Department of Health and Human Services

Office of Inspector General

Office of Audit Services

October 2024 | A-01-23-00003

Massachusetts Could Better Ensure That Nursing Homes Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control

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REPORT HIGHLIGHTS

October 2024 | A-01-23-00003

Massachusetts Could Better Ensure That Nursing Homes Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control

Why OIG Did This Audit

- Nursing homes that participate in Medicare and Medicaid are required by CMS to comply with requirements intended to protect residents, including requirements related to sprinkler systems, smoke detector coverage, and emergency preparedness plans. Facilities are also required to develop infection control programs.
- In Massachusetts, the State's Department of Public Health conducts surveys of nursing homes to ensure compliance with Federal requirements.
- This audit is one in a series of audits that assesses compliance with Federal requirements for life safety, emergency preparedness, and infection control.

What OIG Found

We identified 236 deficiencies related to life safety, emergency preparedness, or infection control at the 20 nursing homes in Massachusetts that we reviewed.

These deficiencies put the health and safety of residents, staff, and visitors at an increased risk of injury or death during a fire or other emergency, or in the event of an infectious disease outbreak.

What OIG Recommends

We made four recommendations to Massachusetts to improve the health and safety of residents, staff, and visitors at nursing homes, including that it follow up with the 20 nursing homes where we identified deficiencies to ensure that they have taken corrective actions. We also recommended that Massachusetts work with CMS to identify nursing homes requiring frequent inspections. The full recommendations are in the report.

In written comments on our draft report, Massachusetts concurred with our recommendations and described the actions that it had taken or planned to take to address them.

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INTRODUCTION

WHY WE DID THIS AUDIT

In 2016, the Centers for Medicare & Medicaid Services (CMS) updated its requirements related to health care facilities to improve protections for all Medicare and Medicaid enrollees, including those residing in long-term care facilities (nursing homes). The updates expanded requirements related to sprinkler systems and smoke detector coverage to better protect residents, staff, and visitors from fire hazards. In addition, existing emergency preparedness plan requirements were expanded to include sheltering in place and evacuation provisions. Facilities were also required to update and test their emergency preparedness plans annually and train staff on them. Finally, facilities were required to develop an infection control program. CMS subsequently issued guidance to State survey agencies and nursing homes to help prevent the spread of COVID-19.

As part of our oversight activities, the Office of Inspector General (OIG) is reviewing this area because many residents of nursing homes have limited or no mobility and are particularly vulnerable in the event of a fire or other emergency. Nursing homes are also communal living environments; therefore, residents are susceptible to infectious diseases. In July 2022, we issued a report summarizing the results of a series of audits we previously conducted in eight States to assess compliance with CMS's new life safety and emergency preparedness requirements.[1] This audit, which focuses on selected nursing homes in Massachusetts, is one in a series of audits that also assesses compliance with CMS's infection control requirements.

Appendix B contains a list of the seven completed audits in this series and the report summarizing the previously conducted audits in eight States.

OBJECTIVE

Our objective was to determine whether the Massachusetts Department of Public Health (State agency) ensured that selected nursing homes in Massachusetts that participated in the Medicare or Medicaid programs complied with Federal requirements for life safety, emergency preparedness, and infection control.

[1] We conducted audits in New York, California, Texas, Florida, Missouri, Illinois, North Carolina, and Iowa. We summarized the results of these audits in *Audits of Nursing Home Life Safety and Emergency Preparedness in Eight States Identified Noncompliance With Federal Requirements and Opportunities for the Centers for Medicare & Medicaid Services to Improve Resident, Visitor, and Staff Safety* (A-02-21-01010), July 15, 2022.

BACKGROUND

Medicare and Medicaid Nursing Home Survey Requirements

Medicare and Medicaid programs cover care in nursing homes for eligible enrollees. Sections 1819 and 1919 of the Social Security Act (the Act) establish requirements for CMS and States to perform surveys of nursing homes to determine whether they meet Federal participation requirements. For Medicare and Medicaid, these statutory participation and survey requirements are implemented in Federal regulations at 42 CFR part 483, subpart B, and 42 CFR part 488, subpart E, respectively.

Requirements for Life Safety, Emergency Preparedness, and Infection Control

Nursing homes are required to comply with all Federal, State, and local laws, regulations, and codes, as well as accepted professional standards and principles (42 CFR § 483.70), including:

- *Life Safety Requirements*: Federal regulations for life safety (42 CFR § 483.90) require nursing homes to comply with standards set forth in the National Fire Protection Association's (NFPA) *Life Safety Code* (NFPA 101) and *Health Care Facilities Code* (NFPA 99).[2] CMS lists applicable requirements on Form CMS-2786R, Fire Safety Survey Report.[3]

- *Emergency Preparedness Requirements*: Federal regulations for emergency preparedness (42 CFR § 483.73) include specific requirements for nursing homes' emergency preparedness plans and reference the *Standard for Emergency and Standby Power Systems* (NFPA 110)[4] as part of these requirements. CMS lists applicable requirements on its *Emergency Preparedness Surveyor Checklist*.[5]

- *Infection Control Requirements*: Federal regulations for infection control (42 CFR § 483.80) require nursing homes to comply with specific requirements for infection prevention and control programs (IPCPs) and with policies and procedures for influenza and pneumococcal immunizations. CMS lists applicable requirements on its *Infection*

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[2] CMS adopted the 2012 edition of both publications in a final rule published in 81 Fed. Reg. 26872 (May 4, 2016).

[3] Form CMS-2786R is available online at https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS009335.html. Accessed on Apr. 18, 2024.

[4] CMS adopted the 2010 edition of NFPA 110 in a final rule published in 81 Fed. Reg. 63860, 63929 (Sept. 16, 2016).

[5] CMS provides online guidance for emergency preparedness at https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertemergprep/emergency-prep-rule.html and https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Surveyor-Tool-EP-Tags.xlsx. Accessed on Apr. 18, 2024.

