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Arkansas 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 Arkansas, the State's Arkansas Department of Human Services 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 93 deficiencies related to life safety, emergency preparedness, and infection control at the 10 ICF/IIDs in Arkansas that we reviewed. These deficiencies put residents, staff, and visitors at an increased risk of injury or death during a fire or other emergency.



What OIG Recommends

We recommend that Arkansas:

1. follow up with the 10 ICF/IIDs 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 State surveyors to include all areas of life safety, emergency preparedness, and infection control when conducting their reviews at ICF/IIDs as required by CMS; and
3. work with CMS to develop standardized life safety, emergency preparedness, and infection control training for ICF/IID staff.

Arkansas concurred with our recommendations and described the actions it plans to take to address them.

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INTRODUCTION

WHY WE DID THIS AUDIT

Previous Office of Inspector General (OIG) audits on life safety, emergency preparedness, and infection control at nursing homes have identified multiple issues that put people who reside in the homes, such as the elderly, at risk. These issues included life safety violations such as blocked exits and out-of-date fire extinguishers, emergency preparedness plans that were not updated, and infection control violations such as missing medical record documentation for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 to fire or other emergencies. ICF/IIDs are also communal living environments; therefore, residents are susceptible to infectious diseases. This audit, which focuses on ICF/IIDs in Arkansas, is part of a series of audits that assesses compliance with the Centers for Medicare & Medicaid Services (CMS) requirements for ICF/IIDs related to life safety, emergency preparedness, and infection control. The first audit in this series found deficiencies related to life safety and emergency preparedness in Massachusetts that were similar to those found in nursing homes.¹ Appendix B contains a list of completed related audits.

OBJECTIVE

Our objective was to determine whether the Arkansas Department of Human Services (State agency) ensured that selected ICF/IIDs in Arkansas 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.

¹ OIG, [Massachusetts Could Better Ensure That Intermediate Care Facilities for Individuals With Intellectual Disabilities Comply With Federal Requirements for Life Safety and Emergency Preparedness \(A-01-24-00001\)](#), Oct. 23, 2024.

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.² Arkansas had 39 active ICF/IIDs in the State as of January 2025. The facilities ranged in size from 10 to 518 beds. Five of the ICF/IIDs were owned and operated by the State.

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 Chapters 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 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.³

² 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 May 28, 2025.

³ The [Form CMS-2786R](#) and [Form CMS-2786V](#) are available on CMS's website.

- *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. CMS lists applicable requirements on its *Emergency Preparedness Surveyor Checklist*.⁴
- *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.⁵

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.⁶ 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).⁷ 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.⁸ In Arkansas, the State agency conducts surveys as part of its oversight of 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., fire, water, kitchen, generators, alarm systems, and elevators) are properly installed, tested, and

⁴ CMS provides online guidance for emergency preparedness at "[Emergency Preparedness Rule](#)" and "[Surveyor-Tool-EP-Tags](#)." Accessed on May 28, 2025.

⁵ ASPEN is a suite of software applications designed to help State survey agencies collect and manage health care provider data.

⁶ 42 CFR part 483, subpart I.

⁷ The Act §§ 1864(a), 1902(a)(33), and 1910; CMS's *State Operations Manual*, Pub. No. 100-07, chapter 1-Program Background and Responsibilities, sections 1002 and 1004 (Rev. 123, Oct. 3, 2014).

⁸ 42 CFR § 442.109(a).

maintained. In addition, they are responsible for ensuring that ICF/IIDs are free from hazards, emergency preparedness plans are updated and tested regularly, and the facility has an infection control program.

HOW WE CONDUCTED THIS AUDIT

We selected a nonstatistical sample of 11 ICF/IIDs from 39 active ICF/IIDs in Arkansas during 2025 based on several factors, including the number of complaints filed against the facility, capacity (number of beds), and ownership type of the facility. We conducted 10 unannounced site visits at these selected ICF/IIDs from February through March 2025.⁹ During each site visit, we checked for life safety violations and reviewed the ICF/IID's emergency preparedness program, and reviewed the ICF/IID's policies and procedures for infection control and prevention program. We considered multiple instances of noncompliance with the same Federal requirement to be a single deficiency. For example, if we found three fire extinguishers at one ICF/IID to be in noncompliance with the requirement for monthly testing, we considered it a single deficiency.

