

Inspections Report

Nursing Facility Emergency Preparedness

Southeast Nursing & Rehabilitation Center



**Inspector
General**

Texas Health
and Human Services

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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 Southeast Nursing & Rehabilitation Center (Southeast Nursing), 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

Southeast Nursing & Rehabilitation Center's (Southeast Nursing) emergency preparedness plans and processes complied with 19 of 23 (82.6 percent) state and federal emergency preparedness requirements for nursing facilities reviewed as part of this inspection. Southeast Nursing had an updated emergency preparedness (a) plan and (b) training and testing program. Southeast Nursing also had updated procedures related to alternative power sources and subsistence needs for residents and staff. During a site visit to Southeast Nursing'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, Southeast Nursing did not consistently comply with four emergency preparedness requirements. Specifically, Southeast Nursing did not:

- Document initial employee training on emergency preparedness.
- Document required annual staff training on emergency preparedness.
- Maintain a printed copy of its current emergency preparedness plan at each workstation assigned to a personnel supervisor who had responsibilities under the plan.
- Document the 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 Southeast Nursing followed select state and federal requirements for emergency preparedness.

The inspection scope included Southeast Nursing's

(a) documentation of calendar year 2021 emergency preparedness training and testing and
(b) emergency preparedness program in place as of May 2022.

Recommendations

Southeast Nursing should ensure:

- All employees complete emergency preparedness plan training within 30 days of assuming applicable job duties and maintain documentation of each completion.
- It conducts emergency preparedness training annually and maintains documentation of each completion.
- A copy of its current emergency preparedness plan is present at the workstation of each personnel supervisor who has responsibilities under the plan.
- 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

Southeast Nursing & Rehabilitation Center's (Southeast Nursing) emergency preparedness plans and processes complied with 19 of 23 (82.6 percent) state and federal emergency preparedness requirements for nursing facilities reviewed as part of this inspection. Southeast Nursing had an updated emergency preparedness (a) plan and (b) training and testing program. Southeast Nursing also had updated procedures related to alternative power sources and subsistence needs for residents and staff. During a site visit to Southeast Nursing'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, Southeast Nursing did not consistently comply with four emergency preparedness requirements. Specifically, Southeast Nursing did not:

- Document initial employee training on emergency preparedness.
- Document required annual staff training on emergency preparedness.
- Maintain a printed copy of its current emergency preparedness plan at each workstation assigned to a personnel supervisor who had responsibilities under the plan.
- Document the 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 Southeast Nursing, which, if implemented, will help ensure that Southeast Nursing 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

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

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

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

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

Objective

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

Scope

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

Background

Southeast Nursing, owned and operated by Southeast Skilled Nursing Facility, LLC, is a skilled nursing facility located in San Antonio, 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.

³ 42 C.F.R. § 483.73 (Nov. 29, 2019).

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

HHS Long Term Care Regulation (LTCR) is responsible for ensuring nursing facilities comply with state and federal laws and regulations. LTCR provides training and 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 Southeast Nursing's facility on May 19, 2022, and reviewed Southeast Nursing'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

Southeast Nursing 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.
- Timely reviewing and updating the (a) emergency preparedness plan and (b) communication plan.
- 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: Southeast Nursing Did Not Consistently Document Initial Emergency Preparedness Plan Training Completions Within the Required Time Frame

Southeast Nursing did not consistently document that employees completed initial emergency preparedness plan training as applicable for assigned job duties. Texas Administrative Code requires training for staff on emergency preparedness plan responsibilities within 30 days of an employee assuming applicable job duties.⁶

⁶ 26 Tex. Admin. Code § 554.1914(e)(1) (Jan. 15, 2021).

Nursing facilities must also (a) provide training in emergency preparedness policies and procedures and (b) maintain documentation of the training.⁷

OIG Inspections selected 10 employees to review training records. Of the 10 Southeast Nursing employee training records reviewed as part of this inspection, 3 (30 percent) did not indicate the associated employee completed the initial emergency preparedness plan training within 30 days of assuming applicable job duties. Specifically, Southeast Nursing's training logs for the 10 employees indicated that 3 employees hired during May, June, and July 2021 completed the training in March 2022.

Southeast Nursing's internal policies and procedures require new employees to complete its orientation program, which includes emergency preparedness plan training for all employees regardless of job duties. Also, Southeast Nursing's orientation checklist contains an emergency preparedness overview for new employees; however, Southeast Nursing did not consistently document orientation training completions at the time the employees sampled were hired.

Employees that do not receive timely emergency preparedness plan training may pose a safety risk to themselves and residents in the event of a fire, hurricane evacuation, or other emergency.

