



Administrative Closure
Alleged Environment of Care Deficiencies in the
Post-Traumatic Stress Disorder Unit
VA Central Western Massachusetts Healthcare System (520/00)
Leeds, MA
MCI# 2014-02141-HI-0467

On March 6, 2014, the Office of Inspector General Office of Healthcare Inspections conducted an *unannounced* inspection of the post-traumatic stress disorder (PTSD) inpatient unit at VA Central Western Massachusetts Healthcare System (commonly known as Northampton VAMC) in response to a request from the Senate Veterans Affairs Committee (SVAC) Majority Staff. An SVAC Majority Staff member received a call from a patient on the unit alleging that the unit had no power or heat on Sunday (March 2); yet patients were not allowed to leave the unit and had to stay in the cold. The patient also alleged that the unit was dirty and rundown.

On March 6, 2014, we made an unannounced visit to the facility to inspect the inpatient PTSD unit (Ward 8). During the review, we interviewed the Associate Director, Quality Manager, and the Chief Facilities Engineer; four PTSD unit nurses, including the Nurse Manager, and a Peer Support Specialist; and six patients on the unit. The facility Director was not at the facility during the onsite review. We inspected all common areas including hallways, stairwells, bathrooms, showers, and day rooms that are maintained by facility housekeeping services. We also inspected five of the unit's eight patient rooms and a kitchen, which are all maintained by the patients.

Issue 1. Lack of Power and Heat on the PTSD Unit

We found that overnight on March 1–2, the facility had a planned electrical shutdown, which included the PTSD unit. During the planned shutdown, backup generators supplied electrical power. During this time, the central steam plant continued to supply heat to all buildings on the campus.

The shutdown was due to scheduled utilities work. All units to be affected by the shutdown were notified 2 weeks in advance. Generators provided power for all essential functions during the outage. The facility engineer indicated that the facility experienced a brief interruption in power on Sunday, March 2, following the completion of the scheduled utilities work as engineers attempted to return power to the facility. The engineer reported that a failure occurred in one of the electrical cables servicing part of the campus, which caused some circuit breakers to trip. The generators automatically re-engaged, during which time engineers reset the circuit breakers.

Patients we spoke to had no complaints regarding the power outage. They noted they were able to use the large screen television in the day room throughout the outage. They also stated that the refrigerators remained functional and that lighting was adequate to move safely about the building.

Heat for the PTSD unit comes from a central steam plant that services the entire campus. The trip of the circuit breakers caused an interruption of electrical power to the boilers for a short time. The facility engineer explained that the system is very large and therefore held enough residual steam in the system to maintain heat in the buildings. None of the patients or staff complained about lack of heat; in fact, some of them said it is occasionally too hot.

Issue 2. Unsanitary Conditions on the PTSD Unit

We did not substantiate the allegation that dirty or unsanitary conditions existed in the facility's PTSD unit; although, we did note conditions in the unit that indicated the need for general renovation and improvement. However, these conditions did not present a threat to the health and safety of the patients or staff.


Floors, wall surfaces, and carpets have signs of wear and age. We found mismatched tiles due to multiple replacements, patched and repainted walls, and faded carpets. Despite the signs of wear and age, we found all areas to be extremely clean. Bathroom fixtures were older but clean and functional, and the bathrooms had no offensive odors.

Patient rooms were clean and well maintained by the patients. In addition, the unit kitchen was clean and orderly. Although countertops were well worn, surfaces were intact, impervious to fluids, and did not appear to pose an infection control risk.

While clean, the unit could be characterized as "rundown" due to the wear and age. Facility managers reported that they are currently addressing the issue with a scheduled relocation of the PTSD unit to newly renovated space. An adjacent building has been under renovation since 2010; however, issues with a former contractor postponed the relocation several times.

We inspected the space under renovation, and the work appears to be approximately 80 percent complete. The facility plans to complete the project using in-house staff. The facility engineer indicated that the permanent facility staff includes appropriately licensed tradespeople who can complete the renovation by July 1, 2014.

Based on our review, I am administratively closing this case.

 3/14/14
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