

Audit Report

Selected Memory Care Facilities

Silverado Barton Springs
Memory Care Community



**Inspector
General**

Texas Health
and Human Services

June 3, 2022

OIG Report No. AUD-22-013



Selected Memory Care Facilities

Silverado Barton Springs Memory Care Community

Results in Brief

Why OIG Conducted This Audit

The Texas Health and Human Services Office of Inspector General Audit and Inspections Division (OIG Audit) conducted an audit of Silverado Barton Springs Memory Care Community (Silverado Barton Springs), an assisted living facility licensed by Texas Health and Human Services Commission (HHSC). OIG Audit's annual risk assessment included identification of risks regarding assisted living facilities advertising as providing memory care services without disclosing whether the facility holds a certification to serve residents with Alzheimer's disease.

Summary of Review

The objective of the audit was to determine whether Silverado Barton Springs, advertising as a memory care facility, provided services and operated in compliance with applicable laws, rules, and guidelines.

The audit scope covered the period from September 1, 2020, through December 31, 2021.

Conclusion

Silverado Barton Springs Memory Care Community (Silverado Barton Springs) complied with most of the Texas Health and Human Services Commission's (HHSC's) health and safety requirements tested by the Texas Health and Human Services (HHS) Office of Inspector General (OIG) Audit and Inspections Divisions (OIG Audit). However, the facility did not comply with select requirements related to (a) annual Employee Misconduct Registry checks and (b) emergency preparedness and response planning.

Key Results

Based on the unannounced visit on November 3, 2021, and additional testing, Silverado Barton Springs complied with requirements related to:

- Disclosing the facility's certification status. Silverado Barton Springs is an HHSC-certified provider of services for individuals with Alzheimer's disease or related disorders, and it has a process to ensure prospective residents and their families know about the certification, as required.
- Conducting required background checks prior to employment. Silverado Barton Springs provided evidence of a criminal history check for all seven facility employees tested.
- Completing resident assessment and service plan documentation, both upon admission and annually. Silverado Barton Springs completed initial comprehensive assessments and service plans timely and appropriately for all 17 residents tested. Silverado Barton Springs also completed annual assessments and service plans timely for 13 residents tested who had been there at least a year.
- Providing the required number and type of resident activities. There were monthly activity schedules with a balanced mix of structured activities to meet residents' needs for cognitive stimulation and recreation. For the 16 applicable residents tested, scheduled activities aligned with residents' needs and abilities.

Background

All assisted living facilities in Texas must be licensed by HHSC. Texas assisted living facilities have the option to seek HHSC certification for providing specialized care for Alzheimer's disease or related disorders. Silverado Barton Springs, an assisted living facility licensed by HHSC, provides care for people with Alzheimer's disease or related disorders. Silverado Barton Springs is licensed and certified to provide services for up to 56 individuals with Alzheimer's disease or related disorders. Silverado Senior Living Management, LLC, assumed management of Silverado Barton Springs on August 1, 2020, one month before the beginning of the audit scope, so some of the data used to select the facility reflected conditions under prior management. At the time of the audit, Silverado Barton Springs was one of three assisted living facilities in Texas managed by Silverado Senior Living Management, LLC.

Management Response

OIG Audit presented preliminary audit results, issues, and recommendations to Silverado Barton Springs in a draft report dated May 18, 2022. Silverado Barton Springs agreed with the audit recommendations and asserted corrective actions had already been implemented. Silverado Barton Springs's management responses are included in the report following each recommendation.

For more information, contact:
OIGAuditReports@hhs.texas.gov

- Providing required training to facility employees. Of the seven facility employees tested, documentation showed each employee (100 percent) received the required applicable orientation, on-the-job, and annual in-service training.

