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Oklahoma Could Better Ensure That Intermediate Care Facilities for Individuals With Intellectual Disabilities Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control

REPORT HIGHLIGHTS

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Why OIG Did This Audit

- CMS requires intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs) that participate in Medicaid to comply with requirements intended to protect residents. This includes requirements related to fire safety and emergency preparedness plans. Facilities are also required to develop infection control programs.
- Oklahoma conducts surveys of ICF/IIDs to determine whether they comply with Federal requirements.
- This audit is part of a series of audits that assesses compliance with CMS's life safety, emergency preparedness, and infection control requirements for ICF/IIDs.

What OIG Found

We identified 426 deficiencies related to life safety, emergency preparedness, and infection control at the 42 ICF/IIDs operated in Oklahoma that we reviewed. These deficiencies put residents, staff, and visitors at an increased risk of injury or death during a fire or other emergency.

What OIG Recommends

We recommend that Oklahoma:

1. follow up with the 42 ICF/IIDs to verify that they have taken corrective actions on the life safety, emergency preparedness, and infection control deficiencies identified during the audit;
2. conduct surveys at ICF/IIDs at least every 15 months as required by CMS; and
3. work with CMS to develop standardized life safety training for ICF/IID staff.

Oklahoma did not indicate concurrence or nonconcurrence with our recommendations but detailed steps it has taken and plans to take in response to our recommendations.

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INTRODUCTION

WHY WE DID THIS AUDIT

Previous Office of Inspector General (OIG) audits on infection prevention and control, emergency preparedness, and life safety at nursing homes have identified multiple issues that put people who reside in the homes, such as the elderly, at risk. These problems included life safety violations, such as blocked exits and out-of-date fire extinguishers; emergency preparedness plans that were not updated; and infection control violations, such as missing medical record documentation for immunizations.

As part of our oversight activities, OIG is expanding this type of work to include intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs). In addition to intellectual disabilities, many people who reside in ICF/IIDs have limited or no mobility, seizure disorders, behavior problems, mental illness, or visual or hearing impairments. People with these disabilities are particularly vulnerable in the event of a fire or other emergency. ICF/IIDs are also communal living environments; therefore, residents are susceptible to infectious diseases. This audit, which focuses on ICF/IIDs in Oklahoma, is part of a series of audits that assesses compliance with the Centers for Medicare & Medicaid Services' (CMS's) requirements for ICF/IIDs related to life safety, emergency preparedness, and infection control. The first audit in this series found deficiencies related to life safety and emergency preparedness in Massachusetts that were similar to those found in nursing homes.[1]

Appendix B contains a list of completed related audits.

OBJECTIVE

Our objective was to determine whether the Oklahoma State Department of Health (State agency) ensured that selected ICF/IIDs in Oklahoma that participated in the Medicaid program complied with Federal requirements for life safety, emergency preparedness, and infection control.

BACKGROUND

Medicaid Program

The Medicaid program provides medical assistance to certain low-income individuals and individuals with disabilities (Title XIX of the Social Security Act (the Act)). The Federal and State Governments jointly fund and administer the Medicaid program. At the Federal level, CMS administers the program. Each State administers its Medicaid program in accordance with a

[1] OIG, *Massachusetts Could Better Ensure That Intermediate Care Facilities for Individuals With Intellectual Disabilities Comply With Federal Requirements for Life Safety and Emergency Preparedness* (A-01-24-00001), Oct. 23, 2024.

CMS-approved State plan. Although each State has considerable flexibility in designing and operating its Medicaid program, it must comply with applicable Federal requirements.

Intermediate Care Facilities for Individuals With Intellectual Disabilities

ICF/IIDs are institutions that provide health or rehabilitation services to individuals with intellectual disabilities under the Medicaid program. ICF/IID services are covered by Medicaid when they are provided in a residential facility licensed and certified by the State survey agency as an ICF/IID. The provision of ICF/IID services is an optional benefit under Medicaid. However, all States offer the benefit as an alternative to home and community-based service waivers for individuals at the ICF/IID level of care. There are over 100,000 individuals with intellectual disabilities and other related conditions receiving ICF/IID services in the United States.

There are approximately 5,300 Medicaid-certified ICF/IIDs in the United States.[2] Oklahoma had 95 active ICF/IIDs in the State as of June 2024. The facilities range in size from 4 to 160 beds. Two ICF/IIDs in Oklahoma are owned by the State.

Medicaid Intermediate Care Facilities for Individuals With Intellectual Disabilities Survey Requirements

The Medicaid program covers care in ICF/IIDs for eligible people enrolled in Medicaid. Section 1910 of the Act establishes requirements for CMS and States for the certification of ICF/IIDs. For Medicaid, the statutory participation and survey requirements for ICF/IIDs are implemented in Federal regulations at 42 CFR part 483, subpart I, and 42 CFR part 442, subpart C, respectively.

Requirements for Life Safety, Emergency Preparedness, and Infection Control

ICF/IIDs are required to comply with all Federal, State, and local laws, regulations, and codes pertaining to health, safety, and sanitation (42 CFR § 483.410), including:

- *Life Safety Requirements*: Federal regulations for life safety (42 CFR § 483.470) require ICF/IIDs to comply with either the Health Care Occupancies Chapter or the Residential Board and Care Occupancies Chapter and must proceed in accordance with the Life Safety Code (National Fire Protection Association (NFPA) 101 and Tentative Interim Amendments TIA 12–1, TIA 12–2, TIA 12–3, and TIA 12–4). ICF/IIDs that meet the Life Safety definition of a health care occupancy must also proceed in accordance with the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6). CMS lists applicable requirements for health

[2] We obtained the number of Medicaid-certified ICF/IIDs in the United States from CMS's Survey and Certification's Quality, Certification and Oversight Reports (QCOR). Accessed on Mar. 26, 2025.

care facilities on Form CMS-2786R, Fire Safety Survey Report and Residential Board and Care for Small ICF/IIDs on Form CMS-2786V, Fire Safety Survey Report.[3]

- *Emergency Preparedness Requirements*: Federal regulations for emergency preparedness (42 CFR § 483.475) include specific requirements for emergency preparedness plans, policies and procedures, communications plans, training and testing, and integrated health care systems. CMS lists applicable requirements on its *Emergency Preparedness Surveyor Checklist*.[4]

- *Infection Control Requirements*: Federal regulations for infection control (42 CFR § 483.470(l)) require ICF/IIDs to have an active program for the prevention, control, and investigation of infection and communicable diseases.

