

## Report in Brief

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



### Why OIG Did This Review

For certain deficiencies, identified during surveys, Federal regulations require nursing and skilled nursing facilities (nursing homes) to submit correction plans to the Centers for Medicare & Medicaid Services (CMS) or to their respective State survey agencies. State survey agencies must verify the correction of identified deficiencies by obtaining evidence of correction or through onsite reviews.

Previous Office of Inspector General (OIG) reviews found that State survey agencies did not verify that selected nursing homes had corrected identified deficiencies. This review of the State survey agency in Florida is part of a series of OIG reviews.

Our objective was to determine whether the Florida Agency for Health Care Administration (State agency) verified nursing homes' correction of deficiencies identified during surveys in calendar year (CY) 2015 in accordance with Federal requirements.

### How OIG Did This Review

Of the 2,381 deficiencies that required a corrective action plan during CY 2015, we selected a stratified random sample of 100. We reviewed State agency documentation to determine whether the State agency had verified the nursing homes' correction of the sampled deficiencies and interviewed State agency officials and employees.

## Florida Did Not Always Verify Correction of Deficiencies Identified During Surveys of Nursing Homes Participating in Medicare and Medicaid

### What OIG Found

The State agency did not always verify nursing homes' correction of deficiencies identified during surveys in CY 2015 in accordance with Federal requirements.

For the 100 sampled deficiencies, the State agency verified the correction of 82 nursing home deficiencies but did not obtain evidence of correction or retain sufficient evidence for the remaining 18 deficiencies.

On the basis of our sample results, we estimated that the State agency did not obtain the nursing homes' evidence of correction for 455 of 2,381 of the deficiencies.

We also estimated that the State agency could not provide sufficient evidence that corrective actions had been taken by nursing homes for 130 of 2,381 of the deficiencies.

### What OIG Recommends and State Agency Comments

We recommend that the State agency (1) improve its practices for verifying nursing homes' correction of identified deficiencies by obtaining nursing homes' evidence of correction for less serious deficiencies and (2) update information system controls to ensure that survey system data is protected against unauthorized or unintended modification or loss.

In written comments on our draft report, the State agency disagreed with our first recommendation and our interpretation of the State Operations Manual; however, it agreed to require facility documentation evidencing correction of citations for desk review revisits. For our second recommendation, the State agency agreed that some data was missing but stated that this was not the fault of the State agency because it was required to use CMS's database. We maintain that our findings and recommendations are correct. The State agency inappropriately certified facility compliance based only on a review of a Plan of Correction, which is an "allegation of compliance." Regarding the second recommendation, CMS's contractor identified that the State agency's surveyor did not upload the revisit survey information to CMS's system and that States may use additional controls to insure completeness of data.