However, opportunities exist for Silverado Barton Springs to improve processes related to (a) annual employability checks of facility employees and (b) emergency preparedness and response planning. Specifically:

- Silverado Barton Springs did not perform annual Employee Misconduct Registry checks. Without these required checks, there is an increased risk that the facility may not identify facility employees who are no longer eligible to work in the facility and residents may be at a higher risk of abuse, neglect, and exploitation.
- Silverado Barton Springs had an emergency preparedness and response plan; however, it did not comply with all selected Texas Administrative Code requirements. Specifically, the facility did not:
 - Maintain a complete and current emergency preparedness and response plan. When an emergency preparedness and response plan is inadequate or out-of-date, or when staff do not know where to find it, it hinders the staff's ability to effectively respond to emergencies.
 - Communicate the emergency preparedness and response plan to residents and residents' legally authorized representatives. Not providing an emergency preparedness and response plan to residents and their legally authorized representatives increases the risk that families will not know how residents will be cared for in the event of an emergency.
 - Request an annual fire marshal inspection. Without requesting an inspection or addressing deficiencies noted, residents may be at risk from hazards that would be identified by the fire marshal or that the facility has not yet addressed.

Recommendations

Silverado Barton Springs should:

- Establish a process to ensure the facility performs required annual Employee Misconduct Registry checks for all facility employees.
- Complete the emergency preparedness and response plan to ensure it includes all information needed to respond to emergencies.
- Develop a process to ensure (a) the emergency preparedness and response plan is reviewed annually and after a significant event, and document reviews performed, (b) it communicates the location of the emergency preparedness and response plan to all facility employees, (c) residents and residents' legally authorized representatives receive a written copy of the emergency preparedness and response plan, and (d) it requests a fire marshal inspection annually and corrects items cited by the fire marshal in the December 2021 inspection report.

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Audit Overview

Overall Conclusion

Silverado Barton Springs Memory Care Community (Silverado Barton Springs) complied with most of the Texas Health and Human Services Commission's (HHSC's) health and safety requirements tested by the Texas Health and Human Services (HHS) Office of Inspector General (OIG) Audit and Inspections Division (OIG Audit). However, the facility did not comply with select requirements related to (a) annual Employee Misconduct Registry checks and (b) emergency preparedness and response planning.

Objective

The objective of the audit was to determine whether Silverado Barton Springs, advertising as a memory care facility, provided services and operated in compliance with applicable laws, rules, and guidelines.

Scope

The audit scope covered the period from September 1, 2020, through December 31, 2021.

Key Audit Results

Silverado Barton Springs, an assisted living facility licensed by HHSC, provides care for people with Alzheimer's disease or related disorders. Silverado Barton Springs is licensed and certified to provide services for up to 56 individuals with Alzheimer's disease or related disorders.

On the day of the unannounced site visit, auditors observed appropriate medication storage and furnishings in residents' rooms. In addition, based on additional testing, Silverado Barton Springs complied with requirements related to:

- Conducting required background checks prior to employment
- Disclosing the facility's certification status
- Completing resident assessment and service plan documentation, both upon admission and annually
- Providing the required number and type of resident activities
- Providing required training to facility employees

However, opportunities exist for Silverado Barton Springs to improve processes related to (a) annual checks of employability of facility employees and (b) emergency preparedness and response planning. Specifically, Silverado Barton Springs did not:

- Perform required annual checks of the Employee Misconduct Registry for facility employees.
- Maintain a complete, current emergency preparedness and response plan, or provide the plan or equivalent information to residents and residents' legally authorized representatives upon admission.
- Request a fire marshal inspection.

Audit issues identified in this report may be subject to administrative enforcement measures,¹ including administrative penalties.²

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 Silverado Barton Springs in a draft report dated May 18, 2022. Silverado Barton Springs agreed with the audit recommendations and asserted corrective actions had already been implemented. Silverado Barton Springs's management responses are included in the report following each recommendation.

OIG Audit thanks management and staff at Silverado Barton Springs for their cooperation and assistance during this audit.

