

Department of Health and Human Services
Office of Inspector General



Office of Audit Services

October 2025 | OAS-25-01-040

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

REPORT HIGHLIGHTS



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Why OIG Did This Audit

- Intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs) that participate in Medicaid are required by [CMS](#) to comply with requirements intended to protect residents. This includes requirements related to fire safety and emergency preparedness plans. Facilities are also required to develop infection control programs.
- In Connecticut, the State's Department of Public Health (State agency) conducts surveys of ICF/IIDs for compliance with Federal requirements.
- This audit is part of a series of audits that assesses compliance with CMS's life safety, emergency preparedness, and infection control requirements for ICF/IIDs.

What OIG Found

We identified 80 deficiencies related to life safety, emergency preparedness, and infection control at the 15 ICF/IIDs that we reviewed in Connecticut.



These deficiencies put the health and safety of residents, staff, and visitors at an increased risk of injury or death during a fire or other emergency, or in the event of an infectious disease outbreak.

What OIG Recommends

We recommend that Connecticut:

1. Follow up with the 15 ICF/IIDs reviewed to verify that they have taken corrective actions on the life safety, emergency preparedness, and infection control deficiencies identified during the audit.
2. Work with CMS to develop standardized life safety training for ICF/IID staff.

Connecticut concurred with our first recommendation and stated that it has already followed up with the 15 ICF/IIDs reviewed. Connecticut did not indicate concurrence or nonconcurrence with our second recommendation.

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INTRODUCTION

WHY WE DID THIS AUDIT

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 These problems included life safety violations, such as blocked exits and out of date fire extinguishers; emergency preparedness plans that were not updated; and infection control violations, such as missing medical record documentation for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

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

Appendix B contains a list of completed related audits.

OBJECTIVE

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

BACKGROUND

Medicaid Program

The Medicaid program provides medical assistance to certain low-income individuals and individuals with disabilities (Title XIX of the Social Security Act (the Act)). The Federal and State Governments jointly fund and administer the Medicaid program. At the Federal level, CMS administers the program. Each State administers its Medicaid program in accordance with a CMS-approved State plan. Although each State has considerable flexibility in designing and operating its Medicaid program, it must comply with applicable Federal requirements.

Intermediate Care Facilities for Individuals With Intellectual Disabilities

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

There are approximately 5,300 Medicaid-certified ICF/IIDs in the United States.¹ Connecticut had 78 active ICF/IIDs in the State as of January 2025. The facilities range in size from 4 to 30 beds. The State owned 15 ICF/IIDs in Connecticut.

Medicaid Intermediate Care Facilities for Individuals With Intellectual Disabilities Survey Requirements

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

Requirements for Life Safety, Emergency Preparedness, and Infection Control

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

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

¹ We obtained the number of Medicaid-certified ICF/IIDs in the United States from CMS's [Survey and Certification's Quality, Certification and Oversight Reports \(QCOR\)](#). Accessed on June 25, 2025.

facilities on Form CMS-2786R, Fire Safety Survey Report and Residential Board and Care for Small ICF/IIDs on Form CMS-2786V, Fire Safety Survey Report.²

- *Emergency Preparedness Requirements:* Federal regulations for emergency preparedness (42 CFR § 483.475) include specific requirements for emergency preparedness plans, policies and procedures, communications plans, training and testing, and integrated health care systems.³ CMS lists applicable requirements on its *Emergency Preparedness Surveyor Checklist*.
- *Infection Control Requirements:* Federal regulations for infection control (42 CFR § 483.470(l)) require ICF/IIDs to have an active program for the prevention, control, and investigation of infection and communicable diseases.

CMS or a designated agency ensures these requirements are met when it conducts an ICF/IID survey. The results of each survey are reported and added to CMS's Automated Survey Processing Environment (ASPEN) system.⁴

Responsibilities for Life Safety, Emergency Preparedness, and Infection Control

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

² CMS, [Form CMS-2786R](#). The State agency uses this form to conduct life safety surveys at the State's 18 health care ICF/IIDs. CMS, [Form CMS-2786V](#). The State agency uses this form to conduct life safety surveys at the State's 60 residential board and care ICF/IIDs. We accessed both forms on June 25, 2025.

