

Report in Brief

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



Why OIG Did This Audit

In 2016, the Centers for Medicare & Medicaid Services (CMS) updated its life safety and emergency preparedness regulations to improve protections for all Medicare and Medicaid beneficiaries, including those residing in long-term care facilities (commonly known as nursing homes). The updates included requirements that nursing homes have expanded sprinkler systems and smoke detector coverage; an emergency plan that is reviewed, trained on, tested, and updated at least annually; and provisions for sheltering in place and evacuation.

Our objective was to determine whether Illinois ensured that selected nursing homes in the State that participated in the Medicare or Medicaid programs complied with CMS requirements for life safety and emergency preparedness.

How OIG Did This Audit

Of the 733 nursing homes in Illinois that participated in Medicare or Medicaid, we selected a nonstatistical sample of 15 nursing homes based on various factors, including the number of high-risk deficiencies Illinois reported to CMS.

We conducted unannounced site visits at the 15 nursing homes from October through December 2018. During the site visits, we checked for life safety violations and reviewed the nursing homes' emergency preparedness plans.

Illinois Should Improve Its Oversight of Selected Nursing Homes' Compliance With Federal Requirements for Life Safety and Emergency Preparedness

What OIG Found

Illinois did not ensure that selected nursing homes in the State that participated in the Medicare or Medicaid programs complied with CMS requirements for life safety and emergency preparedness. During our site visits, we identified deficiencies in areas related to life safety and emergency preparedness at all 15 nursing homes that we reviewed. Specifically, we found 53 instances of noncompliance with life safety requirements and 184 instances of noncompliance with emergency preparedness requirements. As a result, residents at the 15 nursing homes were at increased risk of injury or death during a fire or other emergency.

The identified deficiencies occurred because the existing life safety training program for nursing home management could not educate all Illinois nursing home management in a timely manner, and the State did not offer an emergency preparedness training program for nursing home management. (Currently, CMS requires neither of the two training programs.) Further, Illinois performed abbreviated surveys of emergency preparedness plans and had insufficient personnel for its workload. In addition, Illinois did not determine whether carbon monoxide alarms were installed in accordance with State law.

What OIG Recommends and Illinois Comments

We recommend that Illinois: (1) follow up with the 15 nursing homes to verify that corrective actions have been taken regarding the deficiencies that we identified, (2) conduct more thorough emergency preparedness reviews for the safety and protection of nursing home residents and staff, (3) work with CMS to develop emergency preparedness training and expand life safety training sessions to accommodate all nursing home management, (4) consider increasing staffing levels to address caseload thresholds for State surveyors, and (5) consider modifying its survey procedures to check for carbon monoxide alarms required by Illinois law.

In written comments on our draft report, the State agency generally agreed with our findings and recommendations. Although the State agency did note some challenges to implementing the recommendations, they acknowledged our effort to improve the oversight of nursing homes and stated that positive actions would be taken on the recommendations.