

Report in Brief

Date: November 2023

Report No. A-03-22-00206

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



Why OIG Did This Audit

In 2016, CMS updated its life safety and emergency preparedness regulations related to health care facilities to improve protections for all Medicare and Medicaid enrollees, including those residing in long-term care facilities (nursing homes). The updates expanded requirements related to sprinkler systems, smoke detector coverage, and emergency preparedness plans. Additionally, facilities were required to implement an infection control program.

Our objective was to determine whether Pennsylvania ensured that selected nursing homes in Pennsylvania that participate in the Medicare or Medicaid programs complied with Federal requirements for life safety, emergency preparedness, and infection control.

How OIG Did This Audit

Of the 701 nursing homes in Pennsylvania that participated in Medicare and Medicaid, we selected a nonstatistical sample of 20 nursing homes for our audit based on certain risk factors, including multiple high-risk deficiencies Pennsylvania reported to CMS.

We conducted unannounced site visits at the 20 nursing homes from July through October 2022. During the site visits, we checked for life safety, emergency preparedness, and infection control deficiencies.

Pennsylvania Could Better Ensure That Nursing Homes Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control

What OIG Found

Pennsylvania could better ensure that nursing homes in Pennsylvania that participate in the Medicare or Medicaid programs comply with Federal requirements for life safety, emergency preparedness, and infection control if additional oversight was provided. During our onsite inspections, we identified deficiencies related to life safety, emergency preparedness, or infection control at all 20 nursing homes that we audited, totaling 586 deficiencies. Specifically, we found 220 deficiencies related to life safety, 288 deficiencies related to emergency preparedness, and 78 deficiencies related to infection control. As a result, the health and safety of residents, staff, and visitors at the 20 nursing homes are at an increased risk during a fire or other emergency, or in the event of an infectious disease outbreak.

The identified deficiencies occurred because of frequent management and staff turnover, which contributed to a lack of awareness of, or failure to address, Federal requirements. In addition, poor record keeping, combined with an inconsistent application of policies, also contributed to deficiencies. Finally, although not required by CMS, Pennsylvania does not require relevant nursing home staff to participate in standardized life safety training programs despite CMS having a publicly accessible online learning portal with appropriate content on life safety requirements.

What OIG Recommends and Pennsylvania Comments

We recommend that Pennsylvania follow up with the 20 nursing homes reviewed as part of this audit to verify that corrective actions have been taken regarding the deficiencies identified in this report. We also make seven additional procedural recommendations for Pennsylvania that are included in the report.

Pennsylvania did not indicate concurrence or nonconcurrence with our recommendations but did detail actions that it has taken or plans to take to address some of our recommendations. Pennsylvania provided a clarification regarding a brief pause to its investigations of all complaint survey activities at the onset of the COVID-19 public health emergency that we addressed by making the appropriate revision to the report. After reviewing Pennsylvania's comments, we maintain that our findings and recommendations are valid.