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Massachusetts Could Better Ensure That Intermediate Care Facilities for Individuals With Intellectual Disabilities Comply With Federal Requirements for Life Safety and Emergency Preparedness



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Why OIG Did This Audit

- Intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs) that participate in Medicaid are required by CMS to comply with requirements intended to protect residents. This includes requirements related to fire safety and emergency preparedness plans. Facilities are also required to develop infection control programs.
- In Massachusetts, the State’s Department of Public Health (State agency) conducts surveys of ICF/IIDs for compliance with Federal requirements.
- This audit is the first in a series of audits that assesses compliance with CMS’s life safety, emergency preparedness, and infection control requirements for ICF/IIDs.

What OIG Found

We identified 44 deficiencies related to life safety and emergency preparedness at the 2 ICF/IIDs operated by Massachusetts. The State agency generally ensured that the ICF/IIDs complied with Federal requirements for infection control.



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.

What OIG Recommends

We recommend that the State agency:

1. Follow up with the two ICF/IIDs to verify that they have taken corrective actions on the life safety and emergency preparedness deficiencies identified during the audit.
2. Work with CMS to develop standardized life safety training for ICF/IID staff.

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

Previous Office of Inspector General (OIG) audits on infection prevention and control, emergency preparedness, and life safety at nursing homes have identified multiple issues that put people who reside in the homes, such as the elderly at risk. These problems included life safety violations, such as blocked exits and out of date fire extinguishers; emergency preparedness plans that were not updated; and infection control violations, such as missing medical record documentation for immunizations.

As part of our oversight activities, OIG is expanding this type of work to include intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs). In addition to intellectual disabilities, many people who reside in ICF/IIDs have limited or no mobility, seizure disorders, behavior problems, mental illness, or visual or hearing impairments. People with these disabilities are particularly vulnerable in the event of a fire or other emergency. ICF/IIDs are also communal living environments; therefore, residents are susceptible to infectious diseases. This audit, which focuses on ICF/IIDs in Massachusetts, is the first in a series of audits that assesses compliance with the Centers for Medicare & Medicaid Service (CMS) requirements for ICF/IIDs related to life safety, emergency preparedness, and infection control.

Appendix B contains a list of completed related audits.

OBJECTIVE

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

BACKGROUND

Medicaid Program

The Medicaid program provides medical assistance to certain low-income individuals and individuals with disabilities (Title XIX of the Social Security Act (the Act)). The Federal and State governments jointly fund and administer the Medicaid program. At the Federal level, CMS administers the program. Each State administers its Medicaid program in accordance with a CMS-approved State plan. Although each State has considerable flexibility in designing and operating its Medicaid program, it must comply with applicable Federal requirements.

Intermediate Care Facilities for Individuals with Intellectual Disabilities

ICF/IIDs are institutions that provide health or rehabilitation services to individuals with intellectual disabilities under the Medicaid program. ICF/IID services are covered by Medicaid when they are provided in a residential facility licensed and certified by the State survey agency as an ICF/IID. The provision of ICF/IID services is an optional benefit under Medicaid. However, all States offer the benefit as an alternative to home and community-based service waivers for individuals at the ICF/IID level of care. There are over 100,000 individuals with intellectual disabilities and other related conditions receiving ICF/IID services in the United States.

There are approximately 5,400 Medicaid-certified ICF/IIDs in the United States. Massachusetts has two ICF/IIDs. These two ICF/IIDs are large multi-building facilities operated by the Massachusetts Department of Developmental Services.¹

Medicaid Intermediate Care Facilities for Individuals With Intellectual Disabilities Survey Requirements

The Medicaid program covers care in ICF/IIDs for eligible people enrolled in Medicaid. Section 1910 of the Act establishes requirements for CMS and States for the certification of ICF/IIDs. For Medicaid, the statutory participation and survey requirements for ICF/IIDs are implemented in Federal regulations at 42 CFR part 483, subpart I, and 42 CFR part 442, subpart C, respectively.