³ CMS, [Emergency Preparedness Rule](#) and [Surveyor Tool](#). Accessed on May 8, 2025.

⁴ ASPEN is a suite of software applications designed to help State survey agencies collect and manage health care provider data.

⁵ 42 CFR part 483, subpart I.

⁶ The Act §§ 1864(a), 1902(a)(33), and 1910; CMS's *State Operations Manual*, Pub. No. 100-07, chapter 1 – Program Background and Responsibilities, §§ 1002 and 1004 (Rev. 123, Oct. 3, 2014).

⁷ 42 CFR § 442.109(a).

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

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

HOW WE CONDUCTED THIS AUDIT

Of the 78 ICF/IIDs in Connecticut as of January 2025, we selected a nonstatistical sample of 15 ICF/IIDs for review based on factors including ownership and occupancy type.⁸ We conducted unannounced site visits at the 15 selected ICF/IIDs from February through April 2025. During each site visit, we checked for life safety violations, reviewed the ICF/IID's emergency preparedness program, and reviewed the ICF/IID's policies and procedures for infection control and prevention. We considered noncompliance with a Federal requirement to be a deficiency, regardless of the number of instances of noncompliance we observed. For example, if we found three fire extinguishers at one ICF/IID that were noncompliant with the requirement for monthly testing, we considered it a single deficiency for reporting purposes.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix A contains the details of our audit scope and methodology.

FINDINGS

The State agency could better ensure that ICF/IIDs in Connecticut that participated in the Medicaid program comply with Federal requirements for life safety, emergency preparedness, and infection control. During our site visits, we identified deficiencies related to life safety, emergency preparedness, or infection control at all 15 ICF/IIDs that we reviewed, totaling 80 deficiencies. Specifically:

⁸ For our nonstatistical sample, we selected at least one facility from each nonprofit company operating in Connecticut and at least one State-operated facility from each of the State's regions. We also included both health care and residential board and care facility types in our sample.

- We found 51 deficiencies with life safety requirements related to building exits, fire barriers, and smoke partitions (18); fire detection and suppression systems (9); hazardous storage (4); smoking policies and fire drills (3); electrical equipment testing and maintenance (7); and excessive water temperatures in areas where clients who are not trained to regulate water temperature are exposed to hot water (10).⁹
- We found 24 deficiencies with emergency preparedness requirements related to emergency plans (3), policies and procedures (1), communications plans (10), and testing and training (10).
- We found five deficiencies with infection control requirements.

ICF/IID management stated that these deficiencies occurred because of lack of funding, problems with recordkeeping, and staff turnover at ICF/IIDs that contributed to a lack of awareness of, or failure to address, Federal requirements. State agency officials informed us that there is minimal life safety training available for ICF/IID staff. As a result, ICF/IID staff do not always have an in-depth knowledge of life safety requirements. Additionally, although not required by CMS, the State agency informed us that it generally does not verify that ICF/IID staff participated in life safety training. State agency officials also informed us that a standardized life safety training program for ICF/IID staff will impact and help prevent future deficiencies.

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

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

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

CMS's Fire Safety Survey Report forms (Forms CMS-2786R and CMS-2786V), described on page 2, lists the Federal requirements related to life safety with which ICF/IIDs surveyed under health care and residential board and care must comply with and references each with an identification number, known as a K-Tag (numbered K-100 through K-933).¹⁰

⁹ Federal regulations require ICF/IIDs to ensure that the temperature of water does not exceed 110° F in areas where clients who are not trained to regulate water temperature are exposed to hot water. This regulation is not a life safety requirement. However, it is a physical environment requirement for ICF/IIDs and closely relates to life safety requirements. Therefore, we included these deficiencies in the life safety category.

¹⁰ The State agency uses Form CMS-2786R to conduct life safety surveys at the State's 18 health care ICF/IIDs. The State agency also uses Form CMS-2786V to conduct life safety surveys at the State's 60 residential board and care ICF/IIDs. For this audit, we reviewed 5 health care ICF/IIDs and 10 residential board and care ICF/IIDs.

