

Department of Health and Human Services
Office of Inspector General



Office of Audit Services

December 2024 | A-01-24-00002

Nonprofit and Government-Owned Nursing Homes Generally Complied With Federal Requirements Regarding the Infection Preventionist Position



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Why OIG Did This Audit

- More than 1.3 million people live in nursing homes nationwide. These individuals are susceptible to a high number of health care-associated infections.
- Prior OIG audits found that nursing homes did not always comply with Federal regulations regarding designating an infection preventionist (IP) who met Federal requirements for that position.

What OIG Found

Three nonprofit and two Government-owned nursing homes may not have complied with the requirement that the IPs complete specialized infection prevention and control training prior to assuming the IP role.

On the basis of our sample results, we estimated that 117 nursing homes nationwide (99 of 3,294 nonprofit and 18 of 922 Government-owned) may not have complied with Federal regulations pertaining to IPs during our audit period. As a result, there may be increased health and safety risks for the residents and staff of these nursing homes.

What OIG Recommends

We recommend that the Centers for Medicare & Medicaid Services instruct the State survey agencies to follow up with the five nursing homes (three nonprofit and two Government-owned) that may not have complied with Federal requirements to verify that they have taken corrective actions.

CMS concurred with our recommendation.

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INTRODUCTION

WHY WE DID THIS AUDIT

More than 1.3 million people reside in the approximately 15,000 Medicare and Medicaid certified nursing homes nationwide. Approximately two-thirds of those nursing homes are for-profit nursing homes, and the remaining one-third of nursing homes is comprised of nonprofit and Government-owned nursing homes. In October 2016, the Centers for Medicare & Medicaid Services (CMS) issued a final rule that stated infection prevention and control is a critical issue for nursing homes because of the high number of health care-associated infections, the residents' increased susceptibility to infections, and the significant exposure to health care-associated infections residents face.¹ To minimize exposure to, and transmission of, infections and contagious diseases, it is critical that nursing homes strictly adhere to Federal requirements for proper infection prevention and control practices. Prior Office of Inspector General (OIG) audits found that nursing homes did not always comply with infection prevention and control (IPC) Federal regulations regarding designating an infection preventionist (IP) who met Federal requirements for that position.²

OBJECTIVE

Our objective was to determine whether nonprofit and Government-owned nursing homes nationwide complied with Federal requirements pertaining to IPs.

BACKGROUND

Medicare and Medicaid Coverage of Nursing Homes

The Medicare and Medicaid programs cover care in nursing homes for eligible residents. 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.³

Requirements for Infection Prevention and Control

Nursing homes are required to operate and provide services in compliance with all Federal, State, and local laws, regulations, codes, and accepted professional standards and principles (42 CFR § 483.70). CMS implemented new regulations in 2016 requiring that nursing homes

¹ 81 Fed. Reg. 68688, 68808 (Oct. 4, 2016).

² See Appendix B for related Office of Inspector General reports.

³ For Medicare and Medicaid, these statutory participation and survey requirements are implemented at 42 CFR, part 483, subpart B, and 42 CFR, part 488, subpart E, respectively.

establish and maintain an infection prevention and control program (IPCP) designed to provide a safe, sanitary, and comfortable environment. The IPCP must include:

- a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for residents and staff (including volunteers, visitors, and other individuals providing services under a contractual arrangement);
- written standards, policies, and procedures for the program that must include: (1) a system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the nursing home, (2) when and to whom possible incidents of communicable diseases or infections should be reported, (3) standard and transmission-based precautions to be followed to prevent the spread of infections, (4) when and how isolation should be used for a resident, (5) the circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, and (6) the hand hygiene procedures to be followed by staff involved in direct resident contact;
- an antibiotic stewardship program that includes a system to monitor antibiotic use; and
- a system for recording incidents identified under the IPCP and the corrective actions taken by the nursing home (42 CFR § 483.80(a)(1-4)).

Under these regulations, nursing homes are required to designate at least one individual as the IP who is responsible for the facility's IPCP. Per the regulations, IP(s) must: (1) have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field; (2) be qualified by education, training, experience, or certification; (3) work at least part-time at the facility; and (4) have completed specialized training in infection prevention and control (42 CFR § 483.80(b)(1-4)).

