



Commonwealth of Massachusetts  
Office of the State Auditor  
Suzanne M. Bump

*Making government work better*

Official Audit Report – Issued October 28, 2016

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## Soldiers' Home in Massachusetts—Chelsea

For the period July 1, 2013 through June 30, 2015





Commonwealth of Massachusetts  
Office of the State Auditor  
Suzanne M. Bump

*Making government work better*

October 28, 2016

Ms. Cheryl Lussier Poppe, Superintendent  
Soldiers' Home in Massachusetts—Chelsea  
91 Crest Avenue  
Chelsea, MA 02150

Dear Ms. Lussier Poppe:

I am pleased to provide this performance audit of the Soldiers' Home in Massachusetts—Chelsea. This report details the audit objectives, scope, methodology, findings, and recommendations for the audit period, July 1, 2013 through June 30, 2015. My audit staff discussed the contents of this report with management of the agency, whose comments are reflected in this report.

I would also like to express my appreciation to the Soldiers' Home in Massachusetts—Chelsea for the cooperation and assistance provided to my staff during the audit.

Sincerely,

A handwritten signature in blue ink, appearing to read "SMBump".

Suzanne M. Bump  
Auditor of the Commonwealth

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## LIST OF ABBREVIATIONS

CFR	Code of Federal Regulations
CMR	Code of Massachusetts Regulations
DPH	Department of Public Health
DPS	Department of Public Safety
EOHHS	Executive Office of Health and Human Services
LTC	long-term care
MMARS	Massachusetts Management Accounting and Reporting System
OSA	Office of the State Auditor
SHC	Soldiers' Home in Massachusetts—Chelsea
VA	Department of Veterans Affairs

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## EXECUTIVE SUMMARY

In accordance with Section 12 of Chapter 11 of the Massachusetts General Laws, the Office of the State Auditor has conducted an audit of certain activities of the Soldiers' Home in Massachusetts—Chelsea (SHC) for the period July 1, 2013 through June 30, 2015.

In this performance audit, we reviewed and assessed SHC's operations related to its general upkeep of the facility and the physical condition of the spaces accessed and occupied by residents.

Below is a summary of our findings and recommendations, with links to each page listed.

<b>Finding 1a</b> <b>Page <a href="#">8</a></b>	Some resident rooms in the Domiciliary Unit had safety and sanitation issues.
<b>Finding 1b</b> <b>Page <a href="#">9</a></b>	Some common areas in the Domiciliary Unit had safety and sanitation issues.
<b>Finding 1c</b> <b>Page <a href="#">9</a></b>	The long-term-care facility at the Quigley Memorial Hospital had safety and sanitation issues.
<b>Finding 1d</b> <b>Page <a href="#">10</a></b>	The Voke Building kitchen, the Quigley Memorial Hospital cafeteria, and other areas had unsanitary conditions and potential food contamination.
<b>Recommendations</b> <b>Page <a href="#">11</a></b>	<ol style="list-style-type: none"><li>1. SHC should repair all the unsafe and unsanitary conditions we observed.</li><li>2. SHC should develop and maintain a centralized room-inspection log to document all monthly and follow-up inspections, establish a process by which staff members will be assigned to conduct these inspections, and implement monitoring controls to ensure that all required inspections are performed and any problems noted are addressed in a timely manner.</li><li>3. SHC should create and distribute a written policy and procedure instructing staff members to report any maintenance deficiencies to their department heads and making the department heads responsible for informing the director of Facilities of those deficiencies. The written policies should be supplemented with verbal reminders by department heads to their staffs to report to them on unsafe, unsanitary conditions and other items requiring attention.</li><li>4. SHC should consider increasing the frequency of its environmental and safety inspections.</li><li>5. SHC should ensure that the staff members doing the environmental and safety inspections are performing their duties as accurately as possible.</li></ol>

<b>Finding 2a</b> <b>Page 13</b>	Some of SHC's heating and hot-water systems had not had the required inspections.
<b>Finding 2b</b> <b>Page 14</b>	SHC did not ensure that all fire extinguishers in the Quigley Memorial Hospital's kitchen were fully charged.
<b>Finding 2c</b> <b>Page 14</b>	Exposed and torn fiberglass insulation was located over some of the supplies in the Quigley Memorial Hospital kitchen.
<b>Finding 2d</b> <b>Page 15</b>	Medical supplies were stored in an area where they could be contaminated.
<b>Recommendations</b> <b>Page 16</b>	<ol style="list-style-type: none"><li>1. The director of Facilities should establish the necessary controls to ensure that annual inspection requests are promptly submitted to the Department of Public Safety and that all boilers' inspection certificates are up to date.</li><li>2. SHC should amend its Utilities Management Plan to address the requirement of annual boiler inspections.</li><li>3. SHC should ensure that all fire extinguishers are operating properly. Any problem found should be corrected immediately.</li><li>4. SHC should immediately repair the damaged kitchen ceiling.</li><li>5. SHC should cover the loose insulation in the damaged kitchen ceiling and properly clean the surrounding area that could be contaminated.</li><li>6. As recommended in Finding 1, SHC should create and distribute a written policy for reporting maintenance deficiencies and periodically remind employees to report them.</li><li>7. As recommended in Finding 1, SHC should consider increasing the frequency of its environmental and safety inspections.</li></ol>

## Post-Audit Action

In its written response to this report, SHC indicated that it had taken measures to address all of the safety and sanitation issues that we identified during the audit. SHC also provided photographs that appeared to show that once we brought these problems to its attention, repairs were made (Appendix B).

The agency also indicated that it had implemented a number of new policies and procedures, as well as other operational changes that should ensure that all of its facilities are properly inspected and any necessary repairs or safety concerns are addressed in a timely manner. SHC officials stated that they are working with the state's Division of Capital Asset Management and Maintenance and are currently "in the designer selection board phase of a process that encompasses a re-envisioning and modernization of the Chelsea campus, including a new facility."

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## OVERVIEW OF AUDITED ENTITY

The Soldiers' Home in Massachusetts—Chelsea (SHC) was established in 1882 and is one of the oldest and largest veterans' homes in the country. Authorized by Chapter 115A of the Massachusetts General Laws, SHC operates within the Department of Veterans' Services, which is organized under the Executive Office of Health and Human Services (EOHHS). SHC's mission is to provide healthcare, housing, and human services to eligible Massachusetts veterans.

