandated the "...continued use of and adherence to VHA policy documents beyond their recertification date until the policy is rescinded, recertified, or superseded by a

¹² VHA Handbook 1109.04, *Food Services Management Program*, October 11, 2013.

¹³ VHA Directive 6330(1), *Controlled National Policy/Directives Management System*, June 24, 2016, amended January 11, 2017.

more recent policy or guidance.”¹⁴ The USH also tasked the Principal Deputy Under Secretary for Health and Deputy Under Secretaries for Health with ensuring “...the timely rescission or recertification of policy documents over which their program offices have primary responsibility.”¹⁵

We **substantiate** allegations when the facts and findings supported that the alleged events or actions took place. We **do not substantiate** allegations when the facts show the allegations are unfounded. We **cannot substantiate** allegations when there is no conclusive evidence to either sustain or refute the allegation.

We conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

¹⁴ VA Under Secretary for Health Memorandum. *Validity of VHA Policy Document*, June 29, 2016.

¹⁵ Ibid.

Inspection Results

Issue 1: Persistent Presence of Cockroaches in the NFS Areas

We substantiated the persistent presence of cockroaches in and around NFS areas. During our unannounced site visit on May 10, 2016, we found dead cockroaches on glue traps dispersed throughout the facility's main kitchen. We observed conditions favorable to pest infestation. In the main kitchen, we found open cardboard boxes with dry food products exposed, food items in open cardboard boxes that were stored less than 6 inches from the floor, several cracks in the flooring, water infiltration around the floor drains, and trash receptacles without lids. (See Appendix A.)

According to VHA Handbook 1190.04, all NFS areas located in VA facilities are to be maintained in a clean, safe, and orderly manner.¹⁶ Storage areas must also be clean and free of unnecessary items. Garbage cans or receptacles need to be durable, leak-proof, nonabsorbent, and insect and rodent resistant. Garbage cans need to be kept covered with tight-fitting lids, and plastic bags may be used to line the receptacles.

According to the facility's pest control policy, the facility uses a pest control commercial contractor and a pest management plan establishing a frequency of treatment for all areas throughout the facility.¹⁷ In January 2015, the facility hired a pest control contractor because of pest sighting concerns. We reviewed the pest control contractor's reports entitled Daily Service/Inspection Reports from August 2015 through May 2016 and found documentation that confirmed the presence of cockroaches, at a minimum, once a month in the main kitchen with the exception of November 2015.

We reviewed several emails from August 2015 through May 2016 amongst the Chief of NFS and the then-Chief of EMS/Acting AD and leadership staff discussing the presence of cockroaches in and around the main kitchen area. We also reviewed emails from December 2015 through May 2016 to the then-Chief of EMS/Acting AD from the pest control contractor reporting cockroaches in the main kitchen.

On March 4, 2016, OSHA notified the facility about a complaint regarding a workplace hazard. The specific nature of the workplace hazard included employees' exposure to sewage and sewage odor in the main kitchen basement of Building 200 and cockroach infestation in the "pot area" of the main kitchen. On March 24, 2016, the facility provided a response to OSHA that stated the pot and pan cleaning machine that was located in the "pot area" was taken out of service on March 2, 2016, due to leaking water that contributed to an infestation of cockroaches. The then-Acting Facility Director informed us that the pot and pan cleaning machine was removed on May 4, 2016.

¹⁶ VHA Handbook 1109.04, *Food Services Management Program*, October 11, 2013.

¹⁷ Edward Hines Jr. Hospital Policy, Memorandum 578-09-137-003 (R-2), *Pest Control Protocol*, September 30, 2015.

According to the facility's EOC policy, all patient care areas must be inspected at a minimum of twice per year. The facility's safety officer informed us that the kitchen areas are patient care areas.¹⁸ According to the facility's Hospital Safety Hazard Surveillance Program policy, the Safety and Occupational Health Specialist will perform hazard surveillance surveys at least every 6 months.¹⁹

The facility's safety officer informed us that kitchen areas were inspected a total of four times a year. We reviewed EOC and Hospital Safety Hazard Surveillance inspection reports from FY 2013 through FY 2015 that pertained to mediation of environmental conditions favorable to the presence of cockroaches in the facility's main kitchen and satellite kitchen. We found that the facility conducted inspections four times a year as required. Reports of the inspections did not include documentation of the presence of cockroaches.