CMS or a designated agency ensures these requirements are met when it conducts an ICF/IID survey. The results of each survey are reported and added to CMS's Automated Survey Processing Environment (ASPEN) system.[5]

Responsibilities for Life Safety, Emergency Preparedness, and Infection Control

Federal law requires ICF/IIDs to protect the health, safety, welfare, and rights of ICF/IID residents and to comply with requirements for participating in Medicaid.[6] CMS is the Federal agency responsible for certifying and overseeing the Nation's approximately 5,300 Medicaid-certified ICF/IIDs. To monitor ICF/IIDs' compliance with Medicaid participation requirements, CMS enters into agreements with States under section 1864 of the Social Security Act (Section 1864 Agreements).[7] Under these Section 1864 Agreements, State survey agencies are responsible for conducting surveys to monitor compliance with Federal requirements, including those for life safety, emergency preparedness, and infection control, at least once every 15 months at ICF/IIDs that participate in the Medicaid program.[8] In Oklahoma, the State agency is

[3] Form CMS-2786R is available online at https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms2786r.pdf. Form CMS-2786V is available online at https://www.cms.gov/medicare/cms-forms/cms-forms/cms-forms-items/cms008873. Accessed on Jan. 31, 2025.

[4] CMS provides online guidance for emergency preparedness at https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertemergprep/emergency-prep-rule.html and https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Surveyor-Tool-EP-Tags.xlsx. Accessed on July 31, 2024.

[5] ASPEN is a suite of software applications designed to help State survey agencies collect and manage health care provider data.

[6] 42 CFR part 483, subpart I.

[7] The Act §§ 1864(a), 1902(a)(33), and 1910; CMS's *State Operations Manual*, Pub. No. 100-07, chapter 1-Program Background and Responsibilities, sections 1002 and 1004 (Rev. 123, Oct. 3, 2014).

[8] 42 CFR § 442.109(a).

the State survey agency that oversees ICF/IIDs and is responsible for ensuring that ICF/IIDs comply with Federal, State, and local regulations.

Management and staff at ICF/IIDs are ultimately responsible for ensuring the safety and well-being of their residents and for complying with Federal, State, and local regulations. For example, management and staff are responsible for ensuring that facility systems (e.g., furnaces, water heaters, kitchen equipment, generators, sprinkler and alarm systems, and elevators) are properly installed, tested, and maintained. They are also responsible for ensuring that (1) ICF/IIDs are free from hazards, (2) emergency preparedness plans are updated and tested regularly, and (3) the facility has an infection control program.

HOW WE CONDUCTED THIS AUDIT

We selected a nonstatistical sample of 43 ICF/IIDs from 98 active ICF/IIDs in Oklahoma during 2023 based on a number of factors, including the number of deficiencies, capacity (number of beds), and ownership type of the facility. We conducted 42 unannounced site visits at 43 selected ICF/IIDs from July through October 2024.[9] During each site visit, we checked for life safety violations, reviewed the ICF/IID's emergency preparedness program, and reviewed the ICF/IID's policies and procedures for infection control and prevention. We considered noncompliance with a Federal requirement to be a deficiency, regardless of the number of instances of noncompliance we observed. For example, if we found three fire extinguishers at one ICF/IID to be in noncompliance with the requirement for monthly testing, we considered it a single deficiency for reporting purposes.

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

The State agency could better ensure that ICF/IIDs in Oklahoma that participate in the Medicaid program comply with Federal requirements for life safety, emergency preparedness, and infection control. During our site visits, we identified deficiencies related to life safety, emergency preparedness, and infection control at the 42 ICF/IIDs that we reviewed, totaling 426 deficiencies. Specifically:

[9] One of the forty-three selected ICF/IIDs was out of service for renovations; therefore, we did not conduct a site visit.

- We found 161 areas of noncompliance with life safety requirements related to building exits, fire barriers, and smoke partitions (58); fire detection and suppression systems (38); hazardous storage areas (1); smoking policies and fire drills (47); electrical equipment testing and maintenance (3); and water temperatures in areas where clients who are not trained to regulate water temperature are exposed to hot water (14).[10]

- We found 236 deficiencies with emergency preparedness requirements related to emergency preparedness plans (20), emergency preparedness policies and procedures (25), emergency communications plans (140), and emergency preparedness plan training and testing (51).

- We found 29 deficiencies with infection control requirements.

These deficiencies occurred because of inadequate oversight by the State agency. Specifically, the State agency did not conduct surveys at least every 15 months, as required by CMS. Additionally, ICF/IIDs had frequent administrative staff turnover and lacked policies and procedures for new staff to follow. Finally, ICF/IIDs experienced maintenance staff turnover and did not appropriately train the new staff, which also contributed to a lack of awareness of or failure to address Federal life safety requirements.

As a result, residents, staff, and visitors were at an increased risk of injury or death during emergencies, such as fires, natural disasters, or infectious disease outbreaks.

Appendix C summarizes the deficiencies that we identified at each ICF/IID.

SELECTED OKLAHOMA INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES DID NOT COMPLY WITH LIFE SAFETY REQUIREMENTS

CMS's Fire Safety Survey Report forms (Forms CMS-2786R and CMS-2786V), described on page 2, lists the Federal requirements on life safety with which ICF/IIDs surveyed under health care and residential board and care must comply and references each with an identification number, known as a K-Tag (numbered K-100 through K-933).[11]

Building Exits, Fire Barriers, and Smoke Partitions

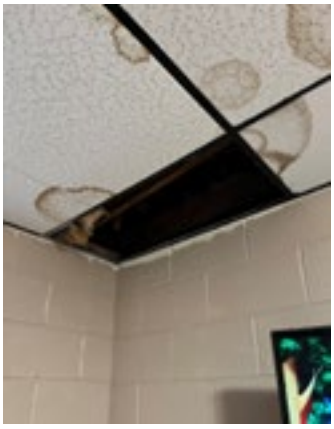
In case of fire or emergency, ICF/IID buildings surveyed under existing health care occupancy are required to have unobstructed exits, self-closing doors in exit passageways that are kept in

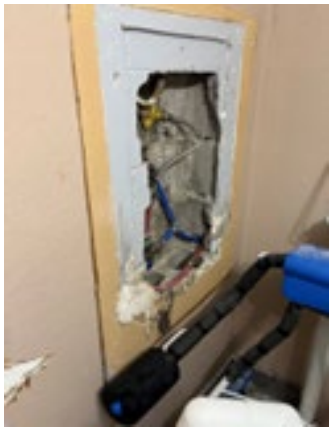
[10] Federal regulations require ICF/IIDs to ensure that the temperature of water does not exceed 110 °F in areas where clients who are not trained to regulate water temperature are exposed to hot water. This regulation is not a life safety requirement. However, it is a physical environment requirement for ICF/IIDs and closely relates to life safety requirements. Therefore, we included these deficiencies in the life safety category.