SHC operates a 174-bed long-term-care facility that includes skilled nursing care and a dementia unit. These services are provided in the Quigley Memorial Hospital. As of April 1, 2015, SHC statistics showed that 168 beds had occupants: 76 veterans of World War II, 49 veterans of the Korean conflict, 42 veterans of the Vietnam conflict, and 1 peacetime veteran. SHC also provides full-time residential housing in a 305-bed Domiciliary Unit spread among five buildings on its 20-acre campus. As of April 1, 2015, 216 of the 305 beds were occupied; 61% of the occupants were Vietnam-era veterans, 18% were veterans of other wars/conflicts, and 21% were peacetime veterans.<sup>1</sup> Infirmary services are available to provide for residents' immediate medical needs. SHC ceased providing acute-care hospital services in 2006 and outpatient services in 2010. The Quigley Memorial Hospital is reviewed periodically by three organizations: the Commonwealth's Department of Public Health; the Joint Commission (a nonprofit organization that accredits healthcare organizations and programs); and the federal Department of Veterans Affairs (VA), which also conducts a review of the Domiciliary Unit.

SHC is governed by a seven-member board of trustees appointed by the Secretary of EOHHS, with the approval of the Governor, to oversee SHC's management. Five of the trustees must be veterans. The day-to-day operations are administered by a superintendent who is also appointed by the Secretary of EOHHS with the approval of the Governor.

For the fiscal years ended June 30, 2014 and June 30, 2015, SHC spent \$26,781,028 and \$27,254,673, respectively, from its state maintenance appropriations. SHC also financed facility improvements through appropriations from the Division of Capital Asset Management and Maintenance, totaling \$726,439 in fiscal year 2014 and \$675,247 in fiscal year 2015. In addition, the Legislature has established a retained-revenue account into which 60% of the revenue (after costs) from the sale of license plates with the designation "Veteran" is deposited. Funds in the account can be spent for facility maintenance and patient

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1. As of January, 20, 2016, the Domiciliary Unit census had dropped to 206 residents.

care, including personnel costs. Expenditures in a given year cannot exceed the total of \$600,000 plus any unspent funds from previous years. The account can also accept gifts, grants, donations, and bequests. Disbursements from this account totaled \$356,379 in fiscal year 2014 and \$738,107 in fiscal year 2015.

In addition to its state-appropriated funding, in fiscal year 2015 SHC collected \$14,077,781 in revenue, \$13,486,795 of which came from patient and resident care reimbursements mostly paid by the federal VA. In fiscal year 2014, SHC collected revenue totaling \$15,466,383; this amount included patient and resident care reimbursements totaling \$14,893,759, mostly from the federal VA.



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## AUDIT OBJECTIVES, SCOPE, AND METHODOLOGY

In accordance with Section 12 of Chapter 11 of the Massachusetts General Laws, the Office of the State Auditor (OSA) has conducted a performance audit of certain activities of the Soldiers' Home in Massachusetts—Chelsea (SHC) for the period July 1, 2013 through June 30, 2015. When reviewing the inspection stickers on SHC's heating and hot-water systems, we extended our audit period through September 3, 2015.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Below is a list of our audit objectives, indicating each question we intended our audit to answer; the conclusion we reached regarding each objective; and, if applicable, where each objective is discussed in the audit findings.

Objective	Conclusion
1. Are all equipment and supplies kept clean, sanitary, and in good working condition?	No; see Findings <u>2a</u> , <u>2b</u> , <u>2c</u> , and <u>2d</u>
2. Is every resident provided with basic equipment and supplies such as an adequate bed, chair, bathroom supplies, and storage space?	Yes
3. Are bed linens changed when necessary, but at least weekly?	Yes
4. Does the facility provide a sufficient housekeeping and maintenance staff to keep the interior of the facility safe, clean, orderly, attractive, sanitary, and in good repair?	No; see Findings <u>1</u> and <u>2</u>
5. Are the floors, walls, and ceilings cleaned regularly and kept free of cracks and falling plaster?	No; see Findings <u>1a</u> , <u>1b</u> , <u>1c</u> , and <u>2d</u>
6. Does the facility maintain a pest-control program either internally or with a contracted pest-control company?	Yes, but see Finding <u>1d</u>

To achieve our objectives, we gained an understanding of the internal controls we deemed significant to our audit objectives and evaluated the design and effectiveness of controls over equipment and facility

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maintenance, housekeeping, provision of supplies to patients, and pest control. In addition, we performed the following procedures:

- We reviewed SHC's organization chart and agency policies and procedures and interviewed various SHC officials.
- We obtained and reviewed various criteria related to our audit objectives, such as licensing requirements for long-term-care (LTC) facilities (Section 150 of Title 105 of the Code of Massachusetts Regulations [CMR]);<sup>2</sup> requirements for states and LTC facilities (Section 483 of Title 42 of the Code of Federal Regulations [CFR]), requirements for state nursing homes for veterans (38 CFR 51), and provisions of the State Sanitary Code related to residences and food preparation (105 CMR 410 and 590). In addition, we reviewed Chapter 146 of the General Laws and 522 CMR 4, regarding boiler inspections, and 527 CMR 1(1)(4). We also reviewed various requirements in the Comprehensive Accreditation Manual for Long Term Care Facilities published by the Joint Commission and used this information during our inspections.
- We performed an inspection of the entire facility, examining the visible general equipment (such as fire extinguishers, ductwork, and exercise/physical-therapy equipment), medical equipment, and kitchen equipment for evidence that maintenance was performed to keep the equipment in proper working condition and that items such as food, kitchen supplies, and minor medical supplies were stored in a safe and sanitary manner.
- We randomly selected a nonstatistical sample of 28 LTC residents, out of 170 residents at the time of our review, and inspected their living quarters to determine whether they were provided with necessary basic equipment such as beds, chairlifts, and medical monitors and whether this equipment was properly maintained. We also determined whether these residents were provided with essential supplies such as bathroom amenities, adequate closet space, privacy curtains, TVs, and clean bedding that was laundered and stored as required.
- We tested SHC's maintenance and housekeeping records to see whether there appeared to be a sufficient staff to provide proper building maintenance, cleaning, and sanitation. We randomly selected a nonstatistical total sample of 88 work orders placed and completed, out of a total of 1,437 for our audit period, and calculated the time between the filing of a work order and its completion. We then performed multiple random visual inspections of the facility to evaluate its maintenance and sanitation over the course of our audit. Our visual inspections included reviewing all areas of the facility, including kitchens, cafeterias, LTC facilities, storage facilities, bathrooms, and the area that contained the heating and hot-water systems, to determine whether SHC provided its residents with a clean, sanitary, and homelike environment.
- We randomly selected a nonstatistical sample of the beds of 20 residents, out of a pool of 202 residents at the time of our inspection, to determine whether SHC provided its residents with a safe, sanitary, and clean living environment.

