

Audit Report

Health and Safety of Medicaid Beneficiaries in the HHSC Home and Community-Based Services Program

**EduCare Community Living
Corporation – Texas**



**Inspector
General**

**Texas Health
and Human Services**

**October 15, 2021
OIG Report No. AUD-22-003**



HHS OIG

TEXAS HEALTH AND HUMAN
SERVICES
OFFICE OF
INSPECTOR GENERAL

October 15, 2021

Audit Report

HEALTH AND SAFETY OF MEDICAID BENEFICIARIES IN THE HHSC HOME AND COMMUNITY-BASED SERVICES PROGRAM

EduCare Community Living Corporation – Texas

WHY OIG CONDUCTED THIS AUDIT

The Texas Health and Human Services Office of Inspector General Audit and Inspections Division conducted an audit of EduCare Community Living Corporation – Texas (EduCare) in response to an audit report issued by the U.S. Department of Health and Human Services Office of Inspector General that identified oversight issues regarding the Texas Health and Human Services Commission's Home and Community-Based Services program. The objective of the audit was to evaluate whether EduCare provided Medicaid beneficiaries living in three- and four-person homes with safe and healthy living environments.

EduCare operates 172 homes serving 564 Medicaid beneficiaries and received \$36.7 million to deliver supervised living and residential support services in state fiscal year 2020.

WHAT OIG RECOMMENDS

EduCare should strengthen its controls to ensure that:

- Staff comply with its drug and alcohol policy, given the presence of alcohol and another prohibited substance in one home.
- The interior and exterior areas of homes comply with requirements.
- Staff properly store medications and maintain accurate and verifiable medication administration records.
- Staff know how to identify, report, and prevent the abuse, neglect, and exploitation of residents.
- Staff screen visitors for COVID-19.
- Staff receive appropriate training.
- Each home has an on-site emergency plan about which staff are knowledgeable.
- All homes with four beds have fully operational fire alarm systems.

MANAGEMENT RESPONSE

EduCare agreed with the audit recommendations and indicated corrective actions would be fully implemented by November 2021.

For more information, contact:

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WHAT OIG FOUND

EduCare Community Living Corporation – Texas (EduCare) inconsistently complied with the Texas Health and Human Services Commission's (HHSC's) health and safety requirements during the Texas Health and Human Services (HHS) Office of Inspector General Audit and Inspections Division's (OIG Audit's) unannounced site visits to 15 three- and four-person residences (homes). Two homes fully complied with all applicable health and safety requirements, while six homes complied with all except one applicable requirement. The seven remaining homes fully complied with all applicable requirements from at least one category.

However, OIG Audit identified instances of noncompliance at 13 homes. Specifically:

- 6 of 15 visited homes did not eliminate hazards from interior areas.
- One of 15 visited homes did not eliminate hazards from outside areas.
- One of 15 visited homes did not appropriately store medications.
- 3 of 15 visited homes did not maintain complete medication administration records.
- 10 of 15 visited homes did not maintain verifiable evidence of medication administration.
- 3 of 15 visited homes had assigned staff members who did not have sufficient knowledge of how to either identify, report, or prevent the abuse, neglect, and exploitation of residents.
- 6 of 15 visited homes did not comply with HHSC's COVID-19 emergency rules for the Home and Community-Based Services (HCS) program.
- 2 of 15 visited homes did not maintain adequate on-site emergency plans.
- One of 15 visited homes had assigned a staff member who could not sufficiently articulate how to evacuate each resident in the event of an emergency.
- One of nine visited homes with four beds did not have a fully operational fire alarm system.

OIG Audit found that EduCare may not effectively utilize its monitoring tools to identify and address issues.

BACKGROUND

The HCS program enables Medicaid beneficiaries with intellectual and developmental disabilities to live in community-based settings and avoid institutionalization in intermediate care facilities. These community-based settings include homes managed by private HCS program providers. HHSC contracts with private HCS program providers, such as EduCare, to coordinate and monitor the delivery of individualized services and supports to Medicaid beneficiaries. The HCS program is available to Texans of any age not living in an institutional setting who meet HHSC's eligibility criteria.

Office of HHS Inspector General

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INTRODUCTION

The Texas Health and Human Services (HHS) Office of Inspector General Audit and Inspections Division (OIG Audit) conducted an audit of EduCare Community Living Corporation – Texas (EduCare),¹ a program provider contracted with the Texas Health and Human Services Commission (HHSC) to deliver home and community-based services to enrolled Medicaid beneficiaries through the Home and Community-Based Services (HCS) program.

OIG initiated this audit in response to an audit report issued by the United States Department of Health and Human Services Office of Inspector General that identified oversight issues with the HCS program.²

Unless otherwise described, any year referenced is the state fiscal year, which covers the period from September 1 through August 31.

Background

The HCS program enables Medicaid beneficiaries with intellectual and developmental disabilities to live in community-based settings and avoid institutionalization in intermediate care facilities. These community-based settings include three- and four-person residences (homes) managed by private HCS program providers. HHSC contracts with private HCS program providers, such as EduCare, to coordinate and monitor the delivery of individualized services and supports to Medicaid beneficiaries. Private HCS program providers must maintain a property interest in their homes,³ consistently comply with HHSC's certification standards, and utilize person-directed planning to enhance the health, well-being, and functional independence of the Medicaid beneficiaries within their care. The HCS program is available to Texans of any age not living in an institutional setting who meet HHSC's eligibility criteria.

Medicaid beneficiaries residing in homes receive around-the-clock residential assistance from staff employed by the managing HCS program provider. This residential assistance supports Medicaid beneficiaries to perform various essential tasks, including the activities of daily living, such as grooming, eating, bathing, dressing, and personal hygiene. Staff may also reinforce behavioral support or specialized therapy activities and assist individuals with their medications and other

¹ A related entity to EduCare, ResCare Community Living, also does business in the state of Texas but does not provide services for the HCS program.

² United States Department of Health and Human Services Office of Inspector General, *Texas Did Not Fully Comply with Federal and State Requirements for Reporting and Monitoring Critical Incidents Involving Medicaid Beneficiaries with Developmental Disabilities*, A-06-17-04003 (July 9, 2020).

³ Private HCS program providers can only manage homes that they lease or own.

nursing-related tasks. Depending upon an individual's needs, the HCS program provider may coordinate the delivery of other services and supports, such as adaptive equipment, occupational and physical therapy, nursing, and prescribed medications.

EduCare is an HCS program provider that operates 172 homes across 26 Texas counties: Bexar, Brazoria, Brown, Collin, Dallas, Denton, Eastland, El Paso, Gregg, Hardin, Hidalgo, Hockley, Jefferson, Kaufman, Lamar, Lubbock, Navarro, Nueces, Orange, Randall, Rusk, Tarrant, Taylor, Tom Green, Travis, and Williamson. These homes serve 564 Medicaid beneficiaries,⁴ and fall across nine waiver contract areas.⁵ Of the 172 homes managed by EduCare, 116 have a maximum occupancy of four persons, while 56 have a maximum occupancy of three persons. In 2020, EduCare received \$36.7 million in reimbursed paid claims to deliver supervised living and residential support services to Medicaid beneficiaries in Texas. As of July 27, 2021, EduCare had received \$28.3 million in reimbursed paid claims for supervised living and residential support services delivered between September 1, 2020, and June 4, 2021, in Texas.⁶

Objective and Scope

The objective of the audit was to evaluate whether EduCare provided Medicaid beneficiaries living in three- and four-person residences (homes) with safe and healthy living environments, as defined by the HHSC Waiver Survey and Certification Residential Checklist (HHSC Residential Checklist)⁷ and the COVID-19 emergency rules for the HCS program.⁸

The scope of the audit covered the period from September 1, 2020, through the end of fieldwork in August 2021. The audit scope included unannounced site visits and a review of EduCare's internal control components, including testing of controls that were significant within the context of the audit objective.

⁴ EduCare was operating 172 homes as of March 11, 2021, and 564 Medicaid beneficiaries resided within these homes as of February 11, 2021.

⁵ The Texas Department of Aging and Disability Services (DADS) (now part of HHSC) grouped Texas counties into geographical areas known as local service areas. DADs further grouped these local service areas into waiver contract areas. Appendix D includes a map of the waiver contract areas served by EduCare.

⁶ Due to the filing deadline of long term-care claims, claims submitted for services performed as far back as June 2020 are "live" and may be subject to change. Medicaid beneficiaries residing in three- and four-person residences typically receive around-the-clock care in the form of either supervised living or residential support services.

⁷ Texas Health and Human Services Commission, Form 3609: Waiver Survey and Certification Residential Checklist (Nov. 2015).

⁸ 40 Tex. Admin. Code §§ 9.198 and 9.199 (Apr. 23, 2021).

Methodology

OIG Audit conducted fieldwork during the period from May 2021 through August 2021, including unannounced site visits at 15 homes managed by EduCare. Specifically, between May 12, 2021, and June 2, 2021, OIG Audit visited four homes located in Brownwood, Texas; three homes located in Converse, Texas; three homes located in Corsicana, Texas; three homes located in San Antonio, Texas; and two homes located in Pflugerville, Texas. To select these homes, OIG Audit considered various risk-based factors, including the results of HHSC's most recent monitoring activities. During the site visits, OIG Audit utilized the HHSC Residential Checklist, which forms part of HHSC Waiver Survey and Certification's monitoring framework.⁹ The HHSC Residential Checklist outlines 50 requirements across seven categories that are in place to ensure HCS program providers provide Medicaid beneficiaries with safe and healthy living environments. OIG Audit tested each home against the requirements on the HHSC Residential Checklist, as applicable.

⁹ HHSC Waiver Survey and Certification is a unit within HHSC Regulatory Services that conducts annual certification reviews and unannounced site visits of homes in the HCS program.

Table 1 provides a consolidated overview of the requirements for homes on the HHSC Residential Checklist. Appendix B includes a full list of the 50 requirements on the HHSC Residential Checklist and the results for all 15 homes visited by OIG Audit.

Table 1: Overview of the Requirements on the HHSC Residential Checklist

Number of Requirements	General Topics Covered by the Requirements
Emergency Evacuation Plans	
12	<ul style="list-style-type: none"> • Staff knowledge regarding emergency evacuation plans and fire drills, and associated documentation • Functionality and accessibility of smoke detectors and fire extinguishers • Accessibility of exit points, such as a window or door • Availability of emergency numbers
Four-Person Homes¹⁰	
3	<ul style="list-style-type: none"> • Functionality of the fire alarm system and sprinklers • Documentation of current fire marshal inspection
Neighborhood and Home Exterior	
7	<ul style="list-style-type: none"> • Similarity to other homes in proximity • Proximity to community services • Condition of outside areas • Accessibility of walkways and entrances
Home Interior and Individuals	
18	<ul style="list-style-type: none"> • Availability and sufficiency of food • Availability and appropriateness of transportation • Appropriateness of home and water temperatures • Condition and cleanliness of walls, ceilings, floors, hallways, bathrooms, living spaces, furniture, and kitchen appliances • Presence of pests, odors, unvaccinated pets, and unsecured chemicals or other toxins • Presence and condition of the residents' required minor home modifications and adaptive equipment
Medications	
4	<ul style="list-style-type: none"> • Appropriateness of medication storage • Completeness and accuracy of medication administration records • Staff knowledge about each resident's medications • Staff assurance that they have received training from a nurse
Abuse and Neglect	
4	<ul style="list-style-type: none"> • Staff knowledge of abuse, neglect, and exploitation, including definitions, reporting requirements, and prevention methods • Presence of legal posting
Staff Training	
2	<ul style="list-style-type: none"> • Staff assurance that they have received needs-based training • Staff compliance with infection control policies¹¹

Source: OIG Audit, based on the HHSC Residential Checklist

¹⁰ In this report, this category is referred to as "fire safety requirements for homes with four beds."