Responsibilities for Infection Prevention and Control

The Act mandates the establishment of minimum health and safety standards that must be met by providers participating in the Medicare and Medicaid programs. CMS established these standards and incorporated them in Title 42 of the Code of Federal Regulations. CMS is responsible for overseeing health care provider compliance with Medicare and Medicaid health and safety standards. CMS delegates a variety of tasks related to this oversight to State survey agencies (SSAs) (the Act § 1864). One of these tasks is to conduct investigations and fact-finding surveys to determine whether health care providers, including nursing homes, comply with their applicable conditions of participation (CoPs). Standard surveys of nursing

homes must occur no later than 15 months after the previous survey.^{4, 5} SSAs are also responsible for conducting a complaint survey if a review of the complaint allegation concludes that noncompliance with CoPs may have occurred. Such a survey can happen at any time, regardless of standard survey intervals. SSAs cite nursing homes with deficiencies when they do not meet the CoPs, including when they do not follow infection prevention and control requirements.

Management and staff at a nursing home are ultimately responsible for ensuring the safety and well-being of residents and staff and for complying with Federal, State, and local regulations. They are responsible for ensuring that the nursing home develops, maintains, and implements an IPCP.

HOW WE CONDUCTED THIS AUDIT

As of October 1, 2023, there were 14,944 Medicare- and Medicaid-certified nursing homes nationwide, of which 3,294 were nonprofit nursing homes (located in 50 States, the District of Columbia, and Puerto Rico) and 922 were Government-owned nursing homes (located in 49 States (there were no Government-owned nursing homes in Rhode Island) and Guam).⁶ We selected a stratified random sample of 200 nursing homes consisting of 100 nonprofit nursing homes and 100 Government-owned nursing homes to determine whether they complied with Federal requirements pertaining to IPs during the audit period October 1, 2022, through September 30, 2023.^{7, 8, 9} See the map in Figure 1 (on the next page) and Figure 2 (on page 5) for the States where the selected nonprofit and Government-owned nursing homes, respectively, were located and the number of nursing homes selected from those States. For

⁴ The Act §§ 1819(g)(2)(A)(iii)(I), 1919(g)(2)(A)(iii)(I) and 42 CFR § 488.308.

⁵ A standard survey is a periodic, resident-centered inspection that gathers information about the quality of service furnished in a facility to determine compliance with requirements of participation (42 CFR § 488.301).

⁶ CMS provider information is available at <https://data.cms.gov/provider-data/dataset/4pq5-n9py>. Accessed on Oct. 1, 2023.

⁷ We did not contact one of the selected nonprofit nursing homes due to ongoing OIG work related to that nursing home. As a result, we did not determine whether the nursing home complied with Federal requirements. To be conservative, we considered this sample item a non-error.

⁸ Three of the selected Government-owned nursing homes closed operations after we selected our sample. Therefore, we were unable to contact the nursing homes to request documentation to determine compliance with Federal requirements. To be conservative, we considered these three sample items as non-errors.

⁹ On the Medicare.gov website, four of the selected nonprofit nursing homes were incorrectly identified as nonprofit nursing homes instead of a for-profit (one nursing home) and Government-owned (three nursing homes), and five of the selected Government-owned nursing homes were incorrectly identified as Government-owned nursing homes instead of for-profit nursing homes. Since these nursing homes should not have been in our nonprofit or Government-owned sampling frames, we did not determine compliance with Federal requirements for these sample items. To be conservative, we considered these sample items non-errors.

each of the sampled items, we contacted the nursing homes and sent a questionnaire requesting information regarding the IP position (including the IP job description). Specifically, we requested that nursing home officials provide the name(s) of each IP(s) during the audit period, the date(s) that each individual served as the IP, and the IP(s) qualifications for the position. We also requested information regarding changes in nursing home administrators and ownership. We reviewed the documentation to determine whether the nursing homes complied with Federal regulations pertaining to IPs.

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 describes our audit scope and methodology, Appendix C describes our statistical sampling methodology, and Appendix D contains our sample results and estimates.