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 Arkansas that participate 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, and infection control at the 10 ICF/IIDs that we reviewed, totaling 93 deficiencies. Specifically:

- We found 54 areas of noncompliance with life safety requirements related to building exits, fire barriers, and smoke partitions (21); fire detection and suppression systems (19); hazardous storage areas (2); smoking policies and fire drills (3); electrical equipment testing and maintenance (3); and water temperatures in areas where

⁹ One of the 11 selected ICF/IIDs was out of service for renovations; therefore, we did not conduct a site visit.

residents who are not trained to regulate water temperature are exposed to hot water (6).¹⁰

- We found 33 deficiencies with emergency preparedness requirements related to emergency preparedness plans (7), emergency preparedness policies and procedures (6), emergency communications plans (10), and emergency preparedness plan training and testing (10).
- We found six deficiencies with infection control requirements.

The identified deficiencies occurred because the State agency's surveyors did not include all areas of life safety, emergency preparedness, and infection control when conducting reviews of ICF/IIDs. This contributed to the ICF/IIDs' lack of awareness of, or failure to address, some Federal requirements. In addition, although not required by CMS, the State agency did not require relevant ICF/IID staff to participate in standardized life safety, emergency preparedness, and infection control training programs.

As a result, 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 ARKANSAS 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 in the Background section, list the Federal requirements on life safety that ICF/IIDs surveyed under health care and residential board and care must comply with and reference each with an identification number, known as a K-Tag (numbered K-100 through K-933).¹¹

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, self-closing doors in exit passageways that are kept in the closed position and are not manually propped open, unlocked doors for exiting when the building is occupied, emergency lighting of at least 90 minutes provided automatically, continuously illuminated exit signs, and smoke and fire barriers with all penetrations sealed

¹⁰ Federal regulations require ICF/IIDs to ensure that the temperature of water does not exceed 110 °F in areas where residents 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.

¹¹ The State agency uses Form CMS-2786R to conduct life safety surveys at health care ICF/IIDs. The State agency also uses Form CMS-2786V to conduct surveys at residential board and care ICF/IIDs.

(K-Tags 211, 222, 223, 281, 291, 293, 331, and 372). ICF/IID buildings surveyed under existing board and care occupancy are also required to have interior walls and ceilings finished in accordance with NFPA requirements (K-Tags 211, 222, and 331).

Of the 10 ICF/IIDs we visited, 7 had 1 or more deficiencies related to building exits, fire barriers, and smoke partitions, totaling 21 deficiencies. Specifically, we found exits that were not free of obstructions or impediments (three deficiencies) and doors with self-closing devices in exit passageways that either did not close completely or were manually propped open (two deficiencies). We also found exit doors that were locked (three deficiencies).¹² Additionally, we found missing or non-illuminated emergency lights or missing or broken exit signs (six deficiencies). Finally, we found penetrations in smoke or fire barriers, including missing and broken ceiling tiles and holes in the ceiling and walls (seven deficiencies). The photographs that follow depict some of the deficiencies we identified during our site visits.



Photograph 1 (left): Emergency exit door blocked by miscellaneous items.

Photograph 2 (right): Emergency exit door blocked by bed frame.

¹² Three facilities had emergency exit doors that were locked for resident safety. Each of these facilities had staff on-site 24 hours a day who had keys to unlock the doors in case of an emergency.



Photographs 3 and 4: Non-illuminated emergency lighting.



Photograph 5: Hole in ceiling in mechanical closet.

Photograph 6: Missing ceiling tiles.

Fire Detection and Suppression Systems

In case of fire or emergency, ICF/IID buildings surveyed under existing health care occupancy are required to have sprinkler systems that are installed, tested, and maintained according to NFPA requirements and are required to have portable fire extinguishers inspected 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, 346, 351, 353, 354, and 355).

Of the 10 ICF/IIDs visited, 9 had 1 or more deficiencies related to their fire detection and suppression systems, totaling 19 deficiencies. Specifically, we found blocked or obstructed sprinkler heads (four deficiencies) and portable fire extinguishers that were not inspected

monthly or properly maintained (three deficiencies).¹³ Additionally, we found missing fire watch policies and procedures for periods when fire alarms or sprinkler systems are out of service (12 deficiencies). The photographs that follow depict some of the deficiencies we identified during our site visits.



Photograph 7 (left): Fire extinguisher not properly charged.

Photograph 8 (right): Fire extinguisher not marked as inspected since 2022, instead of monthly as required.



Photograph 9: Partially obstructed sprinkler head.

¹³ We observed fire extinguisher gauges indicating that they were not properly charged, as shown by the yellow arrow being outside the green area in Photograph 7.