Prevention, Control, and Immunizations Surveyor Checklist and *COVID-19 Focused Survey Checklist* (Infection Control Surveyor Checklists).[6, 7]

CMS uses these survey documents when CMS or a designated agency performs a nursing home survey. The results of each survey are reported and added to CMS's Automated Survey Processing Environment (ASPEN) system.[8]

Responsibilities for Life Safety, Emergency Preparedness, and Infection Control

Federal law requires nursing homes to protect the health, safety, welfare, and rights of nursing home residents and to comply with requirements for participating in Medicare and Medicaid.[9] CMS is the Federal agency responsible for certifying and overseeing all of the Nation's approximately 15,000 Medicare- and Medicaid-certified nursing homes. To monitor nursing home compliance with Medicare and Medicaid participation requirements, CMS enters into agreements with States under section 1864 of the Act (Section 1864 Agreements).[10, 11] Under these Section 1864 Agreements, State survey agencies are responsible for completing life safety, emergency preparedness, and infection control surveys (known as standard surveys) at least once every 15 months at nursing homes that participate in Medicare or Medicaid programs.[12] Nursing homes with repeat deficiencies can be surveyed more frequently. In Massachusetts, the State agency is the State survey agency that oversees nursing homes and is responsible for ensuring that nursing homes comply with Federal, State, and local regulations.

From 2018 through 2020, the State agency conducted standard surveys at least every 15 months at all 20 of the nursing homes we visited in Massachusetts. In response to CMS's March 2020 COVID-19 guidance, the State agency shifted its oversight to infection control surveys and emergency preparedness surveys and suspended standard surveys in nursing

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[6] CMS provides guidance for infection control during COVID-19 at https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/qso-20-14-nh.pdf. Accessed on July 22, 2024.

[7] CMS provides the latest Form CMS-20054, Infection Prevention Control and Immunization, revision for testing changes as of Apr. 2024 at https://www.cms.gov/files/document/revision-history-ltc-survey-process-documents-and-files-updated-4/1/2024.pdf. Accessed on July 22, 2024.

[8] ASPEN is a suite of software applications designed to help State survey agencies collect and manage health care provider data.

[9] The Act §§ 1819(f)(1) and 1919(f)(1); 42 CFR part 483, subpart B, including 42 CFR § 483.70.

[10] The Act §§ 1864(a) and 1902(a)(33); 42 CFR § 488.330; CMS's *State Operations Manual*, Pub. No. 100-07, chapter 1–Program Background and Responsibilities, §§ 1002 and 1004 (Rev. 123, Oct. 3, 2014).

[11] The Act §§ 1819(g) and 1919(g).

[12] State survey agencies oversee nursing homes in their respective States and are responsible for ensuring that nursing homes comply with Federal, State, and local regulations.

homes during the COVID-19 public health emergency.[13] The State agency resumed standard surveys, which included assessment of all three areas, beginning in March 2021. However, between March 2021 through 2023, the State agency did not conduct standard surveys at least every 15 months at all nursing homes we visited because, according to the State agency, it lacked the staff resources to do so.[14]

Management and staff at nursing homes are ultimately responsible for ensuring the safety and well-being of their residents and for complying with Federal, State, and local regulations. For example, management and staff are responsible for ensuring that facility systems (e.g., furnaces, water heaters, kitchen equipment, generators, sprinkler and alarm systems, and elevators) are properly installed, tested, and maintained. They are also responsible for ensuring that: (1) nursing homes are free from hazards, (2) emergency preparedness plans (e.g., fire evacuation and disaster preparedness plans) are updated and tested regularly, and (3) IPCPs are updated as necessary.

Nursing Home Surveys During the COVID-19 Public Health Emergency

In March 2020, CMS suspended standard surveys in nursing homes to reduce surveyors' time onsite and modified deadlines for completing surveys during the COVID-19 public health emergency. Consequently, State survey agencies (including Massachusetts) experienced a backlog of standard surveys. During this period, CMS shifted its oversight to infection control surveys, which are more limited in scope than standard surveys.[15] States, including Massachusetts, also continued to conduct surveys for more serious nursing home complaints. In August 2020, CMS authorized States to resume standard surveys "as soon as they have the resources (e.g., staff and/or Personal Protective Equipment) to do so."[16]

HOW WE CONDUCTED THIS AUDIT

As of June 2023, 347 nursing homes in Massachusetts participated in the Medicare or Medicaid programs. We selected for audit a nonstatistical sample of 20 of these nursing homes based on

[13] CMS, Prioritization of Survey Activities, Ref: QSO-20-20-ALL (Mar. 20, 2020). Available online at https://www.cms.gov/files/document/qso-20-20-all.pdf. Accessed on July 23, 2024.

[14] The State agency conducted standard surveys at least every 15 months at most of the nursing homes we visited. However, the State agency stated that it was challenged by staff illness and turnover related to the public health emergency. The State agency also stated that it successfully addressed its backlog of standard surveys by the end of fiscal year 2023, in accordance with the backlog plan it submitted to CMS.

[15] See footnote 13.

[16] CMS, Enforcement Cases Held during the Prioritization Period and Revised Survey Prioritization, Ref: QSO-20-35-ALL (Aug. 17, 2020).

risk factors, including multiple high-risk deficiencies the State agency reported to CMS's ASPEN system for calendar years (CYs) 2019 through 2022.[17, 18]

We conducted unannounced site visits at each of the 20 nursing homes during October and November 2023. During each site visit, we checked for life safety violations, reviewed the nursing home's emergency preparedness plan, and reviewed the nursing home's policies and procedures for infection control and prevention. We considered noncompliance with a Federal requirement to be a deficiency, regardless of the number of instances of noncompliance we observed. For example, if we found three fire extinguishers at one nursing home to be in noncompliance with the requirement for monthly testing, we considered it a single deficiency for reporting purposes.

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.

Appendix A contains the details of our audit scope and methodology.

FINDINGS

The State agency could better ensure that nursing homes in Massachusetts that participate in the Medicare or Medicaid programs comply with Federal requirements for life safety, emergency preparedness, and infection control if additional resources were available. During our site visits, we identified deficiencies related to life safety, emergency preparedness, or infection control at all 20 nursing homes that we reviewed, totaling 236 deficiencies. Specifically:

- We found 128 deficiencies with life safety requirements related to building exits, fire barriers, and smoke partitions (41); fire detection and suppression systems (35); hazardous storage areas (36); smoking policies and fire drills (5); elevator and electrical equipment testing and maintenance (3); and resident call systems (8).

- We found 57 deficiencies with emergency preparedness requirements related to emergency preparedness plans (7); emergency supplies and power (6); plans for sheltering in place and tracking residents and staff during an emergency (3); emergency

[17] The 20 nursing homes in our sample had multiple high-risk deficiencies, including at least one deficiency related to sprinkler or fire system maintenance, building exits, or infection prevention and control.

[18] We defined deficiencies as high-risk if they: (1) were widespread and had the potential for more than minimal harm, (2) involved actual harm that was not immediate jeopardy, or (3) presented immediate jeopardy to resident health or safety.

communications plans (20); and emergency preparedness plan training and testing (21).

