

Department of Health and Human Services

**OFFICE OF  
INSPECTOR GENERAL**

**LIFE SAFETY AND EMERGENCY  
PREPAREDNESS DEFICIENCIES  
FOUND AT 18 OF 20  
TEXAS NURSING HOMES**

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Principal Deputy  
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February 2020  
A-06-19-08001

# *Office of Inspector General*

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## Report in Brief

Date: February 2020

Report No. A-06-19-08001

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 referred to as nursing homes). Updates included requirements that nursing homes have expanded sprinkler systems and smoke detector coverage; an emergency preparedness 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 selected nursing homes in Texas that received Medicare funds, Medicaid funds, or both, complied with Federal requirements for life safety and emergency preparedness.

### How OIG Did This Audit

Of the 1,229 nursing homes in Texas that participated in Medicare or Medicaid, we selected a non-statistical sample of 20 of these nursing homes for our audit based on proximity to the Gulf of Mexico and the highest number of deficiencies previously identified by Texas.

We conducted unannounced site visits to check for life safety violations and review the nursing homes' emergency preparedness plans from February through May 2019.

## Life Safety and Emergency Preparedness Deficiencies Found at 18 of 20 Texas Nursing Homes

### What OIG Found

During our onsite inspections, we identified deficiencies in areas related to life safety or emergency preparedness at 18 of the 20 nursing homes that we audited. Specifically, we found 235 deficiencies with life safety requirements related to building exits and smoke partitions, fire detection and suppression systems, hazardous storage areas, fire drills and smoking policies, and electrical equipment and elevator inspection and testing. We found 55 deficiencies with emergency preparedness requirements related to written emergency plans, emergency supplies and power, emergency communications plans, and emergency plan training. As a result, residents at the 18 nursing homes were at increased risk of injury or death during a fire or other emergency.

The identified deficiencies occurred because management oversight at nursing homes was inadequate, and nursing homes had high maintenance and administrative staff turnover. In addition, maintenance personnel at some of the nursing homes indicated that building maintenance is challenging because of the advanced age of some buildings.

### What OIG Recommends and Texas Comments

We recommend that Texas follow up with the 18 nursing homes to verify that corrective actions have been taken regarding the life safety and emergency preparedness deficiencies identified in this report.

Texas agreed with our findings and indicated that it would follow up with the 18 nursing homes to verify that the deficiencies have been corrected. Texas also indicated that it developed training covering maintenance of areas where we found deficiencies and guidance for nursing home staff on how to develop an emergency preparedness plan. Training courses for maintenance and emergency preparedness were provided in Corpus Christi, Texas, in December 2019, and additional training courses are scheduled to be provided in other Texas cities during 2020.

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## INTRODUCTION

### WHY WE 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 referred to as nursing homes). The updates included requirements that nursing homes have expanded sprinkler systems and smoke detector coverage; an emergency preparedness plan that is reviewed, trained on, tested, and updated at least annually; and provisions for sheltering in place and evacuation.

As part of its oversight activities, the Office of Inspector General is conducting a series of audits nation-wide to assess compliance with these new life safety and emergency preparedness requirements. This audit focuses on selected nursing homes in Texas.<sup>1</sup>

### OBJECTIVE

Our objective was to determine whether selected nursing homes in Texas that received Medicare funds, Medicaid funds, or both complied with Federal requirements for life safety and emergency preparedness.

### BACKGROUND

#### Medicare and Medicaid Coverage of Nursing Homes

The Medicare and Medicaid programs cover care in nursing homes for eligible beneficiaries. 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. For Medicare and Medicaid, these statutory participation and survey requirements are implemented in Federal regulations at 42 CFR part 483 subpart B and 42 CFR part 488 subpart E, respectively.