Figure 1: The Locations of the 100 Sampled Nonprofit Nursing Homes

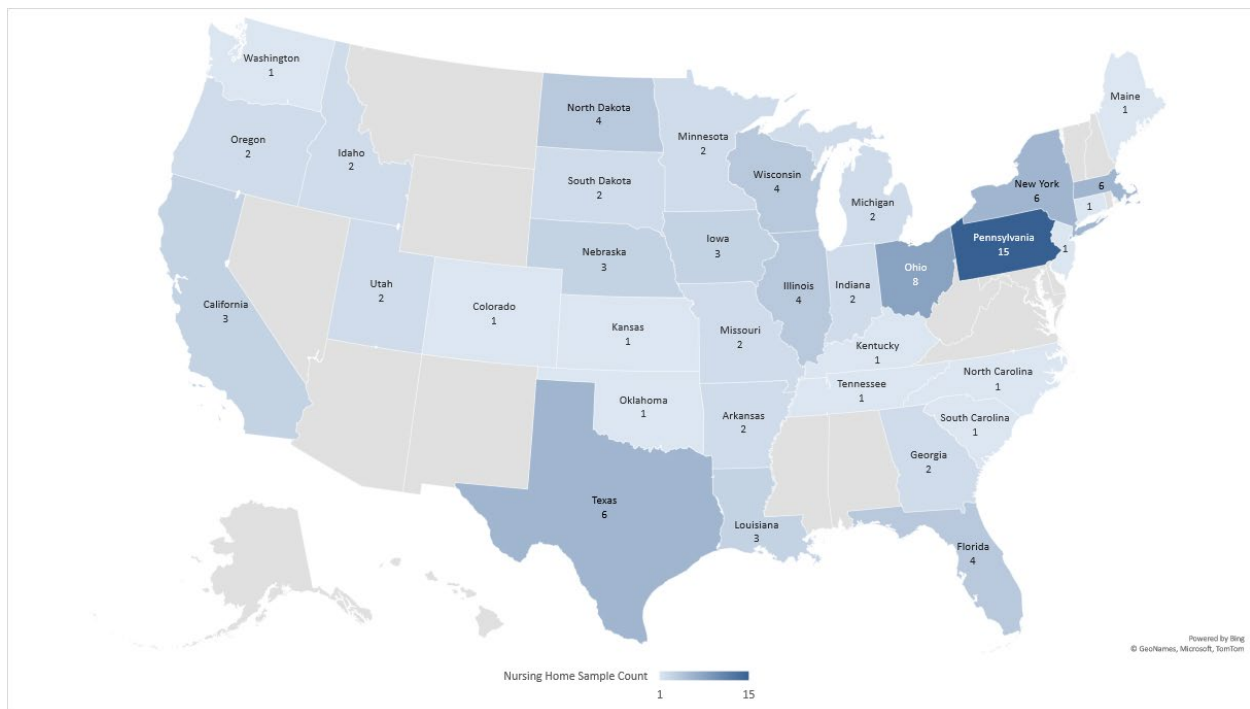
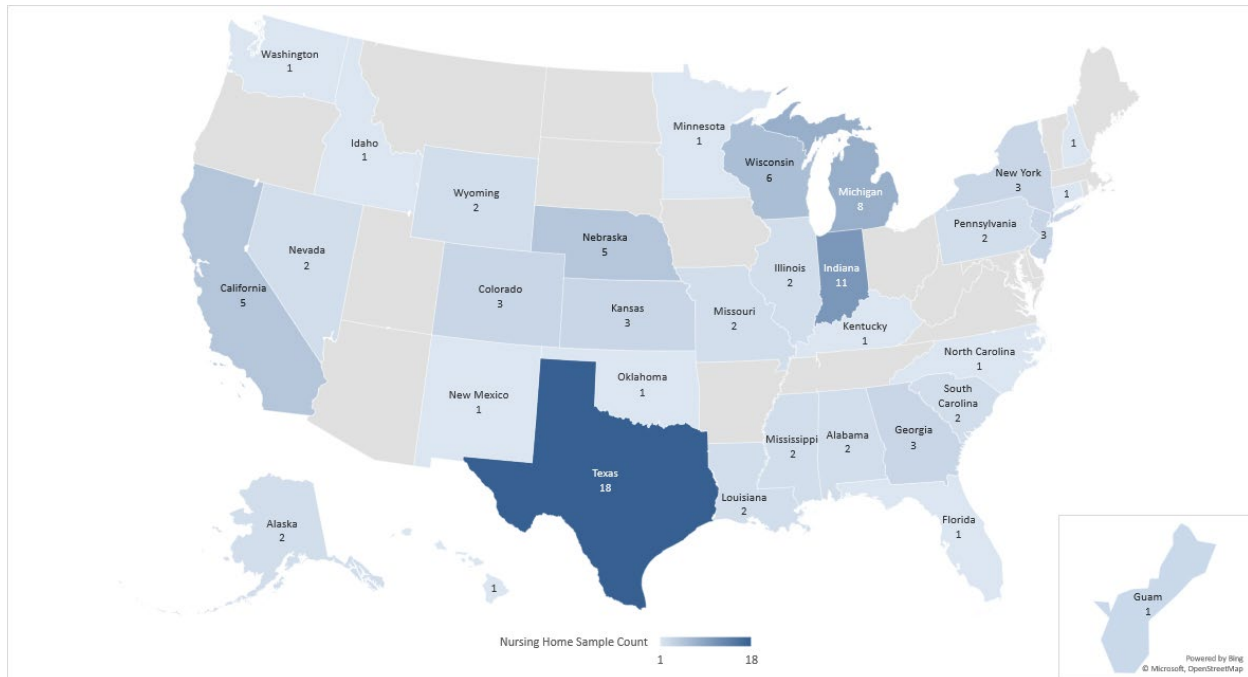


Figure 2: The Locations of the 100 Sampled Government-Owned Nursing Homes



FINDINGS

Ninety-two of the 100 nonprofit nursing homes and 90 of the 100 Government-owned nursing homes in our nationwide samples complied with Federal requirements pertaining to IPs; however, 3 nonprofit nursing homes and 2 Government-owned nursing homes may not have complied with the requirement that the IPs complete specialized IPC training prior to assuming the IP role.^{10, 11}

Nursing home officials attributed the potential noncompliance to difficulties hiring and retaining experienced and qualified IPs.