- We found 51 deficiencies with infection control requirements or guidance related to IPCPs and antibiotic stewardship programs (29),[19] infection preventionists (3),[20] and influenza and pneumococcal immunizations (19).

The identified deficiencies occurred because of frequent management and staff turnover at the nursing homes, that contributed to a lack of awareness of, or failure to address, Federal requirements. In addition, the State agency had limited resources (i.e., staff) to conduct surveys of all nursing homes, including those with a history of multiple high-risk deficiencies, more frequently than required by CMS (i.e., every 15 months). Finally, although not required by CMS, the State agency does not require relevant nursing home staff to participate in standardized life safety training programs despite CMS having a publicly accessible online learning portal with appropriate content on life safety requirements.

As a result, the health and safety of residents, staff, and visitors at the 20 nursing homes are at an increased risk of injury or death during a fire or other emergency, or in the event of an infectious disease outbreak.

Appendix C summarizes the deficiencies that we identified at each nursing home.

SELECTED NURSING HOMES DID NOT COMPLY WITH LIFE SAFETY REQUIREMENTS

CMS's Fire Safety Survey Report form, described on page 2, lists the Federal regulations on life safety that nursing homes must comply with and references each with an identification number, known as a K-Tag (numbered K-100 through K-933).

Building Exits, Fire Barriers, and Smoke Partitions

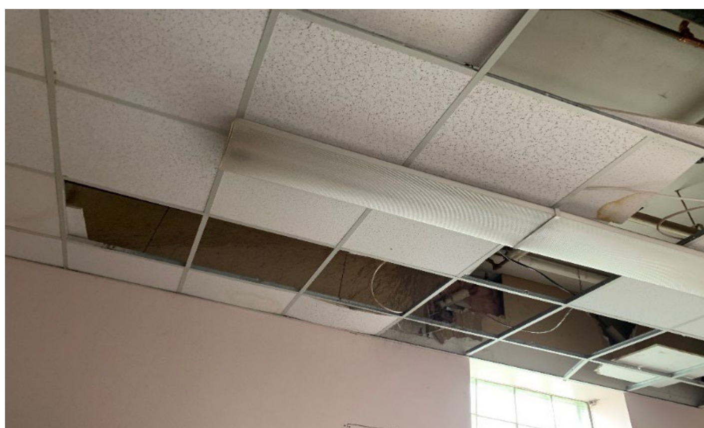
In case of fire or emergency, nursing homes are required to have unobstructed exits, self-closing doors in exit passageways that do not require tools or keys to open and are not manually propped open, discharges from exits that are free from hazards, illuminated exit signs, and fire-stopped smoke and fire barriers (K-Tags 211, 222, 223, 271, 293, 372, 734).

All of the 20 nursing homes we visited had 1 or more deficiencies related to building exits, fire barriers, and smoke partitions, totaling 41 deficiencies. Specifically, we found deficiencies related to blocked or impeded pathways leading to exit doors (nine nursing homes), emergency

[19] Antibiotic stewardship programs measure and improve how antibiotics are prescribed by clinicians and used by patients to effectively treat infections, protect patients from harm caused by unnecessary antibiotic use, and combat antibiotic resistance.

[20] Infection preventionists are professionals who have completed specialized training in infection prevention and control and are responsible for the nursing home's infection prevention and control program.

exit doors that were inoperable and could not be opened (two nursing homes), smoke barrier self-closing doors that were propped open (one nursing homes), exit passageway self-closing doors that were not functioning properly (two nursing homes), and blocked or impeded exit door discharge areas (six nursing homes). We also found a deficiency related to a non-illuminated exit sign (one nursing home). Finally, we found deficiencies related to missing or damaged smoke and fire barriers, including broken ceiling tiles and openings that could contribute to the spread of smoke and fire, (16 nursing homes) and smoke barrier self-closing doors that did not close properly (4 nursing homes). The photographs on the next page depict some of the deficiencies we identified during our site visits.



Photograph 1 (left): Missing Ceiling tiles.
Photograph 2 (right): Missing Ceiling tiles.

Photograph 3 (left): Pathway to exit blocked by storage.
Photograph 4 (right): Smoke barrier self-closing door not closing properly (broken mechanism).

Fire Detection and Suppression Systems

Every nursing home is required to have a fire alarm system that has a backup power supply and is tested and maintained according to NFPA requirements. Sprinkler systems must be installed, inspected, and maintained according to NFPA requirements, and high-rise buildings must have sprinklers throughout. Sprinkler systems must have supervisory attachments that are installed and monitored for integrity and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. Nursing homes must also have fire watch policies and procedures for when fire alarms or sprinkler systems are out of service (or evacuate its residents if a fire watch is not instituted), and portable fire extinguishers must be inspected monthly. Smoke detectors are required in spaces open to corridors and other areas (K-Tags 344–346, 347, 351–354, 355, 421).

Of the 20 nursing homes we visited, 17 had 1 or more deficiencies related to their fire detection and suppression systems, totaling 35 deficiencies. Specifically, we found two nursing homes that did not have documentation to show that their fire alarm systems were routinely tested and maintained. In addition, we found deficiencies related to blocked or obstructed sprinkler heads (nine nursing homes), a sprinkler system that was not tested and maintained (one nursing home), and sprinkler systems that did not provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired (two nursing homes). Finally, we found inadequate fire watch policies and procedures for periods when fire alarms are out of service (3 nursing homes) or for periods when sprinkler systems are out of service (4 nursing homes)[21] and deficiencies related to monthly portable fire extinguisher inspections (14 nursing homes). The photographs that follow depict some of the deficiencies we identified during our site visits.

Photograph 5 (left): Fire extinguisher missing monthly inspections tag.
Photograph 6 (right): Sprinkler head obstructed by storage boxes.

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[21] When fire alarms or sprinkler systems are out of service, individuals are assigned areas to patrol to watch for fire or smoke until the systems are back in service. If a fire watch is not instituted, the building must be evacuated (K-Tags 346, 354).

Hazardous Storage Areas

In hazardous storage areas, nursing homes must install a fire barrier or an automatic fire extinguishing system with smoke-resistant partitions and self-closing doors. Hazardous chemicals must be stored in a safe manner, and general upkeep should be maintained to limit unnecessarily large amounts of combustible materials that present a fire hazard. In addition, oxygen systems must be maintained and inspected, and rooms with oxygen cylinders must have proper signage. Oxygen cylinders must be stored in a safe manner (e.g., cylinders stored in the open must be protected from weather). Storage must be planned so cylinders are used in order of which they are received from the supplier (K-Tags 321, 322, 500, 905, 908, 923).