Building Exits, Fire Barriers, and Smoke Partitions

In case of fire or emergency, ICF/IID buildings surveyed under existing health care occupancy are required to have unobstructed exits, discharges from exits that are free from hazards, illuminated exit signs, and smoke and fire barriers (K-Tags 211, 271, 293, and 372). ICF/IID buildings surveyed under existing board and care occupancy are also required to have unobstructed exits and interior walls and ceilings finished in accordance with NFPA requirements (K-Tags 211 and 331).

Of the 15 ICF/IIDs we visited, 14 had deficiencies related to building exits, fire barriers, and smoke partitions, totaling 18 deficiencies. Specifically, we found deficiencies related to means of egress that were not free of obstructions or impediments (two ICF/IIDs), discharge from exits that were not free of obstructions (two ICF/IIDs),¹¹ and exit signs that could not maintain a continuous illumination (two ICF/IIDs). Lastly, we found deficiencies related to penetrations in smoke or fire barriers, including missing and broken ceiling tiles and holes in the ceiling and walls (12 ICF/IIDs). The photographs that follow depict some of the deficiencies we identified during our site visits.



Photograph 1 (left): Misplaced ceiling tile. Photograph 2 (middle): Broken ceiling tile. Photograph 3 (right): Hole in the ceiling.

¹¹ A deficiency related to means of egress (K211) occur when aisles, passageways, corridors, exit discharges, and exit location accesses are not maintained free of all obstructions to full use in case of emergency. A deficiency related to discharge from exits (K271) occur when the exit discharge is not a level walking surface, is not free of obstructions, or is not a hard packed all-weather travel surface.



Photograph 4 (left): Pathway to exit blocked by curtain and nonilluminated exit sign.
Photograph 5 (right): Emergency exit and egress path covered by ice and snow. Snow piled at bottom of path.

Fire Detection and Suppression Systems

In case of fire or emergency, ICF/IID buildings surveyed under existing health care occupancy are required to have a fire alarm and sprinkler systems that are installed, tested, and maintained according to NFPA requirements and inspect portable fire extinguishers monthly. All ICF/IIDs must also have fire watch policies and procedures for periods when fire alarms or sprinkler systems are out of service (or evacuate their residents if a fire watch is not instituted) (K-Tags 341, 345, 346, 351, 353, 354, and 355).

Of the 15 ICF/IIDs we visited, 6 had deficiencies related to their fire detection and suppression systems, totaling 9 deficiencies. Specifically, we found deficiencies related to blocked or obstructed sprinkler heads (four ICF/IIDs) and portable fire extinguishers that were not inspected monthly (two ICF/IIDs). Additionally, we found that ICF/IIDs were missing fire watch policies and procedures for periods when fire alarms are out of service (one ICF/IID) or for periods when sprinkler systems are out of service (two ICF/IIDs). The photographs that follow depict deficiencies we identified during our site visits.



Photograph 6 (left): Wasp nest obstructing sprinkler head. Photograph 7 (right): Fire extinguisher last inspected in 2023, instead of monthly as required.

Hazardous Storage Areas

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

Of the 15 ICF/IIDs we visited, 4 had deficiencies related to placement of oxygen cylinders in hazardous storage areas, totaling 4 deficiencies. Specifically, we found deficiencies related to oxygen cylinders, including empty oxygen tanks that were not separated from full tanks, improper signage, and missing policies for safe storage and order of usage (four ICF/IIDs). The photograph that follows depicts a deficiency we identified during our site visits.



Photograph 8: Stored oxygen tanks were not clearly distinguishable as full or empty.

Smoking Policies and Fire Drills

ICF/IIDs are required to establish smoking policies for residents and staff. Ashtrays of noncombustible material and safe design are to be provided in areas where smoking is permitted. Smoking is not allowed in hazardous storage areas. Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available in all areas where smoking is permitted. Nonsmoking areas must include signage. Additionally, ICF/IIDs are required to conduct fire drills at least quarterly for each shift of personnel and under varied conditions to ensure that all personnel on all shifts are trained to perform assigned tasks and are familiar with the use of the facility's emergency and disaster plans and procedures (K-Tags 712 and 741).