Requirements for Life Safety, Emergency Preparedness, and Infection Control

ICF/IIDs are required to comply with all Federal, State, and local laws, regulations, and codes pertaining to health, safety, and sanitation (42 CFR § 483.410), including:

- *Life Safety Requirements:* Federal regulations for life safety (42 CFR § 483.470) require ICF/IIDs to comply with either the Health Care Occupancies Chapter or the Residential Board and Care Occupancies Chapter and must proceed in accordance with the Life Safety Code (National Fire Protection Association (NFPA) 101 and Tentative Interim Amendments TIA 12–1, TIA 12–2, TIA 12–3, and TIA 12–4.) ICF/IIDs that meet the Life Safety definition of a health care occupancy must also proceed in accordance with the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5 and TIA 12-6). CMS lists applicable requirements for health care facilities on Form CMS-2786R, Fire Safety Survey Report.
- *Emergency Preparedness Requirements:* Federal regulations for emergency preparedness (42 CFR § 483.475) include specific requirements for emergency

¹ These two facilities are located on multi-acre campuses that include residential, health care, recreational, educational, and administrative buildings.

preparedness plans, policies and procedures, communications plans, training and testing, and integrated healthcare systems. CMS lists applicable requirements on its *Emergency Preparedness Surveyor Checklist*.²

- *Infection Control Requirements*: Federal regulations for infection control (42 CFR § 483.470(l)) require ICF/IIDs to have an active program for the prevention, control, and investigation of infection and communicable diseases.

CMS or a designated agency ensures these requirements are met when it conducts an ICF/IID survey. The results of each survey are reported and added to CMS's Automated Survey Processing Environment (ASPEN) system.³

Responsibilities for Life Safety, Emergency Preparedness, and Infection Control

Federal law requires ICF/IIDs to protect the health, safety, welfare, and rights of ICF/IID residents and to comply with requirements for participating in Medicaid.⁴ CMS is the Federal agency responsible for certifying and overseeing the Nation's approximately 5,400 Medicaid-certified ICF/IIDs. To monitor ICF/IIDs compliance with Medicaid participation requirements, CMS enters into agreements with States under section 1864 of the Social Security Act (Section 1864 Agreements).⁵ Under these Section 1864 Agreements, State survey agencies are responsible for conducting surveys to monitor compliance with Federal requirements, including those for life safety, emergency preparedness, and infection control, at least once every 15 months at ICF/IIDs that participate in the Medicaid program.⁶ In Massachusetts, the State agency is the State survey agency that oversees ICF/IIDs and is responsible for ensuring that ICF/IIDs comply with Federal, State, and local regulations.

Management and staff at ICF/IIDs 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

² 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 Jul. 31, 2024.

³ ASPEN is a suite of software applications designed to help State survey agencies collect and manage health care provider data.

⁴ 42 CFR part 483, subpart I.

⁵ The Act §§ 1864(a), 1902(a)(33), and 1910; CMS's *State Operations Manual*, Pub. No. 100-07, chapter 1-Program Background and Responsibilities, sections 1002 and 1004 (Rev. 123, Oct. 3, 2014).

⁶ 42 CFR § 442.109(a).

elevators) are properly installed, tested, and maintained. They are also responsible for ensuring that: (1) ICF/IIDs are free from hazards, (2) emergency preparedness plans are updated and tested regularly, and (3) the facility has an infection control program.

Intermediate Care Facilities for Individuals with Intellectual Disabilities Surveys During the COVID-19 Public Health Emergency

In March 2020, CMS suspended standard surveys to reduce surveyors' time onsite and modified deadlines for completing surveys during the COVID-19 public health emergency (PHE).⁷ 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. States, including Massachusetts, also continued to conduct surveys for more serious 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."⁸

From 2018 through 2020, the State agency conducted standard surveys at least every 15 months at Massachusetts' two ICF/IIDs. The last standard surveys prior to the PHE for each of the ICF/IIDs were conducted in January 2020. In response to CMS's March 2020 COVID-19 guidance, the State agency shifted its oversight to infection control surveys, which are more limited in scope than standard surveys.⁹ The State agency resumed standard surveys of ICF/IIDs, which included assessment of life safety, emergency preparedness, and infection control, beginning in July 2021. Since July 2021, the State agency conducted standard surveys at least every 15 months at Massachusetts' two ICF/IIDs.