[11] The State agency uses Form CMS-2786R to conduct life safety surveys at health care ICF/IIDs. The State agency also uses Form CMS-2786V to conduct surveys at residential board and care ICF/IIDs.

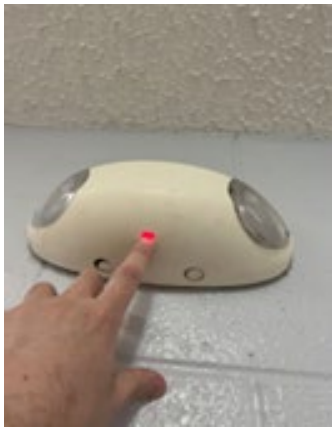
the closed position and are not manually propped open, illuminated emergency lights, illuminated exit signs, and smoke and fire barriers (K-Tags 211, 223, 291, 293, and 372). ICF/IID buildings surveyed under existing board and care occupancy are also required to have unobstructed exits and interior walls and ceilings finished in accordance with NFPA requirements (K-Tags 211 and 331).

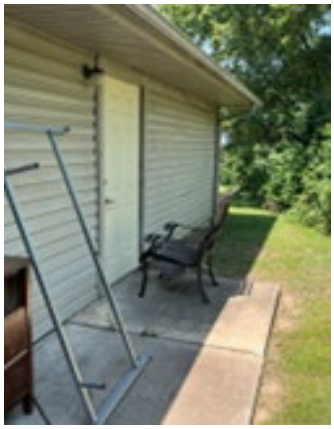
Of the 42 ICF/IIDs we visited, 39 had 1 or more deficiencies related to building exits, fire barriers, and smoke partitions, totaling 58 deficiencies. Specifically, we found deficiencies related to doors with self-closing devices that either did not close completely or were manually propped open by facility staff (seven ICF/IIDs), and exits that were not free of obstructions or impediments (two ICF/IIDs). Additionally, we found deficiencies related to missing or non-illuminated emergency lights (15 ICF/IIDs) or missing exit signs (4 ICF/IIDs). Lastly, we found deficiencies related to penetrations in smoke or fire barriers, including missing and broken ceiling tiles and holes in the ceiling and walls (30 ICF/IIDs). The photographs that follow depict some of the deficiencies we identified during our site visits.





Photograph 1 (left): Missing ceiling tile.
Photograph 2 (right): Hole in bathroom wall.



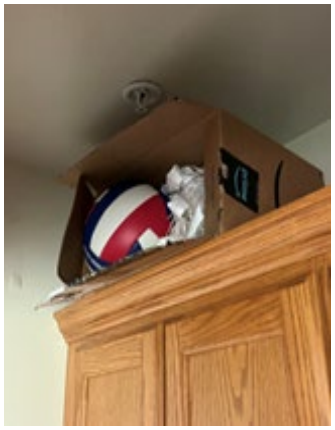


Photograph 3 (left): Non-illuminated emergency lighting.
Photograph 4 (right): Exit blocked by a chair and debris.

Fire Detection and Suppression Systems

In case of fire or emergency, ICF/IID buildings surveyed under existing health care occupancy are required to have sprinkler systems that are installed, tested, and maintained according to NFPA requirements and are required to have portable fire extinguishers inspected monthly. Cooking equipment and its related fire suppression systems must be maintained, and repairs must be performed on all components at intervals necessary to maintain good working condition. All ICF/IIDs must also have fire watch policies and procedures for periods when fire alarms or sprinkler systems are out of service (or evacuate their residents if a fire watch is not instituted) (K-Tags 324, 346, 351, 353, 354, and 355).

Of the 42 ICF/IIDs visited, 28 had 1 or more deficiencies related to their fire detection and suppression systems, totaling 38 deficiencies. Specifically, we found deficiencies related to blocked or obstructed sprinkler heads (25 ICF/IIDs) and portable fire extinguishers that were not inspected monthly (six ICF/IIDs). Additionally, we found that three ICF/IIDs did not have an annual hood-cleaning service completed for cooking equipment with fire suppression systems. Lastly, we found missing fire watch policies and procedures for periods when fire alarms are out of service (two ICF/IIDs) or for periods when sprinkler systems are out of service (two ICF/IIDs). The photographs that follow depict some of the deficiencies we identified during our site visits.



Photograph 5 (left): Fire extinguisher not inspected monthly.
Photograph 6 (right): Obstructed sprinkler head.

Hazardous Storage Areas

In hazardous storage areas, oxygen systems must be maintained and inspected, and rooms with oxygen cylinders must have proper signage. Oxygen cylinders must be stored in a safe manner (e.g., cylinders stored in the open must be protected from weather). Empty oxygen cylinders must also be separated from full cylinders (K-Tag 923).

Of the 42 ICF/IIDs visited, 1 had a deficiency related to placement of oxygen cylinders in hazardous storage areas. Specifically, the ICF/IID did not always segregate full and empty

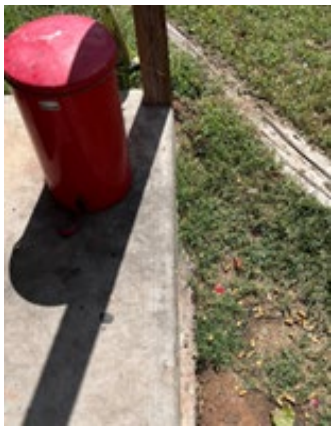
oxygen cylinders and was missing proper signage. The photograph that follows depicts a deficiency identified during one of our site visits.

Photograph 7: Empty oxygen cylinders stored with full cylinders and missing signage.

Smoking Policies and Fire Drills

ICF/IIDs are required to establish smoking policies for residents and staff. Smoking may be permitted only in authorized areas where ash receptacles are provided. Smoking is not allowed in hazardous storage areas. No-smoking areas must include signage. Ashtrays of noncombustible material and safe design are to be provided in areas where smoking is permitted. Additionally, ICF/IIDs are also required to conduct fire drills each calendar quarter that cover each work shift. The drills should be held at expected and unexpected times and include the transmission of a fire alarm signal and simulation of emergency fire conditions (K-Tags 712 and 741).

Of the 42 ICF/IIDs visited, 34 had 1 or more deficiencies related to smoking policies and fire drills, totaling 47 deficiencies. Specifically, 34 ICF/IIDs were not following smoking policies (e.g., throwing cigarette butts on the ground or comingling cigarette butts and trash). In addition, 13 ICF/IIDs were not conducting fire drills each calendar quarter that covered all work shifts or did not maintain complete documentation of those fire drills. The photographs that follow depict some of the deficiencies we identified during our site visits.