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2. The state's Department of Public Health conducts an annual review of the LTC facility at SHC, following 42 CFR 483. SHC's management told us that SHC voluntarily complies with the provisions of 105 CMR 150 in order to provide the best possible environment and patient care.

- We reviewed SHC's current pest-control contract and tested a random nonstatistical sample of 25 disbursements for pest-control services, out of a total of 434, for compliance with the contractual terms. We reviewed the pest-control provider's logs and service slips, which were signed by the service provider's technician and by SHC's head of housekeeping and which helped us determine whether pest-control procedures were performed as invoiced. We inspected the facility to determine whether there were pest infestations and noted the existence of various traps, pest-deterrence devices, and other types of monitoring provided by the contractor.

Based on OSA's most recent data-reliability assessment of the Massachusetts Management Accounting and Reporting System (MMARS) and our current comparison of source documentation with MMARS information, we determined that the information obtained from MMARS for our audit period was sufficiently reliable for the purposes of our audit work.<sup>3</sup> We generally relied on hardcopy source documents for other data needs.

We used nonstatistical sampling to help us achieve our audit objectives and therefore did not project our results to the various populations.

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3. In 2014, OSA performed a data-reliability assessment of MMARS. As part of this assessment, we tested general information-technology controls for system design and effectiveness. We tested for accessibility of programs and data as well as system change management policies and procedures for applications, jobs, and infrastructure.

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## DETAILED AUDIT FINDINGS WITH AUDITEE'S RESPONSE

### 1. The Soldiers' Home in Massachusetts—Chelsea is not providing its residents with safe and sanitary living conditions.

The residential facilities at the Soldiers' Home in Massachusetts—Chelsea (SHC) did not comply with health and safety requirements: the facilities contained scattered trash and debris, overloaded electrical outlets, loose and cracked plaster, and evidence of pests and human waste. Health and safety problems such as these seem to be ongoing issues at SHC, since similar problems were identified during a 2014 annual inspection conducted by the Department of Public Health (DPH) before our audit. These problems, if left unattended, could have a negative effect on the health and safety of residents.

#### a. Some resident rooms in the Domiciliary Unit had safety and sanitation issues.

Our inspection of 20 occupied resident rooms in the Domiciliary Unit (see room photographs in Appendix A) revealed 10 to be unsafe and unsanitary: 3 rooms contained clutter and debris or piles of trash, stockpiled personal items, and what appeared to be human waste; 1 room had evidence of rodents; 4 rooms had severely chipping paint and cracked plaster; 2 rooms had overloaded electrical outlets and power strips; and 1 room had an inoperable door lock and latch. In addition, none of the 20 rooms was inspected for safety each month as required by SHC policies. The 20 rooms should have been inspected 24 times each during our audit period, for a total of 480 inspections. Our testing showed that only 23 inspections had been conducted and that 4 rooms had not been inspected at all. Moreover, 3 of the 20 rooms had failed previous inspections, and for those 3, there was no documentation that SHC had performed the required reinspection to determine whether the reasons for the failed inspection had been resolved. Such unsafe and unsanitary living conditions could cause serious health issues and pose safety concerns.

#### Authoritative Guidance

SHC's resident handbook states,

*At least once a month Residential Services staff will inspect your room. Room inspections will be conducted randomly and do not require your presence. Staff is authorized to inspect all contents of your living space for safety, cleanliness, furnishing inventory, contraband, and prohibited items.*

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When a room fails inspection, SHC's Room Inspection Procedure requires a reinspection the following Monday and up to two weekly inspections thereafter.

**b. Some of the Domiciliary Unit common areas had safety and sanitation issues.**

Common areas in the Domiciliary Unit (stairs, hallways, recreation rooms, and bathrooms) had safety and sanitation issues (see photographs of Keville House, Sullivan Building, and John Adams Building common areas in Appendix A). Specifically, there were an unlocked, out-of-service bathroom with exposed plumbing pipes and an open sewage drain in the floor; a drinking fountain leaking onto a hall floor; a pay-phone closet littered with trash; missing floor moldings and wall tiles; flaking paint and loose plaster on the walls; windows leaking water onto a stairway; and numerous stains and streaks indicating water damage on ceilings and walls. Such conditions could cause serious health issues and safety concerns.

**Authoritative Guidance**

Section 410.602(D) of Title 105 of the Code of Massachusetts Regulations (CMR) states,

*In any dwelling, the owner shall be responsible for maintaining in a clean and sanitary condition free of garbage, rubbish, other filth or causes of sickness that part of the dwelling which is used in common by the occupants and which is not occupied or controlled by one occupant exclusively.*

**c. The Quigley Memorial Hospital had safety and sanitation issues.**

The Quigley Memorial Hospital long-term-care facility had holes in communal bathroom walls that were large enough to allow access by vermin or become bodily entrapments to residents; missing bathroom wall tiles; evidence of water damage; and missing ceiling tiles directly over a nurse's workstation (see photographs of the Quigley Memorial Hospital bathroom and room 321 in Appendix A). These conditions could lead to injuries and serious health issues.

**Authoritative Guidance**

According to 105 CMR 150.016(E),

*1. All facilities shall provide sufficient housekeeping and maintenance personnel to maintain the interior of the facility in good repair and in a safe, clean, orderly, attractive and sanitary manner free from all accumulation of dirt, rubbish and objectionable odors. . . .*

*7. Floors, walls and ceilings shall be cleaned regularly; halls and ceilings shall be maintained free from cracks and falling plaster.*

**d. The Voke Building kitchen, the Quigley Memorial Hospital cafeteria, and other areas had unsanitary conditions and potential food contamination.**

A ceiling tile located directly over a food preparation area in the Voke Building kitchen was missing, and evidence of recent water or sewage damage was exposed in its place. Such damage could allow contaminants to fall into the prepared food. We also observed dead insects in light fixtures throughout the facility and on a cafeteria windowsill directly over a food-warming table, as well as rodent droppings in multiple resident rooms. (See photographs of the Voke Building kitchen and Quigley Memorial Hospital dining area in Appendix A.)