¹¹ OIG Audit assessed EduCare's compliance with certain provisions of HHSC's COVID-19 emergency rules for the HCS program as part of this requirement.

OIG Audit shared any urgent health and safety risks with HHSC Waiver Survey and Certification while on site at the homes and later communicated all exceptions to EduCare in writing. OIG Audit also noted that some of the homes had general uncleanliness and disrepair; however, when these observations did not reach the level of noncompliance identified by the HHSC Residential Checklist, OIG Audit did not include them as issues in the report.

OIG Audit also reviewed EduCare's system of internal controls, including components of internal control,¹² within the context of the audit objectives. Details about the methodology are given in Appendix A.

OIG Audit presented preliminary audit results, issues, and recommendations to EduCare in a draft report dated September 20, 2021. EduCare agreed with the audit recommendations and indicated corrective actions would be fully implemented by November 2021. EduCare's management responses are included in the report following each recommendation and in Appendix E.

Criteria

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

- 42 C.F.R. § 441.301(c)(4)(iii) (2014)
- 40 Tex. Admin. Code §§ 9.173 (2016), 9.174 (2016), 9.175 (2019), 9.177 (2020), 9.178 (2019), and 9.179 (2010)
- 40 Tex. Admin. Code §§ 9.198 and 9.199 (2021)¹³
- 6 Tex. Health & Safety Code § 481.121(b)(1) (2009)
- Texas Department of Mental Health and Mental Retardation (TXMHMR) (now part of HHSC), "Medicaid Provider Agreement for the Provision of HCS Program Services," Vendor #001007045 (2003)
- TXMHMR (now part of HHSC), "Medicaid Provider Agreement for the Provision of HCS Program Services," Vendor #001007102 (2003)

¹² For more information on the components of internal control, see the United States Government Accountability Office's *Standards for Internal Control in the Federal Government*, (Sept. 2014), <https://www.gao.gov/assets/gao-14-704g.pdf> (accessed Apr. 16, 2021).

¹³ 40 Tex. Admin. Code §§ 9.189 and 9.199 were adopted as emergency rules in response to COVID-19. Emergency rules may be effective for not longer than 120 days and may be renewed for not longer than 60 days.

- TXMHMR (now part of HHSC), “Medicaid Provider Agreement for the Provision of HCS Program Services,” Vendor #001007358 (2003)
- TXMHMR (now part of HHSC), “Medicaid Provider Agreement for the Provision of HCS Program Services,” Vendor #001007425 (2003)
- Texas Health and Human Services Commission, Form 3609: Waiver Survey and Certification Residential Checklist (2015)
- Texas Department of Aging and Disability Services (DADS) (now part of HHSC), Regulatory Services, *Waiver Survey and Certification Manual*, Volume III: Residential Reviewer Manual (2014)

Auditing Standards

Generally Accepted Government Auditing Standards

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.

AUDIT RESULTS

At the time of OIG Audit's unannounced site visits, two homes, referred to as Homes D and L, fully complied with all applicable HHSC health and safety requirements. Six homes, referred to as Homes F, H, J, K, N, and O, complied with all except one requirement. The remaining seven homes, referred to as Homes A, B, C, E, G, I, and M, all fully complied with requirements from at least one category. However, EduCare did not ensure that 13 of the 15 homes visited by OIG Audit consistently complied with HHSC's health and safety requirements. Specifically:

- 6 of 15 visited homes did not eliminate hazards from interior areas.
- One of 15 visited homes did not eliminate hazards from outside areas.
- One of 15 visited homes did not appropriately store medications.
- 3 of 15 visited homes did not maintain complete medication administration records.
- 10 of 15 visited homes did not maintain verifiable evidence of medication administration.
- 3 of 15 visited homes had assigned staff members who did not have sufficient knowledge of how to either identify, report, or prevent the abuse, neglect, and exploitation of residents.
- 6 of 15 visited homes did not comply with HHSC's COVID-19 emergency rules for the HCS program.
- 2 of 15 visited homes did not maintain adequate on-site emergency plans.
- One of 15 visited homes had assigned a staff member who could not sufficiently articulate how to evacuate each resident in the event of an emergency.
- One of nine visited homes with four beds did not have a fully operational fire alarm system.

Photographs of some instances of compliance and noncompliance in visited homes are presented in Appendix C.

Table 2 provides an overview of noncompliance with requirements identified during OIG Audit's unannounced site visits. For each requirement listed, the number and percentages of noncompliant homes is identified.

Table 2: Noncompliance with Requirements Identified During Site Visits

Requirements	Number of Noncompliant Homes	Percent of Noncompliant Homes
Home Interior and Individuals		
Is the home clean and free of odors?	1 of 15	6.7%
Are the floors, walls, and ceilings in good repair?	4 of 15	26.7%
Is the bathroom in good repair?	2 of 15	13.3%
Is the home free of safety hazards?	1 of 15	6.7%
Neighborhood and Home Exterior		
Is the outside area of the home in good condition (no safety hazards for falls; no toxins or fire dangers; no pest problems)?	1 of 15	6.7%
Medications		
Are the medications secured as needed to safeguard the individuals? (Significant risk that requires immediate attention)	1 of 15	6.7%
Are medication administration records available and completed accurately?	10 of 15	66.7%
Abuse and Neglect		
Do the staff know what constitutes abuse, neglect, and exploitation?	1 of 15	6.7%
Do staff know the requirements for reporting abuse, neglect, and exploitation?	3 of 15	20.0%
Do staff know how to prevent abuse, neglect and exploitation?	2 of 15	13.3%
Staff Training		
Have staff received training in infection control and do staff follow proper infection control policies and procedures during the residential review?	6 of 15	40.0%
Emergency Evacuation Plans		
Is an emergency plan available and appropriate to the location of the home?	1 of 15	6.7%
Do emergency plans reflect the special needs of the individual(s) who live here?	2 of 15	13.3%
Do the staff know what assistance to provide the individual(s) in this home to respond to an emergency?	1 of 15	6.7%
Four-Person Homes Only		
Has the fire alarm system been checked annually, and does it appear to be in working order? (Significant risk that must be addressed within 48 hours)	1 of 9	11.1%

Source: OIG Audit

The following sections of this report provide additional detail about the instances of noncompliance identified by OIG Audit. The results outlined in this report only reflect the condition of EduCare's homes at the time of OIG Audit's site visits. OIG Audit also communicated other, less significant findings to EduCare separately in writing.

HOME MAINTENANCE AND SAFETY

HCS program providers must furnish Medicaid beneficiaries residing in homes with healthy, comfortable, and safe living environments to comply with HHSC's certification standards.¹⁴

Home Interior and Individuals

HCS program providers must ensure that home interiors are clean and odorless.¹⁵ HCS program providers should also ensure that each home has intact floors, walls, and ceilings; functioning bathrooms; and no other safety hazards.¹⁶

Issue 1.1: EduCare Did Not Maintain the Interior Areas of Some Homes

At the time of OIG Audit's unannounced site visits, all homes had the appropriate structural modifications to facilitate residents' use of key amenities, including ramps, shower bars, and toilet bars. Additionally, all homes had comfortable room and water temperatures, appropriately secured cleaning supplies, and accessible living areas free of excessive trash and pest infestations. Auditors also observed that all residents had clean and intact adaptive equipment; access to sufficient food and water supplies; functioning kitchen appliances; and adequate available transportation. Nine homes managed by EduCare, Homes D, F, H, J, K, L, M, N, and O, fully complied with all applicable requirements in this category; however, EduCare, did not consistently provide the residents living in Homes A, B, C, E, G, and I with healthy, comfortable, and safe interior living environments.

¹⁴ 40 Tex. Admin. Code § 9.173(b)(26) (Mar. 20, 2016).

¹⁵ Texas Health and Human Services Commission, Form 3609: Waiver Survey and Certification Residential Checklist, Item 27 (Nov. 2015).

¹⁶ Texas Health and Human Services Commission, Form 3609: Waiver Survey and Certification Residential Checklist, Items 29, 31, and 36 (Nov. 2015).

Table 3 provides an overview of the instances of noncompliance with requirements concerning home interiors and individuals' needs identified by OIG Audit during site visits.

Table 3: Noncompliance with Requirements for Home Interiors and Individuals' Needs

Requirements	Homes														
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Home Interior and Individuals															
Is the home clean and free of odors?					No										
Are the floors, walls, and ceilings in good repair?	No	No	No						No						
Is the bathroom in good repair?					No		No								
Is the home free of safety hazards?					No										
Total Instances of Noncompliance	1	1	1	0	3	0	1	0	1	0	0	0	0	0	0

Source: OIG Audit

EduCare Did Not Ensure That One Home Was Free from Alcohol and Another Substance

Auditors observed that Home E contained a bottle of alcohol and another prohibited substance. Auditors reported these observations to HHSC Waiver Survey and Certification, who subsequently contacted EduCare management. Following an investigation, EduCare confirmed that the substances belonged to a staff member who was not present at the time of OIG Audit's site visit. Because the staff member openly stored the substances in communal locations, the bottle of alcohol and the prohibited substance could have been accessed by the residents of Home E, all of whom were minors.

EduCare prohibits its employees from unlawfully manufacturing, distributing, possessing, selling, purchasing, or using illegal drugs, controlled substances, or alcohol while working, on company premises, or operating company vehicles. However, EduCare should strengthen controls to ensure staff comply with its drug and alcohol policy.

EduCare Did Not Ensure That Some Homes Provided Residents with Healthy, Safe, and Comfortable Interior Areas

OIG Audit identified compliance issues related to floors, walls, and ceilings in four homes. Specifically:

- The carpet in Home A contained a considerable amount of debris, dirt, and dust, and the floor tiles had dried spills on them.
- The bathroom ceiling in Home B had mold, which caused the surrounding paint to peel.
- Home C's living room ceiling had large cracks and water damage around one of the overhead fire sprinklers, and the baseboards in the bathroom had split, showing signs of water damage.
- Home I's bathroom walls had significant water damage and mold residue. Also, Home I's bathroom had a cloth in place of a doorknob, which prevented residents from properly closing the bathroom door. The staff member in Home I stated that the absence of a doorknob caused the bathroom door to open whenever the air pressure changed, which compromised each resident's right to privacy.^{17,18}

OIG Audit identified further cleanliness and safety issues in two homes. In Home E, for example, one of the bedrooms smelled of urine, a second bedroom contained an open security control panel with accessible wiring, some electrical outlets were missing cover plates, and the showers in both bathrooms contained excessive soap scum. One of these showers also had a loose faucet. In Home G, the shower in the first bathroom contained discarded items, such as a moldy shower mat and caddy, which posed a potential tripping hazard for the vision-impaired resident. Home G's second bathroom did not have a functional sink, and the shower did not have a hot water supply.

EduCare monitored all 15 visited homes in April and May 2021 using its monthly site review checklist. The site review checklist prompts reviewers to assess whether each home is inviting, clean, and free from odors and tripping hazards; however, it does not explicitly prompt reviewers to assess the condition of each home's walls, ceilings, and bathrooms outside of testing the hot water supply. The various issues with the interiors of Homes A, B, C, E, G, and I indicate a risk that reviewers may not effectively utilize EduCare's monitoring tools to consistently identify noncompliance with health and safety requirements in each home's interior areas.

¹⁷ 40 Tex. Admin. Code § 9.172(2) (June 1, 2010).

¹⁸ 42 C.F.R. § 441.301(c)(4)(iii) (Mar. 17, 2014).

Photographs of some instances of noncompliance in visited homes are presented in Appendix C.