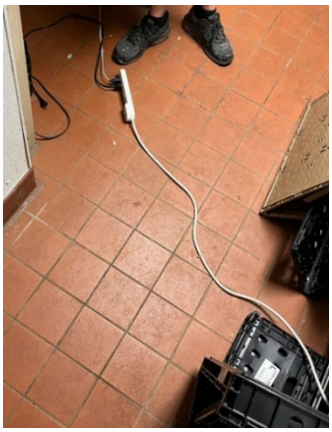



Photograph 8 (left): Trash comingled with cigarette butts.
Photograph 9 (right): Cigarette butts thrown on the ground.

Electrical Equipment Maintenance and Testing

ICF/IID buildings surveyed under existing health care occupancy are prohibited from having portable space heating devices unless they are used in nonsleeping staff and employee areas. Power strips and extension cords must meet Underwriters Laboratories (UL) requirements and be used in a safe manner (e.g., extension cords are not used as a substitute for fixed wiring of a structure) (K-Tags 781 and 920).

Of the 42 ICF/IIDs visited, 3 had a deficiency related to electrical equipment testing and maintenance, totaling 3 deficiencies. Specifically, one ICF/IID had a prohibited portable space heater in a resident area. Additionally, we found that two ICF/IIDs were unsafely using an extension cord as a substitute for fixed wiring of a structure (daisy-chain). The photographs that follow depict the deficiencies we identified during our site visits.


Photograph 10 (left): Prohibited space heater in resident area.
Photograph 11 (center): Power strips found daisy-chained in kitchen.
Photograph 12 (right): Power strips found daisy-chained in resident area.

Other Physical Environment Findings

Federal regulations require ICF/IIDs to ensure that the temperature of water does not exceed 110 °F in areas where clients who are not trained to regulate water temperature are exposed to hot water (42 CFR § 483.470(d)(3)). However, Oklahoma regulations allow ICF/IIDs to ensure that the temperature of the water supplied does not exceed 115 °F.[12]

Of the 42 ICF/IIDs visited, 14 had deficiencies regarding other physical findings, totaling 14 deficiencies. Specifically, we found 14 ICF/IIDs that did not ensure the temperature of water supplied does not exceed 115 °F. The photographs that follow depict some of the deficiencies we identified during our site visits.

Photograph 13 (left): All-purpose thermometer registering a water temperature of 143.6 °F.
Photograph 14 (right): All-purpose thermometer registering a water temperature of 131.0 °F.

SELECTED OKLAHOMA INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES DID NOT COMPLY WITH EMERGENCY PREPAREDNESS REQUIREMENTS

CMS's *Emergency Preparedness Surveyor Checklist*, described on page 3, lists the Federal requirements on emergency preparedness with which ICF/IIDs must comply, and references each with an identification number, known as an E-Tag (numbered E-0001 through E-0042).

Emergency Preparedness Plans

ICF/IIDs are required to develop and maintain an emergency preparedness plan that must be reviewed and updated at least every 2 years and include a documented facility-based and community-based risk assessment. The emergency preparedness plan must include a

[12] Oklahoma Administrative Code, Title 310, Chapter 675 and Appendix A at https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/protective-health/hrds/health-facility-systems/Ch-675.pdf.

continuity of operations plan or succession plan (E-Tags 0004, 0006, 0007).

Of the 42 ICF/IIDs visited, 17 had 1 or more deficiencies related to their emergency preparedness plans, totaling 20 deficiencies. Specifically, 12 ICF/IIDs did not provide documentation that the emergency preparedness plan was reviewed and updated at least every 2 years. In addition, we found emergency preparedness plans that did not include a facility and community all-hazards risk assessment (three ICF/IIDs) or included risk assessments that did not address all risks (e.g., pandemic scenarios or active shooter events) (three ICF/IIDs). Lastly, we found that two ICF/IIDs had emergency preparedness plans that did not include a continuity of operations plan or succession plan.

Emergency Preparedness Policies and Procedures

ICF/IIDs must develop and implement emergency preparedness policies and procedures that are based on their emergency plan, facility-based and community-based risk assessment, and communication plan. Policies and procedures must also address a system for tracking staff and clients during and after an emergency and the development of arrangement with other ICF/IIDs to receive clients. The policies and procedures must include a plan for the use of volunteers in emergencies or other emergency staffing strategies (E-Tags 0018, 0024, 0025).

Of the 42 ICF/IIDs visited, 25 had deficiencies related to their emergency preparedness policies and procedures, totaling 25 deficiencies. Specifically, we found that 21 ICF/IIDs were missing policies and procedures for tracking staff and clients during an emergency, safe evacuation from the ICF/IID, or the development of arrangements with other ICF/IIDs to receive clients during an emergency. Additionally, we found four ICF/IIDs had an emergency plan that did not address the use of volunteers during an emergency.

Emergency Communications Plans

ICF/IIDs are required to have an emergency communications plan that is updated at least every 2 years. The communications plans must include names and contact information for staff, entities providing services, clients' physicians, other nearby ICF/IIDs, and volunteers. They must also include contact information for Government emergency management staff and other sources of assistance (E-Tags 0029, 0030, 0031).

Of the 42 ICF/IIDs visited, 41 had 1 or more deficiencies related to their communications plans, totaling 140 deficiencies. Specifically, we found deficiencies related to formal communications plans that were not updated at least every 2 years (12 ICF/IIDs). Additionally, we found deficiencies related to emergency communications plans that did not include contact information for staff (35 ICF/IIDs), entities providing services (2 ICF/IIDs), clients' physicians (26 ICF/IIDs), other ICF/IIDs (19 ICF/IIDs), and volunteers (12 ICF/IIDs). Lastly, we found deficiencies related to emergency communications plans that did not include contact information for Government emergency management (32 ICF/IIDs) or other sources of assistance (2 ICF/IIDs).

Emergency Preparedness Training and Testing

ICF/IIDs are required to have training and testing programs based on their emergency preparedness plans and to provide updated training at least every 2 years. Initial training must be provided to all new and existing staff members, individuals providing services under arrangement (e.g., contracted cleaning staff), and volunteers. The training must be designed to demonstrate staff knowledge of emergency preparedness procedures and must be documented. ICF/IIDs must conduct exercises to test the emergency plan at least twice per year. ICF/IIDs must conduct an annual community-based, full-scale testing exercise. In addition, a second training exercise (a full-scale training exercise, a facility-based exercise, a mock disaster drill, or a "tabletop" exercise) must be completed annually.[13] An analysis of all training exercises (and actual events) must be completed and documented, and the emergency preparedness plan revised, if necessary (E-Tags 0036, 0037, 0039).