Missing ceiling tiles exposing leaking sewer and water lines can allow debris, sewage, and other contaminants to end up in food that is prepared directly beneath them. Severe illness or death may occur if food prepared for consumption is contaminated. Rodent droppings are also known to carry diseases and bacteria that can cause sickness or death.

**Authoritative Guidance**

Section 483.35(i) of Title 42 of the Code of Federal Regulations (CFR) states, "The facility must . . . store, prepare, distribute, and serve food under sanitary conditions." Further, 42 CFR 483.15(h) outlines the following, among other requirements:

*The facility must provide—*

- 1. a safe, clean, comfortable, and homelike environment [and]*
- 2. housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.*

The requirements of 105 CMR 150.016(E)(1) and (7), noted in Finding 1c, also apply here: the facility, including floors, walls, and ceilings, must be kept safe, clean, and in good repair.

Finally, 105 CMR 410.550(B) states,

*The owner of a dwelling containing two or more dwelling units shall maintain it and its premises free from all rodents, skunks, cockroaches and insect infestation and shall be responsible for exterminating them.*

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## Reasons for Unsafe and Unsanitary Conditions

SHC has no written policy directing employees to report maintenance issues to their department heads or requiring the department heads to report such issues to the director of Facilities. Therefore, SHC personnel did not report the above-mentioned issues to the department heads so that they could ask the director of Facilities to create work orders and initiate repairs.

In addition, since the Facilities staff performs environmental inspections of patient-care areas only twice a year and safety inspections of the non-patient-care areas only once a year, unsafe and unsanitary conditions can develop long before corrective action is taken. Although some work orders for sanitary and safety issues were created and completed during our audit period, SHC stated that its Residential Services Department is understaffed and does not have enough personnel to conduct the monthly inspections and the reinspections. SHC officials did not do a study to determine how many additional staff members would be needed to perform the required inspections, but they told us they believed they needed one more employee. With additional personnel, more frequent inspections could be performed.

SHC also does not have a process whereby specific staff members are assigned to conduct the monthly inspections, and it has no centralized inspection log detailing which resident rooms have been, or need to be, inspected.

## Recommendations

1. SHC should repair all the unsafe and unsanitary conditions we observed.
2. SHC should develop and maintain a centralized room-inspection log to document all monthly and follow-up inspections, establish a process by which staff members will be assigned to conduct these inspections, and implement monitoring controls to ensure that all required inspections are performed and any problems noted are addressed in a timely manner.
3. SHC should create and distribute a written policy and procedure instructing staff members to report any maintenance deficiencies to their department heads and making the department heads responsible for informing the director of Facilities of those deficiencies. The written policies should be supplemented with verbal reminders by department heads to their staffs to report to them on unsafe, unsanitary conditions and other items requiring attention.
4. SHC should consider increasing the frequency of its environmental and safety inspections.
5. SHC should ensure that the staff members doing the environmental and safety inspections are performing their duties as accurately as possible.

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## Auditee's Response

*Unsafe and unsanitary conditions observed during the audit have been repaired . . . and areas that are not used or that are under construction have been locked and will not be accessible to residents in order to maintain their safety. . . .*

*Residential Services management maintains a log to record room inspections and their results. This log is maintained electronically on a shared drive and is accessible to all staff. Since the Audit, we have changed our internal procedures to identify residents who are not maintaining their rooms in accordance with Chelsea Soldiers' Home standards. . . . Those residents will now have their rooms re-inspected within two weeks. The inspection will be conducted by an interdisciplinary team consisting of residential services staff as well as the facilities staff and will be overseen by the Deputy Superintendent. The new interdisciplinary effort will allow our facilities team to identify and make the physical repairs that may be necessary, while our residential staff can address the resident's psychosocial issues through increased one-to-one meetings with social workers, organizational group meetings and limited room reassignments. . . .*

*SHC does have a Maintenance and Repair Policy which is stored electronically on the agency's shared drive. Facility Management will also distribute a paper form of the policy to all Department Heads to be shared with their staff(s). Further, we are including the policy of maintenance and repair reporting as part of new staff orientation and will re-inforce the importance of the policy by discussing it with residents at Town Hall meetings. Likewise we will discuss the policy with staff at departmental meetings and post throughout SHC a list of those who have access to the Capital Asset Management Information System (CAMIS) to report work order requests. Finally, a reminder was recently sent to all Chelsea Staff on how to report maintenance and repair concerns. . . .*

*SHC's Facilities Management Department is increasing and expanding its Environmental Safety Program. With respect to the dormitory buildings, inspections will now be conducted quarterly, and will now include the common areas and bathrooms in all Dormitory Buildings. These inspections will identify all safety, security, sanitation and facilities in need of repair. With respect to the Quigley long term care facility, Environmental Safety Inspections are conducted in accordance with the Joint Commission Environment of Care standards. We have developed our procedures in accordance with Joint Commission standards. . . .*

*Environmental Safety Inspections (ESI) will now be conducted by the Director of Support Services as well as the Supervisor of Buildings and Grounds and the Chief of Security. These Directors will conduct the inspections as a team and they will each designate and train a member from their staff as team backup in case of the Director's unavailability. During these inspections each team member will concentrate on their specific areas of expertise; the Director of Support Services has approximately 17 years of building sanitation experience, while the Supervisor of Building and Grounds has approximately 20 years of experience in building maintenance and repair and the Chief of Security has approximately 6 years of experience as a Military Police Officer.*



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## Auditor's Reply

In addition to its written response to our audit report, SHC provided recent photographs of the areas where we had identified and photographed poor health and safety conditions and/or security measures. Although the audit team did not reinspect these problem areas, the pictures provided by SHC appear to indicate that once we brought these problems to the attention of SHC officials, the necessary repairs were made. Based on its response, SHC is taking measures to address our concerns in this area.

## **2. Equipment at SHC was not properly maintained or inspected, and supplies were not kept in a sanitary manner.**

The general facilities at SHC did not comply with state health and safety requirements. Specifically, their conditions included lapsed inspection certificates on heating and hot-water systems, an inoperable fire extinguisher, exposed insulation in the kitchen, and medical supplies stored under a water-damaged ceiling. As in our previous finding, issues like this seem to be ongoing at SHC, since similar problems were identified during a DPH annual inspection before our audit. If left unattended, the issues could have a negative effect on residents' health and safety.