Recommendation 1.1

EduCare should strengthen its controls to ensure:

- Staff comply with its drug and alcohol policy
- The interior areas of its homes comply with HHSC's health and safety requirements

Management Response

Action Plan for Drug and Alcohol

EduCare has a Drug-Free Workplace Policy that strictly prohibits employees from the unlawful manufacture, distribution, possession, sale, purchase or use of illegal drugs, controlled substances or alcohol while on the job, working as a representative of the Company, on Company-owned, -leased, or -controlled property or while operating Company-owned, -leased, or -controlled equipment or vehicles.

EduCare has zero tolerance for infractions of this policy.

- *EduCare immediately removed the identified substances and investigated to carry out drug testing all employees who worked in the home going back two weeks from discovery by the OIG. At the conclusion of the investigation, an employee was terminated for violating EduCare's drug and alcohol policy.*
- *All staff were retrained on the policy within a week of the OIG survey.*

Action Plan for Interior Areas

The company maintains a prominent, trusted national contractor for all maintenance issues. A work order system is in place that quickly routes all maintenance requests to the contractor for resolution. This system ensures that all property repairs are addressed promptly and are maintained in compliance with state requirements. In addition, our agreement includes monthly maintenance visits completed at homes by the contractor.

Monthly site reviews also focus on observing for any maintenance issues and reporting via the work order system.

The following action has been taken:

- **Home A** – The carpet and floor tiles were professionally cleaned on July 14, 2021.
- **Home B** – The bathroom ceiling was professionally cleaned and painted on July 12, 2021.
- **Home C** – The living room ceiling was professionally repaired from water damage and the baseboard was replaced on July 12, 2021.
- **Home E** – The carpet was professionally cleaned and rendered odor free on June 3, 2021. The electrical security control panel door was repaired to close securely. The showers in both bathrooms were cleaned and the faucet was repaired.
- **Home G** – The shower was repaired, cleaned and made free of tripping hazards on June 3, 2021. The sink was also repaired.
- **Home I** – The bathroom walls were professionally cleaned and repaired, and the door was completely replaced to include a new doorknob on July 13, 2021.

EduCare will retrain all staff by October 15, 2021, on how to effectively identify specific components that require immediate attention, including, but not limited to, cleaning, repair and maintenance, and how to report items identified during the site review to ensure maintenance and cleaning is completed in a timely manner.

Responsible Manager

Area Supervisor

Program Manager

Quality Assurance Manager

Target Implementation Date

October 15, 2021

Appendix E contains photographs provided by EduCare as part of its management response to this recommendation.

Neighborhood and Home Exterior

HCS program providers must eliminate risks, such as tripping hazards, toxins, fire dangers, and pest infestations, from the outside areas of homes.¹⁹

Issue 1.2: EduCare Did Not Maintain the Outside Areas of One Home

At the time of OIG Audit's unannounced site visits, all homes appeared similar to other residences in the neighborhood, were close to services, and had accessible entrances. The outside areas of all homes were also free from garbage, trash, and excessive clutter. Fourteen of the visited homes fully complied with applicable requirements concerning the exterior living environment. However, EduCare did not consistently provide the residents living in Home G with healthy, comfortable, and safe exterior living environments.

Table 4 provides an overview of the instances of noncompliance with neighborhood and home exterior requirements identified by OIG Audit during site visits.

Table 4: Noncompliance with Neighborhood and Home Exterior Requirements

Requirements	Homes														
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Neighborhood and Home Exterior															
Is the outside area of the home in good condition?							No								

Source: OIG Audit

Auditors observed compliance issues with the outside area of Home G. The tree adjacent to the front entranceway had several broken branches that were hanging loosely from the trunk, and a large wooden beam containing exposed nails was lying on the patio near the front door. The staff member in Home G stated that the beam had detached from the rafters and shattered the front window during the winter storm in February 2021. EduCare's maintenance team removed the remaining glass and secured a piece of plywood to the broken window frame; however, the plywood was not large enough to cover the entire frame. From the outside of the home, auditors could reach through the gap into the front room of the home. The staff member also expressed concerns about the structural integrity of the remaining beams and advised auditors not to linger on the patio upon leaving the home.

¹⁹ Texas Health and Human Services Commission, Form 3609: Waiver Survey and Certification Residential Checklist, Items 19 (Nov. 2015).

EduCare monitored all 15 visited homes in April and May 2021 using its monthly site review checklist. The site review checklist prompts reviewers to assess whether the outside area of each home is free from trash, broken furniture, and overgrown landscaping, including fallen tree limbs; however, it does not prompt reviewers to examine the structural integrity of each home. Neither of EduCare's completed site review checklists for April and May 2021 identified the large wooden beam, potentially weakened rafters, or broken window as areas of concern. Likewise, EduCare's maintenance log did not contain any references to the rafters or large wooden beam. Therefore, the various issues with Home G's outside areas indicate a risk that reviewers may not effectively utilize EduCare's monitoring tools to consistently identify noncompliance with HHSC's health and safety requirements.

Photographs of noncompliance at Home G are presented in Appendix C.

Recommendation 1.2

EduCare should strengthen its controls to ensure compliance with HHSC's health and safety requirements for each home's outside areas.

Management Response

Action Plan for Exterior Area

The company maintains a prominent, trusted national contractor for all maintenance issues. A work order system is in place that routes all maintenance requests to the contractor for resolution. This system ensures that all property repairs are addressed promptly and are maintained. In addition, our agreement includes monthly maintenance visits completed at homes by the contractor.

Monthly site reviews also focus on observing for any maintenance issues and reporting via the work order system.

- **Home G** – *The tree damaged by the winter storm in the front yard was trimmed, and the wooden beam was removed on May 20, 2021. The broken window was replaced on May 21, 2021.*

EduCare will retrain all staff by October 15, 2021, on how to effectively identify specific components that require immediate attention, including, but not limited to, cleaning, repair and maintenance, and how to report items identified during the site review to ensure maintenance and cleaning is completed in a timely manner.

Responsible Manager*Area Supervisor**Program Manager**Quality Assurance Manager*Target Implementation Date*October 15, 2021*

Appendix E contains photographs provided by EduCare as part of its management response to this recommendation.

MEDICATIONS

HCS program providers must store medications appropriately to protect the health and safety of the Medicaid beneficiaries under their care.²⁰ Staff may determine what constitutes appropriate storage based on the cognitive and physical capabilities of the residents in each home; therefore, the requirements for appropriately storing medications may differ among homes. Not appropriately storing medications increases the risk that residents may self-administer or overdose on medications. When testing this requirement, OIG Audit considered whether residents could feasibly access the medications in each home without assistance from staff.

In addition, HCS program providers must maintain accurate and verifiable medication administration records.^{21,22,23} Staff must (a) maintain these records for any resident who requires assistance with their medications and (b) annotate the applicable record each time they administer a drug to a resident.²⁴ This requirement is an important health and safety measure because accurate and verifiable records enable staff to detect and resolve medication administration errors in a timely manner. OIG Audit tested this requirement by examining each resident's medication administration record for May and June 2021 to identify any discrepancies, such as incomplete or prefilled information. OIG Audit also

²⁰ Texas Health and Human Services Commission, Form 3609: Waiver Survey and Certification Residential Checklist, Item 41 (Nov. 2015).

²¹ Texas Health and Human Services Commission, Form 3609: Waiver Survey and Certification Residential Checklist, Item 42 (Nov. 2015).

²² Texas Department of Aging and Disability Services (DADS) (now part of HHSC), Regulatory Services, Waiver Survey and Certification Manual, Volume III: Residential Reviewer Manual (May 5, 2014).

²³ Each resident's medication administration record should contain detailed information about their prescribed drugs.

²⁴ Texas Department of Aging and Disability Services (DADS) (now part of HHSC), Regulatory Services, *Waiver Survey and Certification Manual*, Volume III: Residential Reviewer Manual (May 5, 2014).

attempted to assess the accuracy of residents' medication administration records by checking for verifiable evidence.²⁵

Issue 2: EduCare Staff Did Not Consistently Comply with Medication Requirements

At the time of OIG Audit's unannounced site visits, Homes C, D, F, G, and L fully complied with requirements concerning medications. For the other ten homes, Homes A, B, E, H, I, J, K, M, N, and O, EduCare did not consistently ensure that staff:

- Stored medications appropriately^{26,27}
- Completed medication administration records for each resident in an accurate and verifiable manner^{28,29}

Table 5 provides an overview of the instances of noncompliance with medication requirements identified by OIG Audit during site visits.

Table 5: Noncompliance with Medication Requirements

Requirements	Homes														
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Medications															
Are the medications secured as needed to safeguard the individuals?					No										
Are medication administration records available and completed accurately?	No	No			No			No	No	No	No		No	No	No
Total Instances of Noncompliance	1	1	0	0	2	0	0	1	1	1	1	0	1	1	1

Source: OIG Audit

²⁵ Auditors only attempted this reconciliation for tablets packaged in bubble medication packets.

²⁶ Texas Health and Human Services Commission, Form 3609: Waiver Survey and Certification Residential Checklist, Item 41 (Nov. 2015).

²⁷ Texas Department of Aging and Disability Services (DADS) (now part of HHSC), Regulatory Services, *Waiver Survey and Certification Manual*, Volume III: Residential Reviewer Manual (May 5, 2014).

²⁸ Texas Health and Human Services Commission, Form 3609: Waiver Survey and Certification Residential Checklist, Item 42 (Nov. 2015).

²⁹ Texas Department of Aging and Disability Services (DADS) (now part of HHSC), Regulatory Services, *Waiver Survey and Certification Manual*, Volume III: Residential Reviewer Manual (May 5, 2014).

EduCare Did Not Appropriately Store Medications in One Home

In Home E, auditors found one resident's medications on the floor of the kitchen pantry in a plastic bag. This resident had transferred to Home E three days prior to OIG Audit's unannounced site visit, and EduCare completed its monitoring visit prior to that resident's arrival. OIG Audit determined that the residents of Home E, all of whom were minors, had the physical capabilities to access the kitchen pantry and the unsecured medications. Staff in Home E appropriately stored the medications belonging to the other three residents in a locked cabinet.

EduCare monitored all 15 visited homes in April and May 2021 using its monthly site review checklist. The site review checklist prompts reviewers to assess whether staff have locked all medications. In addition, staff in Home E did not follow EduCare's medication administration policy, which stipulates that medications be kept in locked storage.

EduCare Did Not Fully Complete Some Medication Administration Records

Staff in Homes B, E, and H inconsistently completed residents' medication administration records. In Homes B and H, auditors observed documentation errors. In both homes, staff did not complete one resident's medication administration record on a single day in May 2021. In Home E, staff sporadically updated one resident's medication administration record for May 2021. In addition, staff had not made any updates to a second resident's medication administration record since this resident's arrival at Home E three days prior to OIG Audit's site visit. It is important for staff to maintain complete records because omissions may confuse staff and result in medication administration errors.

EduCare has a policy that requires staff to update the online record system immediately after administering a medication to a resident. Throughout April and May 2021, EduCare monitored all 15 visited homes for compliance using its monthly site review checklist, which prompts reviewers to assess whether residents' medication administration records are present and current. An EduCare reviewer assessed Home B using this checklist the day before OIG Audit's site visit and did not identify the documentation error observed by auditors. This oversight indicates a risk that reviewers may not effectively utilize EduCare's monitoring tools to consistently identify noncompliance with health and safety requirements regarding medications.

