

Audit Report

Deaf Blind with Multiple Disabilities Program

Lighthouse for the Blind of Houston



**Inspector
General**

Texas Health
and Human Services

May 19, 2022

OIG Report No. AUD-22-012



Deaf Blind with Multiple Disabilities Program

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Results in Brief

Why OIG Conducted This Audit

The Texas Health and Human Services (HHS) Office of Inspector General Audit and Inspections Division (OIG Audit) audited Lighthouse for the Blind of Houston (Lighthouse) due to the vulnerability of the population served. Lighthouse, a DBMD provider assists people who are blind or visually impaired to be independent members of society, in Houston, Texas. Lighthouse served seven DBMD program participants residing in two assisted living facilities and received a total of \$452,000 through the DBMD program in 2021.

Summary of Review

The audit objective was to determine whether Lighthouse operated and provided residential DBMD services at its assisted living facilities in compliance with applicable contractual requirements, laws, rules, and guidelines. The audit scope covered the conditions during the on-site visits of two assisted living facilities operated by Lighthouse on January 20, 2022, and health and safety related documentation through February 2022.

Management Response

Lighthouse agreed with the audit recommendation and indicated it has implemented corrective actions.

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Conclusion

Lighthouse for the Blind of Houston (Lighthouse) operated and provided residential Deaf Blind with Multiple Disabilities (DBMD) program services at its assisted living facilities in compliance with almost all applicable requirements, laws, rules, and guidelines tested.

The Texas Health and Human Services (HHS) Office of Inspector General (OIG) Audit and Inspections Division (OIG Audit) reviewed the conditions of two assisted living facilities operated by Lighthouse during on-site visits to determine whether they provided a safe living environment; were sufficiently secured, modified, clean, and maintained in good repair; and had fire and other hazard detection and safety systems in place. On the day of the visits:

- Both facilities were clean, in good condition, and free of hazards.
- Fire detection and safety equipment and processes were in place at both facilities and equipment appeared operable. However, neither facility had installed carbon monoxide detectors in residents' bedrooms, as required.
- Both facilities appropriately secured and separated medications by resident and maintained complete records, as required.

Recommendations

Lighthouse should ensure carbon monoxide detectors are installed in resident bedrooms.

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Audit Overview

Overall Conclusion

Lighthouse for the Blind of Houston (Lighthouse) operated and provided residential Deaf Blind with Multiple Disabilities (DBMD) program services at its assisted living facilities in compliance with almost all applicable requirements, laws, rules, and guidelines tested.

Key Audit Results

The Texas Health and Human Services (HHS) Office of Inspector General (OIG) Audit and Inspections Division (OIG Audit) reviewed the conditions of two assisted living facilities operated by Lighthouse during on-site visits to determine whether they provided a safe living environment; were sufficiently secured, modified, clean, and maintained in good repair; and had fire and other hazard detection and safety systems in place. On the day of the visits:

- Both facilities were clean, in good condition, and free of hazards.
- Fire detection and safety equipment and processes were in place at both facilities and equipment appeared operable. However, neither facility had installed carbon monoxide detectors in residents' bedrooms, as required.
- Both facilities appropriately secured and separated medications by resident and maintained complete records, as required.

OIG Audit offered a recommendation to Lighthouse, which, if implemented, will ensure that carbon monoxide detectors are in all resident bedrooms in each facility.

Objective

The audit objective was to determine whether Lighthouse operated and provided residential DBMD services at its assisted living facilities in compliance with applicable contractual requirements, laws, rules, and guidelines.

Scope

The audit scope covered the conditions during the on-site visits of two assisted living facilities operated by Lighthouse on January 20, 2022, and health and safety related documentation through February 2022.

The “Detailed Audit Results” section of this report presents additional information about the audit results.

OIG Audit presented preliminary audit results, issues, and recommendations to Lighthouse in a draft report dated May 5, 2022.

Lighthouse agreed with the audit recommendation and indicated it has already implemented corrective actions. Lighthouse’s management response is included in the report following the recommendation.