On the basis of our sample results, we estimated that 117 nonprofit and Government-owned nursing homes nationwide (99 nonprofit and 18 Government-owned nursing homes) may not

¹⁰ We could not obtain records to determine compliance with Federal requirements for an additional 13 nursing homes. As a result, we considered five nonprofit and eight Government-owned sample items as non-errors. See footnotes 7, 8, and 9 for further details on why we could not determine compliance for these sampled items.

¹¹ CMS officials informed us that actual deficiencies are cited onsite following a thorough investigation by trained Federal, State, and contractual surveyors to determine compliance with the Federal requirements for participation (i.e., the minimum health and safety standards). Therefore, we will defer to the trained surveyors who may conduct a followup review at the selected nursing homes to determine whether a deficiency exists for each condition identified in this report.

have complied with Federal requirements pertaining to IPs during our audit period.¹² As a result, there may be increased health and safety risks for the residents and staff of these nursing homes.

Appendix E summarizes the types of potential noncompliance that we identified at each nonprofit and Government-owned nursing home.

SOME NURSING HOMES MAY NOT HAVE COMPLIED WITH THE INFECTION PREVENTIONIST TRAINING REQUIREMENTS

The individual that a nursing home designates as its IP must meet the following Federal requirements: (1) have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field; (2) be qualified by education, training, experience, or certification; (3) work at least part time at the facility; and (4) have completed specialized training in infection prevention and control (42 CFR § 483.80(b)(1-4)).

Nonprofit Nursing Homes

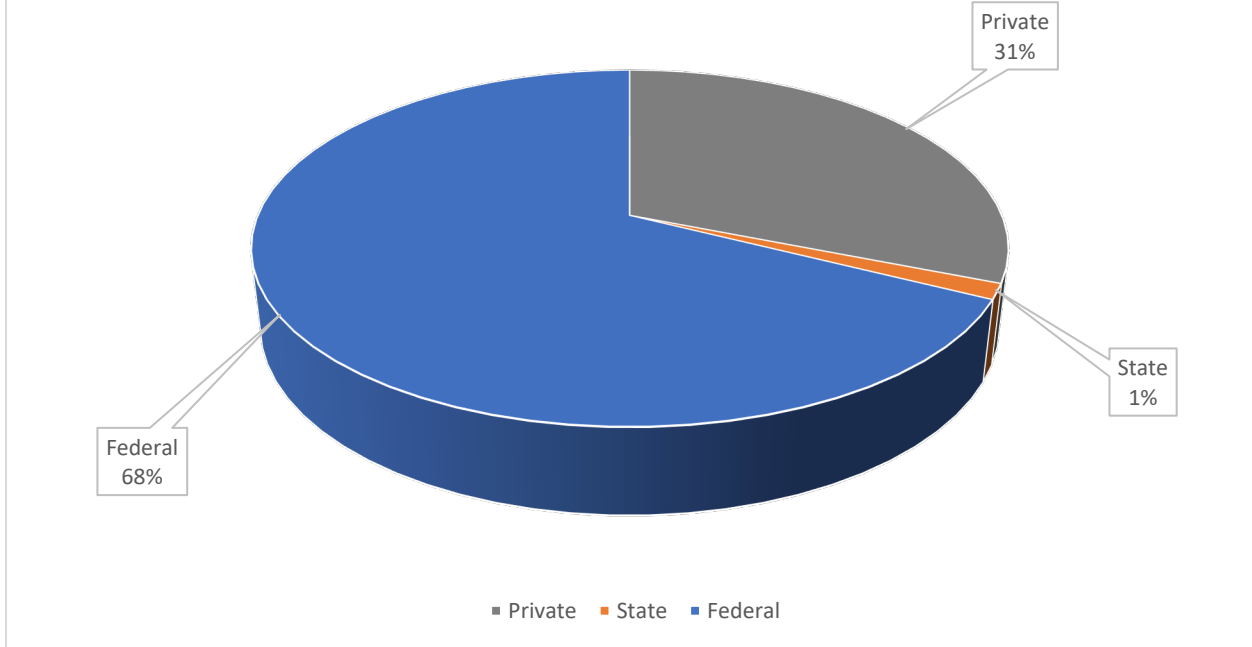
The nonprofit nursing homes in our sample complied with the first three requirements. However, the IPs at three of the nonprofit nursing homes did not complete specialized IPC training prior to assuming their role as the designated IP.¹³

For the nonprofit nursing homes that complied with this requirement, Federal and State agencies provided approximately 69 percent of the specialized training classes. Private entities provided the remaining training classes. See Figure 3 on the next page for the breakout of the different training sources.