Issue 2: Food Trays Containing Cockroaches

We substantiated that at least several patients received food trays with cockroaches on them. We reviewed emails from mental health (MH) staff to NFS managers from March 11, 2011 through December 28, 2015, and a MH report dated March 13, 2014, that reported six complaints from patients that cockroaches were present on food trays delivered from the facility's main kitchen to the MH unit via a transportation cart.

MH nursing staff informed us that food on patients' trays is generally covered and trays are clean when they arrive to the unit via the transportation cart. However, MH nursing staff and several patients witnessed cockroaches on transportation carts. We were informed that patients became very upset and distressed as a result of witnessing cockroaches on food trays and transportation carts. At times, the patients' distress would disrupt the entire unit. MH nursing staff reported that on one occasion, pizza was ordered because patients were upset and refused to eat the food delivered via transportation carts.

VHA Handbook 1109.04 emphasizes the need to serve safe food and requires that food items on trays be protected from contamination.²⁰ Transportation carts (used to deliver food trays) must be capable of being tightly closed, leak proof, easy to clean and sanitize, and carts must be inspected and sanitized after each use.

During our visit on May 10, 2016, we observed several food transportation carts that had not been cleaned. The facility's Acting AD informed us that the wheels of the transportation carts had residual grime and debris because the cleaning process at the facility was not effective. The grime and debris not only attracted cockroaches but provided a hiding place. NFS staff reported that they witnessed cockroaches coming

¹⁸ Edward Hines, Jr. Hospital Policy, Memorandum 578-03-001-045 (R-3), *Safety, Occupational Health & Environment of Care Program*. October 30, 2015.

¹⁹ Edward Hines, Jr. Hospital Policy, Memorandum 578-03-001049 (R-3), *Hospital Safety Hazard Surveillance Program*, November 26, 2014.

²⁰ VHA Handbook 1109.04, *Food Services Management Program*, October 11, 2013.

out of the transportation cart wheels. Facility leadership determined that replacing the wheels would remove the grime and debris that was attracting and providing a hiding place for cockroaches. Transportation carts were cleaned and some of the transportation cart wheels were replaced.

During the time of our inspection, we were not provided documentation that transportation carts were inspected and sanitized after each use. As of June 2016, a standard operating procedure was developed outlining the cleaning schedule for regular daily and weekly cleanings of food transportation carts. The standard operating procedure contains an attachment showing examples of checklists that may be printed, initialed, and dated by the employee and supervisor after cleaning is complete.²¹ We reviewed the patient advocate data for complaints related to cockroaches, food trays, and transportation carts and we noted no further complaints. As of March 2017, the last reported cockroach complaint occurred in December 2015.

Issue 3: Leadership's Knowledge of Unsanitary Food Service Conditions (Cockroaches)

We substantiated that leadership had knowledge of unsanitary food service conditions (cockroaches) in the NFS kitchen but had not successfully resolved the problem. Six reports of cockroaches on patient food trays had been submitted to facility leadership between March 2011 and December 2015. The facility leadership relied on its pest control program and did not take additional action to control the problem.

We determined that between March 2011 and September 2016, 10 different individuals were assigned to the Director's position. The facility did not have a permanent director which may have contributed to a failure to readily resolve a persistent pest issue. EOC inspection reports for at least the last 2 years did not document the presence of cockroaches.