OIG Audit appreciates management and staff at Lighthouse for their cooperation and assistance during this audit.

Key Program Data

Lighthouse, a DBMD provider contracted with the Texas Health and Human Services Commission (HHSC), is a non-profit organization that assists people who are blind or visually impaired to be independent members of society, in Houston, Texas.

Lighthouse served seven DBMD program participants residing in two assisted living facilities and received a total of \$452,000 through the DBMD program in 2021.

Deaf Blind with Multiple Disabilities Program

The DBMD program is a state Medicaid waiver program approved by the Centers for Medicare and Medicaid Services providing community-based services and supports to eligible individuals as an alternative to institutionalization in intermediate care facilities. An individual’s eligibility for the DBMD program is based on financial eligibility, the diagnosis of deafblindness, and an additional disability that results in the impairment of independent functioning.

Auditing Standards

Generally Accepted Government Auditing Standards

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.

Detailed Audit Results

Lighthouse complied with almost all applicable contractual requirements, laws, rules, and guidelines for operating and providing residential DBMD services at its assisted living facilities. Specifically, Lighthouse ensured that both facilities met requirements related to:

- Ensuring a healthy and safe living environment, free of excess dirt, rubbish, and hazards.¹
- Placing fire safety equipment throughout the facilities and meeting other fire safety requirements.²

Additionally, at both facilities, Lighthouse complied with requirements related to:

- Providing social-diversional spaces; kitchens equipped to store, refrigerate, prepare, and serve food; air conditioning; appropriate bathing facilities; and bedrooms with furniture.³
- Storing and administering medications.⁴ Specifically, both facilities (a) stored medications in a locked area, with internal-use medications for each resident stored separately from external use-only medications within that area, and (b) maintained complete and accurate medication records with all required information on each resident's medication profile record.

However, Lighthouse did not meet all requirements to ensure resident safety. The following section of this report provides additional detail about the instance of noncompliance identified by OIG Audit. OIG Audit also communicated other, less significant findings to Lighthouse separately in writing.

¹ 26 Tex. Admin. Code §§ 553.103 and 553.104 (Aug. 31, 2021).

² 26 Tex. Admin. Code §§ 553.104 and 553.125 (Aug. 31, 2021).

³ 26 Tex. Admin. Code §§ 553.122 and 553.127 (Aug. 31, 2021).

⁴ 26 Tex. Admin. Code § 553.261 (Aug. 31, 2021).

Chapter 1: While Lighthouse Had Fire Safety Systems in Place, It Did Not Ensure Carbon Monoxide Detectors Were Installed in Resident Bedrooms

Both facilities (a) had fire detection and suppression systems in place, (b) had fire safety plans that had been reviewed annually, (c) conducted at least one fire drill each month and ensured each shift participated in a drill at least quarterly, and (d) underwent an annual inspection by the appropriate fire marshal, as required.

However, neither facility had carbon monoxide detectors in resident bedrooms, as required,⁵ as management was unaware of this requirement. Due to the vulnerability of the DBMD residents, this increases the risk that dangerous buildups of carbon monoxide in resident bedrooms will go undetected.

Recommendation 1

Lighthouse should ensure carbon monoxide detectors are installed in resident bedrooms.

Management Response

Action Plan

Carbon monoxide detectors were purchased and installed in all 10 bedrooms after learning of the requirement during the audit. Correction of the violation was completed on 02/28/2022.

The Lighthouse of Houston Vice President, Director of Community Programs and Program Supervisor will review all requirements of the DBMD program and ensure that all the requirements are identified and complied with by reviewing all DBMD updates on the HHSC website, and attending all DBMD trainings and webinars.

Responsible Manager

Vice President

⁵ 40 Tex. Admin. Code § 42.630 (Mar. 20, 2016).



Implementation Date

May 13, 2022

Appendix A: Objective, Scope, and Criteria

Objective and Scope

The audit objective was to determine whether Lighthouse operated and provided residential DBMD services at its assisted living facilities in compliance with applicable contractual requirements, laws, rules, and guidelines.