Background

OIG Audit's annual risk assessment included risks regarding assisted living facilities advertising as providing memory care services without disclosing whether the facility holds a certification to serve residents with Alzheimer's disease. Silverado Senior Living Management, LLC, assumed management of Silverado Barton Springs on August 1, 2020, one month before the beginning of the audit scope, so some of the data used to select the facility reflected

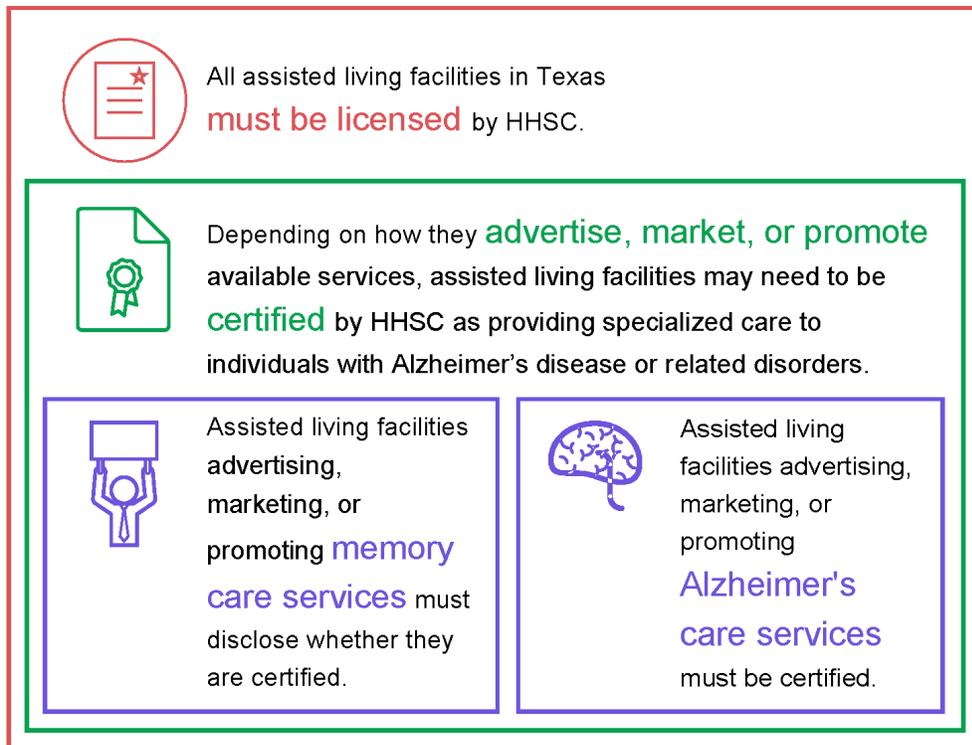
¹ 1 Tex. Admin. Code § 371.1603 (May 20, 2020).

² 26 Tex. Admin. Code § 553.751 (Aug. 31, 2021).

conditions under prior management. At the time of the audit, Silverado Barton Springs was one of three assisted living facilities in Texas managed by Silverado Senior Living Management, LLC.

All assisted living facilities in Texas must be licensed by HHSC. Texas assisted living facilities have the option to seek HHSC certification for providing specialized care for Alzheimer’s disease or related disorders. Figure 1 represents the licensing, disclosure, and certification requirements for assisted living facilities.

Figure 1: Licensing, Certification, and Disclosure Requirements for Assisted Living Facilities



Source: OIG Audit

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

OIG Audit visited Silverado Barton Springs on November 3, 2021, to assess compliance with selected Texas Administrative Code requirements for assisted living facilities. The audit team also conducted additional testing related to staff-to-resident ratios, resident files, and facility employee background checks and training.

Fieldwork

OIG Audit conducted fieldwork from January 2022 to April 2022. The on-site visit to the Silverado Barton Springs facility in November 2021 was part of audit planning.

The following sections of this report provide additional detail about results of this audit. OIG Audit communicated other less significant issues to Silverado Barton Springs in a separate written communication.

Chapter 1: Silverado Barton Springs Performed Pre-Hire Background Checks But Did Not Perform Annual Employee Misconduct Registry Checks

Silverado Barton Springs provided evidence of a criminal history check for all seven (100 percent) facility employees tested. A facility may not employ an applicant if the facility determines that the applicant (a) has been convicted of an offense that bars employment or that a conviction indicates employment with the facility would be inadvisable, or (b) is on the Employee Misconduct Registry.