More recently, the individual who was in the acting facility director role at the time of our May 2016 site visit was assigned to the facility in October 2015. Two of the six patient complaints reporting cockroaches on patient trays were submitted in December 2015. During our interview on May 10, 2016, the then-Acting Facility Director informed us that she responded to complaints regarding work hazards and/or EOC concerns in the NFS main kitchen from The Joint Commission on February 26, 2016, OSHA on March 24, 2016, and FDA's unannounced inspection on April 29, 2016. These complaints included reports of cockroaches. She also submitted an Issue Brief to VISN 12 on April 7, 2016 and took the following preventative pest control measures:

- Approved hiring 20 full-time employees for food service staff (see Issue 4);
- Authorized a new pest control contractor with increased pest control surveillance;

²¹ Edward Hines, Jr. Hospital Policy, Memorandum No.M-5-13, Nutrition and Food Service, *Food Delivery Cart Washing Procedures*, June 2016.

- Approved removal of the leaking pot and pan cleaning machine that contributed to an infestation of cockroaches; it was removed on May 4, 2016; and²²
- Approved EMS staff overtime to clean the kitchen.

The Chief of NFS informed us that a combination of issues contributed to the problems with cockroaches observed in and around the main kitchen. Contributing factors included:

- Several changes of pest control companies
 - In FY 2016 a pest control contract was awarded. In the beginning of FY 2017, the facility's leadership did not renew the pest control contract. A service agreement with a pest controller provided temporary pest control services.
- Structural integrity of the floors, walls, and ceilings due to aging infrastructure
- Location of the main kitchen in the facility's basement
 - Water infiltration in the sub-basement attracts cockroaches that travel throughout the building.

On May 31, 2016, an Interim Facility Director was assigned to the facility. On June 21, 2016, we conducted a briefing with the Interim Facility Director who stated that he was aware that the concerns and issues regarding cockroaches did not happen "overnight." The Interim Facility Director outlined to us his plans to renovate the main kitchen.

The Interim Facility Director also informed us that the Chief of NFS was tasked with conducting a needs assessment on food transportation carts to include: consideration of cart age/life expectancy, the state of operational readiness, and repair. As a result, four carts have been taken out of service for repair and replacement carts were ordered. As of October 4, 2016, the replacement carts were put into service.

Issue 4: Other Issue – Staff Shortages

NFS staff informed us that understaffing contributed to the presence of cockroaches in the facility's main kitchen. Before the current Chief of NFS, a dietitian manager, who retired on August 29, 2014, was responsible for maintaining the kitchen cleanliness. Prior to the arrival of the Chief of NFS in June 2014, facility leadership reallocated funding for the dietitian manager's position to an administrative position not associated with maintaining kitchen cleanliness. NFS staff also informed us that cleaning duties were distributed among existing staff. Although overtime was offered to NFS staff to clean the kitchen, some staff declined to work overtime, reportedly due to low morale

²² A new pot and pan cleaning machine was installed on August 17, 2016; however, it was not operational until November 3, 2016.

and feeling overworked. The Chief of EMS informed us that in April 2016, EMS staff provided overtime nightly and weekend kitchen cleaning.

The Chief of NFS informed us that the facility did not have staffing ratios or full-time employee policy requirements for food service staff. Steps were instituted to determine appropriate NFS staffing levels that included:

- Describing the work that is needed.
- Identifying position descriptions that are needed.
- Determining how long or how many people are needed to do the work.
- Determining when the work is needed.
- Determining how many people can be off on any given day/shift.

According to VHA Handbooks 1109.04, *Food Services Management Program*; 1109.06 *NFS Administrative Resource Management*; and 1109.07, *NFS Human Resource Management*, the Chief of NFS is responsible for maintaining food safety and sanitation as well as determining staffing levels based on NFS needs.^{23,24,25}

In April 2016, 20 full-time positions for food service staff were approved. The Chief of NFS informed us that human resources staff are actively recruiting to hire an additional 18 part-time food service staff. On July 18, 2016, the facility established a contract with a cleaning service to clean the main kitchen daily in addition to twice a year deep cleaning.

