

Inspections Report

Nursing Facility Emergency Preparedness

Arden Place of Houston



**Inspector
General**

Texas Health
and Human Services

October 10, 2022

OIG Report No. INS-23-006



Nursing Facility Emergency Preparedness

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Results in Brief

Why OIG Conducted This Inspection

The Texas Health and Human Services (HHS) Office of Inspector General Audit and Inspections Division (OIG Inspections) conducted an inspection of Arden Place of Houston (Arden Place), a skilled nursing facility.

In 2020, the U.S. Department of Health and Human Services Office of Inspector General conducted a review of selected nursing facilities in Texas to evaluate compliance with life safety and emergency preparedness requirements. The report identified noncompliance with emergency preparedness requirements related to emergency preparedness plans, emergency supplies, emergency power, communication plans, and emergency preparedness plan training.

OIG Inspections initiated this inspection because of potential health and safety concerns caused by inadequate emergency preparedness programs at nursing facilities.

Key Results

Arden Place of Houston's (Arden Place) emergency preparedness plans and processes complied with 20 of 23 (87 percent) state and federal emergency preparedness requirements for nursing facilities reviewed as part of this inspection. Arden Place had an updated emergency preparedness (a) plan and (b) training and testing program. Arden Place also had updated procedures related to alternative power sources and subsistence needs for residents and staff. During a site visit to Arden Place's facility, inspectors saw multiple emergency preparedness elements, including a generator used as an alternate energy source and supplies for resident and staff subsistence. However, Arden Place did not consistently comply with three emergency preparedness requirements. Specifically, Arden Place did not:

- Document a risk assessment.
- Document exercises or drills to test the emergency preparedness plan.
- Document required contact information for the Texas Health and Human Services (HHS) Office of the Long-Term Care Ombudsman in its communication plan.

Summary of Review

The inspection objective was to determine whether Arden Place followed select state and federal requirements for emergency preparedness.

The inspection scope included Arden Place's (a) documentation of calendar year 2021 emergency preparedness training and testing and (b) emergency preparedness program in place as of May 2022.

Recommendations

Arden Place should ensure:

- Its emergency preparedness plan documents a risk assessment that utilizes an all-hazards approach.
- It maintains documentation of exercises to test the emergency preparedness plan as required.
- Its communication plan includes the required contact information for the Texas HHS Office of the Long-Term Care Ombudsman.

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

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Inspection Overview

Overall Results

Arden Place of Houston's (Arden Place) emergency preparedness plans and processes complied with 20 of 23 (87 percent) state and federal emergency preparedness requirements for nursing facilities reviewed as part of this inspection. Arden Place had an updated emergency preparedness (a) plan and (b) training and testing program. Arden Place also had updated procedures related to alternative power sources and subsistence needs for residents and staff. During a site visit to Arden Place's facility, inspectors saw multiple emergency preparedness elements, including a generator used as an alternate energy source and supplies for resident and staff subsistence. However, Arden Place did not consistently comply with three emergency preparedness requirements. Specifically, Arden Place did not:

- Document a risk assessment.
- Document exercises or drills to test the emergency preparedness plan.
- Document required contact information for the Texas Health and Human Services (HHS) Office of the Long-Term Care Ombudsman in its communication plan.

The HHS Office of Inspector General (OIG) Audit and Inspections Division (OIG Inspections) offered recommendations to Arden Place, which, if implemented, will help ensure that Arden Place follows selected state and federal requirements for emergency preparedness. Inspection findings identified in this report (a) may be referred to the Texas Health and Human Services Commission (HHSC) for potential pursuit of enforcement remedies or (b) may be subject to OIG administrative enforcement measures,¹ including administrative penalties.²

OIG Inspections presented preliminary inspection results, issues, and recommendations to Arden Place in a draft report dated September 27, 2022. Arden Place agreed with the inspection recommendations and elected not to provide a management response.

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

² Tex. Hum. Res. Code § 32.039 (Apr. 2, 2015).

OIG Inspections thanks the management and staff at Arden Place for their cooperation and assistance during this inspection.

Objective

The inspection objective was to determine whether Arden Place followed select state and federal requirements for emergency preparedness.

Scope

The inspection scope included Arden Place's (a) documentation of calendar year 2021 emergency preparedness training and testing and (b) emergency preparedness program in place as of May 2022.

Background

Arden Place, owned by Altamonte Care of Houston Southwest, LLC and managed by Altamonte Management and Advisory Group, LLC, is a skilled nursing facility located in Houston, Texas.

Nursing facilities are required to establish and maintain an emergency preparedness program,^{3,4} which includes, but is not limited to, the following emergency preparedness elements:

- Emergency preparedness plan
- Policies and procedures
- Communication plan
- Training and testing program
- Emergency and standby power systems

Each nursing facility's emergency preparedness plan must address emergency events identified by the facility's risk assessment, such as heating or cooling system failures, fires, power outages, extreme winter conditions, hurricanes, and tornadoes.