Of the 20 nursing homes we visited, 20 had 1 or more deficiencies related to hazardous storage areas, totaling 36 deficiencies. Specifically, we found deficiencies related to the storage of hazardous chemicals, including gasoline not stored in approved safety storage cabinets (two nursing homes). We also found a deficiency related to the lack of testing and inspection records for oxygen systems (1 nursing home); deficiencies related to oxygen cylinders, including missing policies for safe storage and order of usage (18 nursing homes); and improper signage (15 nursing homes). The photograph that follows depicts one of the deficiencies we identified during our site visits.

Photograph 7: Hazardous chemical (i.e., gas) not stored in a safe manner (i.e., in an approved safety storage cabinet).

Smoking Policies and Fire Drills

Nursing homes are required to establish smoking policies for residents and staff. Smoking may be permitted only in authorized areas where ash receptacles are provided. Smoking is not allowed in hazardous storage areas. Further, no-smoking areas must include signage. Smoking materials must be removed from patients receiving respiratory therapy. Nursing homes are also required to conduct fire drills each calendar quarter that cover each work shift. Participation by staff members is required, and the drills must be planned and conducted by a

qualified individual designated by the nursing home. The drills should be held at expected and unexpected times and include the transmission of a fire alarm signal and simulation of emergency fire conditions (K-Tags 712, 741, 925).

Of the 20 nursing homes we visited, 5 had 1 deficiency related to smoking policies or fire drills. Specifically, we found one nursing home that was missing a policy to ensure that smoking materials are removed from residents receiving respiratory therapy. We also found nursing homes whose fire drills were not conducted each calendar quarter covering all work shifts according to the facility's fire drill log (four nursing homes).

Elevator and Electrical System Testing and Maintenance

Nursing home elevators must be tested and maintained on a regular basis. Nursing homes must also keep a record of inspection and maintenance of electrical systems, including receptacles at patient bed locations. Power strips and extension cords must meet Underwriters Laboratories (UL) requirements and be used in a safe manner (e.g., extension cords are not used as a substitute for fixed wiring of a structure) (K-Tags 531, 914, 920).

Of the 20 nursing homes we visited, 3 had 1 deficiency related to elevator or electrical equipment testing and maintenance. Specifically, we found one nursing home with inadequate documentation of elevator testing or maintenance, including failing to retain detailed testing reports from the elevator maintenance company. In addition, we found one nursing home that failed to maintain documentation of the inspection and maintenance of electrical receptacles at patient bed locations. Finally, we found one nursing home that was unsafely using an extension cord. Specifically, there was a long extension cord leading from the basement dining area through a window to the outside of the facility, impeding egress across an outside exit ramp, and back into another basement room on the other side of the building.

Photograph 8 (left): Unsafe extension cord leaving basement window.
Photograph 9 (right): Unsafe extension cord across outside exit ramp.

Resident Call Systems

Nursing homes must be adequately equipped to allow residents to call for staff assistance through a communication system, referred to as a "call system," which relays the call directly to a staff member or to a centralized staff work area from each resident's bedside and toilet and bathing facilities.[22]

Of the 20 nursing homes we visited, 8 had 1 deficiency related to resident call systems. Specifically, five nursing homes were missing a call button or pull cord in a single hallway toilet or bathing facility that was accessible to residents. Additionally, three nursing homes were missing a call button or pull cord in multiple hallway toilets and/or bathing facilities that were accessible to residents.

Life Safety Training for Nursing Home Management and Staff

Under Section 1864 Agreements with CMS, State agencies agree to perform certain functions, including explaining Federal requirements to providers to enable them to maintain standards of health care consistent with Medicare and Medicaid participation requirements (CMS's *State Operations Manual* § 1010). CMS has a publicly accessible online learning portal related to such life safety training.[23] Both CMS and State agency surveyors are required to receive standardized life safety training such as the training available through CMS's online learning portal.[24] Also, as mandated by subsections 1819(g)(1)(B) and 1919(g)(1)(B) of the Act, States must conduct periodic educational programs for staff and residents of nursing homes to present current regulations, procedures, and policies.

Participation by all nursing home management and staff in State-conducted periodic education programs is not mandatory. In addition, although not required by CMS, the State agency does not require newly hired nursing home management and staff to receive standardized life safety training such as the training available through CMS's online learning portal. During our onsite inspections, we found that there was frequent nursing home management and staff turnover. Combined, these factors may have contributed to a lack of awareness of, or failure to address, Federal requirements, potentially resulting in deficiencies similar to those detailed in our report.

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[22] 42 CFR §483.90(g).

[23] Learning portal is available online at https://qsep.cms.gov/pubs/CourseMenu.aspx?cid=0CMSLSCPR_WBT. Accessed on Apr. 18, 2024.

[24] No State or Federal surveyor shall serve as a member of a survey team unless the individual has successfully completed a training and testing program in survey and certification techniques that has been approved by the Secretary of Health and Human Services (the Act §§ 1819(g)(2)(E)(iii) and 1919(g)(2)(E)(iii)).

SELECTED NURSING HOMES DID NOT COMPLY WITH EMERGENCY PREPAREDNESS REQUIREMENTS

CMS's *Emergency Preparedness Surveyor Checklist*, described on page 2, lists the Federal regulations on emergency preparedness that nursing homes must comply with, and references each with an identification number, known as an E-Tag (numbered E-0001 through E-0042).

Emergency Preparedness Plans

Nursing homes are required to develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. The emergency preparedness plan must: (1) include a facility and community all-hazards risk assessment; (2) address emergency events and resident population needs; (3) include a continuity of operations plan/succession plan; (4) address coordination with Federal, State, and local emergency management officials; and (5) have policies and procedures for emergency events based on the risk assessment (E-Tags 0004, 0006, 0007, 0009, 0013).

Of the 20 nursing homes we visited, 6 had 1 or more deficiencies related to their emergency preparedness plan, totaling 7 deficiencies. Specifically, we found deficiencies related to emergency preparedness plans that were not updated at least annually (three nursing homes). Additionally, we found one nursing home whose emergency preparedness plan did not include a continuity of operations plan/succession plan and two nursing homes whose emergency preparedness plan did not address coordination with Federal, State, and local emergency management officials. Finally, we found one nursing home whose plan did not include policies and procedures for emergency events based on the risk assessment (i.e., procedures for residents and staff).