Conclusions

We substantiated the persistent presence of cockroaches in and around NFS areas. During our unannounced site visit on May 10, 2016, we found dead cockroaches on glue traps dispersed throughout the facility's main kitchen. We observed conditions favorable to pest infestation. In the main kitchen, we found open cardboard boxes with dry food products exposed, food items in open cardboard boxes that were stored less than 6 inches from the floor, several cracks in the flooring, water infiltration around the floor drains, and trash receptacles without lids. We found that the facility conducted

²³ VHA Handbook 1109.04, *Food Services Management Program*, October 11, 2013.

²⁴ VHA Handbook 1109.06, *NFS Administrative and Resource Management*, July 9, 2009, pp.4–5. This VHA Handbook is scheduled for recertification on or before the last working day of July 2014 and has not yet been updated. The number of food production and food service employees needs to be based on the number of meals produced and served, menu cycle, type of service, physical layout, amount of labor-saving equipment, and variation in the assignment of janitorial duties.

²⁵ VHA Handbook 1109.07, *NFS Human Resource Management*, April 21, 2010, Appendix B. This Handbook was scheduled for recertification on or before the last working day of April 2015 and has not yet been updated. The Handbook states that NFS needs to be aware that staffing sufficiently meets The Joint Commission standards, maintains adequate sanitation and cleanliness, and completes staff education, training, and development, and allows for sufficient day off coverage, as well as planned and unplanned leave coverage.

inspections four times a year as required. Reports of the inspections did not include documentation of the presence of cockroaches.

We substantiated that at least several patients received food trays with cockroaches on them. We reviewed emails from mental health (MH) staff to NFS managers from March 11, 2011 through December 28, 2015, and a MH report dated March 13, 2014, that reported six complaints from patients that cockroaches were present on food trays delivered from the facility's main kitchen to the MH unit via a transportation cart. MH nursing staff and several patients witnessed cockroaches on transportation carts. We were informed that patients became very upset and distressed as a result of witnessing cockroaches on food trays and transportation carts.

We substantiated that leadership had knowledge of unsanitary food service conditions (cockroaches) in the NFS kitchen but had not successfully resolved the problem. Six reports of cockroaches on patient food trays had been submitted to facility leadership between March 2011 and December 2015. Facility leadership relied on its pest control program and did not take additional action to control the problem. We determined that between March 2011 and September 2016, 10 different individuals were assigned to the Director's position. The facility did not have a permanent director that may have contributed to a failure to readily resolve a persistent pest issue. EOC inspection reports for at least the last 2 years did not document the presence of cockroaches.

NFS staff informed us that understaffing contributed to the presence of cockroaches in the facility's main kitchen. Before the current Chief of NFS, a dietitian manager, who retired on August 29, 2014, was responsible for maintaining the kitchen cleanliness. Prior to the arrival of the Chief of NFS in June 2014, facility leadership reallocated funding for the dietitian manager's position to an administrative position not associated with maintaining kitchen cleanliness. NFS informed us that no one was assigned with the primary responsibility of ensuring and maintaining kitchen cleanliness. NFS staff also informed us that cleaning duties were distributed among existing staff. Although overtime was offered to NFS staff to clean the kitchen, some staff declined to work overtime, reportedly due to low morale and feeling overworked. The Chief of EMS informed us that in April 2016, EMS staff provided overtime nightly and weekend kitchen cleaning. On July 18, 2016, the facility established a contract with a cleaning service to clean the main kitchen daily in addition to twice a year deep cleaning.

Despite the efforts made to control pests through cleaning and regular extermination agreements, the physical location of the main kitchen in the basement and adjacent sub-basement may increase the difficulty of controlling pests.

We made three recommendations.

Recommendations

1. We recommended that the Veterans Integrated Service Network Director ensure that the Facility Director complete an analysis of the basement and sub-basement structures to determine if adequate measures are in place to prevent water infiltration.
2. We recommended that the Facility Director ensure that Nutrition and Food Service kitchen staffing is sufficient to perform all required duties including cleaning and sanitation.
3. We recommended that the Facility Director complete an analysis of the feasibility of relocating the main kitchen to an area that limits the environmental conditions for pests.