OIG Auditors Could Not Verify Some of EduCare's Medication Administration Records

OIG Audit was unable to verify that staff in Homes A, B, E, H, I, J, K, M, N, or O administered all medications to residents according to physicians' orders. While most of these homes had appropriately completed residents' medication administration records, OIG Audit could not test the accuracy of these records

because staff had not consistently (a) administered pills from all bubble medication packets by breaking the foil seal for the numbered window that corresponded to the calendar date or (b) annotated the bubble medication packets by dating and initialing next to the empty windows. This lack of verifiable evidence prevents staff from easily confirming whether their colleagues on the previous shift correctly administered medications to residents.

OIG Audit identified two additional compliance issues related to medication administration. In Home E, auditors were unable to locate two medications prescribed to residents. In Home O, auditors identified two loose pills inside a resident's medication storage unit, which staff had incorrectly marked as administered.

EduCare has a policy that outlines how staff should administer medications to residents. The policy requires staff to (a) administer regularly scheduled pills by breaking the foil seal for the numbered window of the bubble medication packet that corresponds to the calendar date³⁰ and (b) administer unscheduled pills from bubble medication packets by dating and initialing next to the empty window.³¹ Staff in Homes A, B, E, H, I, J, K, M, N, and O did not consistently comply with these requirements, which resulted in a lack of verifiable evidence. OIG Audit primarily interacted with 15 staff members across the 15 visited homes. Through documentation review, OIG Audit identified that only two staff members had received medication training in the year prior to the site visits, which may have increased the risk of errors. This finding is not consistent with EduCare's policy, which requires staff to receive medication training upon hire and annually thereafter.

EduCare monitored all 15 visited homes in April and May 2021 using its monthly site review checklist. The site review checklist prompts reviewers to assess whether residents' medication administration records are present and current; however, it does not require reviewers to test the records' accuracy by checking the medication bubble packets for verifiable evidence. Instead, EduCare requires its nurses to review residents' empty bubble medication packets once per month to determine whether staff appropriately administered medications. The issues observed by OIG Audit indicate a risk that EduCare may not identify significant medication administration issues in a timely manner.

³⁰ Bubble medication packets typically have windows or "bubbles" containing pills numbered one through 30 or 31. For pills administered to residents on the first day of the month, EduCare's policy requires staff to dispense the pill from the bubble labeled "one."

³¹ Residents take unscheduled medications on an as-needed basis.

Recommendation 2

EduCare should strengthen its controls to ensure that staff:

- Store medications in a manner that safeguards the health and safety of residents
- Maintain accurate and verifiable medication administration records
- Receive training on medication administration

Management Response

Action Plan

EduCare takes the responsibility of monitoring and supervising medication administration very seriously. All operations use the QuickMar system to document all medication-related information. This system allows for remote monitoring of compliance with medication administration practices. Each operation monitors medication documentation daily. Any items needing attention are brought to the appropriate staff for resolution.

The company also maintains 24/7, on-call nursing and triage services. This provides additional support for any medication questions or concerns, including missed medications.

Additionally, pharmacy reviews and Quality/Safety Committee meetings are both held quarterly. These two processes both provide added oversight to the medication administration process.

- **Homes A, B, E, H, I, J, K, M, N, O** – *The nurse reviewed all identified medication administration record (MARs) and medications to determine if medications were administered and not documented or not administered. All MARs and medication were reconciled and properly documented by July 14, 2021.*
- **Home E** – *The medication found in the pantry was immediately secured in a locked cabinet on May 18, 2021.*

EduCare will retrain all staff by November 30, 2021, on proper storage of medication at the home. Medication storage will be monitored by conducting routine site reviews, bi-weekly MAR reviews and monthly medication reconciliation.

EduCare will retrain all staff by November 30, 2021, on self-administration of medication to ensure that staff are following the six rights of medication administration in order for each client to receive medication as ordered by the

physician. Staff will be trained annually at minimum on self-administration medication processes to ensure the health and safety of all residents. EduCare will monitor MAR daily via medication exception reports to ensure medications administered. Any variance will be addressed by the nurse and physician notified if required.

EduCare will retrain all staff by November 30, 2021, on medication administration. EduCare will monitor compliance of medication administration by conducting monthly medication reconciliations completed by the nurse.

Responsible Manager

*Registered Nurse
Director of Nursing
Area Supervisor
Program Manager*

Target Implementation Date

November 30, 2021

ABUSE, NEGLECT, AND EXPLOITATION

HCS program providers must protect and promote each resident's right to live free from abuse, neglect, and exploitation in a healthy, safe, and comfortable environment.³² HCS program providers must ensure that staff receive training in and have knowledge of:

- Acts that constitute abuse, neglect, and exploitation
- Signs and symptoms of abuse, neglect, and exploitation
- Methods to prevent abuse, neglect, and exploitation^{33,34}

If an HCS program provider or staff member knows or suspects that a resident has been or is being abused, neglected, or exploited, they must report these concerns to the Texas Department of Family and Protective Services (DFPS) within one hour of gaining said knowledge or suspicion by (a) calling the DFPS Texas Abuse

³² 40 Tex. Admin. Code § 9.173(b)(26) (Mar. 20, 2016).

³³ 40 Tex. Admin Code §§ 9.175(a)(2)(A)(i)–(iii) (Oct. 1, 2019).

³⁴ Texas Health and Human Services Commission, Form 3609: Waiver Survey and Certification Residential Checklist, Items 46 and 48 (Nov. 2015).

Hotline toll-free telephone number or (b) using the DFPS Texas Abuse Hotline website.^{35,36}

Issue 3: EduCare Staff Did Not Have Sufficient Knowledge About How to Identify, Prevent, and Report the Abuse, Neglect, and Exploitation of Residents

At the time of OIG Audit's unannounced site visits, 12 homes, Homes A, C, D, G, H, I, J, K, L, M, N, and O complied with all health and safety requirements concerning abuse, neglect, and exploitation. However, EduCare did not ensure that staff in Homes B, E, and F consistently complied with these requirements.

Table 6 provides an overview of the instances of noncompliance with abuse, neglect, and exploitation requirements identified by OIG Audit during site visits.

Table 6: Noncompliance with Requirements Pertaining to Abuse, Neglect, and Exploitation

Requirements	Homes														
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Abuse, Neglect, and Exploitation															
Do the staff know what constitutes abuse, neglect, and exploitation?					No										
Do staff know the requirements for reporting abuse, neglect, and exploitation?		No			No	No									
Do staff know how to prevent abuse, neglect and exploitation?		No			No										
Total Instances of Noncompliance	0	2	0	0	3	1	0	0	0	0	0	0	0	0	0

Source: OIG Audit

In Home B, the staff member did not know how to appropriately report or prevent instances of abuse, neglect, and exploitation. In Home E, the staff member could not provide sufficient information about (a) what constitutes abuse, neglect, and exploitation; (b) how to appropriately report allegations of abuse, neglect, and exploitation; and (c) how to prevent abuse, neglect, and exploitation. In Home F, the staff member did not know how to appropriately report allegations of abuse, neglect, and exploitation. Staff in Homes B and F stated that they would seek an

³⁵ 40 Tex. Admin Code §§ 9.175(a)(2)(B)(i)–(ii) (Oct. 1, 2019).

³⁶ Texas Health and Human Services Commission, Form 3609: Waiver Survey and Certification Residential Checklist, Items 47 (Nov. 2015).

internal resolution to instances or suspicions of abuse, neglect, and exploitation rather than directly reporting their concerns to DFPS as required.

OIG Audit primarily interacted with 15 staff members across the 15 visited homes. Through documentation review, OIG Audit identified that EduCare had not provided training to 3 of the 15 staff members on abuse, neglect, and exploitation, including the staff members in Homes B and F.³⁷ This lack of training presents the risk that residents facing abuse, neglect, and exploitation may not receive timely assistance or support.

Recommendation 3

EduCare should strengthen its controls to ensure that staff:

- Understand how to identify, report, and prevent the abuse, neglect, and exploitation of residents
- Receive abuse, neglect, and exploitation training

Management Response

Action Plan

EduCare has a zero-tolerance policy for Abuse, Neglect and Exploitation (ANE). All staff are trained on identifying and reporting all potential ANE during new employee orientation and annually thereafter. In addition, all homes have two posters in highly visible locations that provide guidance to all staff on reporting requirements.

All allegations of ANE are addressed immediately. The individual is provided care and treatment as needed, and the alleged perpetrator is placed on Administrative Leave until both our stringent internal and any external investigations are complete.

The company cooperates fully with the Department of Family and Protective Services (DFPS) during any resulting investigations and complies with all recommendations at the conclusion of the investigations.

- **Homes B, E, F** – All staff were retrained on ANE by the Area Supervisor on June 15, 2021, to include what constitutes ANE and how to report and prevent abuse. EduCare ensured all ANE postings were available in all homes.

³⁷ OIG Audit's documentation review also showed that the staff member in Home L had not received the required training regarding abuse, neglect, and exploitation.

EduCare will conduct ongoing annual abuse, neglect and exploitation training and one-off trainings as needed to ensure residents are not at risk of abuse.

Responsible Manager

*Area Supervisor
Human Resources
Program Manager*

Target Implementation Date

June 15, 2021

INFECTION CONTROL

HCS program providers must develop, implement, and maintain policies and procedures regarding infection control.³⁸ EduCare must comply with these policies and procedures to safeguard residents against communicable diseases, such as COVID-19.

To reduce the risks associated with COVID-19, HHSC adopted emergency rules concerning service delivery and visitation that HCS program providers must follow.³⁹ These rules, among other provisions, require HCS program providers to ensure that staff screen all visitors and other individuals before allowing entry to the home. Staff must keep a log documenting each individual visitor's name along with the date, time, and results of their screening. Staff must deny access to the home to visitors that:

- Have a fever, which is defined as a temperature of 100.4 degrees Fahrenheit or above.
- Show signs or symptoms of COVID-19, including chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, or any other signs and symptoms identified by the United States Centers for Disease Control and Prevention (CDC).
- Have had contact in the last 14 days with someone who has a confirmed diagnosis of COVID-19 or who is ill with a respiratory illness, regardless of whether the person is fully vaccinated, unless the visitor is seeking entry to provide critical assistance.
- Have tested positive for COVID-19 in the last 10 days.

³⁸ 40 Tex. Admin. Code § 9.177(e) (May 10, 2020).

³⁹ 40 Tex. Admin. Code § 9.198 (Apr. 23, 2021).

According to the emergency rules, HCS program providers must also (a) train staff on infection control policies initially and upon any updates; (b) educate staff in basic infection prevention methods, such as hand hygiene and cough etiquette; (c) require staff to wear a mask or cloth face covering over both the nose and mouth; and (d) require staff to maintain physical distance as practicable.⁴⁰

Issue 4: EduCare Staff Did Not Consistently Comply with COVID-19 Emergency Rules

During OIG Audit's unannounced site visits, EduCare did not ensure that all staff consistently complied with infection control requirements designed to safeguard the health and safety of residents. Staff in Homes D, F, H, J, K, L, M, N and O complied with emergency rules applicable at the time of OIG Audit's site visits. However, while complying with infection control requirements, the staff member in Home C present during the site visit had not received the required training in EduCare's COVID-19 infection control policy. In addition, EduCare did not ensure that staff in Homes A, B, E, G, and I consistently complied with infection control requirements for COVID-19.

Table 7 provides an overview of the instances of noncompliance with staff training requirements for infection control identified by OIG Audit during site visits.

Table 7: Noncompliance with Staff Training Requirements for Infection Control

Requirements	Homes														
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Staff Training															
Have staff received training in infection control and do staff follow proper infection control policies and procedures during the residential review?	No	No	No		No		No		No						

Source: OIG Audit

⁴⁰ 40 Tex. Admin. Code § 9.198(f)(5)(A) (Apr. 23, 2021) states that staff must wear a mask or cloth face covering over both the nose and mouth if providing care to an individual without COVID-19. If providing care to an individual with COVID-19, 40 Tex. Admin. Code § 9.198(f)(5)(B) (Apr. 23, 2021) requires staff to wear the appropriate personal protective equipment, as defined by the CDC. Due to the timing of visits, OIG Audit did not test Homes I, J, K, L, M, N, and O against this requirement.