Of the 42 ICF/IIDs visited, 25 had 1 or more deficiencies related to emergency plan preparedness training and testing, totaling 51 deficiencies. Specifically, we identified ICF/IIDs that did not provide initial training to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles (seven ICF/IIDs), and ICF/IIDs that did not provide emergency preparedness training at least every 2 years, maintain documentation of the training, and demonstrate staff knowledge of emergency procedures (nine ICF/IIDs). Five ICF/IIDs did not provide documentation supporting that there was a training and testing program and was based on their emergency preparedness plan. Additionally, 11 ICF/IIDs did not conduct first or second training exercises (a full-scale training exercise, a facility-based exercise, or a "tabletop" exercise) annually. Lastly, 19 ICF/IIDs did not analyze the training exercises and revise the emergency preparedness plans as needed.

SELECTED OKLAHOMA INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES DID NOT COMPLY WITH INFECTION CONTROL REQUIREMENTS

Infection Control Programs

Federal regulations require ICF/IIDs to have an active program for the prevention, control, and investigation of infection and communicable diseases. ICF/IIDs must also implement successful corrective action in affected problem areas, maintain a record of incidents and corrective actions related to infections, and must prohibit employees with symptoms or signs of a communicable disease from direct contact with clients and their food (W-tags 455-458). The CMS *State Operations Manual* (SOM) requires that ICF/IIDs maintain an active training program

[13] A tabletop exercise is led by a facilitator and includes a group discussion using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

that ensures the clients served receive adequate prevention of transmission information and skills, according to needs.[14]

Of the 42 ICF/IIDs visited, 26 had 1 or more deficiencies related to infection control programs complying with Federal requirements, totaling 29 deficiencies. Specifically, we found that one ICF/IID did not provide documentation that it had implemented successful corrective action in affected problem areas. In addition, 22 ICF/IIDs did not provide documentation that it maintained a record of incidents and corrective actions related to infections. Finally, two ICF/IIDs did not maintain a record of incidents and corrective actions related to infections, and four ICF/IIDs did not have active training programs related to their infection control program.

CONCLUSION

At the conclusion of our inspections, we shared the deficiencies we identified with ICF/IID management and staff so that they could take immediate, corrective action. We also shared the identified deficiencies with the State agency for followup inspections, as appropriate. Although ICF/IID management and staff are ultimately responsible for ensuring resident safety, the State agency could better ensure that ICF/IIDs comply with Federal health and safety requirements.

RECOMMENDATIONS

We recommend that the Oklahoma State Department of Health:

- follow up with the 42 ICF/IIDs to verify that they have taken corrective actions on the life safety, emergency preparedness, and infection control deficiencies identified during the audit;

- conduct surveys at ICF/IIDs at least every 15 months as required by CMS; and

- work with CMS to develop standardized life safety training for ICF/IID staff.

STATE AGENCY COMMENTS AND OFFICE OF INSPECTOR GENERAL RESPONSE

In written comments on our draft report, the State agency did not indicate concurrence or nonconcurrence with our recommendations; however, it detailed steps it has taken and plans to take to address them. The State agency disagreed with the categorization of there being

[14] CMS's SOM, Pub. No. 100-07, Appendix J—Guidance to Surveyors: Intermediate Care Facilities for Individuals with Intellectual Disabilities, Part II—Interpretive Guidelines—Responsibilities of Intermediate Care Facilities for Individuals with Intellectual Disabilities, § 483.470(l) Standard: Infection Control (Rev. 178, Apr. 13, 2018).

"inadequate oversight" of the ICF/IID facilities in Oklahoma but acknowledged the deficiencies OIG identified and supports compliance for all ICF/IIDs.

Regarding our first recommendation, the State agency stated that it will conduct unannounced visits to the identified facilities to ensure that deficiencies have been corrected. Regarding our second recommendation, the State agency stated that it has "worked to regain control of routine surveys" and currently has no ICF/IIDs that exceed 15 months for a routine survey. Regarding our third recommendation, the State agency stated that it continuously evaluates opportunities to educate on compliance and standards. Specifically, the State agency explained that it will work with CMS to support ICF/IID facilities education regarding life safety code, emergency preparedness, and infection control as well as provide up-to-date refresher training to all life safety code surveyors regarding State and Federal requirements.

The State agency's comments are included in their entirety as Appendix D.

We maintain that our findings and recommendations are valid.

OTHER MATTERS: INFECTION CONTROL POLICIES AND PROCEDURES

The SOM recommends that ICF/IIDs' infection control programs include procedures for the following: identification of the extent of infestation or infection, protection of clients, treatment of clients, notification of family or legal guardian, reporting to the health department as indicated, and continued followup to resolution. The SOM also states that ICF/IIDs should have and implement a policy that clearly delineates those signs and symptoms for which they will restrict staff access to clients or to clients' food.

Of the 42 ICF/IIDs visited, we identified 34 instances in which ICF/IIDs did not have infection control policies and procedures that are recommended by CMS.[15] Specifically, we identified ICF/IIDs that did not have procedures for notification of family or legal guardian (21 ICF/IIDs), ICF/IIDs that did not have procedures for reporting to the health department as indicated (two ICF/IIDs), and two ICF/IIDs that did not have procedures for identifying the extent of infestation or infection. In addition, nine ICF/IIDs did not have a policy that prohibited employees with symptoms or signs of a communicable disease from direct contact with clients and their food.

Although these policies and procedures are not specifically required by CMS, the State agency has the discretion to cite a deficiency if the infection control program is deemed inadequate. Therefore, we notified the State agency of these potential deficiencies.

[15] These policies and procedures are not required by CMS. However, CMS guidance states that the procedures should be included in ICF/IIDs' infection control programs.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

We selected a non-statistical sample of 43 ICF/IIDs from 98 active ICF/IIDs in Oklahoma during 2023 based on a number of factors, including the number of deficiencies, capacity (number of beds), and ownership type of the facility. We did not assess the State agency's overall internal control structure. Rather, we limited our assessment of internal controls to those applicable to our audit objective. Specifically, we assessed the State agency's policies, procedures, and practices applicable to monitoring ICF/IIDs' compliance with life safety, emergency preparedness, and infection control requirements. Our assessment would not necessarily disclose all material weaknesses in the State agency's internal controls.

We conducted unannounced site visits at 42 selected ICF/IIDs from July through October 2024.[16]

METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Federal and State requirements;
- held a discussion with State agency officials to gain an understanding of the process for conducting ICF/IID life safety, emergency preparedness, and infection control surveys;
- obtained from CMS a list of all 95 active ICF/IIDs in Oklahoma as of June 2024;
- obtained from the State agency a list of all 99 ICF/IIDs in Oklahoma as of July 2024;
- compared the list provided by CMS with the State agency's provided list to verify completeness and accuracy;
- obtained from CMS's Quality, Certification and Oversight Reports (QCOR) system a list of 98 active ICF/IIDs in Oklahoma during 2023;[17]
- selected a nonstatistical sample of 43 ICF/IIDs for onsite inspections from the ICF/IIDs identified in the QCOR system and for each of the 43 ICF/IIDs:

[16] One of the forty-three selected ICF/IIDs was out of service for renovations; therefore, we did not conduct a site visit.