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 10 ICF/IIDs visited, 2 had 1 deficiency related to hazardous storage areas, totaling 2 deficiencies. Specifically, the ICF/IIDs did not always segregate full and empty oxygen cylinders and were missing proper signage.

Smoking Policies and Fire Drills

ICF/IIDs are required to establish smoking policies for residents and staff. Smoking may be permitted only in authorized areas where ash receptacles are provided. Smoking is not allowed in hazardous storage areas. No-smoking areas must include signage. Ashtrays of noncombustible material and safe design are to be provided in areas where smoking is permitted. Additionally, ICF/IIDs are required to conduct fire drills each calendar quarter that cover each work shift. The drills should be held at expected and unexpected times and include the transmission of a fire alarm signal and simulation of emergency fire conditions (K-Tags 712 and 741).

Of the 10 ICF/IIDs visited, 2 had 1 or more deficiencies related to smoking policies and fire drills, totaling 3 deficiencies. Specifically, one ICF/IID had smoking policies in place, however, they were not being followed (e.g., throwing cigarette butts on the ground instead of in an approved receptacle). In addition, two ICF/IIDs were not conducting fire drills each calendar quarter that covered all work shifts or did not maintain complete documentation of those fire drills. Photograph 10 (next page) shows the deficiency where cigarette butts were thrown on the ground next to a sidewalk entrance to an ICF/IID.



Photograph 10: Cigarette butts thrown on the ground.

Electrical Equipment Maintenance and Testing

ICF/IIDs are required to maintain and test their backup power generators and transfer switches in accordance with NFPA 110 and 111 and keep a written record of maintenance and testing (K-Tag 918).

Of the 10 ICF/IIDs visited, 3 had 1 deficiency related to electrical equipment maintenance and testing. Specifically, these facilities did not have documentation to support the inspection or monthly load testing of their backup power generators.

Other Physical Environment Findings

Federal regulations require ICF/IIDs to ensure that the temperature of water does not exceed 110 °F in areas where residents who are not trained to regulate water temperature are exposed to hot water (42 CFR § 483.470(d)(3)).

Of the 10 ICF/IIDs visited, 6 had 1 deficiency regarding other physical environment findings. Specifically, these ICF/IIDs did not ensure that the temperature of water supplied did not exceed 110 °F. The photographs that follow depict some of the deficiencies we identified during our site visits.



Photograph 11 (left): All-purpose thermometer registering a water temperature of 121.5 °F.

Photograph 12 (right): All-purpose thermometer registering a water temperature of 124 °F.

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

CMS's *Emergency Preparedness Surveyor Checklist*, described in the Background section, 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 include a documented facility-based and community-based risk assessment. The emergency preparedness plan must include, among other things, an all-hazards risk assessment, the resident population needs and type of services available during an emergency, a continuity of operations plan or succession plan, and documentation to support that it had coordinated with government emergency preparedness officials (E-Tags 0004, 0006, 0007, 0009, 0013).

Of the 10 ICF/IIDs visited, 3 had 1 or more deficiencies related to their emergency preparedness plans, totaling 7 deficiencies. Specifically, one facility did not provide documentation that the emergency preparedness plan was reviewed and updated at least every 2 years; one facility did not have an all-hazards risk assessment on file (two deficiencies); one facility did not list the resident population needs and type of services available during an emergency, or have a succession plan on file (two deficiencies); one facility did not have documentation to support

that it had coordinated with government emergency preparedness officials; and one facility's emergency plan did not contain all required elements.

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. Policies must address emergency food, water, medical, and pharmaceutical supplies on hand. ICF/IIDs must have an alternate energy source (generator) to maintain food, water, medical and pharmaceutical supplies, temperatures for resident health and safety, emergency lighting, fire detection and alarm systems, and sewage waste and disposal. Policies and procedures must also address a system for safe evacuation, which includes care and treatment needs of evacuees, staff responsibilities, transportation location, and primary and alternate communication with external sources. Additionally, policies and procedures must address a system for tracking staff and residents during and after an emergency; safe evacuation from the ICF/IID; a shelter-in-place plan; and system of medical documentation that preserves resident information; and the development of arrangement with other ICF/IIDs to receive residents (E-Tags 0013, 0015, 0018, 0020, 0022, 0023, 0025).