Of the 15 ICF/IIDs we visited, 3 had deficiencies related to smoking policies and fire drills, totaling 3 deficiencies. Specifically, we found deficiencies related to smoking policies that did not include all requirements, ashtrays that were not made of noncombustible material and safe design, and cigarette butts found in designated nonsmoking areas (two ICF/IIDs). We also found one ICF/IID that did not conduct fire drills at least quarterly for each shift of personnel or that did not maintain complete documentation of those fire drills. The photograph that follows depicts a deficiency we identified during our site visit.



Photograph 9: Smoking receptacle that is not a metal container (noncombustible material) and has been knocked over and filled with water.

Electrical Equipment Testing and Maintenance

ICF/IIDs must test receptacles at patient bed locations that are not listed as hospital-grade at intervals not exceeding 12 months. ICF/IIDs must also test their generators weekly, conduct load testing 12 times per year, and maintain records of maintenance and testing. Power strips and extension cords must meet Underwriters Laboratories' (UL's) requirements and be used in a safe manner (e.g., extension cords are not used as a substitute for fixed wiring of a structure) (K-Tags 914, 918, and 920).

Of the 15 ICF/IIDs we visited, 5 had deficiencies related to electrical equipment testing and maintenance, totaling 7 deficiencies. Specifically, we found that one ICF/IID did not test electrical receptacles at 12-month intervals. We also found two ICF/IIDs that did not maintain records of weekly generator testing. Lastly, we found four ICF/IIDs that were unsafely using an extension cord as a substitute for fixed wiring of a structure.¹² The photograph that follows depicts a deficiency we identified during our site visit.

¹² Federal regulations require ICF/IIDs surveyed under health care occupancy to ensure that extension cords are not used as a substitute for fixed wiring of a structure (K-Tag 920). State agency officials informed us that ICF/IIDs in Connecticut surveyed under existing board and care occupancy are also required to ensure that extension cords are not used as a substitute for fixed wiring of a structure in accordance with the *State Operations Manual*, Appendix J (W-Tag 104).



Photograph 11: All-purpose thermometer registering a water temperature of 123.4° F.

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

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

Emergency Preparedness Plans

ICF/IIDs are required to develop and maintain an emergency preparedness plan that must be reviewed and updated at least every 2 years and includes a documented facility-based and community-based risk assessment (E-Tags 0004 and 0006).

Of the 15 ICF/IIDs we visited, 2 had 1 or more deficiencies related to their emergency preparedness plans, totaling 3 deficiencies. Specifically, we found that one ICF/IID did not review and update its emergency preparedness plan at least every 2 years. We also found that two ICF/IIDs' emergency preparedness plans did not include a facility and community all-hazards risk assessment.

Emergency Preparedness Policies and Procedures

ICF/IIDs must develop and implement emergency preparedness policies and procedures that are based on their emergency plan, facility-based and community-based risk assessment, and communication plan. These policies must address, among other things, the use of volunteers in an emergency or other emergency staffing strategies (E-Tag 0024).

The State ensured that most ICF/IIDs we visited complied with Federal requirements for emergency preparedness policies and procedures. However, we found that one ICF/IID's emergency preparedness policies and procedures were missing the volunteer plan for use in emergency staffing.

Emergency Communications Plans

ICF/IIDs are required to have an emergency communications plan that is updated at least every 2 years. The communications plans must include names and contact information for staff, entities providing services, clients' physicians, other nearby ICF/IIDs, and volunteers. They must also include contact information for Government emergency management staff, other sources of assistance, the State Licensing and Certification Agency, and State Protection and Advocacy Agency. ICF/IIDs are also required to have a method to share emergency preparedness plan information with clients and their families (E-Tags 0029, 0030, 0031 and 0035).

