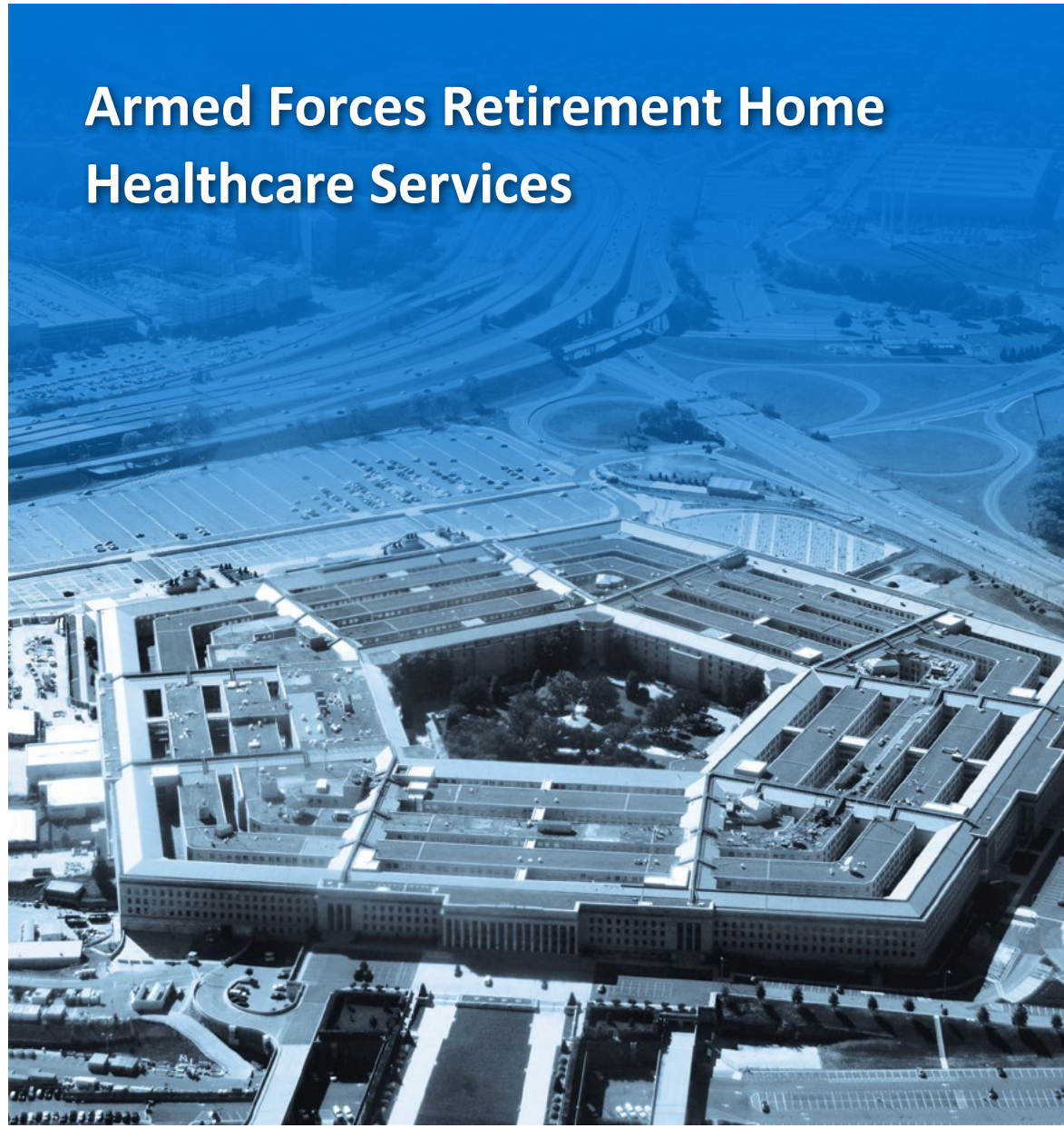




# INSPECTOR GENERAL

*U.S. Department of Defense*

DECEMBER 14, 2017



## Armed Forces Retirement Home Healthcare Services

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INTEGRITY ★ EFFICIENCY ★ ACCOUNTABILITY ★ EXCELLENCE

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# Results in Brief

## *Armed Forces Retirement Home Healthcare Services*

December 14, 2017

### Objective

We determined whether the Armed Forces Retirement Home provided healthcare services in accordance with applicable national healthcare standards and met the related quality-of-life needs of the residents.<sup>1</sup> This is one in a series of DoD OIG reports that will collectively meet the statutory requirement for the DoD OIG to complete periodic comprehensive inspections of the Armed Forces Retirement Home.

### Background

Section 411, title 24, United States Code, established the Armed Forces Retirement Home (AFRH) as an independent establishment in the executive branch. The AFRH consists of two facilities – Gulfport, Mississippi (AFRH-Gulfport) and Washington, D.C. (AFRH-Washington) – as well as the corporate headquarters, collocated at the Washington campus. Both AFRH facilities designate residential units by graduated levels

### Background (cont'd)

of care for those residents who require additional healthcare services. These levels consist of independent living, independent living plus, assisted living, long-term care, and memory support. The head of the AFRH is the Chief Operating Officer, who is subject to the authority, direction, and control of the Secretary of Defense.