¹² Specifically, we estimated that 117 nursing homes (99 nonprofit and 18 Government-owned nursing homes) may not have complied with Federal requirements pertaining to the IP during the audit period. In addition, the 90-percent confidence interval for potential noncompliance with Federal regulations in the sampling frame was 24 to 211 (nonprofit and Government-owned nursing homes), 28 to 247 (nonprofit nursing homes), and 4 to 54 (Government-owned nursing homes).

¹³ CMS and the U.S. Centers for Disease Control and Prevention collaborated to develop and offer a specialized online class called “Nursing Home Infection Preventionist Training Course.” Available online at https://www.train.org/cdctrain/training_plan/3814. (Accessed Aug. 28, 2024.)

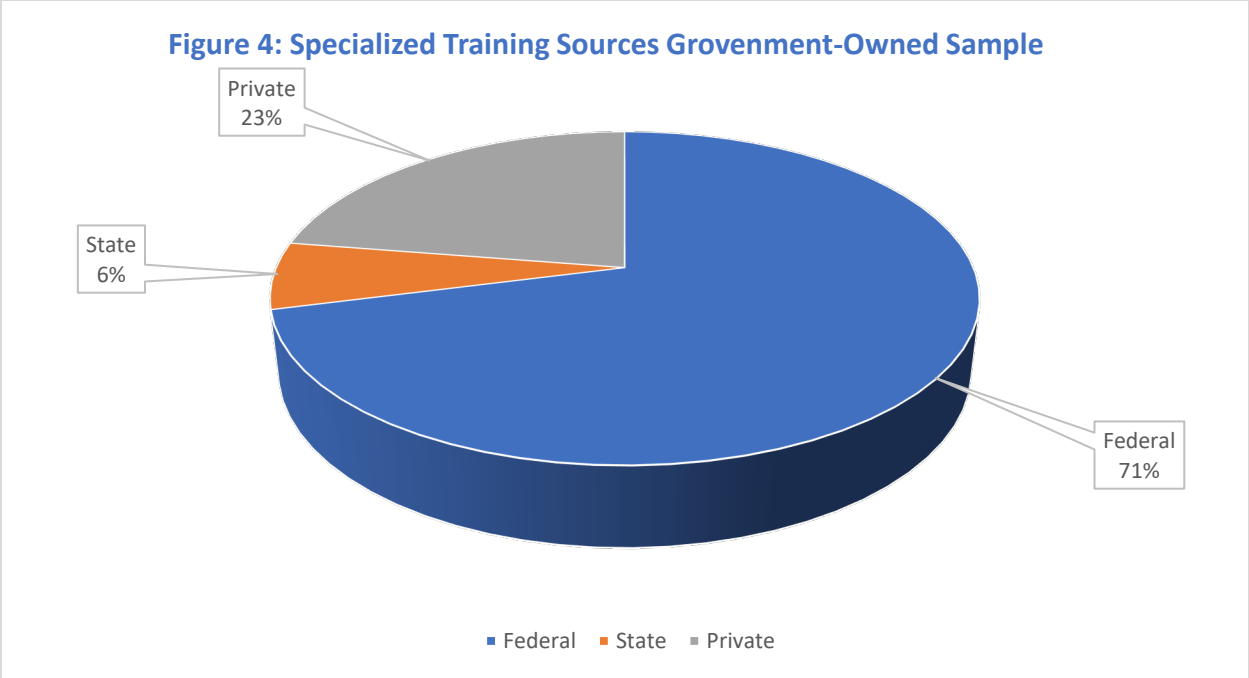
Figure 3: Specialized Training Sources Nonprofit Samples



Government-Owned Nursing Homes

The Government-owned nursing homes in our sample complied with the first three requirements. However, the IPs at two of the Government-owned nursing homes did not complete specialized IPC training prior to assuming their role as the designated IP.

For the nursing homes that complied with this requirement, Federal and State agencies provided approximately 77 percent of the specialized training classes. Private entities provided the remaining training classes. See Figure 4 on the next page for the breakout of the different training sources.