HHS Long Term Care Regulation (LTCR) is responsible for ensuring nursing facilities comply with state and federal laws and regulations. LTCR provides training and

³ 42 C.F.R. § 483.73 (Nov. 29, 2019).

⁴ 26 Tex. Admin. Code § 554.1914 (Jan. 15, 2021).

guidance, conducts annual emergency preparedness surveys, and performs a follow-up review of deficiencies identified to ensure compliance.

What Prompted This Inspection

In 2020, the U.S. Department of Health and Human Services Office of Inspector General conducted a review of selected nursing facilities in Texas to evaluate compliance with life safety and emergency preparedness requirements.⁵ The report identified noncompliance with emergency preparedness requirements related to emergency preparedness plans, emergency supplies, emergency power, communication plans, and emergency preparedness plan training.

OIG Inspections initiated this inspection because of potential health and safety concerns caused by inadequate emergency preparedness programs at nursing facilities.

⁵ U.S. Department of Health and Human Services Office of Inspector General, *Life Safety and Emergency Preparedness Deficiencies Found at 18 of 20 Texas Nursing Homes*, A-06-19-08001 (Feb. 6, 2020).

Detailed Results

OIG Inspections conducted a site visit to Arden Place's facility on May 25, 2022, and reviewed Arden Place's emergency preparedness plans and processes for compliance with 23 state and federal emergency preparedness requirements for nursing facilities related to:

- Emergency preparedness plans
- Emergency supplies and power
- Emergency communication plans
- Emergency preparedness plan training and testing

Arden Place was compliant with requirements including:

- Processes for ensuring emergency power systems (a) were maintained, inspected, and tested and (b) address the power needs for key systems during an emergency.
- Processes for ensuring employees completed initial emergency preparedness plan training as applicable for assigned job duties.
- Policies and procedures that addressed (a) the subsistence needs for residents and staff and (b) emerging infectious diseases.

The following sections of this report provide additional detail about the findings of noncompliance observed by OIG Inspections.

Observation 1: Arden Place Did Not Have a Documented Risk Assessment

Arden Place's emergency preparedness plan did not include a documented risk assessment. The emergency preparedness plan must be based on and include a documented, facility-based, and community-based risk assessment that utilizes an all-hazards approach.⁶

Arden Place's policies and procedures contain information and instructions for certain types of risks, such as flooding, extreme cold and heat, explosions, and

⁶ 42 CFR § 483.73(a)(1) (Nov. 29, 2019).

terroristic threats; however, in its emergency preparedness plan, Arden Place did not document the risk assessment it conducted to identify these risks.

An emergency preparedness plan that is not based on a risk assessment utilizing an all-hazards approach may not fully address potential hazards. Employees and personnel supervisors who are not aware of potential hazards and threats may pose a safety risk to themselves and residents in the event of an emergency.

Recommendation 1

Arden Place should ensure its emergency preparedness plan documents a risk assessment that utilizes an all-hazards approach.

Observation 2: Arden Place Did Not Consistently Maintain Documentation of Exercises to Test Its Emergency Preparedness Plan as Required

Arden Place did not consistently maintain documentation of exercises to test its emergency preparedness plan. At least twice per year, each nursing facility must (a) conduct exercises to test its emergency preparedness plan, including unannounced staff drills using the emergency procedures and (b) maintain documentation of these exercises.⁷

Arden Place asserted that it conducted exercises in (a) March 2022 and (b) 2021; however, due to a facility administration change, it was unable to provide documentation to confirm these exercises.

Documentation of the emergency preparedness plan testing allows each nursing facility to revise its emergency preparedness plan as necessary based on the facility's response to the test.

Recommendation 2

Arden Place should ensure it maintains documentation of exercises to test the emergency preparedness plan as required.

⁷ 42 C.F.R. § 483.73(d)(2) (Nov. 29, 2019).

Observation 3: Arden Place’s Communication Plan Did Not Include Some Required Contact Information

Arden Place’s communication plan contained most of the required contact information; however, the plan did not contain the required contact information for the Texas HHS Office of the Long-Term Care Ombudsman. Nursing facilities must have a communication plan that contains contact information for:

- Federal, state, regional, or local emergency preparedness staff
- The state licensing and certification agency
- The Texas HHS Office of the Long-Term Care Ombudsman
- Other sources of assistance⁸

A communication plan containing contact information for all required sources ensures the information is available to staff in an emergency.

Recommendation 3

Arden Place should ensure its communication plan includes the required contact information for the Texas HHS Office of the Long-Term Care Ombudsman.

⁸ 42 C.F.R. § 483.73(c)(2) (Nov. 29, 2019).