Of the 15 ICF/IIDs we visited, 6 had 1 or more deficiencies related to their emergency communications plans, totaling 10 deficiencies. Specifically, we found that one ICF/IID did not update its formal communication plan at least every 2 years. Additionally, we found deficiencies related to emergency communications plans that did not include contact information for staff, entities providing services, clients' physicians, other nearby ICF/IIDs, and volunteers (four ICF/IIDs); contact information for Government emergency management staff, other sources of assistance, the State Licensing and Certification Agency, or State Protection and Advocacy Agency (four ICF/IIDs); and a method for sharing emergency preparedness plan information with clients and their families (one ICF/IID).

Emergency Preparedness Testing and Training

ICF/IIDs must conduct exercises to test the emergency plan at least twice per year. ICF/IIDs must conduct an annual community-based, full-scale testing exercise. In addition, a second training exercise (a full-scale training exercise, a facility-based exercise, a mock disaster drill, or a "tabletop" exercise) must be completed annually.¹³ An analysis of all training exercises (and

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

actual events) must be completed and documented and the emergency preparedness plan revised, if necessary (E-Tag 039).

Of the 15 ICF/IIDs we visited, 4 had 1 or more deficiencies related to their emergency preparedness plan testing and training, totaling 10 deficiencies. Specifically, four ICF/IIDs did not participate in an annual full-scale exercise that is community-based. Three ICF/IIDs did not conduct a second training exercise (a full-scale training exercise, a facility-based exercise, or a “tabletop” exercise) annually. Lastly, three ICF/IIDs did not analyze the training exercises and revise the emergency preparedness plans as needed.

SELECTED CONNECTICUT INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES COULD STRENGTHEN INFECTION CONTROL PROGRAMS

Infection Control Programs

Federal regulations require ICF/IIDs to have an active program for the prevention, control, and investigation of infection and communicable diseases. ICF/IIDs must also provide a sanitary environment to avoid sources and transmission of infections, implement successful corrective action in affected problem areas, maintain a record of incidents and corrective actions related to infections, and must prohibit employees with symptoms or signs of a communicable disease from direct contact with clients and their food (W-tags 454-458).

The State agency ensured that most ICF/IIDs we visited complied with Federal requirements for infection control. However, we found that three ICF/IIDs had one or more deficiencies related to their infection control program, totaling five deficiencies. Specifically, we found that one ICF/IID did not have an active program for the prevention, control, and investigation of infections and communicable diseases. One ICF/IID did not provide a sanitary environment to avoid sources and transmission of infections. Two ICF/IIDs did not maintain a record of incidents and corrective actions related to infections. Lastly, one ICF/IID did not implement successful corrective action in affected problem areas. The photograph that follows depicts a deficiency we identified during our site visit.



Photograph 12: Area of unknown wet substance causing unsanitary environment.

CONCLUSION

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

RECOMMENDATIONS

We recommend that the Connecticut Department of Public Health:

- follow up with the 15 ICF/IIDs reviewed to verify that they have taken corrective actions on the life safety, emergency preparedness, and infection control deficiencies identified during the audit; and
- work with CMS to develop standardized life safety training for ICF/IID staff.

STATE AGENCY COMMENTS AND OFFICE OF INSPECTOR GENERAL RESPONSE

STATE AGENCY COMMENTS

In written comments on our draft report, the State agency concurred with our first recommendation and stated that it has already followed up with the 15 ICF/IIDs reviewed. The State agency did not indicate concurrence or nonconcurrence with our second recommendation. Specifically, the State agency stated that it supports expanded training opportunities and would promote any Federal training required or developed by CMS. However, the State agency noted that there currently is no Federal requirement for standardized life safety training. The State agency encouraged OIG to engage with CMS to review the need for enhanced Federal requirements in this area. The State agency also noted that it supports educational training opportunities for licensed and certified health care providers that are separate from the Federal training required or developed by CMS.

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

OFFICE OF INSPECTOR GENERAL RESPONSE

We appreciate the State agency's cooperation throughout our audit and the actions it has taken and plans to take to address our first recommendation. With respect to our second recommendation, we continue to encourage the State agency to work with CMS to implement our recommendation.