#### Requirements for Life Safety and Emergency Preparedness

Nursing homes are required to comply with all Federal, State, and local laws, regulations, and codes, as well as accepted professional standards and principles (42 CFR § 483.70). Federal regulations on life safety (42 CFR § 483.90) require nursing homes to comply with standards set forth in the *Life Safety Code* (National Fire Protection Association (NFPA) 101) and *Health Care*

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<sup>1</sup> We already issued a report covering New York State, *New York Should Improve Its Oversight of Selected Nursing Homes' Compliance With Federal Requirements for Life Safety and Emergency Preparedness* ([A-02-17-01027](#)), on August 20, 2019. We also issued a report covering California, *California Should Improve Its Oversight of Selected Nursing Homes' Compliance With Federal Requirements for Life Safety and Emergency Preparedness* ([A-09-18-02009](#)), on November 14, 2019.

*Facilities Code* (NFPA 99).<sup>2</sup> CMS lists applicable requirements on Form CMS-2786R, Fire Safety Survey Report.<sup>3</sup> Federal regulations on emergency preparedness (42 CFR § 483.73) include specific requirements for nursing homes' emergency preparedness plans and reference the *Standard for Emergency and Standby Power Systems* (NFPA 110).<sup>4</sup> CMS lists applicable requirements on its *Emergency Preparedness Surveyor Checklist*.<sup>5</sup>

The *Fire Safety Survey Report* and *Emergency Preparedness Surveyor Checklist* are used when CMS or a designated agency performs a nursing home survey. The results of each survey are reported and added to CMS's Automated Survey Processing Environment (ASPEN) system.

### **Responsibilities for Life Safety and Emergency Preparedness**

The Texas Health and Human Services Commission (State agency) oversees nursing homes and is responsible for ensuring that nursing homes comply with Federal, State, and local regulations. Under an arrangement with CMS known as a section 1864 agreement, the State agency is responsible for completing life safety and emergency preparedness surveys not later than once every 15 months at nursing homes that participate in the Medicare or Medicaid programs.<sup>6</sup> However, the State agency can exercise the option to survey more frequently (42 CFR § 488.308(c)). The State agency follows up on deficiencies either through a site visit or documentation submission depending on the nature and severity of the deficiency.

Management and staff at nursing homes are ultimately responsible for ensuring the safety and well-being of the nursing home's residents and for complying with Federal, State, and local regulations. They are responsible for ensuring that facility systems such as furnaces, water heaters, kitchen equipment, generators, sprinkler and alarm systems, elevators, and other equipment are properly installed, tested, and maintained. They are also responsible for ensuring that the nursing home is free from hazards and for ensuring that emergency plans, including fire escape plans and disaster preparedness plans, are updated and tested on a regular basis.

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<sup>2</sup> CMS adopted the 2012 edition of both publications in a final rule published in 81 Fed. Reg. 26872 (May 4, 2016).

<sup>3</sup> Form CMS-2786R is available online at <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS009335.html>.

<sup>4</sup> CMS adopted the 2010 edition of NFPA 110 in a final rule published in 81 Fed. Reg. 63860, 63929 (September 16, 2016).

<sup>5</sup> CMS provides online guidance for emergency preparedness at <https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertemergprep/emergency-prep-rule.html>.

<sup>6</sup> The Act §§ 1819(g)(2)(A)(iii) and 1919(g)(2)(A)(iii). Under the agreement, the State agency agrees to carry out the provisions of sections 1864, 1874, and related provisions of the Act.



## HOW WE CONDUCTED THIS AUDIT

As of November 2018, there were 1,229 nursing homes in Texas that participated in the Medicare or Medicaid programs. We selected a non-statistical sample of 20 of these nursing homes for our audit based on proximity to the Gulf of Mexico and the highest number of deficiencies reported to CMS's ASPEN system.

We conducted unannounced site visits at the 20 nursing homes from February through May 2019. During the site visits, we checked for life safety violations and reviewed the nursing homes' emergency preparedness plans. At the conclusion of our inspections, we shared the deficiencies we identified with nursing home management and staff so that corrective action could be taken. We also shared the identified deficiencies with the State agency and CMS for followup as appropriate.