### **a. Some of SHC's heating and hot-water systems had not had the required inspections.**

Two of the three heating and hot-water systems (boilers) at SHC's power plant had inspection certificates that were expired. On September 3, 2015, the three boilers had inspection certificates with expiration dates of January 2015, June 2015, and November 2015. The boilers supply heat and hot water to SHC's residents and staff. Boiler accidents and failures could result in costly structural damage to the facility and could cause injuries to residents and employees. Further, proper boiler maintenance, service, and inspections reduce safety risks, help ensure that systems run efficiently, and can help extend the lives of the units and save SHC thousands of dollars in potential repair and replacement costs.

### **Authoritative Guidance**

Section 6 of Chapter 146 of the Massachusetts General Laws and 522 CMR 4.03 state that boilers and their appurtenances must be inspected at least once a year. Section 8 of Chapter 146 of the General Laws states, "No person shall operate or cause to be operated any boiler . . . until it has been inspected, and the certificate of inspection . . . has been issued."

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## Reasons for Lack of Timely Inspections

SHC did not make a request to the Department of Public Safety (DPS) to perform the required annual inspections. According to SHC's director of Facilities, this was an oversight. Although SHC had a document called a Utilities Management Plan, the plan did not address the necessity of annual boiler inspections.

### **b. SHC did not ensure that all fire extinguishers in the Quigley Memorial Hospital's kitchen were fully charged.**

One of the five fire extinguishers located in the oven area of the kitchen was empty (and therefore inoperable) and needed to be recharged (see photograph of empty fire extinguisher in Appendix A). In the event of a fire, an empty fire extinguisher could result in preventable property damage and injury to employees and residents who dine in the adjacent cafeteria.

## Authoritative Guidance

Federal regulation 42 CFR 483.70(d)(2) states that facilities must "maintain all essential, mechanical, electrical, and patient care equipment in a safe operating condition."

In addition, 527 CMR 1.1.4 states,

*Any equipment, system, construction requirement, specification or method relating to fire protection of persons or property within a building, structure, ship or vessel shall be properly maintained and shall continue to perform in accordance with . . . applicable requirements.*

## Reasons for Inoperable Fire Extinguisher

SHC officials stated that the fire extinguishers were serviced monthly by a private contractor. The empty extinguisher was tagged, showing that it had been inspected and serviced only one week before our inspection. Therefore, SHC could not explain why it was empty, but surmised that the unit either was used before our inspection or had sprung a leak.

### **c. Exposed and torn fiberglass insulation was located over some of the supplies in the Quigley Memorial Hospital kitchen.**

A heating and air-conditioning duct on the Quigley Memorial Hospital kitchen ceiling had exposed and torn fiberglass insulation hanging directly over packaged food and kitchen supplies (see photograph of this condition in Appendix A). The exposed insulation could contaminate food and pose a serious

health risk to residents and staff members either from breathing in potentially carcinogenic fibers or from direct exposure to skin. Such insulation is known to irritate the eyes, nose, throat, and stomach and worsen asthma and bronchitis symptoms.

### **Authoritative Guidance**

As noted in Finding 1d, 42 CFR 483.35(i)(2) requires facilities to store, prepare, and serve food under sanitary conditions. In addition, 105 CMR 150.015(G)(2) states, "All equipment and supplies shall be kept in good working condition and in a clean and sanitary manner."

### **Reasons for Exposed Insulation**

As stated in Finding 1d, there is no written policy requiring maintenance issues to be reported to department heads and the director of Facilities. This issue, along with the fact that non-patient-care areas are inspected only once a year, contributes to unsafe and unsanitary conditions going unnoticed.

#### **d. Medical supplies were stored in an area where they could be contaminated.**

At the Quigley Memorial Hospital, various medical supplies such as bandages, gauze, tape, catheters, and blood-pressure monitors were stored in an area where the ceiling showed water damage, flaking paint, and falling plaster. It should be noted that DPH, in its 2014 annual inspection of SHC, reviewed facility compliance in areas such as physical environment, quality of life, infection control, and dietary and medical services and reported similar sanitation deficiencies. Although all the instances listed in the DPH report were corrected, it appears that unsafe and unsanitary conditions at SHC continue to be problems. Use of unsanitary, contaminated, or damaged medical supplies can cause illness or death.

### **Authoritative Guidance**

As previously mentioned, 42 CFR 483.70(d)(2) requires facilities to keep essential equipment in safe operating condition, and 105 CMR 150.015(G)(2) requires equipment and supplies to be kept clean, sanitary, and in good working condition.

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## Reasons for the Unsanitary Storage of Medical Supplies

The lack of written policies discussed in Finding 1d also contributed to this problem. SHC officials stated that understaffing was also a cause of the problem.

## Recommendations

1. The director of Facilities should establish the necessary controls to ensure that annual inspection requests are promptly submitted to DPS and that all boilers' inspection certificates are up to date.
2. SHC should amend its Utilities Management Plan to address the requirement of annual boiler inspections.
3. SHC should ensure that all fire extinguishers are operating properly. Any problem found should be corrected immediately.
4. SHC should immediately repair the damaged kitchen ceiling.
5. SHC should cover the loose insulation in the damaged kitchen ceiling and properly clean the surrounding area that could be contaminated.
6. As recommended in Finding 1, SHC should create and distribute a written policy for reporting maintenance deficiencies and periodically remind employees to report them.
7. As recommended in Finding 1, SHC should consider increasing the frequency of its environmental and safety inspections.