HOW WE CONDUCTED THIS AUDIT

We conducted unannounced site visits at the State's two ICF/IIDs during February and March 2024. During each site visit, we checked for life safety violations, reviewed the ICF/IID's emergency preparedness program, and reviewed the ICF/IID'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 ICF/IID to be in noncompliance with the requirement for monthly testing, we considered it a single deficiency for reporting purposes.

⁷ 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 31, 2024.

⁸ CMS, Enforcement Cases Held during the Prioritization Period and Revised Survey Prioritization, Ref: QSO-20-35-ALL (Aug. 17, 2020).

⁹ See footnote 7.

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 ICF/IIDs in Massachusetts that participate in the Medicaid program comply with Federal requirements for life safety and emergency preparedness. The State agency generally ensured that ICF/IIDs in Massachusetts complied with Federal requirements for infection control. During our site visits, we identified deficiencies related to life safety and emergency preparedness at both ICF/IIDs, totaling 44 deficiencies. Specifically:

- We found 20 deficiencies with life safety requirements related to building exits, fire barriers, and smoke partitions (7); fire detection and suppression systems (4); hazardous storage areas (2); smoking policies (4); and electrical equipment testing and maintenance (3).
- We found 24 deficiencies with emergency preparedness requirements related to emergency preparedness plans (3); policies and procedures (7); emergency communications plans (10); and emergency preparedness plan testing and training (4).

These deficiencies occurred because of staff turnover at the ICF/IIDs and problems with recordkeeping. Additionally, although not required by CMS, the State agency did not require relevant ICF/IID staff to participate in standardized life safety training programs despite CMS having a publicly accessible online learning portal.

As a result, the health and safety of residents, staff, and visitors at the two ICF/IIDs are at an increased risk of injury or death during a fire or other emergency.

Table 1 summarizes the deficiencies that we identified at each ICF/IID.

Table 1: Summary of All Deficiencies by Massachusetts ICF/IID

ICF/IID	Life Safety Deficiencies	Emergency Preparedness Deficiencies	Total
1	7	17	24
2	13	7	20
Total	20	24	44

MASSACHUSETTS INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES DID NOT COMPLY WITH LIFE SAFETY REQUIREMENTS

CMS's Fire Safety Survey Report form (Form CMS-2786R), described on page 2, lists the Federal requirements on life safety that ICF/IIDs surveyed under health care must comply with and references each with an identification number, known as a K-Tag (numbered K-100 through K-933).¹⁰

Building Exits, Fire Barriers, and Smoke Partitions

In case of fire or emergency, ICF/IID buildings surveyed under existing healthcare occupancy are required to have unobstructed exits, self-closing doors in exit passageways that 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, 223, 271, 293, and 372).

Both ICF/IIDs had deficiencies related to building exits, fire barriers, and smoke partitions, totaling seven deficiencies. Specifically, we found deficiencies related to exits that were not free of obstructions or impediments (two ICF/IIDs), discharge from exits that were not free from obstruction (one ICF/IID), and exit signs that could not maintain a continuous illumination (one ICF/IID). Additionally, we found deficiencies involving doors with self-closing devices that either did not close completely, were manually propped open by facility staff, or doors that were not installed with self-closing devices (one ICF/IID). Lastly, we found deficiencies related to penetrations in smoke or fire barriers, including missing and broken ceiling tiles and holes in the ceiling and walls (two ICF/IIDs). The photographs that follow depict some of the deficiencies we identified during our site visits.



Photograph 1 (left): Missing ceiling tiles.

Photograph 2 (right): Missing and broken ceiling tiles.

¹⁰ The State agency uses Form CMS-2786R to conduct life safety surveys of most buildings that comprise the two ICF/IID campuses. The State agency also uses Form CMS-2786V to survey small buildings where 16 or fewer residents live.