However, Silverado Barton Springs did not perform annual Employee Misconduct Registry checks for the two employees tested who were due for their annual checks. Silverado Barton Springs provided evidence the facility performed the annual checks for the two employees tested after auditor inquiry on March 11, 2022, with no negative results.

Employee Misconduct Checks

In addition to an initial verification of employability, a facility should annually search the Employee Misconduct Registry to determine whether any employee of the facility is designated in the registry as having abused, neglected, or exploited an individual. The facility must maintain a copy of the results.

Source: Texas Health & Safety Code §§ 250.003 (d) (Jan. 1, 2014)

Silverado Barton Springs contracted with a company to identify facility employees due for required compliance checks and perform the checks monthly. The facility asserted that it believed compliance checks for identified employees included the required annual Employee Misconduct Registry check. After auditors requested contractor documentation, Silverado Barton Springs determined the contractor did not identify employees due for annual Employee Misconduct Registry checks as part of required compliance checks performed. As a result, Silverado Barton Springs could not demonstrate it conducted an annual Employee Misconduct Registry check for any employee who worked in the facility for more than a year. After auditor notification, Silverado Barton Springs asserted it identified all employees due for annual recheck and provided evidence it performed an Employee Misconduct Registry check with no negative results. Without performing and documenting annual Employee Misconduct Registry checks, there is an increased risk that the facility may not identify facility employees who

are no longer eligible to work in the facility and residents may be at a higher risk of abuse, neglect, and exploitation.

Recommendation 1

Silverado Barton Springs should establish a process to ensure the facility performs required annual Employee Misconduct Registry checks for all facility employees.

Management Response

Action Plan

Silverado Barton Springs has instituted a process to conduct annual Employee Misconduct Registry checks on each employee's work anniversary.

Responsible Manager

Administrator

Implementation Date

March 11, 2022

Chapter 2: Silverado Barton Springs Should Improve Processes Related to Emergency Preparedness and Response Readiness

Silverado Barton Springs had an emergency preparedness and response plan; however, it did not comply with all selected Texas Administrative Code requirements. Specifically, the facility did not (a) maintain a complete and current emergency preparedness and response plan, (b) communicate the emergency preparedness and response plan to residents and residents' legally authorized representatives, or (c) request an annual fire marshal inspection.

Completing the Emergency Preparedness and Response Plan

Silverado Barton Springs had an emergency preparedness and response plan on-site; however, the facility (a) did not have documentation to support review of the plan within the previous year or after the Texas winter storm event in February 2021,³ and (b) had not completed portions of the plan, such as the facility's specific identifying information needed to report a fire. In addition, at least one facility employee did not know where to find the plan. The facility administrator located and provided the plan later during the on-site visit. While the review was not documented, Silverado Senior Living Management, LLC, asserted the corporate office reviews facility emergency preparedness and response plans annually.

Emergency Preparedness and Response Planning

An assisted living facility must develop and maintain a written emergency preparedness and response plan based on its risk assessment to protect facility residents and staff in a disaster or emergency. In addition to maintaining a printed copy of the plan in a central location accessible to all staff, residents, and residents' legally authorized representatives at all times, a facility must (a) review, and document its review of, the emergency preparedness and response plan at least annually and after a significant event and (b) document updates to the plan, when necessary.

Source: 26 Tex. Admin. Code § 553.275 (c) and (d) (Aug. 31, 2021)

³ The emergency preparedness and response plan available the day of the site visit was dated August 1, 2020.

Silverado Barton Springs management asserted (a) it was not aware of the requirement to document review of the plan annually or after significant events and (b) the facility employee who did not know the plan location was new to the facility. When an emergency preparedness and response plan is inadequate or out-of-date, or when staff do not know where to find it, it hinders the staff's ability to effectively respond to emergencies, putting the health and safety of residents at risk.