WHY NURSING HOMES MAY NOT HAVE COMPLIED WITH IP REQUIREMENTS

Officials from the five nursing homes attributed the potential noncompliance to difficulties hiring and retaining experienced and qualified IPs.

NONPROFIT AND GOVERNMENT-OWNED NURSING HOMES NATIONWIDE GENERALLY COMPLIED WITH IP REQUIREMENTS

On the basis of our sample results, we estimated that 117 nonprofit and Government-owned nursing homes nationwide (99 nonprofit and 18 Government-owned nursing homes) may not have complied with Federal requirements pertaining to IPs during our audit period. As a result, there may be increased health and safety risks for the residents and staff of these nursing homes.

RECOMMENDATION

We recommend that the Centers for Medicare & Medicaid Services instruct the SSAs to follow up with the five nursing homes (three nonprofit and two Government-owned) that may not have complied with Federal requirements to verify that they have taken corrective actions.¹⁴

¹⁴ SSAs should prioritize followup activities: (1) based upon the level of risk to beneficiaries and (2) in accordance with CMS policies for triaging nursing home complaints and incidents.

CMS COMMENTS

In written comments on our draft report, CMS concurred with our recommendation and stated that it had already contacted the appropriate SSAs to ensure that the five nursing homes we identified with possible infection preventionist deficiencies are in compliance with Federal requirements. CMS's comments are included as Appendix F.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

As of October 2023, there were 4,216 Medicare- and Medicaid-certified nonprofit (3,294) and Government-owned (922) nursing homes in operation during the audit period with valid six-digit Federal provider numbers.¹⁵ We selected 100 nursing homes from each category for review.

We did not assess CMS's or the nursing homes' overall internal control structures. Rather, we limited our review of internal controls to the nursing homes' policies and procedures related to the IP.

We performed our audit from April 2024 through October 2024.

METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Federal requirements,
- corresponded with CMS program officials to gain an understanding of the infection preventionist requirements,
- obtained a list of all Medicare- and Medicaid-certified nonprofit and Government-owned nursing homes,
- selected a stratified random sample of 100 nonprofit nursing homes and 100 Government-owned nursing homes,
- contacted selected nursing homes and requested documentation related to the IP,
- reviewed documentation from nursing homes to determine whether they complied with Federal regulations pertaining to the IP,
- estimated the number of nursing homes that potentially did not comply with Federal regulations pertaining to IPs, and
- discussed the results of our audit with CMS officials.

¹⁵ To determine whether a nursing home was in operation during the audit period, we used the CMS Quality, Certification & Oversight Reports website, available at <https://qcor.cms.gov/main.jsp>. Accessed on Jan. 31, 2023.

See Appendix C for our statistical sampling methodology and Appendix D for our sample results and estimates.

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>Certain For-Profit Nursing Homes May Not Have Complied with Federal Requirements Regarding the Infection Preventionist Position</i>	<u>A-01-22-00001</u>	08/19/2024
<i>Certain Life Care Nursing Homes May Not Have Complied With Federal Requirements for Infection Prevention and Control and Emergency Preparedness</i>	<u>A-01-20-00004</u>	9/15/2022
<i>Certain Nursing Homes May Not Have Complied With Federal Requirements for Infection Prevention and Control and Emergency Preparedness</i>	<u>A-01-20-00005</u>	7/26/2022

APPENDIX C: STATISTICAL SAMPLING METHODOLOGY

SAMPLING FRAME

The sampling frame included 4,216 active nonprofit and Government-owned nursing homes that have valid 6-digit Federal provider numbers.^{16, 17}

SAMPLE UNIT

The sample unit was a nursing home.

SAMPLE DESIGN AND SAMPLE SIZE

We used a stratified random sample with strata and sample sizes defined in Table 1.

Table 1: Strata and Sample Sizes

Stratum	Nursing Home Type	Number of Frame Units	Sample Size
1	Nonprofit	3,294	100
2	Government-Owned	922	100
	Total	4,216	200

SOURCE OF RANDOM NUMBERS

We generated the random numbers using the OIG, Office of Audit Services (OAS), statistical software.

METHOD FOR SELECTING SAMPLE UNITS

We sorted the items in each stratum by the Federal provider number in ascending order and consecutively numbered the items in each stratum in the sampling frame. After generating the random numbers for each of these strata according to our sample design, we selected the corresponding frame items for review.

¹⁶ We determined whether a nursing home was still active using the Quality, Certification & Oversight Reports website, available at <https://qcor.cms.gov/main.jsp>.

¹⁷ The Federal provider numbers of less than one percent of the nursing homes in the provider data catalog were in scientific notation.