Specific instances of noncompliance with infection control requirements for COVID-19 during OIG Audit's unannounced site visits in Homes A, B, E, G, and I included:

- The staff member in Home A appropriately (a) took auditors' temperatures, (b) asked auditors COVID-19 screening questions, (c) documented auditors' answers to these questions in a log, and (d) maintained physical distance from auditors where practicable; however, the staff member did not wear a mask as required at the time of the site visit. Home A's colleague arrived during OIG Audit's site visit and appropriately wore a mask while maintaining physical distance from auditors where practicable.
- The staff member in Home B appropriately (a) took auditors' temperatures, (b) wore a mask, and (c) maintained physical distance from auditors where practicable; however, the staff member did not assess auditors against any COVID-19 screening questions.
- The staff member in Home E did not (a) take auditors' temperatures, (b) ask auditors any COVID-19 screening questions, or (c) wear a mask until prompted by their supervisor, who arrived halfway through OIG Audit's visit; however, the staff member appropriately maintained physical distance from auditors where practicable.
- The staff member in Home G appropriately (a) took auditors' temperatures, (b) asked auditors COVID-19 screening questions, and (c) documented auditors' answers to these questions in a log; however, the staff member removed their mask partway through OIG Audit's site visit and did not practice social distancing with auditors.
- The staff member in Home I did not (a) take auditors' temperatures, (b) ask auditors any COVID-19 screening questions, (c) or document auditors' answers in a log until halfway through the visit; however, the staff member maintained physical distance from auditors where practicable.

OIG Audit primarily interacted with 15 staff members across the 15 homes. Through documentation review, OIG Audit identified that EduCare had not provided training to 3 of the 15 staff members on its COVID-19 infection control policy. Staff in Home C followed the proper infection control policies and procedures during OIG Audit's site visits but had not received the required training in infection control. Staff in Homes A and G did not (a) receive the required training or (b) follow the proper procedures during OIG Audit's site visits. These omissions increase the risk that staff will expose residents, colleagues, and others to COVID-19.

Recommendation 4

EduCare should strengthen its controls to ensure that staff:

- Receive training in its COVID-19 infection control policy
- Screen visitors for COVID-19 and comply with other infection control requirements, including current or future emergency rules adopted by HHSC

Management Response

Action Plan

Since the COVID-19 pandemic began in early 2020, EduCare has focused on implementing best practices in infection control, visitor management, employee screening and streamlined reporting and triage protocols to optimally support and protect clients, employees, families, visitors and communities. To date, we have experienced an overall infection rate significantly lower than that of the general population of the United States. Since the pandemic began, we have had only 12 clients in the state of Texas who have contracted the virus, and all of these cases were in 2020.

Our infection control policy requires strict adherence to the proper use of personal protective equipment (PPE), including mask wearing, cleaning and disinfecting procedures, diligent personal hygiene and cough etiquette and social distancing, where possible. Our mask policy requires that all employees follow local, state and federal mandates and that all employees in direct contact with our clients wear a mask at all times.

Our visitor protocol requires that all visitors undergo a screening process for symptoms, including fever, travel history and close contact with anyone who has confirmed or presumed COVID-19 before being granted entrance to our homes. We require that this information be maintained in each location's visitor log.

- **Homes A, B, C, E, G, I** – All staff were retrained by the Quality Assurance Manager, Program Manager or Area Supervisor by July 13, 2021, on COVID-19 infection control policy to include screening questionnaire documentation, mask wearing, temperature taking and social distancing.

EduCare will conduct ongoing COVID 19 infection control training to decrease the exposure risk and ensure the safety of all residents. Compliance will be monitored through random home visits and monthly site reviews.

Responsible Manager*Quality Assurance Manager**Area Supervisor**Program Manager*Target Implementation Date*July 13, 2021***EMERGENCY EVACUATION PLANS AND FIRE SAFETY**

HCS program providers must furnish Medicaid beneficiaries residing in homes with healthy, comfortable, and safe living environments to comply with HHSC's certification standards.⁴¹

Emergency Evacuation Plans

HCS program providers must develop an emergency plan for each home that provides guidance for staff about how to:

- Manage fires, tornadoes, terrorist attacks, and location-specific risks, such as floods and hurricanes.
- Assist and evacuate residents in a manner that considers their physical, emotional, and cognitive needs.^{42,43,44}

In addition, staff should have sufficient knowledge of the home's emergency plan, including how to appropriately assist each resident in the event of an emergency.⁴⁵

⁴¹ 40 Tex. Admin. Code § 9.173(b)(26) (Mar. 20, 2016).

⁴² 40 Tex. Admin. Code §§ 9.178(d)(1)–(2) (Oct. 1, 2019).

⁴³ Texas Health and Human Services Commission, Form 3609: Waiver Survey and Certification Residential Checklist, Items 4 and 5 (Nov. 2015).

⁴⁴ Texas Department of Aging and Disability Services (DADS) (now part of HHSC), Regulatory Services, *Waiver Survey and Certification Manual*, Volume III: Residential Reviewer Manual (May 5, 2014).

⁴⁵ Texas Health and Human Services Commission, Form 3609: Waiver Survey and Certification Residential Checklist, Item 8 (Nov. 2015).

Issue 5.1: EduCare Did Not Consistently Comply with Emergency Evacuation Plan Requirements

At the time of OIG Audit’s unannounced site visits, all homes had conducted the appropriate number of fire drills and had:

- Adequate and accessible points of egress⁴⁶
- Adequate and functioning smoke detectors and fire extinguishers
- Accessible emergency numbers

Homes C, D, E, F, G, H, I, J, K, L, N, and O complied with all requirements for emergency evacuation plans. However, EduCare did not consistently ensure that staff in three homes knew how to:

- Access the on-site emergency plan containing location-specific references and information about how to safely assist and evacuate each resident
- Assist each resident to evacuate in the event of an emergency

Table 8 provides an overview of the instances of noncompliance with emergency evacuation plan requirements identified by OIG Audit during site visits.

Table 8: Noncompliance with Emergency Evacuation Plan Requirements

Requirements	Homes														
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Emergency Evacuation Plans															
Is an emergency plan available and appropriate to the location of the home?	No														
Do emergency plans reflect the special needs of the individual(s) who live here?	No	No													
Do the staff know what assistance to provide the individual(s) in this home to respond to an emergency?													No		
Total Instances of Noncompliance	2	1	0	0	0	0	0	0	0	0	0	0	1	0	0

Source: OIG Audit

The first staff member in Home A with whom auditors interacted could not locate the home’s emergency plan; however, a second staff member arrived at the end of

⁴⁶ “Egress” refers to an exit point, such as a window or door.

the site visit and was able to locate it within the home. The emergency plans present at both Homes A and B did not contain any information specific to one resident in each home as required. Further, staff in Home M did not demonstrate sufficient knowledge of evacuation protocols during OIG Audit's site visit. Staff without (a) access to a complete emergency plan or (b) knowledge of evacuation protocols may not respond to incidents in a timely manner

EduCare monitored all 15 visited homes in April and May 2021 using its monthly site review checklist. The site review checklist prompts reviewers to assess whether each home has clearly displayed its evacuation routes; however, the checklist does not mention the written emergency plan, which may reduce its effectiveness. The presence of these issues in Homes A, B, and M indicates a risk that reviewers may not effectively utilize EduCare's monitoring tools to consistently identify noncompliance with health and safety requirements for emergency evacuation plans.

Recommendation 5.1

EduCare should strengthen its controls to ensure that:

- Each home has an on-site emergency plan that meets HHSC's health and safety requirements.
- Staff in all homes are knowledgeable about (a) how to access the emergency plan and (b) what assistance to provide each resident in the event of an emergency.

Management Response

Action Plan

EduCare's programs and services are committed to the safety and well-being of all internal and external customers. Crucial to this commitment is implementation of sound emergency procedures. Each home has a developed plan to foster an environment of safety awareness and thorough emergency preparedness. Plans are posted in each home and are also included in the home's onsite manual.

The plans include the following:

- *Identification of all business functions essential to the facility's operations that should be continued during an emergency*
- *Identification of all risks or emergencies that the facility may reasonably expect to confront*

- *Identification of all contingencies for which the facility should plan*
- *Consideration of the facility's location*
- *Assessment of the extent to which natural or man-made emergencies may cause the facility to cease or limit operations*
- *Determination of what arrangements may be necessary with other health care facilities, or other entities that might be needed to ensure that essential services could be provided during an emergency*
- *These emergency plans are reviewed and updated at least annually or as soon as a home's residents change.*

Evacuation Plans

- **Homes A, B, M** – *Evacuation plans were updated by July 14, 2021, by the Quality Assurance Manager, Program Manager or Program Coordinator to reflect the individuals' special needs. Staff was trained by the Quality Assurance Manager or Program Manager by July 13, 2021, on each evacuation plan and where the plans are located in the home.*

EduCare will ensure evacuation plans are current and staff are trained accordingly to ensure the safety of all residents. This question was added to our monthly site review checklist to ensure compliance.

Responsible Manager

*Quality Assurance Manager
Program Manager
Program Coordinator*

Target Implementation Date

July 14, 2021

Fire Safety for Homes with Four Beds

HCS program providers must ensure that homes with four beds have a functioning fire alarm system that a fire marshal has inspected and approved within the past

12 months.⁴⁷ Nine of the fifteen homes visited by OIG Audit had four beds and must comply with this requirement.⁴⁸

Issue 5.2: EduCare Did Not Have a Fully Operational Fire Alarm System in One Home with Four Beds

At the time of OIG Audit’s unannounced site visits, all homes with four beds had undergone an annual fire marshal inspection and had unobstructed fire sprinklers; however, EduCare did not ensure that the fire alarm system in Home A was fully operational.

Table 9 provides an overview of the instances of noncompliance with fire safety requirements for homes with four beds identified by OIG Audit during site visits. Within Table 9, an em dash (—) identifies requirements that were not applicable to an individual home.

Table 9: Noncompliance with Fire Safety Requirements for Homes with Four Beds

Requirements	Homes														
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Four-Person Homes Only															
Has the fire alarm system been checked annually, and does it appear to be in working order?	No							—	—	—	—			—	—

Source: OIG Audit

Staff in Home A stated that the home’s fire sprinklers, which are controlled by the fire alarm system, had not been operational since February 2021. Instead, staff in Home A performed a “fire watch” by conducting spot checks for fires every 15 minutes. Homes without functioning fire sprinklers are at greater risk of adverse outcomes during a fire-related incident.

EduCare’s site review checklist prompts reviewers to assess whether each applicable home has a functioning fire alarm system that a fire marshal has inspected and approved within the past 12 months. However, the longevity of this issue indicates a risk that reviewers may not effectively utilize EduCare’s monitoring tools to identify and address noncompliance with health and safety requirements for fire safety for homes with four beds in a timely manner.

⁴⁷ Texas Health and Human Services Commission, Form 3609: Waiver Survey and Certification Residential Checklist, Item 13 (Nov. 2015).

⁴⁸ Homes H, I, J, K, N, and O have three beds and are not subject to this requirement.

Recommendation 5.2

EduCare should strengthen its controls to ensure that all homes with four beds have fully operational fire alarm systems.

Management Response

Action Plan

EduCare's fire policy requires that all homes have fully functional fire alarm systems. When a system malfunctions, staff must report the issue immediately so it can be addressed as quickly as possible.