## Auditee's Response

*SHC has created a system to track all Facility related testing and inspections, including inspections of boilers. Notice will be sent out via e-mail and CAMIS work requisitions to the responsible party approximately four weeks prior to boiler certificate expiration dates. This tracking system is managed by the Director of Facilities office. . . .*

*SHC has updated its Utilities Management Plan to identify annual inspection(s) of nine key utility systems as described in the Utilities Management Plan. . . . The management plan is a Joint Commission requirement for the agency to identify how the facility manages its utility systems.*

*All fire extinguishers are inspected annually by a licensed fire extinguisher contractor and deficiencies are reported via CAMIS and corrected immediately. If a deficiency cannot be corrected a replacement extinguisher is installed. In order to ensure proper certification, Facility Management staff currently conducts a monthly visual inspection of all fire extinguishers and work with outside contractors in the event any deficiencies are discovered. Additionally, we will conduct an in service training as follow up to new hire orientation training to ensure staff correctly inspects fire extinguishers and identify deficiencies. . . .*

*The kitchen ceiling is made of Acoustical Ceiling Tile, and the entire kitchen ceiling (both the damaged and non-damaged tiles) has been replaced. . . .*

*The insulation in the kitchen ceiling has been repaired and covered and surrounding areas have been cleaned.*

In addition, as mentioned in the Auditee's Response to Finding 1, SHC stated that it would disseminate its Maintenance and Repair Policy to its staff and residents, discuss the policy with them, and post a list throughout the campus of the personnel who can request work orders, as well as conducting inspections of the Domiciliary Unit each quarter and conducting inspections of the Quigley Memorial Hospital in accordance with Joint Commission standards.

### **Auditor's Reply**

Based on its response, SHC is taking measures to address our concerns in this area.

## APPENDIX A

### Photos



John Adams Building:  
Second-Floor Common-Area Bathroom



John Adams Building:  
Second-Floor Common-Area Bathroom



Sullivan Building: First-Floor Common-Area Bathroom



Quigley Memorial Hospital:  
Third-Floor East Men's Bathroom



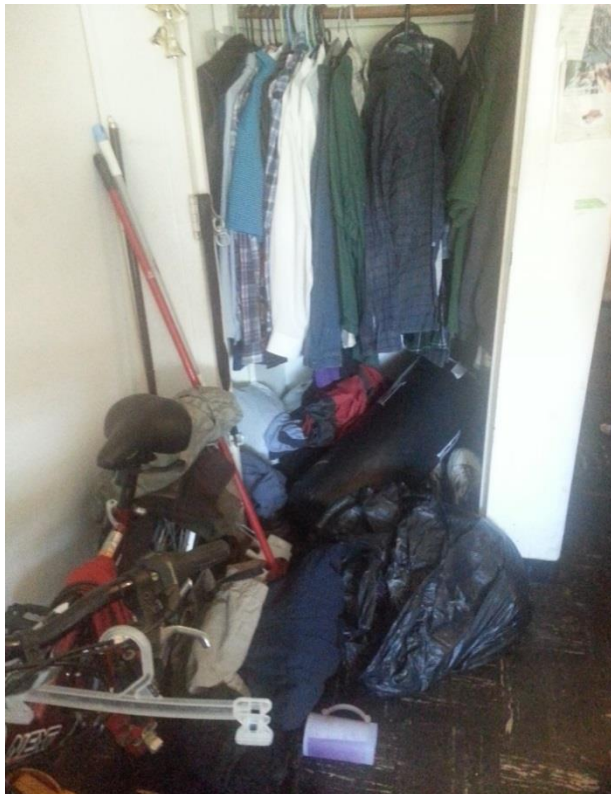
Keville House: Resident Room



Keville House: Resident Room



Keville House: Resident Room



Keville House: Resident Room



Keville House: Resident Room



John Adams Building: Ground Floor



Keville House: Sixth-Floor Hallway



Sullivan Building: Second-Floor Hallway

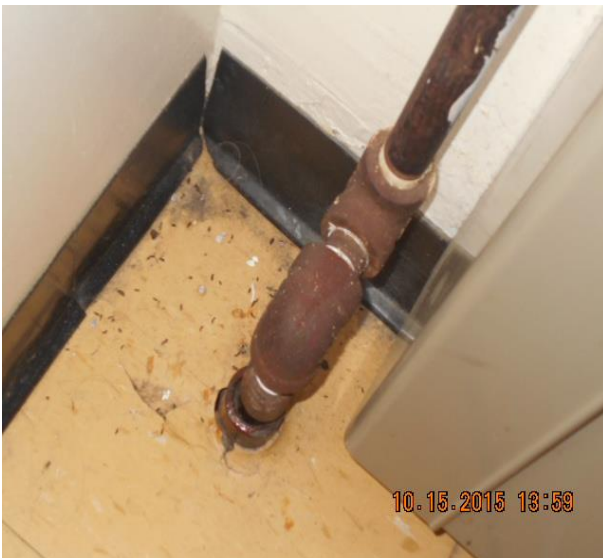




Quigley Memorial Hospital: Dining Area



Quigley Memorial Hospital: Dining Area



John Adams Building: Resident Room



Keville House: Stairwell



Keville House: Common Area



Keville House: Stairwell



Voke Building (headquarters): Kitchen



Keville House: Sixth-Floor Stairwell



Keville House: Fourth-Floor Hallway



Keville House: Fourth-Floor Common Bathroom



Quigley Memorial Hospital:  
Third-Floor Central Office Room 321



Quigley Memorial Hospital: Second-Floor West Room



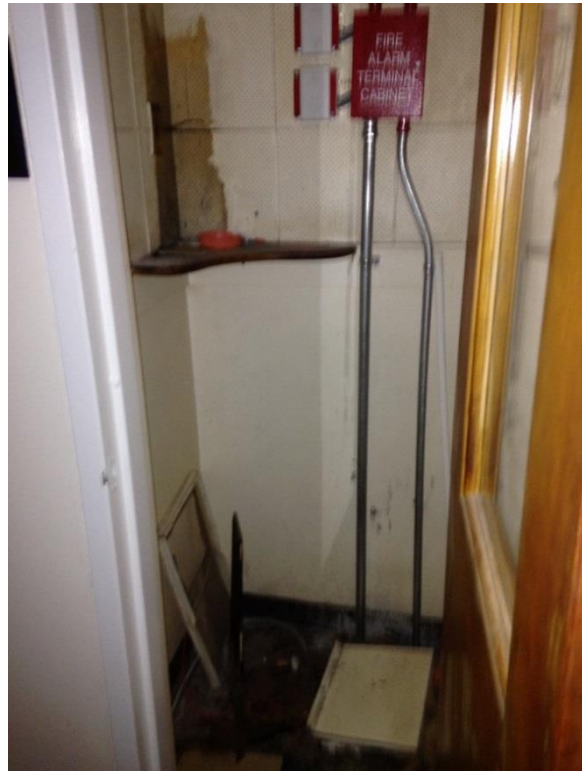
Sullivan Building: Lounge (out of service)