[17] Deficiencies that the State agency enters into the ASPEN system are uploaded to CMS's Certification and Survey Provider Enhanced Reports system and are available to the public through the QCOR online reporting system (https://qcor.cms.gov/).

- reviewed deficiency reports prepared by the State agency for the ICF/IIDs' prior 3 surveys, and

- conducted unannounced site visits at 42 selected ICF/IIDs to check for life safety violations, review the ICF/IIDs' emergency preparedness programs, and review the ICF/IIDs' infection control policies and procedures; and

- discussed the results of our inspections with the ICF/IIDs and the State agency.

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: RELATED OFFICE OF INSPECTOR GENERAL REPORTS

Report Title	Report Number	Date Issued
Maine Could Better Ensure That Intermediate Care Facilities for Individuals With Intellectual Disabilities Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control	A-01-24-00004	6/12/2025
Massachusetts Could Better Ensure That Intermediate Care Facilities for Individuals With Intellectual Disabilities Comply With Federal Requirements for Life Safety and Emergency Preparedness	A-01-24-00001	10/23/2024
Massachusetts Could Better Ensure That Nursing Homes Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control	A-01-23-00003	10/4/2024
Colorado Could Better Ensure That Nursing Homes Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control	A-07-22-07009	2/2/2024
Oklahoma Could Better Ensure That Nursing Homes Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control	A-06-22-09007	1/4/2024
Ohio Could Better Ensure That Nursing Homes Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control	A-05-22-00019	12/20/2023
Washington State Did Not Ensure That Selected Nursing Homes Complied With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control	A-09-22-02006	12/8/2023
Pennsylvania Could Better Ensure That Nursing Homes Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control	A-03-22-00206	11/8/2023
New Jersey Could Better Ensure That Nursing Homes Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control	A-02-22-01004	9/29/2023
Georgia Could Better Ensure That Nursing Homes Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control	A-04-22-08093	9/6/2023
Audits of Nursing Home Life Safety and Emergency Preparedness in Eight States Identified Noncompliance With Federal Requirements and Opportunities for the Centers for Medicare & Medicaid Services to Improve Resident, Visitor, and Staff Safety	A-02-21-01010	7/15/2022

APPENDIX C: DEFICIENCIES AT EACH INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

Table 1: Summary of All Deficiencies by ICF/IID

ICF/IID	Life Safety Deficiencies	Emergency Preparedness Deficiencies	Infection Control Deficiencies	Total
1	2	9	1	**12**
2	5	9	1	**15**
3	4	9	1	**14**
4	7	9	1	**17**
5	3	9	1	**13**
6	4	9	1	**14**
7	5	9	1	**15**
8	4	9	1	**14**
9	4	9	1	**14**
10	4	9	1	**14**
11	6	9	1	**16**
12	8	9	1	**18**
13	-	-	-	**-**
14	4	6	2	**12**
15	2	7	2	**11**
16	3	2	1	**6**
17	4	2	1	**7**
18	5	2	1	**8**
19	3	2	1	**6**
20	4	2	1	**7**
21	2	2	1	**5**
22	3	2	1	**6**
23	4	2	-	**6**
24	3	2	-	**5**
25	5	2	-	**7**
26	4	2	-	**6**

ICF/IID	Life Safety Deficiencies	Emergency Preparedness Deficiencies	Infection Control Deficiencies	Total
27	4	2	-	**6**
28	4	2	-	**6**
29	5	1	-	**6**
30	3	1	-	**4**
31	5	9	-	**14**
32	4	9	-	**13**
33	3	9	-	**12**
34	3	9	-	**12**
35	3	9	-	**12**
36	7	6	-	**13**
37	3	6	-	**9**
38	2	7	1	**10**
39	1	7	1	**9**
40	2	7	1	**10**
41	2	5	1	**8**
42	6	3	-	**9**
43	2	1	2	**5**
Total	**161**	**236**	**29**	**426**

Table 2: Life Safety Deficiencies

ICF/IID	Building Exits, Fire Barriers, and Smoke Partitions	Fire Detection and Suppression Systems	Hazardous Storage Areas	Smoking Policies and Fire Drills	Electrical Equipment Testing and Maintenance	Other[18]	Total
1	-	-	-	2	-	-	**2**
2	2	1	-	2	-	-	**5**
3	1	1	-	2	-	-	**4**
4	3	1	-	2	-	1	**7**
5	1	-	-	2	-	-	**3**
6	2	-	-	2	-	-	**4**
7	1	2	-	2	-	-	**5**
8	1	1	-	2	-	-	**4**
9	1	1	-	2	-	-	**4**
10	1	1	-	2	-	-	**4**
11	2	2	-	2	-	-	**6**
12	2	2	-	2	1	1	**8**
13	-	-	-	-	-	-	**-**
14	2	1	-	1	-	-	**4**
15	1	-	-	1	-	-	**2**
16	1	-	-	1	-	1	**3**
17	3	-	-	1	-	-	**4**
18	3	-	-	1	-	1	**5**
19	2	1	-	-	-	-	**3**
20	2	-	-	1	-	1	**4**
21	2	-	-	-	-	-	**2**
22	2	-	-	1	-	-	**3**
23	1	2	-	1	-	-	**4**
24	1	1	-	1	-	-	**3**
25	2	1	-	1	-	1	**5**
26	1	1	-	1	-	1	**4**
27	1	1	-	1	-	1	**4**

[18] The deficiencies under this category relate to ICF/IIDs that did not ensure that the temperature of water did not exceed 110 °F in areas where clients who are not trained to regulate water temperature are exposed to hot water. This requirement is not specifically a life safety requirement. However, it is a physical environment requirement for ICF/IIDs and closely relates to other life safety requirements.