Of the 10 ICF/IIDs visited, 4 had 1 or more deficiencies related to their emergency preparedness policies and procedures, totaling 6 deficiencies. Specifically, we found that one facility did not have an emergency power generator on site, and one facility did not have evacuation policies and procedures to address the care and treatment needs of evacuees, staff responsibilities, transportation location, and primary and alternate communication with external sources. In addition, one facility did not have a tracking system for resident and staff (during and after an emergency), one facility did not have documentation on file of an arrangement with other ICF/IID facilities to receive residents due to service limitations or cessation of operations in order to maintain continuity of care, and two facilities did not have a system in place to preserve medical documentation and confidentiality of records and to secure and maintain availability of records.

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, residents' physicians, other nearby ICF/IIDs, and volunteers. They must also include contact information for government emergency management staff, the State licensing agency, the State protection and advocacy agency, and other sources of assistance. ICF/IIDs are also required to have primary and alternate means for communicating with the ICF/IID's staff and government emergency management agencies (e.g., landline and backup cell phones); a method for sharing information and medical documentation with other health care providers; a means to release client information in the event of an evacuation; a means of providing information about the condition and location of residents; a means of providing information about the ICF/IIDs occupancy needs to emergency management officials; and

methods to share emergency preparedness plan information with residents and their families (E-Tags 0029 through 0035).

Of the 10 ICF/IIDs visited, 2 had multiple deficiencies related to their communications plans, totaling 10 deficiencies. Specifically, we found one facility did not have updated contact information for staff (one deficiency), and two facilities did not have contact information for State emergency management, the State licensing agency, or the State protection and advocacy agency (six deficiencies). Additionally, one facility did not have primary and alternate communications with facility staff, Federal, State, tribal, regional, and local emergency management agencies (one deficiency), and one facility did not have procedures for providing information about the ICF/IIDs occupancy, needs, and the ability to provide assistance to the incident command center or designee (one deficiency). Finally, one facility did not have procedures to provide a method for sharing emergency plan information with residents and families or legal representatives (one deficiency).

Emergency Preparedness Training and Testing

ICF/IIDs are required to have training and testing programs based on their emergency preparedness plans and to provide updated training at least every 2 years. Initial training must be provided to all new and existing staff members, individuals providing services under arrangement (e.g., contracted cleaning staff), and volunteers. The training must be designed to demonstrate staff knowledge of emergency preparedness procedures and must be documented. ICF/IIDs must conduct exercises to test the emergency plan at least twice per year. In general, ICF/IIDs must conduct an annual community- or individual facility-based, full-scale testing exercise. In addition, a second training exercise (which may include a full-scale training exercise that is community-based or an individual facility-based exercise, a mock disaster drill, or a “tabletop” exercise) must be completed annually.¹⁴ An analysis of all training exercises (and actual events) must be completed and documented, and the emergency preparedness plan revised, if necessary (E-Tags 0036, 0037, 0039).

Of the 10 ICF/IIDs visited, 4 had 1 or more deficiencies related to emergency plan preparedness training and testing, totaling 10 deficiencies. Specifically, we found that one facility did not have documentation to support that a training and testing program exists (one deficiency). In addition, two facilities did not provide emergency preparedness training at least every 2 years, and two facilities did not have documentation to support that they provided initial training to all new and existing staff (four deficiencies). One facility did not have documentation to support that it participated in an annual full-scale community- or individual facility-based testing exercise (one deficiency), and two facilities did not have documentation to support that they conducted an additional annual exercise that included a second training exercise (two

¹⁴ 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.

deficiencies). These two facilities did not analyze training exercises or maintain documentation of all drills and tabletop exercises (two deficiencies).

SELECTED ARKANSAS INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES DID NOT COMPLY WITH INFECTION CONTROL REQUIREMENTS

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 implement successful corrective action in affected problem areas and maintain a record of incidents and corrective actions related to infections. Additionally, clean linen must be separated from dirty linen and stored in a manner which prevents contamination (W-Tags 437 and 455-458). The CMS *State Operations Manual* (SOM) requires that ICF/IIDs maintain an active training program that ensures the residents served receive adequate prevention of transmission information and skills, according to needs.¹⁵

Of the 10 ICF/IIDs visited, 3 had 1 or more deficiencies related to infection control programs complying with Federal requirements, totaling 6 deficiencies. Specifically, we found that one facility did not have documentation to support an active program for the prevention, control, and investigation of infection and communicable diseases. This facility had a program for COVID-19, but its policy needs to be updated to reflect a comprehensive program for all illnesses and communicable diseases. Additionally, two facilities did not implement successful corrective actions in affected problem areas, and two facilities did not maintain a record of incidents and corrective actions related to infections (four deficiencies). Finally, one facility did not store clean linen separately from dirty linen in a manner that prevents contamination.