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

During our onsite inspections, we identified deficiencies in areas related to life safety or emergency preparedness at 18 of the 20 nursing homes that we audited.<sup>7</sup> Specifically, we found 235 deficiencies with life safety requirements related to building exits and smoke partitions, fire detection and suppression systems, hazardous storage areas, fire drills and smoking policies, and electrical equipment and elevator inspection and testing. We found 55 deficiencies with emergency preparedness requirements related to written emergency plans, emergency supplies and power, emergency communications plans, and emergency plan training. As a result, residents at the 18 nursing homes were at increased risk of injury or death during a fire or other emergency.

The identified deficiencies occurred because management oversight at nursing homes was inadequate, and nursing homes had high maintenance and administrative staff turnover. In addition, maintenance personnel at some of the nursing homes indicated building maintenance is challenging because of the advanced age of some buildings.

Appendix B summarizes the deficiencies that we identified at each nursing home.

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<sup>7</sup> Some nursing homes had both life safety and emergency preparedness deficiencies; others had only one type of deficiency.

## SELECTED NURSING HOMES DID NOT COMPLY WITH LIFE SAFETY REQUIREMENTS

CMS's *Fire Safety Survey Report* lists the Federal regulations on life safety that nursing homes must comply with and references each with an identification number referred to as a "K-Tag" (K-100 through K-933). We identified deficiencies in areas related to life safety at 15 of the 20 nursing homes that we audited.

### Building Exits and Smoke Partitions

In case of fire or emergency, nursing homes are required to have unobstructed exits, exit doors that open easily and make an audible alarm when opened, discharges from exits that are free from hazards, self-closing doors that are not manually propped open, exit signs and emergency lighting that are illuminated and inspected monthly, and sealed smoke partitions (K-Tags 211, 222, 223, 271, 281, 291, 293, 372).

Of the 20 nursing homes we visited, 14 had 1 or more deficiencies, totaling 159, related to their building exits and smoke partitions. Specifically, the ceilings in hallways leading to exit doors at one nursing home were approximately 6 feet 9 inches high, and the exits were considered obstructed because the ceilings were so low. One or more exit doors at five nursing homes required more physical force to open than is allowed, or the exit alarms did not sound when tested. At two nursing homes, the discharge areas from the exit doors were uneven, which could pose a hazard to those residents with limited mobility. Seven nursing homes had self-closing doors that were propped open or did not close completely without assistance, and at one nursing home, the illumination of an exit discharge was inadequate due to burned-out lights. Four nursing homes had not performed the most recent monthly inspection of the emergency lighting and exit signs prior to our visit, or these did not illuminate when tested. Finally, 13 nursing homes had missing or damaged smoke partitions, consisting of broken, missing, or ajar ceiling tiles, and openings that could contribute to the spread of smoke. The smoke partition deficiencies totaled 104 of the 159 deficiencies.

**Photograph 1 (left): Laundry area missing ceiling tiles.**

**Photograph 2 (right): Ceiling patch needed to be sealed.**



**Photograph 3 (left): Ceiling hole around network cables.**  
**Photograph 4 (right): Wall hole in a closet.**



### **Fire Detection and Suppression Systems**

Nursing homes are required to have a fire alarm system that is tested quarterly in accordance with NFPA requirements. Sprinkler systems must be installed, inspected, and maintained in accordance with NFPA requirements. Some sprinkler system components require quarterly testing. Portable fire extinguishers must be inspected monthly to ensure adequate pressure. Kitchen areas should be equipped with a barrier between open flames and deep-fry cooking areas (K-Tags 324, 345, 351, 353, 355).

Of the 20 nursing homes we visited, 11 had 1 or more deficiencies, totaling 49, related to their fire detection and suppression systems. Specifically, one nursing home did not have its fire alarm system tested during the previous two quarters, while two nursing homes did not have certain sprinkler system components tested the previous quarter. One nursing home had a small closet that did not contain a sprinkler head. Three nursing homes each had one sprinkler head that was dirty, and one nursing home had several dirty sprinkler heads. Sprinkler heads covered with lint or dust could be inhibited from full functionality. Additionally, eight nursing homes did not inspect one or more of their portable fire extinguishers every month, one nursing home had a fire extinguisher with inadequate pressure, and two nursing homes had kitchen fry-area barriers that were too short.