ESTIMATION METHODOLOGY

We used the OIG/OAS, statistical software to estimate the number of nonprofit and Government-owned nursing homes in the sampling frame that potentially did not comply with Federal regulations regarding IPs. Using this software, we calculated a point estimate and a two-sided 90-percent confidence interval (Appendix D).

APPENDIX D: SAMPLE RESULTS AND ESTIMATES

Table 2: Sample Detail and Results

Stratum	Nursing Home Type	Number of Nursing Homes in Frame	Sample Size	Number of Potential Deficiencies
1	Nonprofit Nursing Homes	3,294	100	3
2	Government-Owned Nursing Homes	922	100	2
	Totals	4,216	200	5

Table 3: Estimated Number of Nursing Homes in the Sampling Frame That Were Potentially Not in Compliance (Limits Calculated for a 90-Percent Confidence Interval)

	Total	Nonprofit Nursing Homes	Government-Owned Nursing Homes
Point estimate	117	99	18
Lower limit	24	28	4
Upper limit	211	247	54

Table 4: Estimated Percentage of Nursing Homes in the Sampling Frame That Were Potentially Not in Compliance (Limits Calculated for a 90-Percent Confidence Interval)

	Total	Nonprofit Nursing Homes	Government-Owned Nursing Homes
Point estimate	2.222%	3.000%	2.000%
Lower limit	0.560%	0.850%	0.434%
Upper limit	5.003%	7.498%	5.857%

**APPENDIX E: AREA OF INFECTION PREVENTIONIST
POSSIBLE NONCOMPLIANCE**

Table 5: NONPROFIT NURSING HOMES

Nursing Home	IP Did Not Complete Specialized Training Prior To Designation
N-019	1
N-034	1
N-087	1
Total	3

Table 6: GOVERNMENT-OWNED NURSING HOMES

Nursing Home	IP Did Not Complete Specialized Training Prior To Designation
G-034	1
G-080	1
Total	2



APPENDIX F: CMS COMMENTS

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Administrator

Washington, DC 20201

DATE: November 21, 2024

TO: Amy J. Frontz
Deputy Inspector General

FROM: Chiquita Brooks-LaSure *Chiquita LaS*
Administrator

SUBJECT: Office of Inspector General Draft Report: Nonprofit and Government-Owned Nursing Homes Generally Complied with Federal Requirements Regarding the Infection Preventionist Position (A-01-24-00002)

The Centers for Medicare & Medicaid Services (CMS) appreciates the opportunity to review and comment on the Office of Inspector General's (OIG) draft report.

CMS takes seriously its role in improving the safety and quality of care in our nation's nursing homes. Additionally, CMS continues to implement its efforts to ensure pandemic and emergency preparedness in nursing homes, including strengthening infection prevention and control practices.

In 2016, CMS took pivotal actions by issuing the "Medicare and Medicaid Programs: Reform of Requirements for Long-Term Care Facilities" Final Rule.¹ This rule was the impetus for the requirement that nursing homes develop, implement, and maintain a quality assurance and performance improvement (QAPI) program (§483.75), an infection prevention and control program that includes an antibiotic stewardship program (ASP) (§483.80), and designation of at least one infection preventionist (IP) (§483.80) to ensure the QAPI program's effectiveness. These regulations were implemented in three phases. The first phase was implemented in November 2016, phase two in November 2017, and phase three in November 2019.

When the COVID-19 public health emergency was declared in early 2020, CMS took several actions to strengthen infection prevention and control practices within nursing homes. CMS began by issuing guidance to nursing homes to reiterate the importance of longstanding infection control guidelines and the use of personal protective equipment. CMS continued to provide updated guidance as new information was learned. CMS also partnered with the Centers for Disease Control and Prevention (CDC) to support surveillance and collection of COVID-19 data, which were used to strengthen surveillance locally and nationally, monitor trends in infection rates, and help local, state, and federal authorities get help to nursing homes faster. In an effort to allow CMS and the states to focus on infection prevention and control and slowing the spread of COVID-19, CMS instructed the State Survey Agencies (SSAs) to conduct onsite surveys to

¹ Medicare and Medicaid Programs; [Reform of Requirements for Long-Term Care Facilities](#), 81 Fed. Reg. 68688, Nov. 28, 2016.

assess compliance with federal requirements and investigate facility complaints, with a streamlined review tool to conduct focused infection control surveys. CMS has since integrated the focused infection control survey into the standard survey process, which is typically done on behalf of CMS by the SSAs.