CONCLUSION

After 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 deficiencies with the State agency for follow-up inspections, as appropriate. Although management and staff at ICF/IIDs are responsible for ensuring resident safety, the State agency could better ensure that ICF/IIDs comply with Federal health and safety requirements.

¹⁵ CMS's SOM, 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(l) Standard: Infection Control (Rev. 178, Apr. 13, 2018).

RECOMMENDATIONS

- We recommend that the Arkansas Department of Human Services follow up with the 10 ICF/IIDs to verify that they have taken corrective actions on the life safety, emergency preparedness, and infection control deficiencies identified during the audit.
- We recommend that the Arkansas Department of Human Services work with State surveyors to include all areas of life safety, emergency preparedness, and infection control when conducting their reviews at ICF/IIDs as required by CMS.
- We recommend that the Arkansas Department of Human Services work with CMS to develop standardized life safety, emergency preparedness, and infection control training for ICF/IID staff.

STATE AGENCY COMMENTS

In written comments on our draft report, the State agency concurred with all of our recommendations and detailed the steps it plans to take to address them.

Regarding our first recommendation, the State agency indicated that it will contact each facility to discuss the results of our audit and conduct revisit surveys at the facilities by March 31, 2026, to ensure that they have corrected the deficiencies we identified. To address our second recommendation, the State agency stated that all surveyors will review CMS training on emergency preparedness and infection control, and the State agency will update the checklist used by surveyors as appropriate to comply with the law. Finally, regarding our third recommendation, the State agency stated that it will ask CMS to conduct emergency preparedness and infection control training for staff, and the State agency will conduct a related training session for the ICF/IID industry in 2026.

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

OTHER MATTERS: INFECTION CONTROL POLICIES AND PROCEDURES

CMS's SOM recommends that ICF/IIDs' infection control programs include procedures for the following: identification of the extent of infestation or infection, protection of residents, treatment of residents, notification of family or legal guardian, reporting to the health department as indicated, and continued follow-up to resolution. The SOM also states that ICF/IIDs must prohibit employees with symptoms or signs of a communicable disease from direct contact with residents and their food and should have and implement a policy that clearly delineates those signs and symptoms for which they will restrict staff access to residents or to residents' food.

Of the 10 ICF/IIDs visited, we identified a total of 15 potential deficiencies at 5 facilities that did not have infection control policies and procedures that are recommended by CMS.¹⁶ Specifically, we found one facility was missing infection control procedures for the identification of the extent of infestation or infection, one facility was missing infection control procedures for detailing the protection of residents, and one facility was missing infection control procedures for detailing the treatment of residents. In addition, five facilities were missing infection control procedures for the notification of family or legal guardians, two facilities were missing infection control procedures for reporting to the health department as indicated, and three facilities were missing infection control procedures for the continued follow-up to resolution. Finally, two facilities did not have documented policies to prohibit employees with symptoms or signs of a communicable disease from direct contact with residents 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 an infection control program is deemed inadequate. Therefore, we notified the State agency of these potential deficiencies.

¹⁶ These policies and procedures are not required by CMS. However, CMS guidance states that the procedures should be included in ICF/IIDs' infection control programs.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

We selected a nonstatistical sample of 11 ICF/IIDs from 39 active ICF/IIDs in Arkansas as of January 2025 based on several factors, including the number of complaints, capacity (number of beds), and ownership type of the facility. 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 10 selected ICF/IIDs from February through March 2025.¹⁷

METHODOLOGY

We took the following steps to accomplish our objective:

- Reviewed applicable Federal and State requirements
- Held a discussion with State agency officials to gain an understanding of the process for conducting ICF/IID life safety, emergency preparedness, and infection control surveys
- Obtained from CMS's Quality, Certification, and Oversight Reports (QCOR) system a list of 40 active ICF/IIDs in Arkansas as of November 2024¹⁸
- Obtained from the State agency a list of all 39 active ICF/IIDs in Arkansas as of January 2025¹⁹
- Compared the list we obtained from CMS's QCOR system with the State agency's provided list to verify completeness and accuracy

¹⁷ One of the 11 selected ICF/IIDs was out of service for renovations; therefore, we did not conduct a site visit at that location.