Providing the Emergency Preparedness and Response Plan to Residents and Their Legally Authorized Representatives

For all 17 residents tested, Silverado Barton Springs did not provide a written copy of the emergency preparedness and response plan or an evacuation summary⁴ to the residents and their legally authorized representatives upon admission. Texas Administrative Code requires facilities to provide a written copy of the plan or an evacuation summary to residents and the residents' legally authorized representatives (a) upon admission, (b) on request, and (c) when the facility makes a significant change to a copy of the plan or evacuation summary.⁵ After auditors informed facility management of this requirement, the facility communicated the emergency preparedness and response plan to residents' legally authorized representatives.

The Silverado Barton Springs resident admission process did not include a step to provide a written copy of the emergency preparedness and response plan or an evacuation summary to residents or their families. Not providing an emergency preparedness and response plan or an evacuation summary to residents and their legally authorized representatives increases the risk that families will not know how residents will be cared for in the event of an emergency.

⁴ 26 Tex. Admin. Code § 553.275 (a)(5) (Aug. 31, 2021).

⁵ 26 Tex. Admin. Code § 553.275 (d)(4) (Aug. 31, 2021), previously 26 Tex. Admin. Code § 553.44 (d)(4) (Feb. 10, 2020).

Obtaining a Fire Marshal Inspection

During the on-site visit, the facility's most current fire marshal inspection was dated August 6, 2019. After auditors requested the current fire marshal inspection, the facility requested a fire marshal inspection in December 2021. The fire marshal completed an inspection on December 21, 2021, and cited seven deficiencies requiring correction. Silverado Barton Springs management asserted that the facility is actively working to address deficiencies.

The facility provided evidence that the fire marshal suspended visits to the facility due to the COVID-19 pandemic, and HHSC Survey Operations accepted that documentation in September 2020 as part of its re-licensing process. However, the facility did not follow up in September 2021 to request the required annual inspection or determine whether the fire marshal had resumed inspections. Not requesting a current fire marshal inspection and not addressing deficiencies noted after an inspection puts residents at a higher risk from hazards that would be identified by the fire marshal or that the facility has not yet addressed.

Fire Marshal Inspection Requirements

An assisted living facility must obtain an inspection at least once every 12 months by the fire marshal. After August 31, 2021, the facility must correct any items cited by the fire marshal to the satisfaction of that authority.

Source: 26 Tex. Admin. Code § 553.104 (a)(1) (Aug. 31, 2021) and 26 Tex. Admin. Code § 553.62 (i)(1) (May 1, 2019).

Recommendation 2a

Silverado Barton Springs should complete the emergency preparedness and response plan to ensure it includes all information needed to appropriately respond to emergencies.

Recommendation 2b

Silverado Barton Springs should develop a process to (a) ensure the emergency preparedness and response plan is reviewed annually and after a significant event and (b) document reviews performed.

Recommendation 2c

Silverado Barton Springs should develop a process to ensure it communicates the location of the emergency preparedness and response plan to all facility employees.

Recommendation 2d

Silverado Barton Springs should update the admission process to ensure residents and residents' legally authorized representatives receive a written copy of the emergency preparedness and response plan or an evacuation summary.

Recommendation 2e

Silverado Barton Springs should ensure it requests a fire marshal inspection annually and corrects items cited by the fire marshal in the December 2021 inspection report.

Management Response

Action Plan

Silverado Barton Springs has reviewed its emergency preparedness and response plan to ensure it is complete and includes all information necessary to appropriately respond to emergencies. Silverado's Home Office has instituted a process to document the annual review of the emergency preparedness and response plan as well as review after a significant event and ensure that Silverado Barton Springs receives such documentation to be maintained with the plan.

Silverado Barton Springs conducted an in-service training with all staff to communicate the location of the emergency preparedness and response plan to all employees and will continue to provide this training to new employees during onboarding.

Silverado Barton Springs revised its Residency Agreement to include a copy of its evacuation summary to ensure that all residents and residents' legally authorized representatives receive a written copy upon admission.

Silverado Barton Springs has instituted a process to request an annual inspection from the fire marshal and continues to actively work directly with the local fire marshal to correct deficiencies identified in the December 2021 inspection report.