Quigley Memorial Hospital: Kitchen



Quigley Memorial Hospital: Kitchen



Keville House: Sixth-Floor Pay-Phone Closet

## **APPENDIX B**

### **Photographs Provided by Soldier's Home in Massachusetts—Chelsea**

August 15, 2016

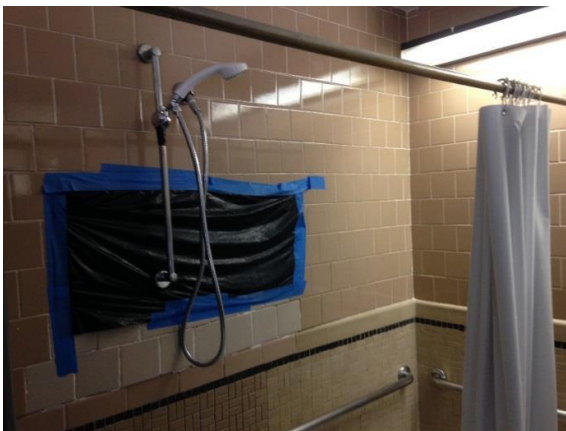
**ATTACHMENT 1:  
BEFORE AND AFTER PHOTOGRAPH OF REPAIRS**



**John Adams: Second-Floor Common Area Bathroom: (Headquarters Building) on going plumbing repair project. Included in a DCAMM Funded Plumbing Repair Project #CHE1652-FM1, J115454. Door is secured and accessible only by CSH Facility Management staff.**



**John Adams: Second-Floor Common Area Bathroom: (Headquarters Building) on going plumbing repair project. Included in a DCAMM Funded Plumbing Repair Project #CHE1652-FM1, J115454. Door is secured and accessible only by CSH Facility Management staff.**



**Sullivan Building: First-Floor Common Area Bathroom shower tiles replaced.**

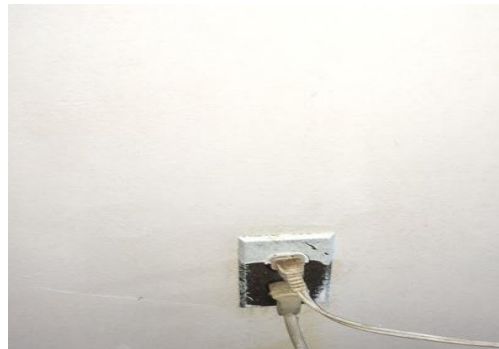
August 15, 2016

**ATTACHMENT 1:  
BEFORE AND AFTER PHOTOGRAPH OF REPAIRS**

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**Quigley Memorial Hospital: Third-Floor East Men's Bathroom: Access panel installed and missing tiles replaced.**



**Keville House Sixth-Floor Room A (1/4): Independent Living Resident's wall displays substance on the wall. Wall area wall has been cleaned, sanitized and repainted. Resident was reminded that they are required to maintain a clean and orderly room. Resident will require additional Health and Safety Check.**



**Keville House Sixth-Floor Room A (2/4): Independent Living Resident's wall displays substance on the wall. Wall area wall has been cleaned, sanitized and repainted. Resident was reminded that they are required to maintain a clean and orderly room. Resident will require additional Health and Safety Check.**

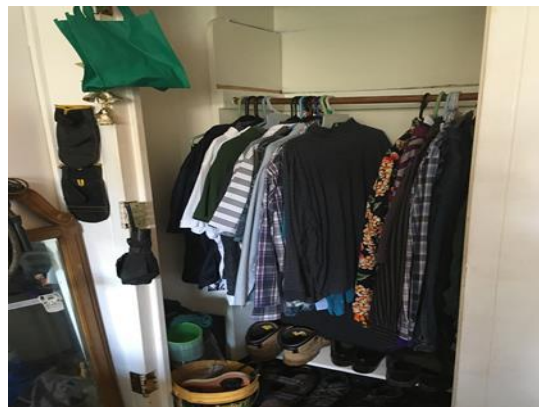
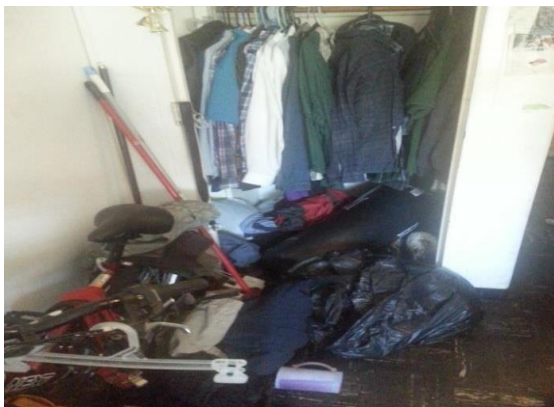


August 15, 2016

**ATTACHMENT 1:  
BEFORE AND AFTER PHOTOGRAPH OF REPAIRS**



**Keville House Sixth-Floor Room A (3/4): Independent Living Resident's floor tiles display yellow colored substance. Resident's floor has been cleaned and sanitized. Resident was reminded that they are required to maintain a clean and orderly room. Resident will require additional Health and Safety Check.**



**Keville House Sixth-Floor Room A (4/4): Independent Living Resident's closet area. Closet and area improved. Resident was reminded that they are required to maintain a clean and orderly room. Resident will require additional Health and Safety Check of quarters.**



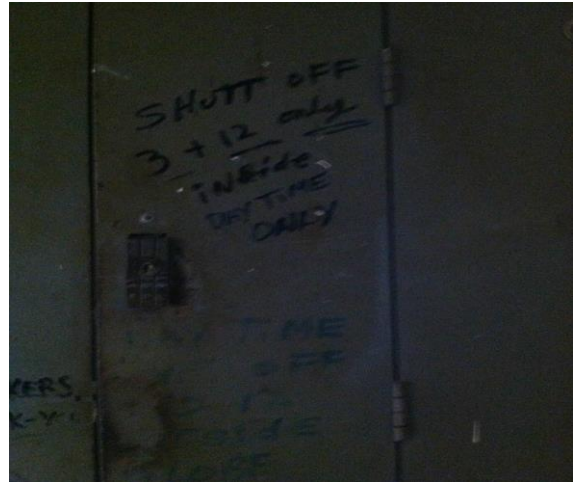
**Keville House Sixth-Floor Room B (1/1): Independent Living Resident's overload of electrical strips. Resident was instructed about the use and safety of multiple electrical surge protectors and overloading the electrical outlets. Resident will require additional Health and Safety Check of quarters.**

August 15, 2016

# ATTACHMENT 1: BEFORE AND AFTER PHOTOGRAPH OF REPAIRS



John Adams Building Ground Floor Room C (1/1): The Independent Living Resident that occupied the room during the Audit has since transferred out of the room. Room is currently vacant.