OTHER MATTERS: INFECTION CONTROL PROGRAM POLICIES AND PROCEDURES

The CMS *State Operations Manual* (SOM) recommends that ICF/IIDs' infection control programs include procedures for the following: (1) identification of the extent of infestation or infection, (2) protection of clients, (3) treatment of clients, (4) notification of family or legal guardian, (5) reporting to the health department as indicated, and (6) continued follow up to resolution. The SOM also states that ICF/IIDs should have and implement a policy that clearly delineates those signs and symptoms for which they will restrict staff access to clients or to clients' food.¹⁴

Of the 15 ICF/IIDs visited, we identified 21 instances at 8 ICF/IIDs in which the ICF/IIDs did not have infection control policies and procedures that are recommended by CMS.¹⁵ Specifically,

¹⁴ CMS, *State Operations Manual*, Pub. No. 100-07, Appendix J – Guidance to Surveyors: Intermediate Care Facilities for Individuals With Intellectual Disabilities, Part II – Interpretive Guidelines-Responsibilities of Intermediate Care Facilities for Individuals With Intellectual Disabilities, § 483.470(I) Standard: Infection Control (Rev. 178, Apr. 13, 2018).

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

we identified one ICF/IID that did not have procedures for the: (1) identification of the extent of infestation or infection, (2) protection of clients, and (3) treatment of clients. In addition, we identified ICF/IIDs that did not have procedures for notification of family or legal guardian (four ICF/IIDs), ICF/IIDs that did not have procedures for reporting to the health department as indicated (seven ICF/IIDs), and ICF/IIDs that did not have procedures for continued follow up to resolution (two ICF/IIDs). Lastly, five ICF/IIDs did not have a policy that prohibited employees with symptoms or signs of a communicable disease from direct contact with clients and their food.

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

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

Of the 78 ICF/IIDs in Connecticut as of January 2025, we selected a nonstatistical sample of 15 ICF/IIDs for review. We did not assess the State agency's overall internal control structure. Rather, we limited our assessment of internal controls to those applicable to our audit objective. Specifically, we assessed the State agency's policies, procedures, and practices applicable to monitoring ICF/IIDs compliance with life safety, emergency preparedness, and infection control requirements. Our assessment would not necessarily disclose all material weaknesses in the State agency's internal controls.

We conducted unannounced site visits at the selected 15 ICF/IIDs from February through April 2025.

METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Federal and State requirements;
- obtained from CMS and the State agency a list of all 78 active ICF/IIDs in Connecticut as of January 2025 to verify completeness and accuracy;
- held discussions with State agency officials to gain an understanding of the process for conducting ICF/IID life safety, emergency preparedness, and infection control surveys;
- selected a nonstatistical sample of 15 ICF/IIDs that included at least 1 facility from each nonprofit company operating in the State, at least 1 State-operated facility from each of the State's regions, and both health care and residential board and care occupancy types;
- conducted unannounced site visits at 15 selected ICF/IIDs to check for life safety violations, reviewed the ICF/IIDs emergency preparedness program, and reviewed the ICF/IIDs infection control policies and procedures; and
- discussed the results of our inspections with the ICF/IIDs and the State agency.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