Photograph 3 (left): Non-illuminated exit sign.

Photograph 4 (right): Pathway to exit blocked by equipment.

Fire Detection and Suppression Systems

In case of fire or emergency, ICF/IID buildings surveyed under existing health care occupancy are required to have a fire alarm system that is installed, tested and maintained according to NFPA requirements. Sprinkler systems must be installed, inspected, and maintained according to NFPA requirements. ICF/IIDs must also have fire watch policies and procedures for periods when fire alarms or sprinkler systems are out of service (or evacuate their 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 (K-Tags 341, 346, 347, 351, 353, 354, and 355).

Both ICF/IIDs had deficiencies related to their fire detection and suppression systems, totaling four deficiencies. Specifically, we found one ICF/IID that had portable fire extinguishers that were not inspected monthly. One ICF/IID had deficiencies related to blocked or obstructed sprinkler heads and a smoke detector that was not properly mounted. We also found that one ICF/IID was missing a sprinkler system out-of-service policy. The photographs that follow depict some of the deficiencies we identified during our site visits.



Photograph 5 (left): Fire extinguisher month inspection tag not filled out.
Photograph 6 (center): Smoke detector not properly mounted.
Photograph 7 (right): Obstructed sprinkler head.

Hazardous Storage Areas

In hazardous storage areas, 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). Empty oxygen cylinders must also be separated from full cylinders (K-Tag 923).

Both ICF/IIDs had deficiencies related to placement of oxygen cylinders in hazardous storage areas, totaling two deficiencies. Specifically, both ICF/IIDs did not always segregate full and empty oxygen cylinders and were missing proper signage. The photograph that follows depicts a deficiency identified during one of our site visits.



Photograph 8: Improperly stored oxygen tanks.

Smoking Policies

ICF/IIDs 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. No-smoking areas must include signage. Further, smoking materials and other sources of ignition must be removed from patients receiving respiratory therapy (K-Tags 741 and 925).

Both ICF/IIDs had deficiencies related to smoking policies, totaling four deficiencies. Specifically, both ICF/IIDs did not have smoking policies that included all requirements. Additionally, neither had policies that addressed the safe administration of oxygen, avoiding smoking materials and sources of ignition.

Electrical Equipment Testing and Maintenance

ICF/IID buildings surveyed under existing healthcare occupancy are prohibited from having portable space heating devices unless they are used in nonsleeping staff and employee areas. ICF/IIDs must also keep a record of tests and repairs of electrical equipment and electrical receptacles. ICF/IIDs must test hospital-grade receptacles at patient bed locations at intervals defined by documented performance data. ICF/IIDs must test receptacles that are not listed as hospital-grade at patient bed locations at intervals not exceeding 12 months (K-Tags 781 and 914).

Both ICF/IIDs had deficiencies related to electrical equipment testing and maintenance, totaling three deficiencies. Specifically, one ICF/IID had prohibited portable space heaters in resident areas. One ICF/IID did not test hospital grade receptacles at regular intervals defined by documented performance data and had incomplete documentation of the inspection and maintenance of electrical receptacles. Also, one ICF/IID did not always test electrical receptacles at 12-month intervals. The photograph that follows depicts a deficiency identified during of our site visits.



Photograph 9: Prohibited space heater in resident area.

Table 2 summarizes the life safety deficiencies that we identified at each ICF/IID.

Table 2: Life Safety Deficiencies

ICF/IID	Building Exits, Fire Barriers, and Smoke Partitions	Fire Detection and Suppression Systems	Hazardous Storage Areas	Smoking Policies	Electrical System Testing and Maintenance	Total
1	2	1	1	2	1	7
2	5	3	1	2	2	13
Total	7	4	2	4	3	20

MASSACHUSETTS INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES DID NOT COMPLY WITH EMERGENCY PREPAREDNESS REQUIREMENTS

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

Emergency Preparedness Plans

ICF/IIDs are required to develop and maintain an emergency preparedness plan that must be reviewed and updated at least every two years. The emergency preparedness plan must address the special needs of its client population; the type of services the ICF/IID has the ability to provide in an emergency. Additionally, it must also address coordination with Federal, State, and local emergency management officials (E-Tags 0004, 0007, 0009).