Emergency Supplies and Power

Nursing homes' emergency preparedness plans must address emergency supplies and power, and nursing homes are required to have adequate, readily available supplies of emergency food, water, and pharmaceuticals. As a best practice, the Federal Emergency Management Agency considers 3 days of emergency supplies to be sufficient.[25] Nursing homes are also required to provide an alternate source of energy (usually a generator) to maintain temperatures to protect residents' health and safety, as well as for food storage, emergency lighting, fire protection, and sewage disposal (if applicable). Nursing homes with generators are required to perform weekly maintenance checks, monthly load tests, and annual fuel quality

[25] The 3-day standard is a best practice recommendation, as CMS does not require a specific standard. (We did not audit for compliance with this standard.) Our findings regarding a sufficient amount of generator fuel or other emergency supplies were based on a totality of the applicable criteria.

tests if fueled with diesel.[26] Nursing homes should also have a plan to keep generators fueled "as necessary" and an evacuation plan if emergency power is lost (E-Tags 0015, 0041).

Of the 20 nursing homes we visited, 5 had 1 or more deficiencies related to emergency supplies and power, totaling 6 deficiencies. Specifically, we found deficiencies related to insufficient emergency food and water supplies (two nursing homes) and deficiencies related to generators that were not properly tested and maintained (three nursing homes). We also found a deficiency related to insufficient generator fuel levels. Specifically, one nursing home did not have a policy to ensure that sufficient generator fuel is on hand to last 3 days or sufficient plans to obtain emergency fuel or evacuate the facility when fuel levels reach a specified low.

Plans for Sheltering in Place and Tracking Residents and Staff During an Emergency

Nursing homes are required to have a plan for sheltering in place and tracking residents and staff during and after an emergency. Nursing homes must also have a plan for transferring residents (E-Tags 0018, 0022, 0025).

Of the 20 nursing homes we visited, 2 had 1 or more deficiencies related to their emergency preparedness plans for sheltering in place and tracking residents and staff during and after emergencies, totaling 3 deficiencies. Specifically, we found deficiencies related to sheltering in place (one nursing home), tracking residents and staff (one nursing home), and transferring residents during disasters (one nursing home).

Emergency Communications Plans

Nursing homes are required to have an emergency communications plan that includes names and contact information for staff, entities providing services, residents' physicians, other nearby nursing homes, volunteers, government emergency management offices, and the State survey agency, among others. The emergency communications plan must be updated at least annually. Nursing homes are also required to have methods to share emergency preparedness plan information with residents and their families (E-Tags 0029–0031, 0035).

Of the 20 nursing homes we visited, 12 had 1 or more deficiencies related to the adequacy of their emergency communications plans, totaling 20 deficiencies. Specifically, one nursing home did not have an emergency communications plan. In addition, we found deficiencies related to emergency communications plans that did not include various categories of required names and contact information (13 nursing homes),[27] plans that were not updated annually (4 nursing

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[26] Generators that operate on diesel fuel or propane gas are generally designed with a minimum fuel tank capacity to last for 3 days at half load, which factors in an emergency fuel stock and lead time for refueling.

[27] The 13 deficiencies were related to nursing homes whose emergency communications plans did not include the following various categories of required names and contact information: residents' physicians (4), other nearby nursing homes (2), the State licensing agency (6), and the ombudsman program (1).

homes), and nursing homes that did not have procedures for sharing emergency preparedness plan information with residents and their families (2 nursing homes).

Emergency Preparedness Plan Training and Testing

Nursing homes are required to have training and testing programs related to their emergency preparedness plans and to provide updated training at least annually. Initial training must be provided to new staff members, independent contractors (e.g., contracted cleaning staff), and volunteers. The training, as well as annual refresher training, is required for all staff, must be designed to demonstrate knowledge of emergency preparedness procedures, and must be documented. Nursing homes must also conduct an annual community-based, full-scale testing exercise.[28] In addition, a second training exercise (a full-scale testing exercise, a facility-based exercise, or a "tabletop" exercise)[29] must be completed annually. An analysis of all training exercises (and actual events) must be completed and documented, and the emergency preparedness plan revised, if necessary (E-Tags 0036, 0037, 0039).

Of the 20 nursing homes we visited, 7 had 1 or more deficiencies related to emergency preparedness plan training, totaling 21 deficiencies. Specifically, one nursing home did not have a training and testing program. We also found deficiencies related to nursing homes that did not update their training plan annually (five nursing homes), nursing homes that did not provide initial training to new staff members (two nursing homes), and nursing homes that did not conduct annual refresher training (three nursing homes). Additionally, we found deficiencies related to nursing homes that did not conduct an annual community-based, full-scale testing exercise (four nursing homes), nursing homes that did not conduct a second annual training exercise (a full-scale testing exercise, a facility-based exercise, or a "tabletop" exercise) (three nursing homes), and nursing homes that did not conduct and analyses of their training exercises (three nursing homes).

SELECTED NURSING HOMES DID NOT COMPLY WITH INFECTION CONTROL REQUIREMENTS

CMS's Infection Control Surveyor Checklists*,* described on page 2, list the Federal regulations on infection control that nursing homes must comply with, and references each with an identification number, known as an F-Tag (numbered F-880 through F-888).

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[28] The exercise can be facility-based if a community-based exercise is not possible. Nursing homes are exempt from this requirement if they activated their emergency preparedness plan during the year. QSO-20-41-ALL (Sept. 28, 2020) provides additional guidance related to the emergency preparedness exercise exemption based on the facility's activation of its emergency preparedness plan due to the COVID-19 public health emergency.

[29] A "tabletop" exercise includes a group discussion led by a facilitator, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency preparedness plan.

Infection Prevention and Control Programs

Nursing homes are required to have a facilitywide IPCP for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and contractors. Written standards, policies, and procedures for the IPCP must include a surveillance system designed to identify possible communicable diseases or infections, when and to whom possible incidents should be reported, when and how to isolate individuals, and the circumstances that would prohibit employees from direct contact with residents or their food. Nursing homes must also have a system for recording identified incidents and corrective actions taken and must conduct an annual review of their IPCP and update it as necessary (F-Tag 880).