Responsible Manager

Administrator

Implementation Date

June 1, 2022

Chapter 3: Silverado Barton Springs Provided Disclosures, Completed Resident Assessments and Service Plans, and Provided Resident Activities

Silverado Barton Springs significantly complied with Texas Administrative Code requirements for resident care and interaction.

Alzheimer’s Disease or Related Disorder Disclosures

Silverado Barton Springs advertises that the facility provides specialized services for individuals with Alzheimer’s disease or related disorders. HHSC Regulatory Services certified the facility as of July 28, 2020, to serve up to 56 individuals with Alzheimer’s disease or related disorders through July 28, 2023.

As part of the resident admission process, the resident’s legally authorized representative completes an acknowledgment form indicating the facility provided and discussed the Alzheimer’s Assisted Living Disclosure Statement. Based on a sample of 16 residents Silverado Barton Springs admitted,⁶ each resident’s legally authorized representative signed the acknowledgment form.

Providing and discussing the Alzheimer’s Assisted Living Disclosure Statement to prospective residents and their families helps ensure individuals understand the level of care the facility can provide to residents.

Alzheimer’s Assisted Living Disclosure Statement

Certified Alzheimer’s assisted living facilities are required to discuss and explain the Alzheimer’s Assisted Living Disclosure Statement form with the prospective resident’s family or responsible party.

Source: 26 Tex. Admin. Code
§ 553.307 (b) (Aug. 31, 2021)

⁶ The prior management company admitted one of the 17 residents sampled.

Comprehensive Assessments and Individual Service Plans

Certified assisted living facilities must make a comprehensive assessment of each resident within 14 days after admission and annually. Based on the comprehensive assessments, certified assisted living facilities must develop an individualized service plan for each resident within 14 days after admission, upon a significant change in condition, and annually. This process should include input from the family, if available. The service plan must address the individual needs, preferences, and strengths of the resident and be designed to help the resident maintain the highest possible level of physical, cognitive, and social functioning.

Silverado Barton Springs completed initial comprehensive assessments and service plans timely for all 17 residents tested. Facility

documentation of assessments performed for those 17 residents included all selected required items tested. See the text box on this page for a list of those requirements. Additionally, Silverado Barton Springs completed annual assessments and service plans timely for 13 applicable residents tested.⁷

Completing both comprehensive assessments and individual services plans during admission, in the event of a significant change, and annually helps the facility ensure it understands and plans accordingly to meet residents' needs.

Select Comprehensive Assessment Items Tested

- (A) The location from which the resident was admitted
- (B) Primary language
- (F) Alzheimer's/dementia history
- (G) Activities of daily living patterns
- (H) Involvement patterns and preferred activity pursuits
- (I) Cognitive skills for daily decision-making
- (J) Communication
- (K) Physical functioning

Source: 26 Tex. Admin. Code
§ 553.259 (b) (1) (Aug.31,
2021)

⁷ Four of the 17 residents tested did not reside in the facility for a year.

Required Resident Activities

Silverado Barton Springs provided a balanced mixture of activities addressing cognitive and recreational needs, as required by Texas Administrative Code.

The Silverado Barton Springs activities director developed monthly activity schedules with a balanced mix of structured activities to meet residents' needs for cognitive stimulation and recreation as required. Based on the sample of 16 applicable resident social history forms tested, the scheduled activities aligned with residents' needs and abilities.

Cognitive Activities

Arts, crafts, storytelling, poetry readings, writing, music, reading, discussion, reminiscences, and reviews of current events.

Recreational Activities

All socially interactive activities, such as board games and cards, and physical exercise. Care of pets is encouraged.

Source: 26 Tex. Admin. Code § 553.309 (Aug.31, 2021)

A certified assisted living facility's activity program must contain a balanced mixture of activities addressing cognitive and recreational needs. Additionally, the activities director or designee must create a monthly activities schedule in which structured activities occur at the same time and place each week to ensure a consistent routine.⁸ Structured activities must be 30 minutes long, and each week must have six and a half hours of structured activity. Requirements for activities vary by the day of the week, as shown in Figure 2.