¹⁸ Deficiencies that the State agency enters into the ASPEN system are uploaded to CMS's Certification and Survey Provider Enhanced Reports system and are available to the public through the QCOR online reporting system (<https://qcor.cms.gov>).

¹⁹ One of the 40 ICF/IIDs closed in December 2024.

- Selected a nonstatistical sample of 11 ICF/IIDs for onsite inspections from the ICF/IIDs identified in the QCOR system, and for each of the 11 ICF/IIDs:
 - Reviewed deficiency reports prepared by the State agency for the ICF/IIDs' most recent survey
 - Conducted unannounced site visits at 10 selected ICF/IIDs to check for life safety violations, review the ICF/IIDs' emergency preparedness programs, and review the ICF/IIDs' infection control policies and procedures
- 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>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</i>	<u>OAS-25-01-040</u>	10/21/2025
<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>	07/23/2025
<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>	07/15/2025
<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>	06/12/2025
<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 Requirements 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

**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	7	20	-	27
2	2	4	2	8
3	10	-	1	11
4	1	-	-	1
5	4	-	-	4
6	10	1	-	11
7	5	2	-	7
8	3	4	3	10
9	6	2	-	8
10	6	-	-	6
Total	54	33	6	93

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	Electrical Equipment Testing and Maintenance	Other²⁰	Total
1	2	3	-	2	-	-	7
2	-	2	-	-	-	-	2
3	5	3	-	-	1	1	10
4	-	-	-	-	-	1	1
5	2	1	-	-	1	-	4
6	7	1	1	-	-	1	10
7	2	2	-	-	-	1	5
8	-	1	-	1	-	1	3
9	2	3	-	-	-	1	6
10	1	3	1	-	1	-	6
Total	21	19	2	3	3	6	54

²⁰ 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 residents 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	Emergency Preparedness Policies and Procedures	Emergency Communications Plans	Emergency Preparedness Training and Testing	Total
1	5	3	7	5	20
2	-	1	3	-	4
3	-	-	-	-	-
4	-	-	-	-	-
5	-	-	-	-	-
6	-	-	-	1	1
7	1	1	-	-	2
8	-	1	-	3	4
9	1	-	-	1	2
10	-	-	-	-	-
Total	7	6	10	10	33

Table 4: Infection Control Deficiencies

ICF/IID	Infection Control Programs
1	-
2	2
3	1
4	-
5	-
6	-
7	-
8	3
9	-
10	-
Total	6

APPENDIX D: ARKANSAS DEPARTMENT OF HUMAN SERVICES COMMENTS



MEMORANDUM

To: U.S. Department of Health and Human Services, Office of Inspector General
From: Arkansas Department of Human Services
Date: November 3, 2025
Subject: Response to Recommendations

The Arkansas Department of Human Services (ARDHS) has reviewed the Office of Inspector General audit report related to Intermediate Care Facilities' compliance with federal requirements for life safety, emergency preparedness, and infection control. ARDHS concurs with each recommendation identified in the report and will take action to ensure facilities in the state understand the importance of life safety, emergency preparedness, and infection control and that they ensure the safety of this vulnerable population by complying with all of the regulations.

Recommendation #1

"Follow up with the 10 ICF/IIDs to verify that they have taken corrective actions on the life safety, emergency preparedness, and infection control deficiencies identified during the audit."

1. The Office of Long-Term Care (OTLC) will contact each facility to discuss the results of the OIG audit.
2. OLTC surveyors will conduct revisit surveys to the facilities by March 31, 2026, to ensure they have corrected the deficiencies identified in the OIG report.

Recommendation #2

"Work with State surveyors to include all areas of life safety, emergency preparedness, and infection control when conducting their reviews at ICF/IIDs as required by CMS."

1. All OLTC surveyors will review the QSEP training for Emergency Preparedness and Infection Control by January 31, 2026.
2. OLTC will review the checklist used by the OLTC surveyors and will update the checklist as appropriate to comply with the law.

Recommendation #3

"Work with CMS to develop standardized life safety, emergency preparedness, and infection control training for ICF/IID staff."

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1. OLTC will ask CMS to conduct Emergency Preparedness and Infection Control training for OLTC staff.
2. OLTC will conduct a training session for the industry, regarding emergency preparedness and infection control, in 2026.

Sincerely,



Martina Smith
Director
Division of Provider Services and Quality Assurance

cc: Jennfer Brezee, Director, Division of Developmental Disabilities Services
Elizabeth Pitman, Director, Division of Medical Services

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