**OIG NFS Inspection Tool
Edward Hines VA Hospital, Hines, IL**

Not Met - Main	Not Met - Satellite	Criteria–VHA Handbook 1109.04, Food Services Management Program October 11, 2013 ²⁶	Findings
CLEANLINESS			
X	X	All NFS areas are maintained in a clean, safe, and orderly working environment. Coordination is required between NFS and Engineering Service for the inspection of all hoods, grease traps, and drains to ensure that they are safe and operating properly. Cleaning needs to be coordinated with assigned services.	In the main kitchen: <ul style="list-style-type: none"> • Ceiling looks fair, some evidence of water stains • Dirty drain holes • Overall, fair but some evidence that grease accumulated In the satellite kitchen: <ul style="list-style-type: none"> • No grease trap in one stove in kitchen • Standing water
		Chemicals must be packed separately from food items or paper goods used for food packaging.	
PEST CONTROL			
X	X	The presence of insects, rodents, and other pests needs to be controlled and minimized by routinely inspecting incoming shipments of food and supplies, routine departmental inspections, and eliminating harborage conditions.	In the main and satellite kitchens: <ul style="list-style-type: none"> • Dead cockroaches on glue traps that were dispersed throughout the kitchen
X	X	Additional measures include: Sealing all cracks in floors and walls to prevent any pests from entering.	In the main kitchen: <ul style="list-style-type: none"> • Cracks in tiles • Non-filled cracks in walls In the satellite kitchen:

²⁶ VHA Handbook 1109.04, *Food Services Management Program*, October 11, 2013.

			<ul style="list-style-type: none"> • Missing tiles • Dirt, especially in corners of floor
		Repairing gaps and cracks in doorframes and thresholds.	
X	X	Inspecting behind refrigerators, freezer, stoves, sinks, and floor drains for signs of pests during daily walk through by a designated nutrition and food service employee.	<p>In the main and satellite kitchens:</p> <ul style="list-style-type: none"> • Dirty floors • Evidence of spilled food without cleanup <p>In the satellite kitchen:</p> <ul style="list-style-type: none"> • Opportunities for cleaning inside bottom of refrigerator
		<p>Outer openings are to be protected from the entry of insects and rodents, for instance:</p> <ul style="list-style-type: none"> • Windows must be closed and tight-fitting; if needed for ventilation, the opening needs to be covered with 16 meshes per 1 inch screening. • Doors must be solid, tight fitting, and self-closing. • If doors are opened to an outside area, air curtains or other effective means of controlling pest entry need to be used. • Elevators must have solid, tight-fitting doors when closed; if opened. 	
		NFS should work cooperatively with Facilities Management in establishing an effective pest management program.	
		WASTE MANAGEMENT	
	X	Storage areas for refuse, recyclables, and returnables must be separate from food preparation and service areas, and maintained in good repair. Storage areas must also be clean and free of unnecessary items.	<p>In the satellite kitchen:</p> <ul style="list-style-type: none"> • Uncovered dirty garbage receptacles with a build-up of soil inside of the receptacles
	X	Garbage cans or receptacles need to be durable, leak-proof, nonabsorbent, and insect and rodent resistant. Garbage cans need to be kept covered with tight-fitting lids, and plastic bags may be used to line the receptacles.	<p>In the satellite kitchen:</p> <ul style="list-style-type: none"> • Garbage receptacles did not have lids
		Soiled receptacles and waste handling units for refuse,	