Appendix A: Methodology, Standards, and Criteria

Detailed Methodology

To achieve its inspection objective, OIG Inspections collected information through (a) discussions and interviews with LTCR staff and Arden Place staff, (b) a site visit to Arden Place's facility in Houston, Texas, on May 25, 2022, and (c) a review of:

- Regulations, policies, and procedures that address the objective.
- Arden Place's emergency preparedness plan; emergency supplies and power; communication plan; and training and testing records.

OIG Inspections selected the emergency preparedness requirements to test as part of this inspection after (a) discussions with LTCR and (b) review of prior deficiencies identified in both LTCR reviews and the U.S. Department of Health and Human Services Office of Inspector General's review of selected nursing facilities in Texas to evaluate compliance with life safety and emergency preparedness requirements.

In March 2022, there were 1,154 nursing facilities participating in Texas Medicaid. To choose the nursing facility to inspect, OIG Inspections considered the following criteria:

- Location of the nursing facility.
- Date LTCR last inspected the nursing facility.
- Nursing facility incidents reported to HHS.

Standards

OIG Inspections conducts inspections of Texas HHS programs, systems, and functions. Inspections are designed to be expeditious, targeted examinations into specific programmatic areas to identify systemic trends of fraud, waste, or abuse. Inspection reports present factual data accurately, fairly, and objectively, and present findings, conclusions, and recommendations in a persuasive manner to strengthen program effectiveness and efficiency. OIG Inspections conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* issued by the Council of the Inspectors General on Integrity and Efficiency.

Criteria

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

- 42 C.F.R. § 483.73 (2019)
- 26 Tex. Admin. Code § 554.1914 (2021)

Appendix B: Summary of Recommendations

Table B.1: Summary of Recommendations to Arden Place

No.	Recommendation
1	Arden Place should ensure its emergency preparedness plan documents a risk assessment that utilizes an all-hazards approach.
2	Arden Place should ensure it maintains documentation of exercises to test the emergency preparedness plan as required.
3	Arden Place should ensure its communication plan includes the required contact information for the Texas HHS Office of the Long-Term Care Ombudsman.

Source: OIG Inspections

Appendix C: Related Reports

- Nursing Facility Emergency Preparedness: Alamo Heights Health and Rehabilitation Center, [INS-23-004](#), October 4, 2022
- Nursing Facility Emergency Preparedness: Focused Care at Westwood, [INS-23-003](#), October 4, 2022
- Nursing Facility Emergency Preparedness: Villa Toscana at Cypress Woods, [INS-23-002](#), September 28, 2022
- Nursing Facility Emergency Preparedness: Oak Park Nursing & Rehabilitation Center, [INS-23-001](#), September 28, 2022
- Nursing Facility Emergency Preparedness: Mystic Park Nursing and Rehabilitation Center, [INS-22-010](#), August 25, 2022

Appendix D: Resources for Additional Information

The following resources provide additional information about the topics covered in this report.

To view the U.S. Department of Health and Human Services Office of Inspector General Report A-06-19-08001, Life Safety and Emergency Preparedness Deficiencies Found at 18 of 20 Texas Nursing Homes:

“Life Safety and Emergency Preparedness Deficiencies Found at 18 of 20 Texas Nursing Homes,” U.S. Department of Health and Human Services Office of Inspector General,
<https://oig.hhs.gov/oas/reports/region6/61908001.asp>
(accessed August 31, 2022)

For more information on HHS emergency preparedness:

“Emergency Preparedness,” HHS,
<https://hhsconnection.hhs.texas.gov/building-services/safety-security/emergency-preparedness> (accessed August 31, 2022)

For more information on Arden Place of Houston:

Homepage, Arden Place of Houston, <https://www.ardenplaceofhouston.com>
(accessed August 31, 2022)

Appendix E: Report Team and Distribution

Report Team

OIG staff members who contributed to this inspection report include:

- Kacy J. VerColen, CPA, Deputy Inspector General of Audit and Inspections
- Bruce Andrews, CPA, CISA, Director of Inspections
- James Aldridge, Manager of Inspections
- Marco Diaz, Lead Inspector
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Report Distribution

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- Cecile Erwin Young, Executive Commissioner
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- Maurice McCreary, Jr., Chief Operating Officer
- Jordan Dixon, Chief Policy and Regulatory Officer
- Karen Ray, Chief Counsel
- Michelle Alletto, Chief Program and Services Officer
- Nicole Guerrero, Chief Audit Executive
- Jose Garcia, Deputy Director of Compliance Division
- Stephen Pahl, Deputy Executive Commissioner for Regulatory Services
- Michelle Dionne-Vahalik, Associate Commissioner for Long Term Care Regulation

Arden Place of Houston

- Jarmese Morris, Administrator

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

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

To Contact OIG

- Email: OIGCommunications@hhs.texas.gov
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