Of the 20 nursing homes we visited, 15 had 1 or more deficiencies related to their IPCP, totaling 29 deficiencies. Specifically, we found deficiencies related to nursing homes that did not have a facility wide IPCP (one nursing home), a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases (two nursing homes), or a surveillance system designed to identify possible communicable diseases or infections (one nursing home). We also found deficiencies related to nursing homes that did not have a system for recording incidents and corrective actions taken (five nursing homes), and nursing homes whose IPCP policies and procedures did not include when and to whom possible incidents should be reported (five nursing homes), when and how isolation should be used (three nursing homes), and the circumstances that would prohibit employees from direct contact with residents or their food (three nursing homes). Finally, nine nursing homes did not complete an annual review of their IPCP.

Infection Preventionists

Nursing homes are required to designate at least one individual as the infection preventionist responsible for the facility's IPCP. The infection preventionist must have primary professional training in nursing, medical technology, microbiology, epidemiology, or another related field; be qualified by education training, experience, or certification; work at least part time at the facility; and have completed specialized training in infection prevention and control. At least one infection preventionist must be a member of the facility's quality assessment and assurance committee and regularly report to the committee on the facility's IPCP (F-Tag 882).

Of the 20 nursing homes we visited, 3 had 1 deficiency related to infection preventionists. Specifically, we found deficiencies related to infection preventionists who were not in attendance at the facility's most recent quality assessment and assurance committee meeting and therefore did not regularly report on the facility's IPCP (three nursing homes).

Influenza and Pneumococcal Immunizations

Nursing homes are required to develop policies and procedures so that each resident is offered influenza and pneumococcal immunizations unless an immunization is medically

contraindicated, or the resident has already been immunized. These policies and procedures must also ensure that, before offering the immunizations, each resident or resident's representative receives education regarding the benefits and potential side effects of the immunizations and has the opportunity to refuse them. Nursing homes are also required to ensure that the resident's medical record includes documentation that indicates whether education was provided and that the resident either received or did not receive these immunizations (F-Tag 883).

Of the 20 nursing homes we visited, 8 had 1 or more deficiencies related to medical records documentation of influenza and pneumococcal immunizations, or policies and procedures for influenza and pneumococcal immunizations, or both, totaling 19 deficiencies. Specifically, we found deficiencies related to medical records that lacked documentation that the facility provided required education regarding the influenza immunizations (seven nursing homes) or pneumococcal immunizations (seven nursing homes). Additionally, two nursing homes did not have policies and procedures to ensure that each resident or resident's representative has the opportunity to refuse immunizations. Finally, we found deficiencies related to medical records that lacked documentation that a resident did or did not receive an influenza immunization or pneumococcal immunization (three nursing homes).

CONCLUSION

At the conclusion of our inspections, we shared the deficiencies we identified with nursing home management and staff so that they could take immediate corrective action. We also shared the identified deficiencies with the State agency for follow up, as appropriate. Although nursing home management and staff are ultimately responsible for ensuring resident safety, the State agency could better ensure that nursing homes comply with Federal health and safety requirements if additional resources were available.

RECOMMENDATIONS

We recommend that the Massachusetts Department of Public Health:

- follow up with the 20 nursing homes reviewed in this audit that demonstrated life safety, emergency preparedness, and infection control deficiencies to ensure that they have taken corrective actions;

- work with CMS to develop a risk-based approach to identify nursing homes at which surveys should be conducted more frequently than once every 15 months, such as those with a history of multiple high-risk deficiencies or frequent management turnover;

- work with CMS to develop a plan to address the foundational issues preventing more frequent surveys at nursing homes with a history of multiple high-risk deficiencies; and

- work with CMS to develop standardized life safety training for nursing home staff.

STATE AGENCY COMMENTS AND OFFICE OF INSPECTOR GENERAL RESPONSE

In written comments on our draft report, the State agency concurred with our recommendations and described actions that it had taken or planned to take to address them. Specifically:

- Regarding our first recommendation, the State agency said that it followed up with all of the nursing homes we reviewed to confirm that they have taken corrective actions. The State agency also noted that the nursing homes corrected most of the audit findings before the OIG exited the nursing home.

- Regarding our second recommendation, the State agency stated that it already conducts surveys more frequently than every 15 months and will continue to conduct standard recertification surveys in compliance with Federal requirements. Additionally, the State agency said that it identifies poor performing nursing homes (i.e., Special Focus Facilities) from a list of candidates provided by CMS and surveys these nursing homes every 6 months. Finally, the State agency stated that it prioritizes standard recertification surveys for nursing homes that have had harm level deficient practice citations related to quality of care.

- Regarding our third recommendation, the State agency stated that, although it is not averse to a CMS initiative to develop a framework for more frequent surveys at nursing homes, it would require additional funding to implement.

- Regarding our fourth recommendation, the State agency stated that it supports expanded training opportunities and would promote any Federal training required or developed by CMS. However, the State agency noted that there is currently no Federal requirement for standardized life safety training. The State agency encouraged us to engage with CMS to review the need for enhanced Federal requirements in this area.[30] The State agency also noted that it provides numerous training opportunities that are separate from the Federal training required or developed by CMS. For example, the State agency said that for several years, it had conducted regularly scheduled calls with nursing homes to discuss infection control practices and updates to State and Federal long-term care requirements. Additionally, the State agency said that it has partnered with industry stakeholder groups to provide training opportunities for new nursing home administrators, directors of nursing and directors of maintenance.

The State agency's comments are included in their entirety as Appendix D.

[30] In its written comments on our report, *Audits of Nursing Home Life Safety and Emergency Preparedness in Eight States Identified Noncompliance With Federal Requirements and Opportunities for the Centers for Medicare & Medicaid Services to Improve Resident, Visitor, and Staff Safety,* CMS concurred with our recommendation to work with State survey agencies to require mandatory participation in standardized life safety training for nursing home staff. CMS also stated that it would consider our recommendation when proposing new regulations.

We appreciate the State agency for its cooperation throughout our audit and for the actions it has taken and plans to take to address our recommendations. With respect to our second, third, and fourth recommendations, we encourage the State agency to work with CMS to implement our recommendations.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

As of June 2023, 347 nursing homes in Massachusetts participated in Medicare or Medicaid programs. Of these 347 nursing homes, we selected a nonstatistical sample of 20 nursing homes for our audit based on risk factors, including multiple high-risk deficiencies the State agency reported to CMS's ASPEN system for CYs 2019 through 2022.[31]

We did not assess the State agency's overall internal control structure. Rather, we limited our assessment of internal controls to those applicable to our audit objective. Specifically, we assessed the State agency's policies, procedures, and practices applicable to monitoring nursing homes' compliance with life safety, emergency preparedness, and infection control requirements. Our assessment would not necessarily disclose all material weaknesses in the State agency's internal controls.