ICF/IID	Building Exits, Fire Barriers, and Smoke Partitions	Fire Detection and Suppression Systems	Hazardous Storage Areas	Smoking Policies and Fire Drills	Electrical Equipment Testing and Maintenance	Other[18]	Total
28	1	1	-	1	-	1	**4**
29	1	4	-	-	-	-	**5**
30	1	2	-	-	-	-	**3**
31	2	1	-	1	1	-	**5**
32	2	1	-	1	-	-	**4**
33	1	1	-	1	-	-	**3**
34	1	1	-	1	-	-	**3**
35	1	1	-	1	-	-	**3**
36	2	2	1	2	-	-	**7**
37	1	1	-	1	-	-	**3**
38	-	1	-	-	-	1	**2**
39	-	-	-	1	-	-	**1**
40	1	-	-	-	-	1	**2**
41	1	-	-	-	-	1	**2**
42	1	2	-	1	1	1	**6**
43	1	-	-	-	-	1	**2**
Total	**58**	**38**	**1**	**47**	**3**	**14**	**161**

Table 3: Emergency Preparedness Deficiencies

ICF/IID	Emergency Preparedness Plans	Emergency Preparedness Policies and Procedures	Emergency Communications Plans	Emergency Preparedness Training and Testing	Total
1	1	1	6	1	**9**
2	1	1	6	1	**9**
3	1	1	6	1	**9**
4	1	1	6	1	**9**
5	1	1	6	1	**9**
6	1	1	6	1	**9**
7	1	1	6	1	**9**
8	1	1	6	1	**9**
9	1	1	6	1	**9**
10	1	1	6	1	**9**
11	1	1	6	1	**9**
12	1	1	6	1	**9**
13	-	-	-	-	**-**
14	1	1	3	1	**6**
15	1	1	4	1	**7**
16	-	-	2	-	**2**
17	-	-	2	-	**2**
18	-	-	2	-	**2**
19	-	-	2	-	**2**
20	-	-	2	-	**2**
21	-	-	2	-	**2**
22	-	-	2	-	**2**
23	-	1	1	-	**2**
24	-	1	1	-	**2**
25	-	1	1	-	**2**
26	-	1	1	-	**2**
27	-	1	1	-	**2**

ICF/IID	Emergency Preparedness Plans	Emergency Preparedness Policies and Procedures	Emergency Communications Plans	Emergency Preparedness Training and Testing	Total
28	-	1	1	-	**2**
29	-	-	1	-	**1**
30	-	-	1	-	**1**
31	-	-	4	5	**9**
32	-	-	4	5	**9**
33	-	-	4	5	**9**
34	-	-	4	5	**9**
35	-	-	4	5	**9**
36	-	-	4	2	**6**
37	-	-	4	2	**6**
38	2	1	2	2	**7**
39	2	1	2	2	**7**
40	2	1	2	2	**7**
41	-	1	2	2	**5**
42	-	-	3	-	**3**
43	-	1	-	-	**1**
Total	**20**	**25**	**140**	**51**	**236**

Table 4: Infection Control Deficiencies

ICF/IID	Infection Control Programs
1	1
2	1
3	1
4	1
5	1
6	1
7	1
8	1
9	1
10	1
11	1
12	1
13	-
14	2
15	2
16	1
17	1
18	1
19	1
20	1
21	1
22	1
23	-
24	-
25	-
26	-
27	-
28	-

ICF/IID	Infection Control Programs
29	-
30	-
31	-
32	-
33	-
34	-
35	-
36	-
37	-
38	1
39	1
40	1
41	1
42	-
43	2
Total	**29**

APPENDIX D: STATE AGENCY COMMENTS

May 29, 2025

Office of Inspector General

Office of Audit Services Region VI

1100 Commerce Street, Room 632

Dallas, Tx 75242

Dear OIG:

The Oklahoma State Department of Health's (OSDH) mission is to protect and promote health, to prevent disease and injury, and to cultivate conditions by which Oklahomans can thrive. The State Survey Agency (SSA) is committed to ensuring the health and safety of patients, clients, and residents who receive health services in the state. The SSA is also committed to ensuring that Individuals receiving care in ICF/IID facilities have §483.420 Client protections.

Background

The Oklahoma State Department of Health (OSDH) takes its regulatory responsibilities very seriously and recognizes the Office of Inspector General (OIG) audit. This audit focused on Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) in Oklahoma and is part of a series of audits that assesses compliance with the Centers for Medicare & Medicaid Services' (CMS's) requirements for ICF/IIDs related to life safety, emergency preparedness, and infection control. The OIG also informed OSDH that the audit was being conducted to ensure that ICF/IIDs in Oklahoma which participated in the Medicaid program complied with Federal requirements. OSDH also acknowledges that the audit included 42 ICF/IID facilities for which life safety code, emergency preparedness and infection control deficiencies were cited.

As of June 2024, Oklahoma had a total of 95 active ICF/IID facilities in the state. The facilities were licensed for 4 to 160 beds. ICF/IID facilities in Oklahoma have life safety, emergency preparedness, and infection control regulations per Federal, State and local laws. The Oklahoma SSA agrees that ICF/IID facilities must comply with requirements to ensure the health and safety of residents. The SSA also agrees that ICF/IID facilities must take its role and responsibility of ensuring the protection of vulnerable populations seriously and be compliant in the areas of life safety to ensure building fire barriers, smoke partitions, fire detection and suppression systems, electrical equipment testing, equipment maintenance, water temperature maintenance, fire drills, and smoke policies are compliant.

While the SSA acknowledges the deficiencies identified and supports compliance for all ICF/IID facilities. The SSA recognizes that the OIG visit was a snapshot in time, the SSA is not the operator, nor does the SSA access each facility on a daily basis. Therefore, the Oklahoma SSA disagrees with the categorization

of there being "inadequate oversight" of the ICF/IID facilities in this state. OSDH continuously evaluates opportunities to educate on compliance and standards. The SSA has been readily available to answer questions, in support of compliance, facilities may have regarding life safety, emergency preparedness, infection control, and other regulatory concerns.

The SSA has worked to regain control of routine surveys amid high numbers of complaints and the retirement of tenured surveyors, which resulted in a shift of priority, based on CMS Mission and Priority TIER workload expectations. Currently, the Oklahoma SSA has no ICF/IID facilities that exceed 15 months for a routine survey. OSDH is always assessing and looking for opportunities to support regulatory compliance and to ensure the safety of individuals receiving care in all ICF/IID facilities.

Building Exits, Fire Barriers, and Smoke Partitions

The OIG reported the following findings during their visit to ICF/IID facilities in the state, which include deficiencies related to doors with self-closing devices that either did not close completely or were manually propped open by facility staff (seven ICF/IIDs) and exits that were not free of obstructions or impediments (two ICF/IIDs); deficiencies related to missing or non-illuminated emergency lights (15 ICF/IIDs) or missing exit signs (4 ICF/IIDs). Lastly, deficiencies related to penetrations in smoke or fire barriers, including missing and broken ceiling tiles and holes in the ceiling and walls (30 ICF/IIDs). As previously stated, the State Survey Agency takes its role in compliance seriously and will conduct unannounced visits to the identified facilities to ensure that corrections have been made, based on OIG's identified deficiencies, while on site.