While awaiting fire alarm repairs, we employ alternative safety measures through our 15-minute "fire watch." This procedure dictates that a staff member check every room in the home every 15 minutes, 24 hours a day, for signs of a fire and document that the check has been completed.

These practices were in place with the 15-minute "fire watch" in the home from 12:15 p.m. on March 12, 2021, until the system was repaired and returned to a fully functional status on May 13, 2021, at 11 a.m.

Sprinkler/Fire System

- **Home A** – *The fire alarm and sprinkler system were repaired on May 13, 2021, and are operable. The system passed inspection on June 2, 2021.*

EduCare will ensure fire alarms and sprinkler systems are operable to ensure the safety of all residents. The system will continue to be checked through random site visits and monthly site reviews. Staff was retrained to report system issues immediately to ensure timely repairs.

Responsible Manager

*Program Manager
Area Supervisor*

Target Implementation Date

June 2, 2021

CONCLUSION

At the time of OIG Audit's unannounced site visits to the 15 homes, EduCare inconsistently complied with HHSC's health and safety requirements.

Two homes fully complied with all applicable requirements, while six homes complied with all except one applicable requirement. The seven remaining homes fully complied with all applicable requirements from at least one category.

However, OIG Audit identified instances of noncompliance at 13 homes. Specifically:

- 6 of 15 visited homes did not eliminate hazards from interior areas.
- One of 15 visited homes did not eliminate hazards from outside areas.
- One of 15 visited homes did not appropriately store medications.
- 3 of 15 visited homes did not maintain complete medication administration records.
- 10 of 15 visited homes did not maintain verifiable evidence of medication administration.
- 3 of 15 visited homes had assigned staff members who did not have sufficient knowledge of how to either identify, report, or prevent the abuse, neglect, and exploitation of residents.
- 6 of 15 visited homes did not comply with HHSC's COVID-19 emergency rules for the HCS program.
- 2 of 15 visited homes did not maintain adequate on-site emergency plans.
- One of 15 visited homes had assigned a staff member who could not sufficiently articulate how to evacuate each resident in the event of an emergency.
- One of nine visited homes with four beds did not have a fully operational fire alarm system.

Photographs of some instances of compliance and noncompliance in visited homes are presented in Appendix C.

OIG Audit offered recommendations to EduCare, which, if implemented, will ensure:

- The interior and outside areas of its homes do not compromise the health and safety of residents.
- Staff consistently secure residents' medications and complete residents' medication administration records.
- Staff administer medications to residents according to physicians' orders.
- Staff understand how to identify, report, and prevent the abuse, neglect, and exploitation of residents.
- Staff appropriately screen visitors for COVID-19 and comply with other infection control requirements, including current or future emergency rules adopted by HHSC.
- Each home has an on-site emergency plan that meets HHSC's criteria.
- Staff understand how to safely evacuate residents in a manner that considers their physical, emotional, and cognitive needs.
- Each home with four beds has a fully operational fire alarm system.

For instances of noncompliance identified in the audit report, HHSC may consider tailored contractual remedies to compel EduCare to meet contractual requirements. In addition, audit findings in the report may be subject to OIG administrative enforcement measures,⁴⁹ including administrative penalties.⁵⁰

OIG Audit thanks management and staff at EduCare for their cooperation and assistance during this audit.

⁴⁹ 1 Tex. Admin Code § 371.1603 (May 1, 2016).

⁵⁰ Tex. Hum. Res. Code § 32.039 (Apr. 2, 2015).

Appendix A: Detailed Methodology

OIG Audit shared any urgent health and safety risks with HHSC Waiver Survey and Certification while on site at the homes and later communicated all exceptions to EduCare in writing. OIG Audit then analyzed EduCare's internal controls in the context of these exceptions by:

- Interviewing EduCare staff with oversight responsibilities for human resources, maintenance, medication administration, and infection control related to COVID-19.
- Reviewing relevant documentation, such as policies, procedures, and training records.
- Performing selected tests of the relevant documentation.

Sampling Methodology

OIG Audit conducted site visits at 15 homes managed by EduCare, including four homes located in Brownwood, Texas; three homes located in Converse, Texas; three homes located in Corsicana, Texas; three homes located in San Antonio, Texas; and two homes located in Pflugerville, Texas. To select these homes, OIG Audit considered various risk-based factors, including the results of HHSC's most recent monitoring activities. Selecting these homes constituted the extent of OIG Audit's sampling methodology. Given the small sample size, OIG Audit cannot project its results to EduCare's other homes or community-based settings.

OIG Audit determined that the data used in this audit to support the sampling methodology was sufficiently reliable.

Appendix B: Breakdown of Results by Requirement

Tables B.1 through B.3 list the 50 health and safety requirements included on the HHSC Residential Checklist. Requirements designated by HHSC as significant risks necessitating immediate attention or as significant risks necessitating prompt attention within 48 hours are notated as applicable. Within the tables, an em dash (—) identifies requirements that were not applicable to an individual home. The requirements in the tables are presented in an order parallel to the HHSC Residential Checklist and may not match the order discussed in this report.

Table B.1: Homes A Through E

Item No.	Requirements	Homes				
		A	B	C	D	E
Emergency Evacuation Plans						
1	Are exit doors unobstructed and accessible to all individuals? (Significant risk that must be addressed within 48 hours)					
2	Do the individuals' bedrooms have two means of egress? (Significant risk that must be addressed within 48 hours)					
3	Are there two means of egress from the home?					
4	Is an emergency plan available and appropriate to the location of the home?	No				
5	Do emergency plans reflect the special needs of the individual(s) who live here?	No	No			
6	Have the staff members participated in a fire drill?					
7	Can the staff explain the emergency plans for the residences (fire and other emergencies)?					
8	Do the staff know what assistance to provide the individual(s) in this home to respond to an emergency?					
9	Have fire drills been conducted as required during the past year?					
10	Are there adequate working smoke detectors installed? (Significant risk that must be addressed within 48 hours)					
11	Are there adequate, fully charged fire extinguishers accessible to the kitchen, utility room, and garage?					
12	Are emergency numbers readily available?					
Four-Person Homes Only						
13	Has the fire alarm system been checked annually, and does it appear to be in working order? (Significant risk that must be addressed within 48 hours)	No				
14	If the home has sprinklers, have they been checked annually and are they unobstructed?					
15	Does the four-person home have a current fire marshal inspection using NFPA 101 Life Safety Code or International Fire Code? (Significant risk that requires immediate attention)					

Item No.	Requirements	Homes				
		A	B	C	D	E
Neighborhood and Home Exterior						
16	Does the residence look similar to other residences in the neighborhood (does not stand out as a home in which persons receive services)?					
17	Is the location accessible to generic services in the community?					
18	Does the residence, neighborhood, and community meet the needs of the individuals and provide an environment that ensures the health, safety, comfort, and welfare of the individuals?					
19	Is the outside area of the home in good condition (no safety hazards for falls; no toxins or fire dangers; no pest problems)?					
20	Is the outside area free of garbage, trash, or excessive clutter?					
21	Are the walkways clear to the front door without trip hazards?					
22	If needed, is a ramp in place for access into the home?					
Home Interior and Individuals						
23	Is the home modified to meet the needs of the individuals (e.g.: ramps, widened doors, grab bars)? (Significant risk that must be addressed within 48 hours)					
24	Is all adaptive equipment in good repair (e.g.: shower chairs, lifts)? (Significant risk that must be addressed within 48 hours)					—
25	Is the living environment comfortable (e.g.: physical arrangement and space per person sufficient for movement in home, adequate bathrooms)?					
26	Are furnishings adequate and in good repair (e.g.: no rips, stains, or broken pieces)?					
27	Is the home clean and free of odors?					No
28	Is the home free of bugs and other infestations? (Significant risk that must be addressed within 48 hours)					
29	Are the floors, walls, and ceilings in good repair?	No	No	No		
30	Is the temperature of the home comfortable for the individual(s)? (Significant risk that must be addressed within 48 hours)					
31	Is the bathroom in good repair?					No
32	Does the home have enough food for the individual(s)? (Significant risk that requires immediate attention)					
33	Is a vehicle available for the home to use and does it meet the transportation needs of the individuals (e.g.: adapted for wheelchairs)?					
34	Is the interior of the home free of excess trash?					
35	Is the storage of chemicals and other toxins safe for the individuals who live in the home? (Significant risk that requires immediate attention)					
36	Is the home free of safety hazards?					No
37	Is the kitchen accessible to the individual(s) for accessing water and food?					
38	Is the water temperature 120 degrees or lower? (Significant risk that requires immediate attention)					

Item No.	Requirements	Homes				
		A	B	C	D	E
Home Interior and Individuals continued						
39	Are the kitchen appliances (e.g.: stove, refrigerator, dishwasher) clean and in working order?					
40	If there are any cats/dogs at the home, do they have current vaccinations?	—	—	—	—	—
Medications						
41	Are the medications secured as needed to safeguard the individuals? (Significant risk that requires immediate attention)					No
42	Are medication administration records available and completed accurately?	No	No			No
43	Are staff knowledgeable about the medications received by the individuals?					
44	If staff are administering medications, have they been trained by a nurse? (Significant risk that requires immediate attention)					
Abuse and Neglect						
45	Is the legal (contract) posting for the provider present and in view?					
46	Do the staff know what constitutes abuse, neglect, and exploitation?					No
47	Do staff know the requirements for reporting abuse, neglect, and exploitation?		No			No
48	Do staff know how to prevent abuse, neglect and exploitation?		No			No
Staff Training						
49	Have staff received the training necessary to deliver services as required by the needs and characteristics of the individuals living in the home?					
50	Have staff received training in infection control and do staff follow proper infection control policies and procedures during the residential review?	No	No	No		No
Total Instances of Noncompliance		6	6	2	0	9

Source: OIG Audit

Table B.2: Homes F Through J

Item No.	Requirements	Homes				
		F	G	H	I	J
Emergency Evacuation Plans						
1	Are exit doors unobstructed and accessible to all individuals? (Significant risk that must be addressed within 48 hours)					
2	Do the individuals' bedrooms have two means of egress? (Significant risk that must be addressed within 48 hours)					—
3	Are there two means of egress from the home?					
4	Is an emergency plan available and appropriate to the location of the home?					
5	Do emergency plans reflect the special needs of the individual(s) who live here?					
6	Have the staff members participated in a fire drill?					
7	Can the staff explain the emergency plans for the residences (fire and other emergencies)?					
8	Do the staff know what assistance to provide the individual(s) in this home to respond to an emergency?					
9	Have fire drills been conducted as required during the past year?					
10	Are there adequate working smoke detectors installed? (Significant risk that must be addressed within 48 hours)					
11	Are there adequate, fully charged fire extinguishers accessible to the kitchen, utility room, and garage?					
12	Are emergency numbers readily available?					
Four-Person Homes Only						
13	Has the fire alarm system been checked annually, and does it appear to be in working order? (Significant risk that must be addressed within 48 hours)			—	—	—
14	If the home has sprinklers, have they been checked annually and are they unobstructed?			—	—	—
15	Does the four-person home have a current fire marshal inspection using NFPA 101 Life Safety Code or International Fire Code? (Significant risk that requires immediate attention)			—	—	—
Neighborhood and Home Exterior						
16	Does the residence look similar to other residences in the neighborhood (does not stand out as a home in which persons receive services)?					
17	Is the location accessible to generic services in the community?					
18	Does the residence, neighborhood, and community meet the needs of the individuals and provide an environment that ensures the health, safety, comfort, and welfare of the individuals?					
19	Is the outside area of the home in good condition (no safety hazards for falls; no toxins or fire dangers; no pest problems)?		No			
20	Is the outside area free of garbage, trash, or excessive clutter?					
21	Are the walkways clear to the front door without trip hazards?					
22	If needed, is a ramp in place for access into the home?			—		