**Photograph 5: Sprinkler head covered with lint.**



## Hazardous Storage Areas

In hazardous storage areas, nursing homes must install a fire barrier or an automatic fire extinguishing system with smoke-resistant partitions and self-closing doors. Hazardous chemicals must be stored in a safe manner. Oxygen cylinders must be kept in separately labeled storage spaces for full and empty cylinders and be stored in a safe manner so as not to damage or tip over the cylinders, which could cause a dangerous pressurized oxygen release (K-Tags 321, 541, 754, 923).

Of the 20 nursing homes we visited, 8 had 1 or more deficiencies, totaling 19, related to hazardous storage areas. Specifically, we found that two nursing homes had painted over the fire ratings on doors leading to hazardous areas; we could not determine whether the doors had the appropriate ratings. Four nursing homes had doors to hazardous storage areas that were held open, and one nursing home had hazardous chemicals that were not stored in an approved flammable storage cabinet. Also, we found two nursing homes with oxygen storage rooms that were disorganized, or where cylinders had fallen over.

**Photograph 6 (left): Hazardous area self-closing door held open by a bungee cord.**

**Photograph 7 (right): Hazardous area self-closing door that would not latch because paper was stuffed into the latch hole.**



**Photograph 8 (left): Cluttered storage and flammables (e.g., lacquer thinner) outside proper storage cabinet.**

**Photograph 9 (right): Unsecured oxygen cylinder and disorganized oxygen room.**



## Fire Drills and Smoking Policies

Nursing homes are also required to conduct fire drills quarterly for each work shift. Smoking may only be permitted in authorized areas where ash receptacles are provided. If smoking materials are disposed of in a trash can located in the smoking area, it should be metal with a self-closing lid (K-Tags 712, 741).

Of the 20 nursing homes we visited, 2 had 1 deficiency each related to fire drills or smoking policies. Specifically, one nursing home did not ensure that fire drills were conducted each quarter covering all work shifts, and one nursing home had intermingled trash with cigarettes in a non-metal trash can in the smoking area.

**Photograph 10: Cigarettes intermingled with trash in a non-metal trash can in a smoking area.**



## Electrical Equipment and Elevator Inspection and Testing

Power strips and extension cords must meet Underwriters Laboratories (UL) requirements and be used in a safe manner. If a nursing home has an elevator, the function allowing firefighters to control it must be tested monthly (K-Tags 531, 920).

Of the 20 nursing homes we visited, 3 had 1 or more deficiencies, totaling 6, related to electrical equipment or elevator inspection and testing. Specifically, two nursing homes each had one power strip that did not meet UL requirements, and one nursing home had a window air conditioner plugged into an extension cord. Also, one nursing home had an elevator that hadn't been tested in the previous 6 months.

## SELECTED NURSING HOMES DID NOT COMPLY WITH EMERGENCY PREPAREDNESS REQUIREMENTS

CMS's *Emergency Preparedness Surveyor Checklist* lists the Federal regulations on emergency preparedness that nursing homes must comply with and references each with an identification number referred to as an "E-Tag" (E-0001 through E-0042). We identified deficiencies in areas related to emergency preparedness at 14 of the 20 nursing homes that we audited.

## **Emergency Plan**

Nursing homes are required to have an emergency plan that is updated at least annually and includes a facility and community all-hazards risk assessment.<sup>8</sup> Nursing home emergency plans should address coordination with Federal, State, and local government emergency management officials (E-Tags 0004, 0006, 0009).