Fire Detection and Suppression Systems

The OIG reported the following findings during their visit to ICF/IID facilities in the state, which include deficiencies related to blocked or obstructed sprinkler heads (25 ICF/IIDs) and portable fire extinguishers that were not inspected monthly (six ICF/IIDs). Additionally, OIG noted that three ICF/IIDs did not have an annual hood-cleaning service completed for cooking equipment with fire suppression systems, and missing fire watch policies and procedures for periods when fire alarms are out of service (two ICF/IIDs) or for periods when sprinkler systems are out of service (two ICF/IIDs). As previously stated, the State Survey Agency takes its role in compliance seriously and will conduct unannounced visits to the identified facilities to ensure that corrections have been made, based on OIG's identified deficiencies, while on site.

Hazardous Storage Areas

The OIG reported the following findings during their visit to ICF/IID facilities in the state, which include 1 facility deficiency related to placement of oxygen cylinders in hazardous storage areas, which included signage and separation of full and empty oxygen cylinders. As previously stated, the State Survey Agency takes its role in compliance seriously and will conduct an unannounced visit to the identified facility to ensure that corrections have been made, based on OIG's identified deficiencies, while on site.

Smoking Policies and Fire Drills

The OIG reported the following findings during their visit to ICF/IID facilities in the state, which include deficiencies related to smoking policies, fire drills, and not following smoking policies (cigarette and ash disposal). Additionally, ICF/IIDs were reported to have not conducted fire drills in each calendar quarter that covered all work shifts/no documentation maintenance to verify fire drills were completed. As previously stated, the State Survey Agency takes its role in compliance seriously and will conduct an unannounced visit to the identified facility to ensure that corrections have been made, based on OIG's identified deficiencies, while on site.

Electrical Equipment Maintenance and Testing

The OIG reported the following findings during their visit to ICF/IID facilities in the state, which include deficiencies related to electrical equipment testing and maintenance, portable space heater in a resident area, and use of an extension cord as a substitute for fixed wiring of a structure (daisy-chain). The State Survey Agency takes its role in compliance seriously and will conduct an unannounced visit to the identified facility to ensure that corrections have been made, based on OIG's identified deficiencies, while on site.

Other Physical Environment Findings

The OIG reported findings during their visit to ICF/IID facilities in the state, which include deficiencies related to temperature of water supplied exceeding 115 ° Fahrenheit. As previously stated, the State Survey Agency takes its role in compliance seriously and will conduct an unannounced visit to the identified facility to ensure that corrections have been made, based on OIG's identified deficiencies, while on site.

Emergency Preparedness Plans

The OIG reported findings during their visit to ICF/IID facilities in the state, which included deficiencies related to not providing documentation to support emergency preparedness plan review, at least every 2 years, emergency preparedness plans that did not include a facility and community all-hazards risk assessment, (three ICF/IIDs) or the plan did not address all risks (three ICF/IIDs). It was also noted that two ICF/IIDs had emergency preparedness plans that did not include a continuity of operations plan or succession plan. As previously stated, the State Survey Agency takes its role in compliance seriously and will conduct an unannounced visit to the identified facility to ensure that corrections have been made, based on OIG's identified deficiencies, while on site.

Emergency Preparedness Policies and Procedures

The OIG reported findings during their visit to ICF/IID facilities in the state, which included missing policies and procedures for tracking staff and clients during an emergency, safe evacuation from the ICF/IID, or the development of arrangements with other ICF/IIDs to receive clients during an emergency, and emergency plans that did not address the use of volunteers during an emergency. As previously stated, the State Survey Agency takes its role in compliance seriously and will conduct an unannounced

visit to the identified facility to ensure that corrections have been made, based on OIG's identified deficiencies, while on site.

Emergency Communications Plans

The OIG reported findings during their visit to ICF/IID facilities in the state, which included deficiencies related to formal communications plans that were not updated at least every 2 years, emergency communications plans that did not include contact information for staff, entities providing services, clients' physicians, other ICF/IIDs, volunteers (12 ICF/IIDs), and emergency communications plans that did not include contact information for Government emergency management (32 ICF/IIDs). As previously stated, the State Survey Agency takes its role in compliance seriously and will conduct an unannounced visit to the identified facility to ensure that corrections have been made, based on OIG's identified deficiencies, while on site.

Emergency Preparedness Training and Testing

The OIG reported findings during their visit to ICF/IID facilities in the state, which included no initial training to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles (seven ICF/IIDs), no emergency preparedness training at least every 2 years, no documentation to support training completion or to demonstrate staff knowledge of emergency procedures (nine ICF/IIDs), no documentation to show a training and testing program existed based on the facility emergency preparedness plans. Additionally, 11 ICF/IIDs did not have documentation to support first or second training annual exercised, and there was no analysis of the training exercises for revision of emergency preparedness plans, as needed. As previously stated, the State Survey Agency takes its role in compliance seriously and will conduct an unannounced visit to the identified facility to ensure that corrections have been made, based on OIG's identified deficiencies, while on site.

Infection Control Programs

The OIG reported findings during their visit to ICF/IID facilities in the state, which included no documentation to support implementation of corrective action in affected problem areas (1 ICF/IIDs), no record maintenance of incidents and corrective actions related to infections (22 ICF/IIDs) and no documentation to support that the facility had an active infection control training program (4 ICF/IIDs). As previously stated, the State Survey Agency takes its role in compliance seriously and will conduct an unannounced visit to the identified facility to ensure that corrections have been made, based on OIG's identified deficiencies, while on site.

Additional Opportunities to Support Compliance

To maximize efforts that support ICF/IID facilities' compliance with life safety code, emergency preparedness, infection prevention and control, the SSA will also:

- Provide up to date refresher training to all surveyors regarding Emergency preparedness and infection prevention and control state, and CMS federal requirements.
- Provide up to date refresher training to all life safety code surveyors regarding state, and CMS federal requirements, which include National Fire Protection Association (NFPA) 101 and Tentative Interim Amendments TIA 12–1, TIA 12–2, TIA 12–3, and TIA 12–4 and NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6.
- Provide up to date refresher training during Association presentations and during the State Agency provider calls and collaborate with CMS as they are able to jointly address requirements.
- Work with CMS to support ICF/IID facilities education and resources regarding life safety code, emergency preparedness, and infection control.
- The SSA will complete all unannounced visits in accordance with routine recertification surveys, and complaint investigations, based on CMS Mission & Priority Document guidelines.

Conclusion

The OIG provided a high-level overview, and aggregated data with a snapshot of the deficiencies identified during their visit. The SSA will use the facility checklists, provided by OIG, that included yes or no identification of compliance to assess and evaluate corrections and continued compliance in all areas referenced by this audit.

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