		recyclables, and returnables must be cleaned as per facility policy to prevent them from developing a buildup of soil or becoming attractants for insects and rodents.	
		Refuse, recyclables, and returnables must be removed from the premises as per facility policy that minimizes the development of objectionable odors and other conditions which attract or harbor insects or rodents.	
		TRANSPORTATION OF FOOD	
X	X	<p>Food trucks and/or carts designed specifically for food transportation must be used. They need to be:</p> <ul style="list-style-type: none"> • Capable of being tightly closed and must be designed to hold food at appropriate temperatures, regardless of delays; • Sturdy and, when appropriate, sectioned so food items do not mix; • Leak proof; and • Easy to clean and sanitize. 	<p>In the main and satellite kitchens:</p> <ul style="list-style-type: none"> • Spilled food that had dried was present in several food transportation carts • Transportation carts were dirty
		TRAY ASSEMBLY GUIDELINES	
		Tray assembly needs to take place in a central location, if possible.	
		All food items on the tray line and on the tray need to be protected from contamination, which may include covering individual items to preserve sanitation standards.	
		BEDSIDE TRAY SERVICE	
		Tray passers (food service workers, nursing, etc.) must be trained and instructed to follow the facility's infection control policy.	
		Employees must not touch patient's or resident's belongings on the bedside table. Touching these items can lead to cross contamination and the spread of infectious disease.	
		Tray transport must be accomplished only in enclosed carts.	

		SANITATION	
	X	Working surfaces, utensils, equipment, and other food-contact surfaces are thoroughly cleaned and sanitized after each period of use or at 4 hour intervals, if the utensil or equipment is in constant use.	In satellite kitchen: <ul style="list-style-type: none"> • Utensils and counters had evidence of food residue • Cooking utensils tray was dirty
		Traffic of unauthorized individuals through the food service and preparation areas must be controlled at all times.	
		Live animals are not allowed in the food preparation and service area(s).	
		PERSONAL HYGIENE	
		Hair Restraints: Hats, hair coverings or nets, beard restraints, and clothing that cover body hair are to be worn in food production and food service areas.	
		Hand Washing: Proper procedures should be followed, using designated hand sinks, to wash hands immediately before engaging in food preparation; after touching bare human body parts; after using the toilet; after coughing or sneezing; after using a handkerchief or tissue; using tobacco; eating; drinking; after handling soiled equipment or utensils; during food preparation when switching between raw food handling and ready-to-eat food handling; and immediately before putting on and after removing disposable gloves. Designated hand sinks should not be used for any other purpose other than hand washing.	
	X	If used, single-use gloves must be used for only one task such as working with ready-to-eat-food or with raw animal food, and then discarded. Gloves must be discarded when damaged or soiled, or when interruptions occur in the food operation: <ul style="list-style-type: none"> • Gloves may be worn during tray retrieval from the patient or resident care area(s). • Gloves must be discarded, and hands washed immediately, between each patient or resident care area, to reduce the risk of cross contamination. 	In satellite kitchen: <ul style="list-style-type: none"> • Boxes of clean gloves stored in dirty room • Gloves brought to food preparation area when needed • No glove use until alerted by supervisor

		<ul style="list-style-type: none"> Gloves must not be worn in elevators and common hallways. 	
		Cleaning cloths used for wiping food spills must be used for no other purpose. Dry or wet cloths used with raw animal foods must be kept separate from cloths used for other purposes. Cloths must be free of food debris and visible soil and laundered daily. Wet cloths should be stored in sanitizing solution while not in use and disposed and removed for laundering when heavily soiled or at the end of an 8 hour shift. Disposable or single use cloths are recommended for use in production areas, especially those processing raw, potentially hazardous foods.	
		Disposable or single use cloths must be stored in closed cartons or containers, which protect them from contamination.	
X		All equipment must be National Sanitation Foundation approved.	<p>In main kitchen:</p> <ul style="list-style-type: none"> Pot and pan cleaning machine was removed due to leaking
FOOD STORAGE			
X	X	Cardboard cartons used in shipping food need to be discarded as soon as possible once the cans, cartons, etc. have been removed. Cardboard cartons should not be brought into the food preparation or tray assembly areas.	<p>In main kitchen:</p> <ul style="list-style-type: none"> Open cardboard boxes, no cover, with dry food products exposed <p>In main and satellite kitchens:</p> <ul style="list-style-type: none"> Corrugated boxes in area
		Items in storage need to be labeled with an expiration date and/or date of receipt. The first-in, first-out method of inventory control needs to be used to ensure that the newer supplies are positioned for use.	
		Proper lighting must be maintained throughout the storage areas.	
		Adequate shelving is necessary to eliminate the need to stack boxes and crates on the floor or on top of each other.	