Both ICF/IIDs had deficiencies related to their emergency preparedness plans, totaling three deficiencies. Specifically, one ICF/IID did not provide documentation that the emergency preparedness plan was reviewed and updated at least every two years. One ICF/IID’s emergency preparedness plan did not address resident population needs and the types of services available during emergencies. Lastly, one ICF/IID’s emergency preparedness plan did not address coordination with government emergency preparedness officials.

Emergency Preparedness Policies and Procedures

ICF/IIDs must develop and implement emergency preparedness policies and procedures that are based on their emergency plan, facility-based and community-based risk assessment, and communication plan. The policies and procedures must be reviewed and updated at least every 2 years. ICF/IIDs must have a provision of subsistence needs for staff and clients that include food, water, medical, and pharmaceutical supplies, and alternate sources of energy. Policies

and procedures must also address a system for tracking staff and clients during and after an emergency; safe evacuation from the ICF/IID; a system of medical documentation that preserves client information; and the development of arrangement with other ICF/IIDs to receive clients (E-Tags 0013, 0015, 0018, 0020, 0023, 0025).

Both ICF/IIDs had deficiencies related to their emergency preparedness policies and procedures, totaling seven deficiencies. One ICF/IID did not have policies and procedures that address the facility's emergency preparedness plan and identified hazards within the facility's risk assessment. Both ICF/IIDs had incomplete policies for food, water, medical, and pharmaceutical supplies for emergencies. One ICF/IID was missing policies and procedures for tracking staff and clients during an emergency, safe evacuation from the ICF/IID, a system of medical documentation that preserves client information, and the development of arrangements with other ICF/IIDs to receive clients during an emergency.

Emergency Communications Plans

ICF/IIDs are required to have an emergency communications plan that is updated at least every 2 years. The communications plans must include names and contact information for staff, entities providing services, clients' physicians, other nearby ICF/IIDs, and volunteers. They must also include contact information for government emergency management staff, other sources of assistance, the State Licensing and Certification Agency, and State Protection and Advocacy Agency. ICF/IIDs are also required to have primary and alternate means of communication (e.g., landline and backup cell phones); a method for sharing information and medical documentation with other health care providers; a means to release client information in the event of an evacuation; a means of providing information about the condition and location of clients; a means of providing information about the ICF/IIDs occupancy needs to emergency management officials; and methods to share emergency preparedness plan information with clients and their families (E-Tags 0029–0035).

Both ICF/IIDs had deficiencies related to their communications plans, totaling 10 deficiencies. Both ICF/IIDs did not have a formal communications plan that was updated at least every 2 years. One ICF/IID was missing contact information for entities providing services, clients' physicians, and other ICF/IIDs. Both ICF/IIDs were missing contact information for other sources of assistance, the State Licensing and Certification Agency, or the State Protection and Advocacy Agency. One ICF/IID did not document in a communications plan (or elsewhere in the emergency preparedness plan) a primary and alternate means of communication (e.g., landline and backup cell phones); a method for sharing information and medical documentation with other health care providers; a means to release client information in the event of an evacuation; a means of providing information about the condition and location of client; and a means of providing information about ICF/IIDs occupancy needs to emergency management officials. Lastly, both ICF/IIDs did not document a method for sharing emergency preparedness plan information with clients and their families.

Emergency Preparedness Testing and Training

ICF/IIDs are required to have training and testing programs based on to their emergency preparedness plans and to provide updated training at least every two years. Initial training must be provided to all new and existing staff members, individuals providing services under arrangement (e.g., contracted cleaning staff), and volunteers. The training must be designed to demonstrate staff knowledge of emergency preparedness procedures and must be documented. ICF/IIDs must conduct exercises to test the emergency plan at least twice per year. ICF/IIDs must conduct an annual community-based, full-scale testing exercise. In addition, a second training exercise (a full-scale training exercise, a facility-based exercise, a mock disaster drill, or a “tabletop” exercise) 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).

