

Report in Brief

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



Why OIG Did This Review

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 New York State ensured that selected nursing homes in New York that participate in the Medicare or Medicaid programs complied with CMS requirements for life safety and emergency preparedness.

How OIG Did This Review

Of the 621 nursing homes in New York that participated in Medicare or Medicaid, we selected a non-statistical sample of 20 nursing homes for our review based on certain risk factors, including multiple high-risk deficiencies reported to CMS by New York.

We conducted unannounced site visits at the 20 nursing homes from January through April 2018. During the site visits, we checked for life safety violations and reviewed the nursing homes' emergency preparedness plans.

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

What OIG Found

New York 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 onsite inspections, we identified deficiencies in areas related to life safety and emergency preparedness at all 20 nursing homes that we reviewed. Specifically, we found 205 areas of noncompliance with life safety requirements related to building exits and fire barriers, fire detection and suppression systems, carbon monoxide detectors, hazardous storage, smoking policies and fire drills, and elevator and electrical equipment testing and maintenance. We found 219 areas of noncompliance with emergency preparedness requirements related to written emergency plans; emergency supplies and power; plans for evacuation, sheltering in place, and tracking residents and staff; emergency communications; and emergency plan training. As a result, nursing home residents at the 20 nursing homes were at increased risk of injury or death during a fire or other emergency.

The identified areas of noncompliance occurred because of several contributing factors: specifically, inadequate management oversight and staff turnover at the nursing homes. In addition, New York did not have a standard life safety training program for all nursing home staff (not currently required by CMS), generally performed comprehensive life safety surveys no more frequently than once every 9 to 15 months, and did not check to see whether carbon monoxide detectors were installed.

What OIG Recommends and New York's Comments

We made a series of recommendations to New York to improve its oversight of the nursing homes' compliance with Federal requirements for life safety and emergency preparedness.

In written comments on our draft report, New York generally agreed with our recommendations and described steps it has taken or plans to take to address them. New York disagreed with the timing of our audit, our audit objective, our sampling methodology, the qualifications of the audit team, and some of our findings. After reviewing New York's comments, we modified one recommendation to address its concerns. We maintain that our findings and recommendations, as revised, are valid.