Item No.	Requirements	Homes				
		F	G	H	I	J
Home Interior and Individuals						
23	Is the home modified to meet the needs of the individuals (e.g.: ramps, widened doors, grab bars)? (Significant risk that must be addressed within 48 hours)					
24	Is all adaptive equipment in good repair (e.g.: shower chairs, lifts)? (Significant risk that must be addressed within 48 hours)				—	
25	Is the living environment comfortable (e.g.: physical arrangement and space per person sufficient for movement in home, adequate bathrooms)?					
26	Are furnishings adequate and in good repair (e.g.: no rips, stains, or broken pieces)?					
27	Is the home clean and free of odors?					
28	Is the home free of bugs and other infestations? (Significant risk that must be addressed within 48 hours)					
29	Are the floors, walls, and ceilings in good repair?				No	
30	Is the temperature of the home comfortable for the individual(s)? (Significant risk that must be addressed within 48 hours)					
31	Is the bathroom in good repair?		No			
32	Does the home have enough food for the individual(s)? (Significant risk that requires immediate attention)					
33	Is a vehicle available for the home to use and does it meet the transportation needs of the individuals (e.g.: adapted for wheelchairs)?					
34	Is the interior of the home free of excess trash?					
35	Is the storage of chemicals and other toxins safe for the individuals who live in the home? (Significant risk that requires immediate attention)					
36	Is the home free of safety hazards?					
37	Is the kitchen accessible to the individual(s) for accessing water and food?					
38	Is the water temperature 120 degrees or lower? (Significant risk that requires immediate attention)					
39	Are the kitchen appliances (e.g.: stove, refrigerator, dishwasher) clean and in working order?					
40	If there are any cats/dogs at the home, do they have current vaccinations?	—	—	—	—	—
Medications						
41	Are the medications secured as needed to safeguard the individuals? (Significant risk that requires immediate attention)					
42	Are medication administration records available and completed accurately?			No	No	No
43	Are staff knowledgeable about the medications received by the individuals?					
44	If staff are administering medications, have they been trained by a nurse? (Significant risk that requires immediate attention)					

Item No.	Requirements	Homes				
		F	G	H	I	J
Abuse and Neglect						
45	Is the legal (contract) posting for the provider present and in view?					
46	Do the staff know what constitutes abuse, neglect, and exploitation?					
47	Do staff know the requirements for reporting abuse, neglect, and exploitation?	No				
48	Do staff know how to prevent abuse, neglect and exploitation?					
Staff Training						
49	Have staff received the training necessary to deliver services as required by the needs and characteristics of the individuals living in the home?					
50	Have staff received training in infection control and do staff follow proper infection control policies and procedures during the residential review?		No		No	
Total Instances of Noncompliance		1	3	1	3	1

Source: OIG Audit

Table B.3: Homes K Through O

Item No.	Requirements	Homes				
		K	L	M	N	O
Emergency Evacuation Plans						
1	Are exit doors unobstructed and accessible to all individuals? (Significant risk that must be addressed within 48 hours)					
2	Do the individuals' bedrooms have two means of egress? (Significant risk that must be addressed within 48 hours)				—	—
3	Are there two means of egress from the home?					
4	Is an emergency plan available and appropriate to the location of the home?					
5	Do emergency plans reflect the special needs of the individual(s) who live here?					
6	Have the staff members participated in a fire drill?					
7	Can the staff explain the emergency plans for the residences (fire and other emergencies)?					
8	Do the staff know what assistance to provide the individual(s) in this home to respond to an emergency?			No		
9	Have fire drills been conducted as required during the past year?					
10	Are there adequate working smoke detectors installed? (Significant risk that must be addressed within 48 hours)					
11	Are there adequate, fully charged fire extinguishers accessible to the kitchen, utility room, and garage?					
12	Are emergency numbers readily available?					
Four-Person Homes Only						
13	Has the fire alarm system been checked annually, and does it appear to be in working order? (Significant risk that must be addressed within 48 hours)	—			—	—
14	If the home has sprinklers, have they been checked annually and are they unobstructed?	—			—	—
15	Does the four-person home have a current fire marshal inspection using NFPA 101 Life Safety Code or International Fire Code? (Significant risk that requires immediate attention)	—			—	—
Neighborhood and Home Exterior						
16	Does the residence look similar to other residences in the neighborhood (does not stand out as a home in which persons receive services)?					
17	Is the location accessible to generic services in the community?					
18	Does the residence, neighborhood, and community meet the needs of the individuals and provide an environment that ensures the health, safety, comfort, and welfare of the individuals?					
19	Is the outside area of the home in good condition (no safety hazards for falls; no toxins or fire dangers; no pest problems)?					
20	Is the outside area free of garbage, trash, or excessive clutter?					
21	Are the walkways clear to the front door without trip hazards?					
22	If needed, is a ramp in place for access into the home?	—		—	—	

Item No.	Requirements	Homes				
		K	L	M	N	O
Home Interior and Individuals						
23	Is the home modified to meet the needs of the individuals (e.g.: ramps, widened doors, grab bars)? (Significant risk that must be addressed within 48 hours)					
24	Is all adaptive equipment in good repair (e.g.: shower chairs, lifts)? (Significant risk that must be addressed within 48 hours)				—	
25	Is the living environment comfortable (e.g.: physical arrangement and space per person sufficient for movement in home, adequate bathrooms)?					
26	Are furnishings adequate and in good repair (e.g.: no rips, stains, or broken pieces)?					
27	Is the home clean and free of odors?					
28	Is the home free of bugs and other infestations? (Significant risk that must be addressed within 48 hours)					
29	Are the floors, walls, and ceilings in good repair?					
30	Is the temperature of the home comfortable for the individual(s)? (Significant risk that must be addressed within 48 hours)					
31	Is the bathroom in good repair?					
32	Does the home have enough food for the individual(s)? (Significant risk that requires immediate attention)					
33	Is a vehicle available for the home to use and does it meet the transportation needs of the individuals (e.g.: adapted for wheelchairs)?					
34	Is the interior of the home free of excess trash?					
35	Is the storage of chemicals and other toxins safe for the individuals who live in the home? (Significant risk that requires immediate attention)					
36	Is the home free of safety hazards?					
37	Is the kitchen accessible to the individual(s) for accessing water and food?					
38	Is the water temperature 120 degrees or lower? (Significant risk that requires immediate attention)					
39	Are the kitchen appliances (e.g.: stove, refrigerator, dishwasher) clean and in working order?					
40	If there are any cats/dogs at the home, do they have current vaccinations?	—	—	—	—	—
Medications						
41	Are the medications secured as needed to safeguard the individuals? (Significant risk that requires immediate attention)					
42	Are medication administration records available and completed accurately?	No		No	No	No
43	Are staff knowledgeable about the medications received by the individuals?					
44	If staff are administering medications, have they been trained by a nurse? (Significant risk that requires immediate attention)					

Item No.	Requirements	Homes				
		K	L	M	N	O
Abuse and Neglect						
45	Is the legal (contract) posting for the provider present and in view?					
46	Do the staff know what constitutes abuse, neglect, and exploitation?					
47	Do staff know the requirements for reporting abuse, neglect, and exploitation?					
48	Do staff know how to prevent abuse, neglect and exploitation?					
Staff Training						
49	Have staff received the training necessary to deliver services as required by the needs and characteristics of the individuals living in the home?					
50	Have staff received training in infection control and do staff follow proper infection control policies and procedures during the residential review?					
Total Instances of Noncompliance		1	0	2	1	1

Source: OIG Audit

Appendix C: Photographs From OIG Audit's Site Visits

Examples of Compliance Identified During Site Visits

Figures C.1 through C.8 present examples of the compliant living environments observed by OIG Audit during site visits to the 15 homes managed by EduCare selected as part of this audit.

Figure C.1: Home F Interior



Clean and accessible dining room with decoration.

Source: OIG Audit

Figure C.2: Home H Interior



Clean counters and appliances.

Source: OIG Audit

Figure C.3: Home I Interior



Clean and accessible living space with decoration.

Source: OIG Audit

Figure C.4: Home J Interior



Clean and accessible bedroom containing personal decoration.

Source: OIG Audit

Figure C.5: Home L Interior

Clean and accessible dining room with decoration.

Source: OIG Audit

Figure C.6: Home N Interior

Clean and accessible living space with decoration.

Source: OIG Audit

Figure C.7: Home O Interior

Clean and accessible bathroom.

Source: OIG Audit

Figure C.8: Home O Interior

Clean and accessible bedroom containing personal decoration.

Source: OIG Audit

Examples of Noncompliance with Requirements for Home Interiors

Figures C.9 through C.15 present examples of noncompliant interior living environments observed by OIG Audit during site visits to the 15 homes managed by EduCare selected as part of this audit.

Figure C.9: Home C Interior



Water damage to ceiling in living space.

Source: OIG Audit

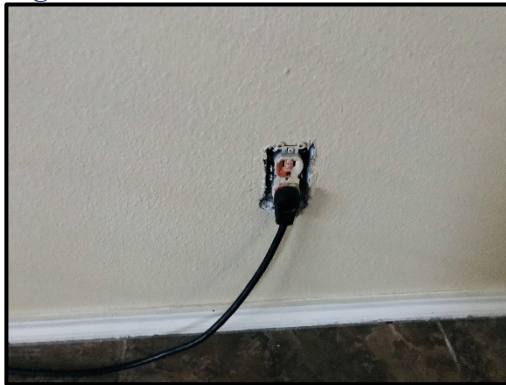
Figure C.10: Home E Interior



Open security control panel and damage to walls in bedroom.

Source: OIG Audit

Figure C.11: Home E Interior



Electrical outlet with no cover plate.

Source: OIG Audit

Figure C.12: Home G Interior



Unclean shower containing discarded, moldy items.

Source: OIG Audit

Figure C.13: Home G Interior

Window broken by detached wooden beam (see Figures C.16 and C.17) and poorly fitted plywood covering exposing the outdoors.

Source: OIG Audit

Figure C.14: Home I Interior

Water damage to wall in bathroom.

Source: OIG Audit

Figure C.15: Home I Interior

Broken doorknob that compromised residents' privacy.

Source: OIG Audit

Examples of Noncompliance with Requirements for Home Exteriors

Figures C.16 through C.17 present examples of noncompliant exterior living environments observed by OIG Audit during site visits to the 15 homes managed by EduCare selected as part of this audit.

Figure C.16: Home G Exterior



Hole from detached wooden beam (see Figure C.17).

Source: OIG Audit

Figure C.17: Home G Exterior



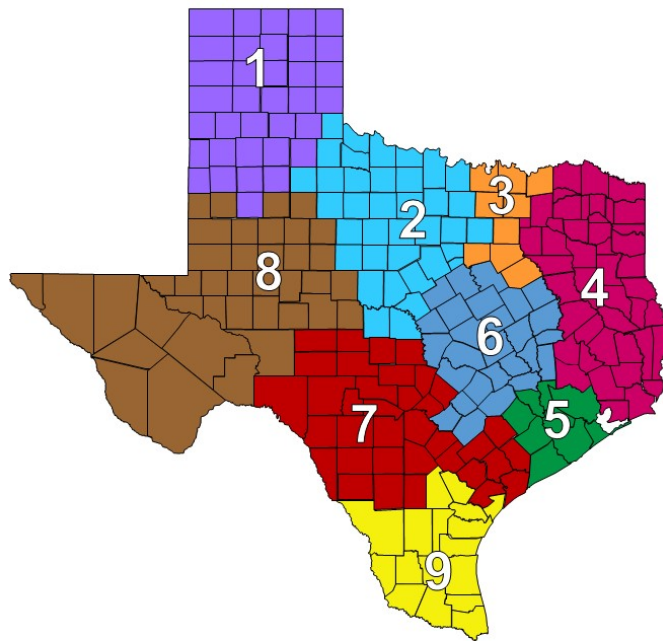
Detached wooden beam with exposed nails.