		Cardboard cartons used in shipping food need to be discarded as soon as possible once the cans, cartons, etc. have been removed. Cardboard cartons should not be brought into the food preparation or tray assembly areas.	
X		All food items need to be stored 6 inches off of the floor and at least 18 inches from sprinkler heads. The exception to the 18 inch rule is from National Fire Protection Association Section 13, which permits storage against walls above the 18 inch plane, as long as the stored materials or shelves are not directly below the sprinkler deflector.	<p>In main kitchen:</p> <ul style="list-style-type: none"> • Dry goods stored less than 6 inches from floor <p>In satellite kitchen:</p> <ul style="list-style-type: none"> • One shelving unit's bottom shelf had 3 inches of floor clearance, was in disarray, and contained enteral feeding solution.
X		Dry storage areas must be well ventilated and pest free.	<p>In main kitchen:</p> <ul style="list-style-type: none"> • Dead cockroaches in the dry food storage room that had not been cleaned up
X	X	<p>The temperature needs to be between 10°-21.2° C (50°-70° F).</p> <p>Relative humidity needs to be at 50 to 60 percent.</p>	<p>In main kitchen:</p> <ul style="list-style-type: none"> • No temperature control • Missing thermometer in a freezer <p>In satellite kitchen:</p> <ul style="list-style-type: none"> • No thermometer apparatus for one additional refrigerator and two freezers
		REFRIGERATORS	
		Raw foods are not to be stored above ready-to-eat foods, cooked foods, fruits, or vegetables.	
	X	All items need to be clearly labeled and indicate the expiration date, as appropriate, when received. Facilities may add receipt date for inventory tracking purposes, first-in, first-out.	<p>In satellite kitchen:</p> <ul style="list-style-type: none"> • Prepared food was not labeled • Expired foods: lettuce and cheese, and enteral nutrition bottles • Opened drink mix packets
		The equipment for refrigerated storage needs to maintain food at a temperature at or below 5° C (41° F). Each storage area needs to be equipped with a thermometer that is accurate plus or minus (+/-) 1.7° C (3° F). Refrigeration units that do not	

		have a read-out display of the temperature need to have thermometers placed in the warmest area of the unit.	
		Temperatures must be recorded and monitored daily by designated nutrition and food service staff. Any variances require corrective action.	
		A clearly visible thermometer must be provided, and needs to be placed in the warmest part of the unit. Temperature logs must be maintained by designated nutrition and food service employee.	

Source: VA OIG

VISN Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: April 18, 2017

From: Director, VA Great Lakes Health Care System (10N12)

Subj: Healthcare Inspection— Nutrition and Food Service Environment of
Care Concerns, Edward Hines, Jr. VA Hospital, Hines, Illinois

To: Director, Chicago Office of Healthcare Inspections (54CH)
Director, Management Review Service (VHA 10E1D MRS Action)

1. Thank you for conducting a comprehensive review at the Edward Hines, Jr. VA Hospital, Hines IL.
2. I have reviewed the document and concur with the response as submitted.



Renee Oshinski

Comments to OIG's Report

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

OIG Recommendation

Recommendation 1. We recommended that the Veterans Integrated Service Network Director ensure that the Facility Director complete an analysis of the basement and sub-basement structures to determine if adequate measures are in place to prevent water infiltration.

Concur

Target date for completion: May 31, 2017

Facility response: Hines VAH has performed numerous remediation actions to mitigate standing water issues in the basement and sub-basement. These actions include two C017 hot water bundles, several valves, bonnets, valve packings, relief of steam traps, and other sources of water intrusion into the sub-basement. In the basement engineering staff have replaced leaking pipes, joints, valves and augured drains. These mitigation efforts have substantially reduced standing water to a minimal amount. There is a pipe noted to have an ongoing leak which has had a temporary patch installed. A plan to isolate the steam locally and permanently repair this condensation line will be completed on May 3, 2017, during the night shift to minimally impact food production and service operations. A third party inspection by Orkin on February 21, 2017, confirmed evidence of the improvement and continued surveillance. Ongoing surveillance via rounds in the basement and sub-basement occur on a routine basis to identify and address new leaks and ensure existing infrastructure remain intact.

Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: April 18, 2017

From: Director, Edward Hines, Jr. VA Hospital (578/00)

Subj: Healthcare Inspection— Nutrition and Food Service Environment of
Care Concerns, Edward Hines, Jr. VA Hospital, Hines, Illinois

To: Director, VA Great Lakes Health Care System (10N12)

1. Hines concurs with all recommendations. Please see the attached action plans for the recommendations identified from the recent review.
2. If you have any questions, please contact Ms. Michelle Schlup, Assistant Director at (708) 202-5635.

(original signed by:)
Steven E. Braverman, M.D.

Comments to OIG's Report

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

OIG Recommendation

Recommendation 2. We recommended that the Facility Director ensure that Nutrition and Food Service kitchen staffing is sufficient to perform all required duties including cleaning and sanitation.

Concur

Target date for completion: October 1, 2017

Facility response: Nutrition and Food Service staffing continues to be a priority at Hines VAH to ensure all sanitation and cleaning activities are performed. A service agreement was established June 2016 to perform nightly deep cleaning required in the kitchen. This agreement includes the wipe down of all services including equipment and walls, floor care and other cleaning activities throughout the kitchen and food preparation areas. This agreement is still in effect. Twelve (12) new NFS personnel have been hired, several part-time positions were transitioned to full-time; and other positions that had been vacant were backfilled in accordance with the 20 hiring actions approved by the acting Director as referenced in the report. Our analysis indicates the need for five additional employees in order to confidently transition the cleaning service agreement back to internal staff duties. These five are remaining from the initial group of 20 approved hiring actions. Anticipated completion date is October 1, 2017.

Recommendation 3. We recommended that the Facility Director complete an analysis of the feasibility of relocating the main kitchen to an area that limits the environmental conditions for pests.

Concur

Target date for completion: Completed April 13, 2017

Facility response: We performed a feasibility analysis via a course of action (COA) analysis that included relocating the kitchen operations from its current basement location. The Hines VAH has decided to proceed with kitchen renovation plan COA 1, which will cost approximately \$1.2 million. This will address the flooring and ceiling in all food preparation areas, dry storage, and dish room sections. COA 1 additionally includes ongoing pest control and surveillance of the basement and sub-basement. The renovation plan has a period of performance of approximately 270 days, and an award time of an estimated 90 days. This renovation would allow Hines VAH to resume normal food operations more quickly ensuring our mission of meeting Veteran nutrition needs.

We included two courses of action for kitchen relocation. COA 2 identifies a new location within the main hospital above the basement. There is no sufficient space available in our current building blueprint for a newly placed kitchen that can support all necessary functions and infrastructure. Therefore, this COA will require relocation of an existing clinical area and cost a minimum of \$5 million. There are additional unknown costs for renovation and repurposing of the current kitchen location depending upon its reuse and replacement of the service relocated by the kitchen. This would minimize the risk of basement associated pest infestation, but we will still require some element of pest control and surveillance in the existing basement and sub-basement.

COA 3 constructs a new kitchen in an external building. This COA will cost approximately \$14 million to construct a new building suitable for all food operations and storage. This includes renovation of the current kitchen space in the basement to be morphed into other usable space for facility needs. Other limiting factors include the contracting time required for a project of that size and scope which would take three years on a conservative estimate. Pest management and surveillance of the remaining sub-basement and basement of the main hospital facility remains a requirement.

Scoring of the COA criteria of cost, time, mitigation of pest risk, and food production efficiency/quality favor COA 1 with or without extra weighting of the cost and time criteria. We recommend closure of this recommendation.

OIG Comment: Based on information provided, we consider this recommendation closed.

OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the OIG at (202) 461-4720.
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