



DEPARTMENT OF HEALTH AND HUMAN SERVICES

## OFFICE OF INSPECTOR GENERAL



OFFICE OF AUDIT SERVICES, REGION I  
JFK FEDERAL BUILDING  
15 NEW SUDBURY STREET, ROOM 2425  
BOSTON, MA 02203

January 20, 2023

Report Number: A-01-22-00001



Dear Ms. [REDACTED]:

The U.S. Department of Health and Human Services (HHS), Office of Inspector General (OIG), Office of Audit Services (OAS) is conducting an audit of selected nursing homes in response to the COVID-19 pandemic. The objective of our audit is to determine whether for-profit nursing homes nationwide complied with Federal regulations pertaining to infection preventionists during the period July 1, 2021, through June 30, 2022.

Federal regulations require facilities to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. (42 CFR § 483.80). This includes designating an infection preventionist(s) who are responsible for the facility's infection prevention and control program and meet Federal regulations.

The OIG performs independent reviews of HHS programs pursuant to the Inspector General Act of 1978 (the Act). 5 U.S.C. App. § 4(a)(1). Section 6(a)(1) of the Act (5 U.S.C. App. § 6(a)(1)) authorizes OIG "to have access to all records, reports, audits, reviews, documents, papers, recommendations, or other material available to HHS which relate to programs and operations with respect to which the Inspector General has responsibilities under this Act."

Under the health information privacy regulation that implements the Health Insurance Portability and Accountability Act of 1996, providing the information requested by this letter is a permitted disclosure because it: (1) is "required by law" to be produced to OIG as part of your participation in a Government benefits program (45 CFR §§ 164.512(a) and 164.103) and (2) will be used for "health oversight" activities by OIG, which meets the definition of a "health oversight agency" (45 CFR §§ 164.512(d) and 164.501).

To expedite completion of our work, we are making a preliminary request for documentation (see enclosure). We ask that you send us this documentation within 10 business days of the date of this letter, and include a contact name, phone number, and email address so that we may discuss any followup questions we may have.

When transmitting any audit information to the OAS over the Internet, please properly safeguard the information. We request that you use the HHS/OIG Delivery Server, not email or attachments to email. Information transmitted through the HHS/OIG Delivery Server complies with Federal Information Processing Standard (FIPS) 140-2, Security Requirements for Cryptographic Module. We are required to report as a security breach any audit information sent to us that does not meet FIPS 140-2 requirements.

If you have any questions or concerns about our audit, please contact Amy Harriman, Senior Auditor, at 202-603-2302 or Amy.Harriman@oig.hhs.gov. Please refer to report number A-01-22-00001 in all correspondence. Thank you for your attention to this matter.

Sincerely,

/Curtis Roy/

Curtis Roy  
Regional Inspector General  
for Audit Services

Enclosure

**Documentation Request**

A-01-22-00001

Nursing homes must have an infection preventionist (IP) who is responsible for the nursing home's infection prevention and control (IPC) program (42 CFR §483.80(b)). The facility must designate one or more individual(s) as the IP, and the IP must at a minimum:

- (1) have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;
- (2) be qualified by education, training, experience, or certification;
- (3) work at least part-time at the facility; and
- (4) have completed specialized training in infection prevention and control.

To better understand how nursing homes have implemented and complied with the IP Federal regulations, as well as to identify any IP compliance barriers, we request that you provide to us the following information within 10 business days of the date of this letter.<sup>1</sup>

**SECTION A – INFECTION PREVENTIONIST: CURRENT OVERVIEW**

For the questions in section A, we are asking about the present time, as of January 1, 2023. Please note, since these questions are outside of the audit period, if you answer “no,” it would not be considered noncompliance with Federal regulations for the purposes of our report. This information will only be used for background data.

**A.1 – As of January 1, 2023, did your facility have at least one designated IP in place that meets all four Federal requirements noted above?**

- If yes, do you employ more than one IP? If yes, how many?
- If yes, is someone employed exclusively as the IP, or is a staff member(s) designated the responsibilities along with their regular/ongoing responsibilities?
- If yes, please provide copies of the job description and responsibilities of your facility's IP position.
- If there is more than one IP, do they have different job descriptions? How are the tasks divided?

---

<sup>1</sup> We will recommend that CMS follow up with any nursing homes that we find to be potentially noncompliant with Federal regulations pertaining to IPs during the audit period July 1, 2021, through June 30, 2022. Since the Office of Inspector General (OIG), Office of Audit Services staff are not trained Federal, State, or contractual surveyors, we will defer to the trained surveyors to consider whether an actual IP deficiency exists.

**Documentation Request**

A-01-22-00001

- If no, please provide a detailed explanation of why your facility does not employ or designate an IP.

**A.2 - If your facility employs an IP, is it a dedicated position (i.e., 100 percent of the individual's attention and time is devoted to IPC activities)?**

- If yes, is this a full-time or part-time position?
  - How many hours must an employee work to be considered a full-time employee?
  - If it is a part-time position, how many hours per week does the IP work at your facility?
  - How did your facility determine that the position should be full- or part-time?
- If no, is the IP position part of another specific position, such as the director of nursing?
  - How many hours per week (on average) does the employee spend on IPC activities?
  - How do you determine how many hours need to be devoted to IPC only?
  - Did you determine the number of hours per week (on average) based on substantive data (e.g., timesheets that allocate an individual's time spent by job position) or non-substantive means (e.g., the best estimate of an individual)?