Figure 2: Activities Requirements by Day of the Week

Weekday	Weekend ⁹
<ul style="list-style-type: none"> • One cognitive activity • Two recreational activities 	<ul style="list-style-type: none"> • One cognitive activity • One physical activity

Source: OIG Audit

In addition to complying with certification requirements, offering residents a mix of cognitive and recreational activities supports resident engagement.

⁸ Structured activities include cognitive and recreational activities.

⁹ At least an hour and half of structured activities must be provided on the weekend.

Chapter 4: Silverado Barton Springs Provided Required Training to Facility Employees

Of the seven facility employees tested, documentation showed each employee (100 percent) received the required applicable orientation, on-the-job, and annual in-service training.¹⁰ Certified assisted living facilities must provide orientation to all facility employees, as well as on-the-job training and annual in-service training to attendants.¹¹ Orientation, on-the-job, and annual in-service training each require a certain number of hours on specific topics, as shown in Figure 3.

Figure 3: Hours and Specific Topics for Required Training

Orientation	On-the-Job Training	Annual In-Service
All Employees	Attendants	Attendants
4 Hours	16 Hours	12 Hours
<ul style="list-style-type: none"> • Basic information about the causes, progression, and management of Alzheimer's disease • Managing dysfunctional behavior • Identifying and alleviating safety risks to residents with Alzheimer's disease 	<ul style="list-style-type: none"> • Providing assistance with the activities of daily living • Emergency and evacuation procedures specific to the dementia population • Managing dysfunctional behavior • Behavior management, including prevention of aggressive behavior and de-escalation techniques, fall prevention, or alternatives to restraints 	<p>One hour must address behavior management, including prevention of aggressive behavior and de-escalation techniques, or fall prevention, or alternatives to restraints. Training is competency-based and specific to the needs of the facility.</p>

Source: OIG Audit

¹⁰ One employee terminated employment prior to their first annual in-service training opportunity.

¹¹ An attendant is a facility employee who provides direct care to residents.

By providing facility employees required trainings, Silverado Barton Springs helps ensure facility employees are prepared to provide adequate care to residents, which protects the health and safety of residents with Alzheimer's or related disorders.

Appendix A: Objective, Scope, and Criteria

Objective and Scope

The objective of the audit was to determine whether Silverado Barton Springs, advertising as a memory care facility, provided services and operated in compliance with applicable laws, rules, and guidelines.

The audit scope was September 1, 2020, through December 31, 2021. The audit included a review of Silverado Barton Springs' internal controls, as well as testing of controls significant within the context of the audit objectives.

Criteria

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

- 4 Tex. Health & Safety Code § 250.003 (2014)
- 26 Tex. Admin. Code Chapter 553 (2019 through 2021)
- COVID-19 Response for Assisted Living Facilities issued by HHSC Regulatory Services (2021)

Appendix B: Methodology and Data Reliability

OIG Audit conducted fieldwork during the period of January 2022 through April 2022. Auditors conducted an unannounced site visit on November 3, 2021 as part of audit planning, to test for compliance with selected requirements relating to the physical environment to ensure the safety and wellbeing of residents, including:

- General Observations
 - Exterior conditions
 - Required postings
 - Promotional materials
- Facility Safety
 - Interior conditions
 - Ramps, walkways, and steps
 - Fire safety
- Facility Administration
 - Resident rooms
 - Common areas
- Resident Care
 - Infection control
 - Resident safety
 - Medication storage
 - Activities
 - Emergency preparedness

In addition to the unannounced on-site visit, OIG Audit tested (a) resident files for selected requirements, (b) activities calendars for type and duration of required activities, (c) staffing records for compliance with facility-established staffing levels, and (d) facility employee files for background checks and required training.

Additionally, auditors conducted interviews with Silverado Barton Springs' management and staff and reviewed:

- Facility census reporting and related resident admission and service records.
- Facility staff timekeeping records, contractor invoices, and related background check and training documentation.
- Relevant documentation, such as policies, procedures, and checklists.
- Silverado Barton Springs' system of internal controls, including components of internal control, within the context of the audit objective.¹²

Sampling Methodology

Auditors selected nonstatistical random samples relating to (a) resident records, (b) staffing-to-resident ratios, and (c) facility employees. The sample items were not representative of the populations; therefore, it would not be appropriate to project the test results to the populations.