We conducted unannounced site visits at the 20 nursing homes throughout Massachusetts during October and November 2023.

METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Federal and State requirements;

- held discussions with CMS and State agency officials to gain an understanding of the process for conducting nursing home life safety, emergency preparedness, and infection control surveys;

- obtained from CMS a list of all 347 active nursing homes in Massachusetts that participated in the Medicare and Medicaid programs as of June 2023;

- compared the list provided by CMS with the State agency's directory of nursing homes to verify completeness and accuracy;

- obtained from CMS's ASPEN system a list of 216 nursing homes that had 1 or more deficiencies during CYs 2019 through 2022 that were considered high-risk because they: (1) were widespread and had the potential for more than minimal harm, (2) had actual

[31] The 20 nursing homes in our sample had multiple high-risk deficiencies, including at least one deficiency related to sprinkler or fire system maintenance, building exits, or infection prevention and control.

harm that was not immediate jeopardy, or (3) presented immediate jeopardy to resident life and safety;[32]

- selected 20 nursing homes for onsite inspections from the 216 nursing homes identified in ASPEN and, for each of the 20 nursing homes:

    - reviewed deficiency reports prepared by the State agency for the nursing home's 2019 through 2022 surveys and

    - conducted unannounced site visits at the nursing home to check for life safety violations, review the nursing home's emergency preparedness plan, and review the nursing home's infection control policies and procedures; and

- discussed the results of our inspections with the selected nursing homes and the State agency.

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.

[32] Deficiencies that the State agency enters into the ASPEN system are uploaded to CMS's Certification and Survey Provider Enhanced Reports system and are available to the public through the Quality Certification and Oversight Reports online reporting system. Available online at https://qcor.cms.gov/. Accessed on Apr. 18, 2024.

APPENDIX B: RELATED OFFICE OF INSPECTOR GENERAL REPORTS

Report Title	Report Number	Date Issued
Colorado Could Better Ensure That Nursing Homes Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control	A-07-22-07009	2/2/2024
Oklahoma Could Better Ensure That Nursing Homes Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control	A-06-22-09007	1/4/2024
Ohio Could Better Ensure That Nursing Homes Comply With Federal Requirement for Life Safety, Emergency Preparedness, and Infection Control	A-05-22-00019	12/20/2023
Washington State Did Not Ensure That Selected Nursing Homes Complied With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control	A-09-22-02006	12/8/2023
Pennsylvania Could Better Ensure That Nursing Homes Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection control	A-03-22-00206	11/8/2023
New Jersey Could Better Ensure That Nursing Homes Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control	A-02-22-01004	9/29/2023
Georgia Could Better Ensure That Nursing Homes Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control	A-04-22-08093	9/6/2023
Audits of Nursing Home Life Safety and Emergency Preparedness in Eight States Identified Noncompliance With Federal Requirements and Opportunities for the Centers for Medicare & Medicaid Services to Improve Resident, Visitor, and Staff Safety	A-02-21-01010	7/15/2022

APPENDIX C: DEFICIENCIES AT EACH NURSING HOME

Table 1: Summary of All Deficiencies by Nursing Home

Nursing Home	Life Safety Deficiencies	Emergency Preparedness Deficiencies	Infection Control Deficiencies	Total
1	4	9	1	**14**
2	5	2	1	**8**
3	6	-	-	**6**
4	6	8	8	**22**
5	6	1	2	**9**
6	8	-	5	**13**
7	8	2	3	**13**
8	10	1	1	**12**
9	8	12	6	**26**
10	14	11	5	**30**
11	4	1	1	**6**
12	7	2	3	**12**
13	6	-	1	**7**
14	5	5	-	**10**
15	5	-	-	**5**
16	6	-	3	**9**
17	4	3	3	**10**
18	7	-	5	**12**
19	3	-	2	**5**
20	6	-	1	**7**
Total	**128**	**57**	**51**	**236**

Table 2: Life Safety Deficiencies

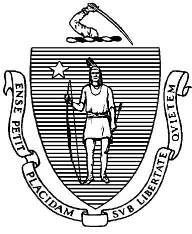
Nursing Home	Building Exits, Fire Barriers, and Smoke Partitions	Fire Detection and Suppression Systems	Hazardous Storage Areas	Smoking Policies and Fire Drills	Elevator and Electrical System Testing and Maintenance	Resident Call Systems	Total
1	2	-	2	-	-	-	4
2	2	2	1	-	-	-	5
3	2	2	2	-	-	-	6
4	1	1	2	1	-	1	6
5	2	1	2	-	-	1	6
6	3	2	2	-	-	1	8
7	3	2	2	1	-	-	8
8	3	2	3	-	1	1	10
9	3	2	2	1	-	-	8
10	3	7	2	1	-	1	14
11	1	1	2	-	-	-	4
12	2	4	1	-	-	-	7
13	1	2	2	-	1	-	6
14	1	2	2	-	-	-	5
15	2	1	1	-	-	1	5
16	2	1	2	-	-	1	6
17	2	-	2	-	-	-	4
18	2	1	2	1	-	1	7
19	2	-	1	-	-	-	3
20	2	2	1	-	1	-	6
Total	**41**	**35**	**36**	**5**	**3**	**8**	**128**

Table 3: Emergency Preparedness Deficiencies

Nursing Home	Emergency Preparedness Plans	Emergency Supplies and Power	Plans for Sheltering in Place, and Tracking Residents and Staff During an Emergency	Emergency Communications Plans	Emergency Preparedness Plan Training and Testing	Total
1	1	1	-	2	5	**9**
2	-	1	-	1	-	**2**
3	-	-	-	-	-	**-**
4	1	2	1	3	1	**8**
5	-	-	-	1	-	**1**
6	-	-	-	-	-	**-**
7	1	-	-	1	-	**2**
8	-	-	-	1	-	**1**
9	1	1	2	4	4	**12**
10	2	1	-	1	7	**11**
11	-	-	-	1	-	**1**
12	-	-	-	1	1	**2**
13	-	-	-	-	-	**-**
14	1	-	-	3	1	**5**
15	-	-	-	-	-	**-**
16	-	-	-	-	-	**-**
17	-	-	-	1	2	**3**
18	-	-	-	-	-	**-**
19	-	-	-	-	-	**-**
20	-	-	-	-	-	**-**
Total	**7**	**6**	**3**	**20**	**21**	**57**