Of the 20 nursing homes we visited, 11 had 1 or more deficiencies, totaling 13, related to their emergency plan. Specifically, we found that the emergency plan at one nursing home was not updated annually. We found that two nursing homes did not have a completed all-hazards risk assessment, and that the all-hazards risk assessment at four nursing homes did not address infectious disease threats. Also, five nursing homes' emergency plans did not address coordination with all Government emergency management officials.

## **Emergency Supplies and Power**

Nursing homes must have an emergency plan that addresses emergency supplies and power and are required to have adequate supplies of emergency food, water, and pharmaceuticals readily available. Nursing homes that have generators are required to perform annual fuel quality tests (if the generator operates on diesel fuel) (E-Tags 0015, 0041).

Of the 20 nursing homes we visited, 3 had 1 or more deficiencies, totaling 4, related to emergency supplies and power. Specifically, two nursing homes had enough water onsite to meet the Federal Emergency Management Agency recommendation of 1 gallon per day per person for 3 days, but their emergency plans called for more, and there was not enough water onsite to meet their emergency plans. Also, two nursing homes did not conduct the most recent annual generator fuel quality check.

## **Evacuations, Sheltering in Place, and Tracking Residents and Staff During and After an Emergency**

Nursing homes are required to have a plan for evacuations, sheltering in place, and tracking residents and staff during and after an emergency. Nursing homes must also have a plan for transferring medical records, using volunteers, and transferring residents, and procedures for waivers when providing care at alternate sites during emergencies (E-Tags 0018, 0020, 0022–0026, 0033).

Of the 20 nursing homes visited, we found no deficiencies related to emergency plans for evacuations, sheltering in place, and tracking residents and staff during and after emergencies.

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<sup>8</sup> As of March 4, 2019, all-hazard risk assessments are required to consider infectious disease threats.

## **Emergency Communications Plans**

Nursing homes are required to have an emergency communications plan that includes names and contact information for Government emergency management officials, the State licensing agency, and the ombudsman, among others (E-Tags 0029, 0031).

Of the 20 nursing homes we visited, 7 had 1 or more deficiencies, totaling 10, related to the adequacy of emergency communications plans. Specifically, the plans at five nursing homes did not have all the required government emergency management contact information. Two nursing homes' plans did not have the required State licensing contact information, and one nursing home's plan did not have the required ombudsman contact information.

## **Emergency Plan Training**

Nursing homes are required to have a training program based on their emergency plan and provide updated training at least annually to all staff. The training must be designed to demonstrate knowledge of emergency procedures. Additionally, initial training must be provided to new staff members, independent contractors (e.g., contracted cleaning staff), and volunteers. Nursing homes must also conduct an annual community-based, full-scale testing exercise.<sup>9</sup> In addition, a second training exercise (full-scale testing exercise, facility-based exercise, or "tabletop" exercise) must be completed annually. An analysis of all training exercises (and actual events) must be completed and the emergency plan revised, if necessary (E-Tags 0036, 0037, 0039).

Of the 20 nursing homes we visited, 11 had 1 or more deficiencies, totaling 28, related to emergency plan training. Specifically, two nursing homes did not have an emergency preparedness training program. One nursing home did not include all emergency procedures in its initial training. Four nursing homes did not conduct either of the two required annual training exercises, and six nursing homes did not conduct one of the two annual training exercises. Additionally, two nursing homes that conducted annual training exercises did not conduct post-exercise analyses.

## **RECOMMENDATION**

We recommend that the Texas Health and Human Services Commission follow up with the 18 nursing homes to verify that corrective actions have been taken regarding the life safety and emergency preparedness deficiencies identified in this report.

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<sup>9</sup> The exercise can be facility based if a community-based exercise is not possible. Further, nursing homes are exempt from this requirement if they activated their emergency plan during the year.

## **OTHER MATTERS**

Texas requires the installation of carbon monoxide detectors in childcare facilities such as day-care centers, group day-care homes, and family homes, but it does not require the detectors in nursing homes. We maintain that a best practice would be to install detectors that can quickly sense a carbon monoxide leak in any nursing home building that utilizes fuel-burning appliances (e.g., gas clothes dryers) or has an attached garage where motor vehicles may be present.