Recommendation 1

Southeast Nursing should (a) ensure that all employees complete emergency preparedness plan training within 30 days of assuming applicable job duties and (b) maintain documentation of each completion.

Observation 2: Southeast Nursing Did Not Consistently Document Annual Training on Its Emergency Preparedness Plan as Required

Southeast Nursing did not consistently document annual training on its emergency preparedness plan to all staff members. Texas Administrative Code requires training for staff on emergency preparedness plan responsibilities at least annually and when the staff member's responsibilities under the plan change.⁸ Nursing

⁷ 42 C.F.R. § 483.73(d)(1) (Nov. 29, 2019).

⁸ 26 Tex. Admin. Code § 554.1914(e)(2) (Jan. 15, 2021).

facilities must also (a) provide annual training on emergency preparedness and (b) maintain documentation of the training.⁹

OIG Inspections reviewed training records, which documented that, as of June 2022, Southeast Nursing conducted its most recent staff training on emergency preparedness in April 2021. Southeast Nursing did not provide documentation of more recent staff trainings on the emergency preparedness plan.

Employees that do not receive timely emergency preparedness plan training may pose a safety risk to themselves and residents in the event of a fire, hurricane evacuation, or other emergency.

Recommendation 2

Southeast Nursing should (a) ensure that it conducts emergency preparedness training annually and (b) maintain documentation of each completion.

Observation 3: Southeast Nursing Did Not Maintain a Copy of Its Current Emergency Preparedness Plan at Each Personnel Supervisor Workstation as Required

During the site visit to Southeast Nursing's facility, OIG Inspections observed that Southeast Nursing kept a printed copy of its current emergency preparedness plan in (a) a central location within its facility and (b) in the facility administrator's office; however, Southeast Nursing did not maintain a copy at each workstation assigned to a personnel supervisor who had responsibilities under the plan as required. As a nursing facility, Southeast Nursing must maintain a current printed copy of its emergency preparedness plan (a) at a central location that is accessible to staff at all times and (b) at the workstation of each personnel supervisor who has responsibilities under the plan.¹⁰

Southeast Nursing asserted that its current processes do not include distributing printed copies of its emergency preparedness plan to all personnel supervisors who have responsibilities under the plan.

Southeast Nursing personnel supervisors without immediate access to the emergency preparedness plan may have a disorganized or delayed response during an emergency, which could affect the safety of residents.

⁹ 42 C.F.R. § 483.73(d)(1) (Nov. 29, 2019).

¹⁰ 26 Tex. Admin. Code § 554.1914(b)(2) (Jan. 15, 2021).

Recommendation 3

Southeast Nursing should ensure a copy of its current emergency preparedness plan is present at the workstation of each personnel supervisor who has responsibilities under the plan.

Observation 4: Southeast Nursing's Communication Plan Did Not Include Some Required Contact Information

Southeast Nursing'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 assistance¹¹

Southeast Nursing provided a picture of a framed poster located in the lobby of the facility and asserted that contact information for the Texas HHS Office of the Long-Term Care Ombudsman was included in the brochure. However, the contact information was not included in its communication plan.

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

Recommendation 4

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

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

Appendix A: Methodology, Standards, and Criteria

Detailed Methodology

To achieve the inspection objective, OIG Inspections collected information through (a) discussions and interviews with LTCR staff and Southeast Nursing staff, (b) a site visit to Southeast Nursing's facility in San Antonio, Texas, on May 19, 2022, and (c) a review of:

- Regulations, policies, and procedures that address the objective.
- Southeast Nursing'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 Southeast Nursing

No.	Recommendation
1	Southeast Nursing should (a) ensure that all employees complete emergency preparedness plan training within 30 days of assuming applicable job duties and (b) maintain documentation of each completion.
2	Southeast Nursing should (a) ensure that it conducts emergency preparedness training annually and (b) maintain documentation of each completion.
3	Southeast Nursing should ensure a copy of its current emergency preparedness plan is present at the workstation of each personnel supervisor who has responsibilities under the plan.
4	Southeast Nursing 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 1, 2022)

For more information on HHS emergency preparedness:

“Emergency Preparedness,” HHS,
<https://hhsconnection.hhs.texas.gov/building-services/safety-security/emergency-preparedness> (accessed July 21, 2022)

For more information on Southeast Nursing & Rehabilitation Center:

“Southeast Nursing & Rehabilitation Center,” Advanced Healthcare Solutions, <https://www.ahstexas.com/southeast> (accessed August 4, 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
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- 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

Southeast Nursing & Rehabilitation Center

- Marcus Hall, Administrator
- Tammy Garcia, Director of Nursing

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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- Phone: 1-800-436-6184

To Contact OIG

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