

Report in Brief

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Audit

The Centers for Disease Control and Prevention indicates that individuals who are aged 65 and older or nursing home residents are at a higher risk for severe illness from COVID-19. In addition, 8 out of 10 COVID-19 deaths reported in the United States in 2020 were adults aged 65 and older. COVID-19 is especially dangerous for the more than 1.3 million residents who live in the 15,446 Medicare and Medicaid certified nursing homes nationwide.

Our objective was to determine whether selected nursing homes complied with Federal requirements for infection prevention and control and emergency preparedness.

How OIG Did This Audit

We analyzed State survey agency (SSA) data on Medicare.gov for the most recent standard surveys and the previous 12 months of complaint reports. We identified 6,830 nursing homes that were cited for infection prevention and control program deficiencies, and Medicare.gov indicated that 39 nursing homes had not provided a plan of correction for the deficiencies as of March 26, 2020. We contacted the 39 nursing homes and requested that they provide us with infection prevention and control and emergency preparedness program documents that were in effect from January 1, 2019, through May 31, 2020.

Certain Nursing Homes May Not Have Complied With Federal Requirements for Infection Prevention and Control and Emergency Preparedness

What OIG Found

Selected nursing homes may not have complied with Federal requirements for infection prevention and control and emergency preparedness. Specifically, 28 of the 39 nursing homes had possible deficiencies. We found 48 instances at 25 nursing homes of possible noncompliance with infection prevention and control requirements and 18 instances at 18 nursing homes of possible noncompliance with emergency preparedness requirements related to all-hazards risk assessments and strategies to address emerging infectious diseases. The nursing homes attributed the possible noncompliance to: (1) nursing home inadequate internal controls, (2) nursing home inadequate management oversight, (3) nursing home administrative and leadership changes, (4) inadequate communication and training from the Centers for Medicare & Medicaid Services (CMS), and (5) inconsistent and confusing regulations.

What OIG Recommends and CMS Comments

We recommend that CMS: (1) instruct SSAs to follow up with the 28 nursing homes that we have identified with potential infection prevention and control and emergency preparedness deficiencies to ensure that they have taken corrective actions; (2) issue updated phase 3 interpretive guidance as soon as feasible; (3) provide training to SSAs on the updated phase 3 interpretive guidance as soon as feasible; and (4) consider updating the regulation to make clear that nursing homes must include emerging infectious diseases as a risk on their facility- and community-based all-hazards risk assessments.

CMS concurred with our first three recommendations and described corrective actions it had taken or planned to take, such as ensuring that SSAs follow up with the nursing homes, issuing phase 3 interpretive guidance, and providing training related to the phase 3 interpretive guidance. CMS stated that it had intended to release the phase 3 interpretive guidance during the second quarter of 2020. However, prior to issuing the guidance, the COVID-19 public health emergency (PHE) was declared, and CMS immediately redirected resources to address patient safety needs related to the PHE. Regarding our fourth recommendation, CMS stated that it would consider this recommendation in future rulemaking and that it has taken considerable steps to make clear that nursing homes should include emerging infectious diseases as an identified risk on their facility- and community-based all-hazards risk assessments.