Keville House: Sixth-Floor Hallway Light Panel Secured.



Keville House: Second-Floor Hallway Light Panel Secured.

August 15, 2016

## ATTACHMENT 1: BEFORE AND AFTER PHOTOGRAPH OF REPAIRS



Quigley Memorial Hospital: Dining Area is cleaned on a daily basis. Dietary staff is reminded not to open windows.



Quigley Memorial Hospital: Dining Area is cleaned on a daily basis. Dietary staff is reminded not to open windows.



John Adams Building Second Floor Room D (1/1): The Independent Living Resident room area was cleaned and sanitized. Resident was reminded that they are required to maintain a clean and orderly room. Resident will require additional Health and Safety Check.

August 15, 2016

**ATTACHMENT 1:  
BEFORE AND AFTER PHOTOGRAPH OF REPAIRS**



**Keville House: Stairwell Light Globe removed and cleaned.**



**Keville House: Common Area plastered.**



**Keville House: Stairwell plastered.**

August 15, 2016

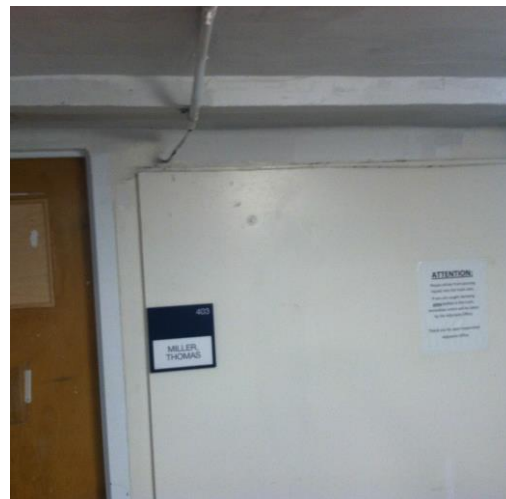
**ATTACHMENT 1:  
BEFORE AND AFTER PHOTOGRAPH OF REPAIRS**



**Volk Building (Headquarters): Kitchen ceiling tiles replaced.**



**Keville House: Stairwell plastered.**



**Keville House: Fourth-Floor Hallway ceiling plastered and painted.**

August 15, 2016

**ATTACHMENT 1:  
BEFORE AND AFTER PHOTOGRAPH OF REPAIRS**



**Keville House: Fourth-Floor Common Bathroom ceiling plastered and painted.**



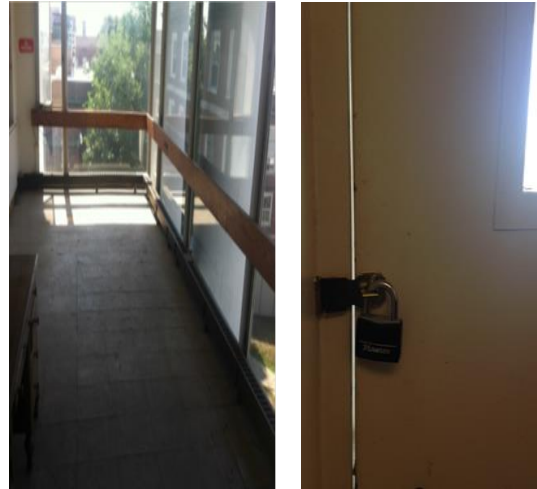
**Quigley Memorial Hospital: Third Floor Central Office Room 321: Ceiling tiles replaced.**



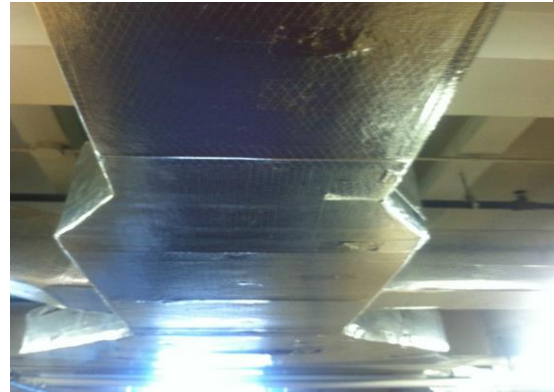
**Quigley Memorial Hospital: Second Floor West Room Doorway plastered and painted.**

August 15, 2016

## ATTACHMENT 1: BEFORE AND AFTER PHOTOGRAPH OF REPAIRS



**Sullivan Building Lounge 335 (Entire Floor is Out of Service):** This space was utilized as a staging area for the “Life Safety Program”. Sullivan Building Third Floor is pending future construction.



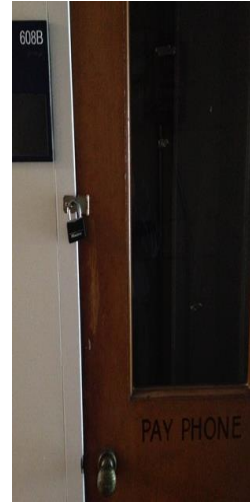
**Quigley Memorial Hospital: Kitchen ceiling repaired.**



**Quigley Memorial Hospital Kitchen: Fire extinguisher replaced.**

August 15, 2016

**ATTACHMENT 1:  
BEFORE AND AFTER PHOTOGRAPH OF REPAIRS**



**Keville House: Sixth-Floor Payphone Closet is unused and out of service. Closet was cleaned and secured.**



**ATTACHMENT 1:  
BEFORE AND AFTER PHOTOGRAPH OF REPAIRS**



**Reference: Soldiers' Home in Massachusetts Auditor's Report (2015), Paragraph 2d. Page 14: "...ceiling showed water damage, flaking paint, and falling plaster." This photograph displays corrective action taken. Ceiling repaired and painted.**

**NOTE: In order to comply with privacy issues, actual Resident room numbers are substituted with an identifying room letter.**

**Room A: Four (4) Auditor photographs. Four (4) Corrective Action photographs.**

**Room B: One (1) Auditor photographs. One (1) Corrective Action photographs.**

**Room C: One (1) Auditor photographs. One (1) Corrective Action photographs.**

**Room D: One (1) Auditor photographs. One (1) Corrective Action photographs.**