## **STATE AGENCY COMMENTS**

The State agency agreed with our findings and indicated it would follow up with the 18 nursing homes to verify that the deficiencies have been corrected. The State agency also indicated that it developed training covering maintenance of areas where we found deficiencies and guidance for nursing home staff on how to develop an emergency preparedness plan. Training courses for maintenance and emergency preparedness were provided in Corpus Christi, Texas, in December 2019, and additional training courses are scheduled to be provided in other Texas cities during 2020.

Regarding our “Other Matters” section, the State agency agreed that installation of carbon monoxide detectors in nursing homes is a best practice and indicated it is revising rules to require them in assisted living facilities and is considering revising rules to require them in nursing homes. The State agency’s comments are included in their entirety as Appendix C.



## APPENDIX A: AUDIT SCOPE AND METHODOLOGY

### SCOPE

As of November 2018, a total of 1,229 nursing homes in Texas participated in the Medicare or Medicaid programs. Of these 1,229 nursing homes, we selected a non-statistical sample of 20 nursing homes for our audit based on location and risk factors reported to CMS's ASPEN system by the State agency.<sup>10</sup>

We did not assess the State agency's or nursing homes' overall internal control structures. Rather, we limited our review of internal controls to those applicable to our audit objective.

We conducted unannounced site visits at the 20 nursing homes from February through May 2019. During the site visits, we checked for life safety violations and reviewed the nursing homes' emergency preparedness plans.

### 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 nursing home life safety and emergency preparedness surveys;
- accompanied a CMS nursing home surveyor on two site visits to gain an understanding of the life safety and emergency preparedness review process;
- obtained from CMS a list of all 1,229 active nursing homes in Texas that participated in the Medicare or Medicaid programs as of November 2018;
- compared a nursing homes list provided by CMS with a list provided by the State agency to verify completeness and accuracy;
- from the 116 nursing homes located near the Gulf of Mexico with deficiencies identified in ASPEN, we selected 20 nursing homes for onsite inspections and, for each:
  - reviewed the deficiency reports prepared by the State agency for the nursing home's three most recent surveys and

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<sup>10</sup> We selected nursing homes located in counties that border the Gulf of Mexico. We then used the life safety and emergency preparedness deficiency codes selected in the design of this audit to determine the 20 nursing homes with the most combined deficiencies.

- conducted unannounced onsite inspections to check for life safety violations and review the emergency preparedness plan; and
- provided the results of our inspections to the selected nursing homes, the State agency, and CMS officials.

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: DEFICIENCIES AT EACH NURSING HOME**

**Table 1: Life Safety Deficiencies**

<b>Nursing Home</b>	<b>Building Exits and Smoke Partitions</b>	<b>Fire Detection and Suppression Systems</b>	<b>Hazardous Storage Areas</b>	<b>Fire Drills and Smoking Policies</b>	<b>Electrical Equipment and Elevator Inspection and Testing</b>	<b>Total</b>
1	10	4	-	-	2	16
2	10	2	1	-	-	13
3	35	3	4	-	3	45
4	3	1	-	1	-	5
5	22	7	4	-	-	33
6	-	-	-	-	-	-
7	-	-	-	-	-	-
8	6	-	3	-	-	9
9	-	-	-	-	-	-
10	-	15	-	-	-	15
11	11	-	-	-	-	11
12	13	4	1	1	1	20
13	-	-	-	-	-	-
14	1	-	2	-	-	3
15	11	1	-	-	-	12
16	8	6	2	-	-	16
17	13	5	-	-	-	18
18	-	-	-	-	-	-
19	2	-	-	-	-	2
20	14	1	2	-	-	17
<b>Total</b>	<b>159</b>	<b>49</b>	<b>19</b>	<b>2</b>	<b>6</b>	<b>235</b>