Source: OIG Audit

Appendix D: HHSC Waiver Contract Areas Served by EduCare

EduCare operates in waiver contract area 1, which includes 35 Texas counties; waiver contract area 2, which includes 37 Texas counties; waiver contract area 3, which includes 9 Texas counties; waiver contract area 4, which includes 45 Texas counties; waiver contract area 5, which includes 9 Texas counties; waiver contract area 6, which includes 27 Texas counties; waiver contract area 7, which includes 36 Texas counties; waiver contract area 8 which includes 39 Texas counties; and waiver contract area 9, which includes 17 Texas counties. The 15 homes visited as part of this audit were located in waiver contract areas 2, 3, 6, and 7.

Figure D.1: HHSC Waiver Contract Areas Served by EduCare



Source: Texas Department of Aging and Disability Services (DADS) (now part of HHSC), Waiver Contract Areas by County (July 2015)

Table D.1 identifies the Texas counties included in waiver contract areas 1, 2, 3, 4, 5, 6, 7, 8, and 9.

Table D.1: Texas Counties in Waiver Contract Areas 1, 2, 3, 4, 5, 6, 7, 8, and 9

Waiver Contract Area	Counties
Waiver contract area 1	Armstrong, Bailey, Briscoe, Carson, Castro, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Donley, Floyd, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, and Wheeler.

Waiver Contract Area	Counties
Waiver contract area 2	Archer, Baylor, Brown, Callahan, Childress, Clay, Coleman, Comanche, Cottle, Dickens, Eastland, Erath, Foard, Hardeman, Haskell, Hood, Jack, Jones, King, Knox, McCulloch, Mills, Montague, Palo Pinto, Parker, San Saba, Shackelford, Somervell, Stephens, Stonewall, Tarrant, Taylor, Throckmorton, Wichita, Wilbarger, Wise, and Young.
Waiver contract area 3	Collin, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Johnson, and Navarro.
Waiver contract area 4	Anderson, Angelina, Bowie, Camp, Cass, Chambers, Cherokee, Delta, Franklin, Gregg, Hardin, Harrison, Henderson, Hopkins, Houston, Hunt, Jasper, Jefferson, Kaufman, Lamar, Liberty, Marion, Montgomery, Morris, Nacogdoches, Newton, Orange, Panola, Polk, Rains, Red River, Rockwall, Rusk, Sabine, San Augustine, San Jacinto, Shelby, Smith, Titus, Trinity, Tyler, Upshur, Van Zandt, Walker, and Wood.
Waiver contract area 5	Austin, Brazoria, Colorado, Fort Bend, Galveston, Harris, Matagorda, Waller, and Wharton.
Waiver contract area 6	Bastrop, Bell, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Gonzales, Grimes, Guadalupe, Hamilton, Hill, Lampasas, Lee, Leon, Limestone, Madison, McLennon, Milam, Robertson, Travis, Washington, and Williamson.
Waiver contract area 7	Atascosa, Bandera, Bexar, Blanco, Calhoun, Comal, De Witt, Dimmit, Edwards, Frio, Gillespie, Goliad, Hays, Jackson, Karnes, Kendall, Kerr, Kimble, Kinney, La Salle, Lavaca, Llano, Mason, Maverick, McMullen, Medina, Menard, Real, Refugio, Schleicher, Sutton, Uvalde, Val Verde, Victoria, Wilson, and Zavala.
Waiver contract area 8	Andrews, Borden, Brewster, Coke, Concho, Crane, Crockett, Culberson, Dawson, Ector, El Paso, Fisher, Gaines, Garza, Glasscock, Howard, Hudspeth, Irion, Jeff Davis, Kent, Loving, Martin, Midland, Mitchell, Nolan, Pecos, Presidio, Reagan, Reeves, Runnels, Scurry, Sterling, Terrell, Terry, Tom Green, Upton, Ward, Winkler, and Yoakum.
Waiver contract area 9	Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, Nueces, San Patricio, Starr, Webb, Willacy, and Zapata.

Source: Texas Department of Aging and Disability Services (DADS) (now part of HHSC), Waiver Contract Areas by County (July 2015)

Appendix E: EduCare's Supplemental Management Response and Photographs

The supplemental information and photographs presented in this appendix and provided by EduCare are unaudited by OIG Audit.



October 5, 2021

At EduCare Community Living, our top priority is delivering quality, compassionate care and ensuring the health, safety and wellbeing of the individuals we support.

EduCare plays a critical role across the state of Texas, providing around-the-clock support and services for individuals living with intellectual and developmental disabilities. Some of the highest acuity individuals in the state are served by EduCare, including 19 LON 9 individuals, the highest acuity of care. We follow very stringent, state-regulated operational practices and have been recognized and nationally accredited for the training we provide our care teams.

During 2021, we conducted a Person-Served Survey where 95% of our clients were satisfied with our support. We conducted our last family/guardian survey in 2020. Our North region in Texas achieved a 4.29 out of 5 stars, and our South Texas operations achieved a 3.84 out of 5 stars.

Additionally, to date in 2021, we have conducted 2,564 site reviews internally, with an average score of 93%, and 1,155 records reviews internally this year.

Our commitment to quality and continual process improvement is further demonstrated through our ten Quality Assurance Managers, who are dedicated to overseeing the support we provide to the hundreds of people served daily. We are confident in the efficacy of the initial and ongoing training we provide to all of our team members. EduCare has ten dedicated trainers and provides 40 hours of new hire training to every employee, including You're Safe, I'm Safe and CPR/first aid, and an additional 20 hours of mandatory annual refresher training for every employee. Our clinical oversight in Texas is led by three nurses who are further bolstered by our 24-hour, on-call nursing and triage team.

Recognizing the direct support professional (DSP) workforce crisis throughout the country, we've added many "premium locations" where we've increased DSP wages to recruit and retain employees at locations with high-acuity clients.

We've made significant investments in technology to allow for improved documentation and monitoring. All of our locations are equipped with TaskMasterPro, an Electronic Record System, for documentation, and QuickMar, an Electronic Medication Administration Record.

We're proud of the planning and execution of our Emergency Preparedness Plans during unprecedented weather events in 2021, including snow and ice storms, hurricanes and flooding across the state.

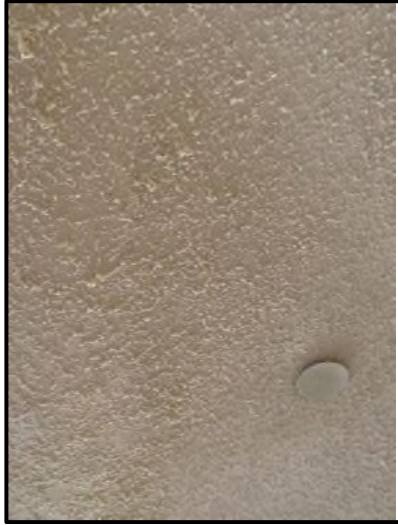
We take our mission to provide care to some of Texas' most vulnerable population very seriously. Our work is not always easy or glamorous. But we routinely go above and beyond to ensure the very best for the clients we serve.

3324 West Loop 306, San Angelo, Texas 76904

Photographs Provided by EduCare

The following photographs were provided by EduCare as part of its management response to Recommendation 1.1.

Home C Interior



Repaired Ceiling

Source: EduCare

Home E Interior



Electrical Outlet Cover Plate Installed

Source: EduCare

Home E Interior



Secured Control Panel and Repaired Wall

Source: EduCare

Home G Interior



Cleaned Shower

Source: EduCare

Home G Interior



Repaired Window

Source: EduCare

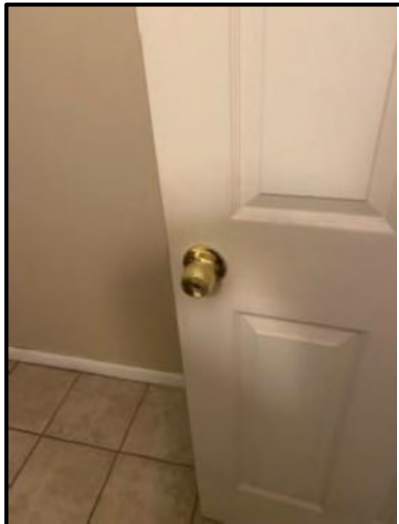
Home I Interior



Repaired Bathroom Wall

Source: EduCare

Home I Interior



Replaced Bathroom Door

Source: EduCare

The following photograph was provided by EduCare as part of its management response to Recommendation 1.2.

Home G Exterior



Repaired Pergola

Source: EduCare

Appendix F: Abbreviations

Abbreviations Used in This Report

CDC	United States Centers for Disease Control and Prevention
DFPS	Texas Department of Family and Protective Services
EduCare	EduCare Community Living Corporation – Texas
HCS	Home and Community-Based Services program
HHS	Health and Human Services
HHSC	Health and Human Services Commission
Homes	Three- and four-person residences managed by EduCare
OIG	Office of Inspector General
OIG Audit	OIG Audit and Inspections Division
HHSC Residential Checklist	HHSC Waiver Survey and Certification Residential Checklist
TXMHMR	Texas Department of Mental Health and Mental Retardation

Appendix G: Report Team and Distribution

Report Team

OIG staff members who contributed to this audit report include:

- Kacy J. VerColen, CPA, Deputy Inspector General of Audit and Inspections
- Anton Dutchover, CPA, Audit Director
- Marcus Horton, CIA, CFE, CRMA, CCSA, Audit Project Manager
- Bridget Hale, Senior Auditor
- Sonja Murillo, Staff Auditor
- McKenna Kolbasinski, Associate Auditor
- Adam Tondre, Associate Auditor
- Karen Mullen, CGAP, Quality Assurance Reviewer
- Kanette Blomberg, CPA, Quality Assurance Reviewer
- Ashley Rains, CFE, Senior Audit Operations Analyst

Report Distribution

Health and Human Services

- Cecile Erwin Young, Executive Commissioner
- Kate Hendrix, Chief of Staff
- Maurice McCreary, Jr., Chief Operating Officer
- Victoria Ford, Chief Policy and Regulatory Officer
- Karen Ray, Chief Counsel
- Michelle Alletto, Chief Program and Services Officer
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- Alyssa Naugle, Director of Waiver Survey and Certification, Long Term Care Regulation

EduCare Community Living Corporation - Texas

- Blake Buckman, President
- Jodie Braden, State Director, Texas Residential

Appendix H: OIG Mission, Leadership, and Contact Information

The mission of OIG is to prevent, detect, and deter fraud, waste, and abuse through the audit, investigation, and inspection of federal and state taxpayer dollars used in the provision and delivery of health and human services in Texas. The senior leadership guiding the fulfillment of OIG’s mission and statutory responsibility includes:

- Sylvia Hernandez Kauffman, Inspector General
- Audrey O’Neill, Principal Deputy Inspector General, Chief of Audit and Inspections
- Susan Biles, Chief of Staff, Chief of Policy and Performance
- Dirk Johnson, Chief Counsel
- Christine Maldonado, Chief of Operations and Workforce Leadership
- Steve Johnson, Chief of Investigations and Reviews

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- Phone: 1-800-436-6184

To Contact OIG

- Email: OIGCommunications@hhs.texas.gov
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