

## Report in Brief

Date: September 2017  
Report No. A-07-17-03218

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



### Why OIG Did This Review

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 agency for certain deficiencies identified during surveys. State agencies must verify the correction of identified deficiencies by obtaining evidence of correction or through onsite reviews. This review of the State agency in Kansas is part of an ongoing series of reviews of States' verification of correction of deficiencies.

Our objectives were to determine whether, in calendar year (CY) 2014, the Kansas Department of Aging and Disability Services, Survey, Certification and Credentialing Commission (State agency), (1) verified nursing homes' correction of deficiencies identified during surveys, and (2) conducted standard surveys for these nursing homes no later than 15 months after the last day of the previous standard surveys, in accordance with Federal requirements.

### How OIG Did This Review

We selected a stratified random sample of 100 deficiencies associated with 79 nursing homes and reviewed State agency documentation.

We then calculated, for each of the nursing homes represented in our sampled deficiencies, the interval of time between the standard surveys conducted in CY 2014 and the previous standard survey.

## Kansas 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 2014 in accordance with Federal requirements. We estimated that the State agency did not obtain the nursing homes' evidence of correction for 52 percent of the deficiencies identified during surveys in CY 2014.

We also estimated that the State agency could not provide sufficient evidence that corrective actions had been taken by nursing homes for 13 percent of the deficiencies identified during surveys in CY 2014.

Regarding our second objective, the State agency did not conduct required standard surveys within 15 months of the previous standard surveys for 35 of 79 nursing homes in CY 2014.

### What OIG Recommends and State Agency Comments

We recommend that the State agency improve its practices for verifying nursing homes' correction of identified deficiencies by obtaining nursing homes' evidence of correction, update controls and policies and procedures to ensure that survey system data is protected against unauthorized or unintended modification or loss, and develop and implement a correction plan to ensure that the interval between consecutive standard surveys does not exceed 15 months.

The State agency agreed with our findings and described corrective actions that it had taken or planned to take. Specifically, the State agency said that it had made immediate systemic changes to require evidence of correction and added that it had identified the survey system data loss in CY 2015 and had fixed the system. The State agency also described a number of corrective actions that it said it had taken to prioritize the completion of required standard surveys, and added that it would continue to monitor the frequency of surveys to improve compliance. The State agency referred to a number of open surveyor positions and to an analysis of competitive wages that had identified a need to reevaluate—in coordination with its Department Secretary and the CY 2018 session of the State legislature—the current wages for State agency surveyor positions.