The audit scope covered the conditions during the on-site visits of two assisted living facilities operated by Lighthouse on January 20, 2022, and health and safety related documentation through February 2022. The audit included a review of Lighthouse's internal controls as well as testing of controls that were significant within the context of the audit objectives.

Criteria

OIG Audit used the following criteria to evaluate the information provided:

- 26, Tex. Admin. Code, Chapter 553 (2021)
- 40 Tex. Admin. Code § 42.630 (2016)
- Tex. Health & Safety Code § 247.026 (2015)

Appendix B: Background

The DBMD program provides home and community-based services to individuals with deafblindness and another disability as a cost-effective alternative to an intermediate care facility for individuals with an intellectual disability or related conditions.

The DBMD program focuses on increasing opportunities for individuals to communicate and interact with their environment. Services provided are based on the unique needs of the individual and on an individual plan of care developed by the service planning team. The service planning team includes the individual, the case manager, and a representative of the program provider.

DBMD services are available to Texas residents not living in an institutional setting who:

- Have a diagnosis of deafblindness (or a related condition that will result in deafblindness) as well as an additional diagnosis
- Have a related condition that was displayed before age 22
- Meet the level-of-care criteria for placement in an intermediate care facility for individuals with an intellectual disability or related conditions
- Do not exceed specified income and resource limits
- Are not enrolled in any other Medicaid waiver program
- Demonstrate need for one or more services on a monthly basis

Individuals must also exhibit substantial functional limitation in at least three of the following areas of major life activities:

- Learning
- Mobility
- Self-care
- Language
- Self-direction (age 10 and over)
- Independent Living (age 10 and over)

Individuals must be eligible for or be receiving Supplemental Security Income or Medicaid. Financial eligibility is determined by the Social Security Administration or by Texas HHSC using Social Security Income–related criteria.

Appendix C: Detailed Methodology

OIG Audit reviewed the conditions of two assisted living facilities during unannounced on-site visits to determine whether they provided a safe living environment; were sufficiently secured, modified, clean, and maintained in good repair; and had fire and other hazard detection and safety systems in place. Specifically, auditors physically observed whether certain requirements were met related to:

- Exterior and interior conditions and cleanliness
- Fire safety
- Information postings
- Medication administration

OIG Audit also reviewed Lighthouse's system of internal controls, including components of internal control,⁶ within the context of the audit objectives.

Auditors did not use a sampling methodology for testing; therefore, the results of testing should not be projected to the population of assisted living facilities.

⁶ For more information on the components of internal control, see the United States Government Accountability Office's *Standards for Internal Control in the Federal Government*, (Sept. 2014), <https://www.gao.gov/assets/gao-14-704g.pdf> (accessed Apr. 16, 2021).

Appendix D: Report Team and Distribution

Report Team

OIG staff members who contributed to this audit report include:

- Kacy J. VerColen, CPA, Deputy Inspector General of Audit and Inspections
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- Scott Armstrong, CGAP, CISA, Audit Project Manager
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- Katherine Scheib, Deputy Associate Commissioner, Medicaid and CHIP Services

Lighthouse for the Blind of Houston

- Jenna Dhayer, President
- Chelean Zander, Vice President
- Daniel Williams, Vice President of Operations

Appendix E: OIG Mission, Leadership, and Contact Information

The mission of OIG is to prevent, detect, and deter fraud, waste, and abuse through the audit, investigation, and inspection of federal and state taxpayer dollars used in the provision and delivery of health and human services in Texas. The senior leadership guiding the fulfillment of OIG's mission and statutory responsibility includes:

- Sylvia Hernandez Kauffman, Inspector General
- Audrey O'Neill, Principal Deputy Inspector General, Chief of Audit and Inspections
- Susan Biles, Chief of Staff, Chief of Policy and Performance
- Erik Cary, Chief Counsel
- Christine Maldonado, Chief of Operations and Workforce Leadership
- Steve Johnson, Chief of Investigations and Reviews

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