Both ICF/IIDs had deficiencies related to emergency preparedness training and testing, totaling four deficiencies. Specifically, one ICF/IID did not provide initial training to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. One ICF/IID did not conduct a second training exercise (a full-scale training exercise, a facility-based exercise, or a “tabletop” exercise) annually. Both ICF/IIDs did not analyze the training exercises and revise the emergency preparedness plans as needed.

Table 3 summarizes the emergency preparedness deficiencies that we identified at each ICF/IID.

Table 3: Emergency Preparedness Deficiencies

ICF/IID	Emergency Preparedness Plans	Policies and Procedures	Emergency Communications Plans	Emergency Preparedness Plan Training and Testing	Total
1	2	6	7	2	17
2	1	1	3	2	7
Total	3	7	10	4	24

CONCLUSION

At the conclusion of our inspections, we shared the deficiencies we identified with ICF/IID management and staff so that they could take immediate corrective action. We also shared the identified deficiencies with the State agency for follow up inspections, as appropriate.

Although ICF/IID management and staff are ultimately responsible for ensuring resident safety, the State agency could better ensure that ICF/IIDs comply with Federal health and safety requirements.

RECOMMENDATIONS

We recommend that the Massachusetts Department of Public Health:

- follow up with the two ICF/IIDs to verify that they have taken corrective actions on the life safety and emergency preparedness deficiencies identified during the audit, and
- work with CMS to develop standardized life safety training for ICF/IID 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 each ICF/IID to confirm that they have taken corrective actions. The State agency also noted that the ICF/IIDs corrected most of the audit findings before the OIG auditors held the exit conference with facility leadership.
- Regarding our second 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 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 licensed health care facilities to discuss infection control practices and updates to State and Federal requirements.

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

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 recommendation, we encourage the State agency to work with CMS to implement our recommendation.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

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 ICF/IIDs compliance with life safety, emergency preparedness, and infection control requirements.

We conducted unannounced site visits at the State's two ICF/IIDs from February through March 2024.

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 ICF/IID life safety, emergency preparedness, and infection control surveys;
- reviewed recent deficiency reports prepared by the State agency for the ICF/IIDs;
- conducted unannounced site visits at the ICF/IIDs to check for life safety violations, review the ICF/IID's emergency preparedness program, and review the ICF/IID's infection control policies and procedures; and
- discussed the results of our inspections with the ICF/IIDs 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.

APPENDIX B: RELATED OFFICE OF INSPECTOR GENERAL REPORTS

Report Title	Report Number	Date Issued
<i>Colorado Could Better Ensure That Nursing Homes Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control</i>	<u>A-07-22-07009</u>	2/2/2024
<i>Oklahoma Could Better Ensure That Nursing Homes Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control</i>	<u>A-06-22-09007</u>	1/4/2024
<i>Ohio Could Better Ensure That Nursing Homes Comply With Federal Requirement for Life Safety, Emergency Preparedness, and Infection Control</i>	<u>A-05-22-00019</u>	12/20/2023
<i>Washington State Did Not Ensure That Selected Nursing Homes Complied With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control</i>	<u>A-09-22-02006</u>	12/8/2023
<i>Pennsylvania Could Better Ensure That Nursing Homes Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control</i>	<u>A-03-22-00206</u>	11/8/2023
<i>New Jersey Could Better Ensure That Nursing Homes Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control</i>	<u>A-02-22-01004</u>	9/29/2023
<i>Georgia Could Better Ensure That Nursing Homes Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control</i>	<u>A-04-22-08093</u>	9/6/2023
<i>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</i>	<u>A-02-21-01010</u>	7/15/2022



APPENDIX C: STATE AGENCY COMMENTS

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Boston, MA 02203

RE: Report Number A-01-24-00001

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-01-24-00001, *Massachusetts Could Better Ensure That Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Comply With Federal Requirements for Life Safety and Emergency Preparedness* and the associated recommendations. Please find the Department's responses to each recommendation below.