In June 2022, CMS announced the release of new survey guidance to support implementing all phases of the Reform of Requirements for LTC facilities.² In the updated guidance, CMS clarified that the amount of time required to fulfill the IP role must be at least part-time and should also be determined by the facility assessment, conducted according to facility assessment requirements at §483.71, to determine the resources a facility needs for its infection prevention and control program (IPCP), and ensure that those resources are provided for the IPCP. Similarly, the IP must participate in the nursing homes' Quality Assessment and Assurance (QAA) Committee and report on the IPCP and incidents such as healthcare-associated infections and communicable diseases. Additionally, ASP is a team effort with nursing homes' staff, such as physicians, nursing staff, leadership, etc. CMS clarified that the IP is responsible for ensuring that the program meets the requirements. The IP should also review and approve infection prevention and control training topics and content and ensure facility staff are trained on IPCPs.³ CMS notes that OIG found that 69 percent of nonprofit nursing homes and 77 percent of government-owned nursing homes with a designated IP took specialized training classes offered by federal or state agencies, such as the CDC's free online training course, Nursing Home Infection Preventionist Training Course,⁴ which was developed in collaboration with CMS.⁵

Further, the IP must have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related fields of training, such as physicians, pharmacists, and physician assistants.⁶ CMS states that the IP must be qualified by education, training, experience, or certification and must have the knowledge to perform the role. Additionally, the IP should remain current with infection prevention and control issues and be aware of national organizations' guidelines and those from national, state, and local public health authorities (e.g., emerging pathogens). The facility should ensure the individual(s) selected as the IP has the background and ability to fully carry out the requirements of the IP based on the needs of the resident population, such as interpreting clinical and laboratory data. Examples of experience in infection prevention and control may include but are not limited to identifying infectious disease processes, surveillance and epidemiological investigation, and preventing and controlling the transmission of infectious agents.⁷

The regulations intend to ensure that each nursing home develops and implements an ongoing, facility-wide system for infection prevention, identification, reporting, investigating, and control of infection and communicable diseases of residents, staff, and visitors and review and update the program plans annually and as necessary.⁸ As of October 24, 2022, SSAs have been using the

² CMS [QSO-22-19-NH](#), Revised Long-Term Care Surveyor Guidance, June 29, 2022

³ State Operations Manual, [Appendix PP - Guidance to Surveyors for Long Term Care Facilities](#), February 2023

⁴ CDC TRAIN, [Nursing Home Infection Preventionist Training Course](#), Updated October 1, 2023

⁵ CMS, [QSO-19-10-NH](#) Specialized Infection Prevention and Control Training for Nursing Home Staff in the Long-Term Care Setting is Now Available, March 2019

⁶ Id.

⁷ Id.

⁸ Id.

guidance to survey for compliance or non-compliance with all requirements from the 2016 Final Rule from all three phases.⁹

CMS thanks OIG for its efforts on this important issue and looks forward to working with OIG on this and other issues in the future. OIG's recommendations and CMS's responses are below.

OIG Recommendation

Instruct the SSAs to follow up with the five nursing homes that may not have complied with federal requirements to verify they have taken corrective actions.

CMS Response

CMS concurs with this recommendation and has already contacted the appropriate SSAs to ensure that the five nursing homes OIG identified with possible infection preventionist deficiencies are in compliance with federal requirements.

⁹ CMS [QSO-22-19-NH](#), Revised Long-Term Care Surveyor Guidance, June 29, 2022

Report Fraud, Waste, and Abuse

OIG Hotline Operations accepts tips and complaints from all sources about potential fraud, waste, abuse, and mismanagement in HHS programs. Hotline tips are incredibly valuable, and we appreciate your efforts to help us stamp out fraud, waste, and abuse.



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TTY: 1-800-377-4950

Who Can Report?

Anyone who suspects fraud, waste, and abuse should report their concerns to the OIG Hotline. OIG addresses complaints about misconduct and mismanagement in HHS programs, fraudulent claims submitted to Federal health care programs such as Medicare, abuse or neglect in nursing homes, and many more. [Learn more about complaints OIG investigates.](#)

How Does it Help?

Every complaint helps OIG carry out its mission of overseeing HHS programs and protecting the individuals they serve. By reporting your concerns to the OIG Hotline, you help us safeguard taxpayer dollars and ensure the success of our oversight efforts.

Who Is Protected?

Anyone may request confidentiality. The Privacy Act, the Inspector General Act of 1978, and other applicable laws protect complainants. The Inspector General Act states that the Inspector General shall not disclose the identity of an HHS employee who reports an allegation or provides information without the employee's consent, unless the Inspector General determines that disclosure is unavoidable during the investigation. By law, Federal employees may not take or threaten to take a personnel action because of [whistleblowing](#) or the exercise of a lawful appeal, complaint, or grievance right. Non-HHS employees who report allegations may also specifically request confidentiality.

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