APPENDIX B: RELATED OFFICE OF INSPECTOR GENERAL REPORTS

Report Title	Report Number	Date Issued
<i>North Carolina Could Better Ensure That Intermediate Care Facilities for Individuals With Intellectual Disabilities Comply With Federal Requirements for Life Safety and Infection Control</i>	<u>A-04-24-02504</u>	7/23/2025
<i>Oklahoma Could Better Ensure That Intermediate Care Facilities for Individuals With Intellectual Disabilities Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control</i>	<u>A-06-24-09002</u>	7/15/2025
<i>Maine Could Better Ensure That Intermediate Care Facilities for Individuals With Intellectual Disabilities Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control</i>	<u>A-01-24-00004</u>	6/12/2025
<i>Massachusetts Could Better Ensure That Intermediate Care Facilities for Individuals With Intellectual Disabilities Comply With Federal Requirements for Life Safety and Emergency Preparedness</i>	<u>A-01-24-00001</u>	10/23/2024
<i>Massachusetts Could Better Ensure That Nursing Homes Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control</i>	<u>A-01-23-00003</u>	10/4/2024
<i>Colorado Could Better Ensure That Nursing Homes Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control</i>	<u>A-07-22-07009</u>	2/2/2024
<i>Oklahoma Could Better Ensure That Nursing Homes Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control</i>	<u>A-06-22-09007</u>	1/4/2024
<i>Ohio Could Better Ensure That Nursing Homes Comply With Federal Requirement for Life Safety, Emergency Preparedness, and Infection Control</i>	<u>A-05-22-00019</u>	12/20/2023
<i>Washington State Did Not Ensure That Selected Nursing Homes Complied With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control</i>	<u>A-09-22-02006</u>	12/8/2023
<i>Pennsylvania Could Better Ensure That Nursing Homes Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control</i>	<u>A-03-22-00206</u>	11/8/2023
<i>New Jersey Could Better Ensure That Nursing Homes Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control</i>	<u>A-02-22-01004</u>	9/29/2023
<i>Georgia Could Better Ensure That Nursing Homes Comply With Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control</i>	<u>A-04-22-08093</u>	9/6/2023

<i>Audits of Nursing Home Life Safety and Emergency Preparedness in Eight States Identified Noncompliance With Federal Requirements and Opportunities for the Centers for Medicare & Medicaid Services to Improve Resident, Visitor, and Staff Safety</i>	<u>A-02-21-01010</u>	7/15/2022
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APPENDIX C: DEFICIENCIES AT EACH INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

Table 1: Summary of All Deficiencies by ICF/IID

ICF/IID	Life Safety Deficiencies	Emergency Preparedness Deficiencies	Infection Control Deficiencies	Total
1	10	0	0	10
2	3	1	0	4
3	4	0	0	4
4	3	0	0	3
5	4	0	0	4
6	2	1	0	3
7	2	0	0	2
8	3	0	0	3
9	4	6	0	10
10	3	3	0	6
11	2	5	1	8
12	2	1	1	4
13	2	0	0	2
14	4	6	3	13
15	3	1	0	4
Total Deficiencies	51	24	5	80

Table 2: Life Safety Deficiencies

ICF/IID	Building Exits, Fire Barriers, and Smoke Partitions	Fire Detection and Suppression Systems	Hazardous Storage Areas	Smoking Policies and Fire Drills	Elevator and Electrical System Testing and Maintenance	Other Physical Findings*	Total
1	4	2	1	0	2	1	10
2	1	0	1	0	0	1	3
3	2	0	0	0	2	0	4
4	1	0	1	0	0	1	3
5	1	2	1	0	0	0	4
6	1	0	0	0	0	1	2
7	0	1	0	0	1	0	2
8	1	0	0	1	0	1	3
9	1	2	0	0	1	0	4
10	1	0	0	1	0	1	3
11	1	0	0	0	0	1	2
12	1	0	0	0	0	1	2
13	1	0	0	0	0	1	2
14	1	1	0	1	0	1	4
15	1	1	0	0	1	0	3
Total Deficiencies	18	9	4	3	7	10	51

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

Table 3: Emergency Preparedness Deficiencies

ICF/IID	Emergency Preparedness Plans	Policies and Procedures	Emergency Communications Plans	Emergency Preparedness Plan Testing and Training	Total
1	0	0	0	0	0
2	1	0	0	0	1
3	0	0	0	0	0
4	0	0	0	0	0
5	0	0	0	0	0
6	0	0	1	0	1
7	0	0	0	0	0
8	0	0	0	0	0
9	0	0	3	3	6
10	0	0	2	1	3
11	0	0	2	3	5
12	0	1	0	0	1
13	0	0	0	0	0
14	2	0	1	3	6
15	0	0	1	0	1
Total	3	1	10	10	24