Table 4: Infection Control Deficiencies

Nursing Home	Infection Prevention and Control	Infection Preventionists	Immunizations		Total
			Influenza	Pneumococcal	
1	1	-	-	-	**1**
2	1	-	-	-	**1**
3	-	-	-	-	**-**
4	6	-	1	1	**8**
5	2	-	-	-	**2**
6	2	-	-	3	**5**
7	2	1	-	-	**3**
8	1	-	-	-	**1**
9	6	-	-	-	**6**
10	1	-	2	2	**5**
11	1	-	-	-	**1**
12	1	-	1	1	**3**
13	1	-	-	-	**1**
14	-	-	-	-	**-**
15	-	-	-	-	**-**
16	1	-	2	-	**3**
17	1	-	1	1	**3**
18	2	1	1	1	**5**
19	-	-	1	1	**2**
20	-	1	-	-	**1**
Total	**29**	**3**	**9**	**10**	**51**



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September 4, 2024

Curtis Roy
Regional Inspector General for Audit Services
Office of Audit Services, Region 1
JFK Federal Building
15 New Sudbury Street, Room 2100
Boston, MA 02203

RE: Report Number A-01-23-00003

Dear Mr. Roy,

The Massachusetts Department of Public Health (Department) has completed its review of the Office of Inspector General (OIG) audit report, number A-01-23-00003, *Massachusetts Could Better Ensure That Nursing Homes Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control* and the associated recommendations. Please find the Department's responses to each recommendation below.

It is important to note that the OIG's audits were based on a nonstatistical sample of 20 nursing homes selected based on various factors, including the number of high-risk deficiencies these homes received. While these findings do not provide insight into overall compliance with CMS requirements by nursing homes in the Commonwealth, these audits do shed light on persistent problems at select low-performing nursing homes. Additionally, some of the deficiencies identified in the report may not have been observable by Department surveyors during a standard recertification survey and therefore would not have been cited by the Department. As further outlined below in response to the specific recommendations, the Department is committed to conducting robust complaint and recertification surveys in compliance with CMS requirements to ensure the health, safety, and welfare of the residents of nursing homes in the Commonwealth.

Recommendation 1:
Follow-up with the 20 nursing homes reviewed in this audit that demonstrated life safety, emergency preparedness, and infection control deficiencies to ensure that they have taken corrective actions.

Massachusetts Response: Concur
OIG auditors communicated findings with nursing home staff as the findings were identified during the audits. The majority of the audit findings were corrected by nursing home staff immediately, before the audit was completed and OIG exited the nursing home.

After each individual nursing home audit, OIG auditors provided the Department with their findings. Department staff followed up with each nursing home to confirm that corrective action has been taken for the findings identified in the audit.

Additionally, the Department has confirmed through annual standard surveys conducted since the OIG audits or outreach from Department staff, that the facilities have taken action and corrected the OIG audit findings.

Recommendation 2:
Work with CMS to develop a risk-based approach to identify nursing homes at which surveys would be conducted more frequently than once every 15 months, such as those with a history of multiple high-risk deficiencies or frequent management turnover.

Massachusetts Response: Concur
The frequency of standard recertification surveys is established by federal law and regulation, 42 C.F.R. § 488.308. The Department will continue to conduct standard recertification surveys in compliance with the current federal requirements. Surveys conducted by the Department already occur more frequently than every15 months (9-15.9 months with statewide average of 12.9 months) as directed by CMS including additional onsite visits for revisit surveys, complaint-based surveys, monitoring visits, targeted infection control surveys, and additional surveys for Special Focus Facilities (SFF). As the state survey agency (SA) for CMS, the Department identifies nursing homes as SFFs, from a list of SFF Candidates identified by CMS as poor performing facilities. Nursing homes that are part of the SFF program are surveyed every six months and are subject to progressive enforcement actions recommended by the Department until the SFF either graduates from the program or is terminated from the Medicare/Medicaid Programs. After graduation from the SFF program, these facilities are more closely monitored for continued compliance with state and federal regulations for a period of three years.

Additionally, the Department prioritizes scheduling of standard recertification surveys for those facilities who have had harm level deficient practice citations related to quality of care rather than solely based on months elapsed since the last recertification survey.

Recommendation 3:
Work with CMS to develop a plan to address the foundational issues preventing more frequent surveys at nursing homes with a history of multiple high-risk deficiencies

Massachusetts Response: Concur

In its June 9, 2022 response to the OIG's report *Audits of Nursing Home Life Safety and Emergency Preparedness in Eight States Identified Noncompliance with Federal Requirements and Opportunities for the Centers for Medicare & Medicaid Services to improve Resident, Visitor, and Staff Safety* (A-02-21-01010), CMS indicated that addressing these issues will stem from appropriate budgetary funding to the states, and funding to the survey and certification budget for more frequent and targeted surveys.

Although the Department is not averse to a CMS initiative to develop a framework for more frequent surveys at nursing homes, it will require additional federal funding for the Department to implement. As highlighted above, the Department conducts standard recertification surveys in compliance with current federal requirements and prioritizes scheduling those nursing homes who have had harm level deficiencies related to quality of care in the past. The Department also works with CMS to identify SFF nursing homes that are surveyed on a more frequent schedule until they graduate from the program.

Recommendation 4:
Work with CMS to develop standardized life safety training for nursing home staff.

Massachusetts Response: Concur
The Department is supportive of expanded training opportunities regarding life safety for nursing home staff. We would promote any Federal training required or developed by CMS; however, there is no such Federal requirement for standardized training related to Federal life safety regulatory compliance. This recommendation has been made in all the states selected for this or similar audits in recent years and we encourage the auditor to engage with their colleagues at CMS to review the need for enhanced Federal requirements in this area.

Separate from federal training required or developed by CMS, the Department provides supportive and educational training opportunities for nursing home providers and key long term care stakeholders. For several years, the Department conducted regularly scheduled calls with nursing home staff to discuss infection control practices and updates to state and federal long-term care requirements. Additionally, the Department has partnered with industry stakeholder groups to provide a number of training opportunities for new nursing home Administrators, Directors of Nursing and Directors of Maintenance, including survey preparation, best practices and the top most cited deficiencies in all areas of regulatory compliance, including Life Safety Code and Emergency Preparedness. The Department has also partnered with outside vendors to provide webinars and toolkits to nursing home staff on resident care, including caring for residents with substance use disorder.

We thank you for the opportunity to respond to the audit as well as the communications regarding findings over the past year. We would welcome follow-up conversations regarding this, or other Federal processes related to health, safety, and welfare oversight of nursing homes in Massachusetts.

Sincerely,

Robert Goldstein, MD
Commissioner, Massachusetts Department of Public Health

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