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, CMS updated its life safety and emergency preparedness regulations for health care facilities to improve protections for 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 Ohio ensured that selected nursing homes in Ohio 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 949 nursing homes in Ohio that participated in Medicare or Medicaid, we selected a nonstatistical sample of 20 nursing homes for our audit based on certain risk factors, including multiple highrisk deficiencies Ohio reported to CMS.

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

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

What OIG Found

Ohio could better ensure that nursing homes in Ohio that participate in the Medicare or Medicaid programs comply with Federal requirements for life safety, emergency preparedness, and infection control if additional resources were available. During our onsite inspections, we identified deficiencies related to life safety, emergency preparedness, or infection control at 18 of the 20 nursing homes that we audited, totaling 160 deficiencies. Specifically, we found 47 deficiencies related to life safety, 47 deficiencies related to emergency preparedness, and 66 deficiencies related to infection control. As a result, the health and safety of residents, staff, and visitors at the 18 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, Ohio had limited resources to conduct surveys of all nursing homes more frequently than CMS required. Finally, although not required by CMS, Ohio 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 Ohio Comments

We recommend that Ohio follow up with the 18 nursing homes in this audit that demonstrated life safety, emergency preparedness, and infection control deficiencies to verify that corrective actions have been taken regarding the deficiencies identified in this report. We also make procedural recommendations for Ohio to work with CMS to address foundational issues to implement a risk-based approach to identifying and conducting more frequent surveys at nursing homes and to develop standardized life safety training for nursing home staff.

In written comments on our draft report, Ohio concurred with all four recommendations and described actions that it had taken or planned to take to address them. However, Ohio believes there are instances identified in our draft report where we misinterpreted the Federal requirements. We revised our report to remove two of the deficiencies related to these instances; however, we made no other changes to the report regarding the remaining instances.