**Table 2: Emergency Preparedness Deficiencies**

Nursing Home	Emergency Plan	Emergency Supplies and Power	Evacuations, Sheltering in Place, and Tracking Residents and Staff During and After an Emergency	Emergency Communications Plans	Emergency Plan Training	Total
1	1	-	-	2	1	4
2	1	2	-	2	-	5
3	1	1	-	-	5	7
4	1	-	-	1	4	6
5	1	-	-	2	3	6
6	-	-	-	-	-	-
7	-	-	-	-	-	-
8	-	1	-	1	-	2
9	2	-	-	1	4	7
10	1	-	-	-	-	1
11	-	-	-	-	-	-
12	2	-	-	-	1	3
13	1	-	-	-	3	4
14	-	-	-	-	1	1
15	-	-	-	-	-	-
16	1	-	-	1	3	5
17	1	-	-	-	2	3
18	-	-	-	-	1	1
19	-	-	-	-	-	-
20	-	-	-	-	-	-
<b>Total</b>	<b>13</b>	<b>4</b>	<b>0</b>	<b>10</b>	<b>28</b>	<b>55</b>

**Notice:** Under separate cover, we provided to the State agency and CMS the detailed inspection worksheets for each of the nursing homes we audited.

## APPENDIX C: STATE AGENCY COMMENTS



**TEXAS**  
Health and Human  
Services

**Texas Health and Human Services Commission**

**Dr. Courtney N. Phillips**  
Executive Commissioner

January 7, 2020

Ms. Patricia Wheeler  
Office of Audit Services, Region VI  
1100 Commerce Street, Room 632  
Dallas, Texas 75242

Dear Ms. Wheeler:

Thank you for your December 18, 2019, letter to Executive Commissioner Phillips regarding the U.S. Office of Inspector General's draft report on life safety and emergency preparedness deficiencies found at 18 of 20 Texas nursing facilities. Your letter was forwarded to me for response because as Chief Policy and Regulatory Officer at the Health and Human Services Commission (HHSC), I oversee the division that regulates long-term care facilities in Texas.

HHSC has studied the draft report and agrees with its findings, including that some nursing facilities face challenges with building maintenance for the reasons identified in the report. As a result, HHSC is taking the following steps:

- These findings will be shared with HHSC regional survey staff, and our Life Safety Code (LSC) staff will follow up with the 18 nursing facilities to verify corrections of the identified LSC and emergency preparedness deficiencies.
- HHSC has developed a provider training covering maintenance of fire alarm, sprinkler, and HVAC systems. This training also covers maintenance of a building's smoke barriers, as well as corridor doors and commercial cooking equipment, medical gas, and exit requirements. This training is especially suited for nursing facility maintenance staff. HHSC offered this training for providers in the Corpus Christi area in December, and future trainings are scheduled in San Antonio and Waco in April and in Arlington in May. Training for providers in the Houston area is tentatively scheduled for early June.
- HHSC also has developed guidance for nursing facility staff members on how to develop an emergency preparedness plan, which includes the federal

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requirements for these plans. HHSC offered this training for providers in the Corpus Christi area in December, and additional trainings are scheduled in San Antonio and Waco in April and in Arlington in May. Training for providers in the Houston area is tentatively scheduled for early June.

- HHSC agrees the installation of carbon monoxide detection in nursing facilities is a best practice. No statewide requirement calls for all nursing facilities to have carbon monoxide detection; however, HHSC is revising rules to require detection in licensed-only, facility-based programs. Similar revisions to administrative rules for certified facilities, including nursing facilities, also are being considered.

We greatly appreciate you sharing your concerns, as we take seriously our mission to protect the health and safety of residents in long-term care. If you need additional information or have any questions, please contact Michelle Dionne-Vahalik, Interim Associate Commissioner, Long Term Care Regulatory, by phone at (512) 438-5261 or at [Michelle.Dionne-Vahalik@hhsc.state.tx.us](mailto:Michelle.Dionne-Vahalik@hhsc.state.tx.us).

Sincerely,



Victoria Ford, MPA  
Chief Policy and Regulatory Officer