Resident Records

OIG Audit randomly selected 17 current and former residents from a population of 83 residents who lived at Silverado Barton Springs between September 1, 2020, and December 6, 2021.

Staffing Levels

OIG Audit selected 45 shifts from a population of 15 months of staffing during the audit scope period. Auditors randomly selected 3 pay periods from the 15 months, then randomly selected 5 days from each of those 3 pay periods to assess the morning, afternoon, and overnight shift staffing levels on each day selected.

¹² 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).

Facility Employees

OIG Audit randomly selected 7 facility employees from a population of 38 facility employees who provided direct care to memory care residents during the shifts sampled.

Data Reliability

To assess the reliability of data related to residents, staffing levels, and facility employees, auditors (a) analyzed the data for reasonableness and completeness, (b) reviewed the extraction methodology, and (c) interviewed facility staff who were knowledgeable about the data. OIG Audit determined that the data was sufficiently reliable for the purposes of this audit.

OIG Audit determined data provided by HHSC Long Term Care Regulation used to select facilities for assessment to be sufficiently reliable for the purposes of the audit. Auditors used a risk-based facility selection methodology to select a certified facility.

Appendix C: Summary of Recommendations

For all recommendations, the responsible manager is the administrator and the latest implementation date was June 1, 2022.

Table C: Summary of Recommendations to Silverado Barton Springs

No.	Recommendation
1	Silverado Barton Springs should establish a process to ensure the facility performs required annual Employee Misconduct Registry checks for all facility employees.
2a	Silverado Barton Springs should complete the emergency preparedness and response plan to ensure it includes all information needed to appropriately respond to emergencies.
2b	Silverado Barton Springs should develop a process to (a) ensure the emergency preparedness and response plan is reviewed annually and after a significant event and (b) document reviews performed.
2c	Silverado Barton Springs should develop a process to ensure it communicates the location of the emergency preparedness and response plan to all facility employees.
2d	Silverado Barton Springs should update the admission process to ensure residents and residents' legally authorized representatives receive a written copy of the emergency preparedness and response plan or an evacuation summary.
2e	Silverado Barton Springs should ensure it requests a fire marshal inspection annually and corrects items cited by the fire marshal in the December 2021 inspection report.

Source: OIG Audit

Appendix D: Related Reports

- Selected Memory Care Facilities: Le Rêve Rehabilitation and Memory Care, [AUD-22-011](#), May 10, 2022
- Selected Memory Care Facilities: Village Green Alzheimer’s Care Home–Cypress, [AUD-22-005](#), February 28, 2022

Appendix E: Report Team and Distribution

OIG staff members who contributed to this audit report include:

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- Michelle Dionne-Vahalik, Associate Commissioner, Long-Term Care Regulation
- Diana Choban, Deputy Associate Commissioner, Regional Operations and Licensing
- Michael Gayle, Deputy Associate Commissioner, Program Operations

Silverado Senior Living Management, LLC

- Loren Shook, President, Chief Executive Officer, Chairman of the Board
- Carmin Tomassi, Chief Financial Officer
- Michelle Egerer, Senior Vice President, Community Operations
- Kim Butrum, Senior Vice President, Clinical Services
- Melissa Solomon, Senior Vice President, Chief People Officer and General Counsel
- Michelle Neumann, Silverado Barton Springs Senior Administrative Specialist

Appendix F: 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

To Obtain Copies of OIG Reports

- OIG website: ReportTexasFraud.com

To Report Fraud, Waste, and Abuse in Texas HHS Programs

- Online: <https://oig.hhs.texas.gov/report-fraud-waste-or-abuse>
- Phone: 1-800-436-6184

To Contact OIG

- Email: OIGCommunications@hhs.texas.gov
- Mail: Texas Health and Human Services
Office of Inspector General
P.O. Box 85200
Austin, Texas 78708-5200
- Phone: 512-491-2000