Table 4: Infection Control Deficiencies

ICF/IID	The facility must provide a sanitary environment to avoid sources and transmission of infections.	Infection Control Program	The facility must implement successful corrective action in affected problem areas.	The facility must maintain a record of incidents and corrective actions related to infections.	Total
1	0	0	0	0	0
2	0	0	0	0	0
3	0	0	0	0	0
4	0	0	0	0	0
5	0	0	0	0	0
6	0	0	0	0	0
7	0	0	0	0	0
8	0	0	0	0	0
9	0	0	0	0	0
10	0	0	0	0	0
11	1	0	0	0	1
12	0	0	0	1	1
13	0	0	0	0	0
14	0	1	1	1	3
15	0	0	0	0	0
Total	1	1	1	2	5

Commissioner Manisha Juthani, MD
Department of Public Health



October 3, 2025

Curtis Roy
Regional Inspector General for Audit Services
Office of Audit Services, Region 1
JFK Federal Building
15 New Sudbury Street, Room 2100
Boston, MA 02203
RE: Report Number OAS-25-01-040

Dear Mr. Roy,

The Connecticut Department of Public Health (DPH) has completed its review of the Office of Inspector General (OIG) audit report, number OAS-25-01-040, *Connecticut Could Better Ensure That Intermediate Care Facilities for Individuals with Intellectual Disabilities Comply with Federal Requirements for Life Safety, Emergency Preparedness, and Infection Control*. As the Survey Agency (SA), we appreciate the third-party audit to review the facilities' compliance with the regulatory requirements. Connecticut DPH is committed to conducting thorough complaint and recertification surveys in compliance with CMS requirements to ensure the health, safety, and welfare of the residents of ICF/IIDs in CT.

We have reviewed the draft report and have the following comments regarding the identified findings:

- The nonstatistical sample of facilities represented a point in time. Deficiencies identified during the audit may not have been present or observed by DPH surveyors during the most recent survey and therefore would not have been cited by the Department.
- All Intermediate Care Facilities have had timely federal inspections; none has gone more than 15.9 months without an inspection.
- ICF's have oversight from the Connecticut Department of Developmental Services which licenses them and the Connecticut Department of Public Health which performs inspections under the federal requirements.
- Although the report clarifies elsewhere (footnote on page 5) that water temperatures do not fall under the Life Safety Code requirements, including instances where water temperatures were found to be elevated under "Life Safety Deficiencies" causes the number of Life Safety Code findings to appear inflated within Table one and the narrative of the report.

The Department's responses to each recommendation in the draft report are below.

- **Recommendation 1: follow up with the 15 ICF/IIDs reviewed to verify that they have taken corrective actions on the life safety, emergency preparedness, and infection control deficiencies identified during the audit.**

The Department concurs with the recommendation to follow up with all the facilities and has done so.

- **Recommendation 2: work with CMS to develop standardized life safety training for ICF/IID staff.**

Connecticut neither concurs nor non-concurs with this recommendation. As the SA, we are supportive of expanded life safety training opportunities for ICF/IID staff. We would promote any Federal training required or developed by CMS. Currently, there is no such Federal requirement for standardized facility staff training related to Federal life safety regulatory compliance. As it is our understanding that this recommendation has been made in all the states chosen for this or similar audits in recent years, CT would encourage the OIG to engage with their colleagues at CMS to review the need for enhanced federal requirements in this area. Separate from federal training required or developed by CMS, the Department supports educational training opportunities for licensed and certified health care providers.

We thank you for the opportunity to review and respond to the audit report as well as the communications with the OIG concerning findings over this past year. We welcome follow-up conversations regarding this, or other federal processes related to health, safety, and welfare oversight of ICF/IIDs in Connecticut.

Sincerely,

Lorraine Cullen

Digitally signed by Lorraine
Cullen
Date: 2025.10.03 08:02:47
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Lorraine Cullen
Branch Chief, Healthcare Quality and Safety
Connecticut Department of Public Health

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U.S. Department of Health and Human Services
Office of Inspector General
Public Affairs
330 Independence Ave., SW
Washington, DC 20201

Email: Public.Affairs@oig.hhs.gov