**A.3 – In general, what specific tasks do you believe fall under the responsibility of the IP versus a nurse or nurse supervisor?** For example, do you believe that it is the IP's responsibility to train all facility staff and ensure proficiency with all standards related to whether proper hand hygiene is being performed, personal protective equipment is being properly donned and doffed, equipment is being properly cleaned, and staff are trained in IPC practices and methods, etc.?

- Does the IP ever delegate some of their assigned duties, such as monitoring antibiotic stewardship, to other staff members, such as a charge nurse. If so, please list types of duties that are assigned to other staff members.

**Documentation Request**

A-01-22-00001

**A.4 – Does the facility ensure infection prevention and control program coverage whenever the IP is unavailable because of vacation, illness, other unanticipated time off, or busy with other responsibilities?**

- If yes, do how do you determine who covers which tasks that are normally assigned to the IP?
- Please provide any documentation, such as policies and procedures, that support those plans.
- If no, please explain the rationale.

**A.5 - What barriers, if any, does your facility currently face regarding employing at least a part-time, effective IP?**

**SECTION B – INFECTION PREVENTIONIST DURING AUDIT PERIOD**

For the questions in this section, we are asking about the 12-month audit period, July 1, 2021, through June 30, 2022.

**B.1 – Did your facility have a designated IP during the entire audit period without any gaps?**

- If there were any periods during the audit period that your facility did not have an IP, what were the reasons?
- Please provide the name and applicable from and to dates for each IP during the audit period.
- If there was not an IP, were the IP tasks delegated to other staff members?

For each designated IP that your facility had in place during the audit period:

**B.2 – Indicate which of the fields that the IP had their primary professional training: (1) nursing, (2) medical technology, (3) microbiology, (4) epidemiology, or (5) other related field.**

- If the primary professional training was “other related field,” please provide a detail explanation as to how they were qualified for this position.

**Documentation Request**

A-01-22-00001

- Please provide copies of documentation (e.g., diplomas, certificates, licenses, etc.) to support the individual(s) field of primary professional training.
- If the IP did not have their primary professional training in one of these fields, please explain why your facility did not meet this requirement.

**B.3 – Indicate by which of the 4 requirements was the IP qualified: (1) education, (2) training, (3) experience, or (4) certification.**

- Please provide a detailed explanation (and if applicable, supporting documentation) to support how the IP was qualified by the requirement selected, including any specific knowledge and background that would enable the individual to fully meet their IP responsibilities based on the needs of your resident population.
- Please provide a detailed explanation of how your IP stays current with the rapidly changing IPC environment including emerging issues and guidance provided by National, State, and/or local public health authorities.
- If the IP was not qualified by one of these four requirements, please provide a detailed explanation why your facility did not meet this requirement.

**B.4 – Did the IP work at least part-time at the facility?**

- If yes,
  - How many hours per week did the IP work at your facility and how many of those hours were dedicated to IPC activities?
    - Please provide copies of supporting documentation, such as timesheets, showing that the IP worked at least part-time at your facility.
  - If the designated IP worked on IPC activities less than 100 percent of their time, did your facility track the amount of time spent on IPC activities versus non-IPC activities?
    - If yes, please provide a breakdown of the time spent per week on IPC activities for the audit period.
    - If no, why?
- If your facility had an IP less than part-time, please provide a detailed explanation why your facility did not meet this requirement.

**Documentation Request**

A-01-22-00001

- During the audit period, what barriers, if any, did your facility face employing or designating an IP at least part-time?

**B.5 – Did the IP complete specialized training in infection prevention and control?**

- If yes, please provide copies of supporting documentation (e.g., training certificates) showing the specific specialized training taken and the date(s) completed.
- If no, please provide a detailed explanation why your facility did not meet this requirement.
- Has your facility experienced barriers accessing IPC training?

**SECTION C – FACILITY OWNERSHIP AND ADMINISTRATOR**

For the questions in this section, we are asking about the 12-month audit period, July 1, 2021, through June 30, 2022.

**C.1 – Did ownership change during the audit period?**

- If yes, please provide the details of the change(s), including applicable dates.
- Did managing control or board members change during the audit period? If yes, please include applicable dates.

**C.2 – Were you the facility's Administrator during the entire audit period?**

- If no, when did you become the Administrator at this facility?

**C.3 – Were there any changes in Administrator during the audit period?**

- If yes, please provide the name of each Administrator and the applicable from and to dates?

**C.4 – Please confirm whether your facility is a for-profit nursing home (as opposed to either a non-profit nursing home or a government-owned nursing home).**

**Documentation Request**

A-01-22-00001

**C.5 – Is your facility a stand-alone facility, part of a nursing home chain, or associated with any other nursing home(s)?**

- If yes,
  - what is the name of the chain or other nursing home(s) with which your facility is associated?
    - if a chain, how many other nursing homes belong to the chain?

**SECTION D – CMS GUIDANCE**

**D.1 – Do you believe that CMS has provided sufficient guidance to enable your facility to fully implement and comply with the specific requirements for IPs identified in Federal regulations at 42 CFR § 483.80(b)?**

- If yes, please provide a detailed explanation why.
- If no, what specific questions do you have and what additional information would you like to see CMS provide that would be helpful to you?

When you are ready to send the requested documentation, please contact either Amy Harriman, Senior Auditor, at 202-603-2302 or [Amy.Harriman@oig.hhs.gov](mailto:Amy.Harriman@oig.hhs.gov) or Michael Murphy, Senior Auditor, at (202) 617-0222 or [Michael.Murphy@oig.hhs.gov](mailto:Michael.Murphy@oig.hhs.gov) and a link to the secure HHS/OIG Delivery Server will be provided.