It is important to note that while these findings do not provide insight into overall compliance with CMS requirements by ICF/IIDs in the Commonwealth, these audits do shed light on problems at the Commonwealth's two ICF/IIDs related to the specific requirements targeted by OIG auditors. 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 ICF/IIDs in the Commonwealth.

Recommendation 1:

Follow-up with the two (2) ICF/IIDs to verify that they have taken corrective actions on the life safety and emergency preparedness deficiencies identified during the audit.

Massachusetts Response: Concur

OIG auditors communicated findings with leadership for each individual ICF/IID as the findings were identified during the audits. The majority of the audit findings were corrected by ICF/IID staff immediately, before the OIG auditors held the exit conference with facility leadership. After each individual ICF/IID audit, OIG auditors provided the Department with their findings. Department staff followed up with each ICF/IID to confirm that corrective action has been taken for the findings identified in the audit.

Additionally, the Department has confirmed through outreach from Department staff that the facilities have taken action and corrected the OIG audit findings. The Department will continue to monitor compliance through standard surveys and will work with each individual ICF/IID to address any deficiencies identified promptly.

Recommendation 2:

Work with CMS to develop standardized life safety training for ICF/IID staff.

Massachusetts Response: Concur

The Department is supportive of expanded training opportunities regarding life safety for ICF/IID 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.

Separate from federal training required or developed by CMS, the Department provides supportive and educational training opportunities for licensed and certified health care providers. For several years, throughout the COVID-19 pandemic, the Department conducted regularly scheduled calls with licensed health care facilities to discuss infection control practices and updates to state and federal requirements. Additionally, the Department communicates to health care facilities about upcoming training opportunities and has partnered with industry stakeholder groups to provide a number of training opportunities for health care facilities.

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 ICF/IIDs in Massachusetts.

Sincerely,



Robert Goldstein, MD
Commissioner, Massachusetts Department of Public Health

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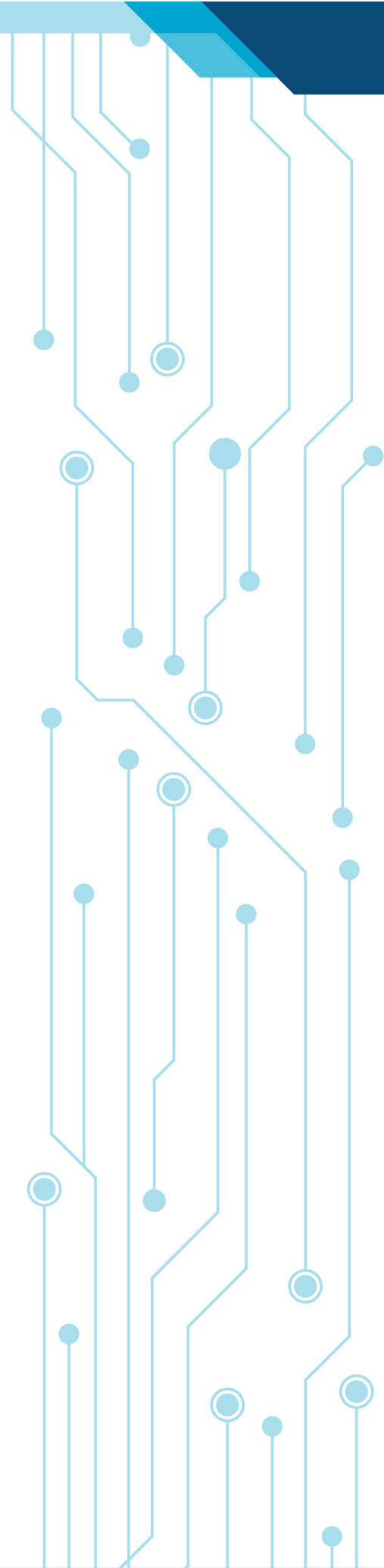
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