The Deputy Director, Defense Health Agency, serves as the Senior Medical Advisor (SMA) for the AFRH. The SMA provides advice to the Secretary of Defense, the Deputy Chief Management Officer, and the Chief Operating Officer, AFRH, about the direction and oversight of:

- medical administrative matters at each facility of the Retirement Home; and
- the provision of medical care, preventive mental health, and dental-care services at each facility of the Retirement Home.

### Findings

We found that the AFRH medical staff generally provided healthcare services that met national healthcare standards and the quality-of-life needs of residents. However, AFRH medical providers did not conduct provider visits to residents in long-term-care units at the frequency required by national healthcare standards. Additionally, AFRH medical administrators did not effectively implement all facility-level controls to identify deficiencies in healthcare practices, such as documenting medication and treatment administration, documenting infection-control rounds, and recording temperatures for refrigerators where resident medications were stored.

<sup>1</sup> In our evaluation, we used applicable standards outlined in title 42, Code of Federal Regulations, part 483, as well as standards from the Centers for Medicare & Medicaid Services, the Centers for Disease Control and Prevention, the Drug Enforcement Administration, and the Office of the National Coordinator for Health Information Technology.



# Results in Brief

## *Armed Forces Retirement Home Healthcare Services*

### **Findings (cont'd)**

AFRH Wellness Centers demonstrated adequate physical controls over controlled substances handled and stored by Wellness Center personnel. However, the Wellness Centers did not have adequate administrative controls to demonstrate accountability of controlled substances transported, handled, and stored by Wellness Center personnel. Additionally, the Wellness Centers did not have adequate administrative controls to ensure that access to medication-storage areas was limited to authorized personnel only.

### **Recommendations**

We recommend that the Chief Operating Officer, Armed Forces Retirement Home, require that the Chief, Healthcare Services, at each facility:

- develop and implement a process for regular reviews of medical provider visits,
- review and align current healthcare practices with approved facility-level standard operating procedures, and
- develop and implement administrative controls over controlled substances at the AFRH Wellness Centers.

We recommend that the Deputy Director, Defense Health Agency, in accordance with their responsibilities as the Senior Medical Advisor:

- advise the Chief, Healthcare Services, of each facility on the development

and implementation of the recommendations; and

- review identified deficiencies as a part of their quarterly oversight responsibilities.

### **Management Comments and Our Response**

The Acting Chief Operating Officer, Armed Forces Retirement Home, agreed with our findings and recommendations. He agreed to develop and implement a process for regular reviews of provider visits; provide education to ensure clinical staff understand their roles regarding the completion of documentation; ensure that the Infection Control Nurse documents, tracks, and collects data for further analysis; and develop and implement temperature logs and conduct staff education on protocols related to cold storage of medication.

Further, the Chief Operating Officer agreed to develop and implement a controlled-substance tracking log; add an inventory-control procedure to facility-level standard operating procedures; create a restricted list of positions that have supervised and unsupervised access to medication storage areas; and update facility-level standard operating procedures accordingly.

The Deputy Director, Defense Health Agency, agreed with our findings and recommendations. In response to both recommendations, the Deputy Director agreed to provide oversight of the AFRH corrective actions through regular site visits,



# Results in Brief

## *Armed Forces Retirement Home Healthcare Services*

### ***Management Comments (cont'd)***

quarterly updates with AFRH leadership, and a review of the AFRH policies and procedures. The Deputy Director agreed also to engage the AFRH leadership, as needed, to address any issue or concern that may arise.

Comments from the Acting Chief Operating Officer, AFRH, and the Deputy Director, Defense Health Agency, addressed the specifics of the recommendations. Therefore, the recommendations are resolved but will remain open. We will close the recommendations after we verify that the actions described in the responses have been implemented.

## Recommendations Table

Management	Recommendations Unresolved	Recommendations Resolved	Recommendations Closed
Deputy Director, Defense Health Agency	None	A.2.a, A.2.b, B.2.a, and B.2.b	None
Chief Operating Officer, Armed Forces Retirement Home	None	A.1.a, A.1.b, B.1.a, B.1.b, and B.1.c	None

Note: The following categories describe agency management's comments to individual recommendations.

- **Unresolved** – Management has not agreed to implement the recommendation or has not proposed actions that will address the recommendation.
- **Resolved** – Management has agreed to implement the recommendation or has proposed actions that will address the underlying finding that generated the recommendation.
- **Closed** – The OIG has verified that the agreed corrective actions have been implemented.



**INSPECTOR GENERAL  
DEPARTMENT OF DEFENSE  
4800 MARK CENTER DRIVE  
ALEXANDRIA, VIRGINIA 22350-1500**

December 14, 2017

MEMORANDUM FOR DEPUTY CHIEF MANAGEMENT OFFICER  
DEPUTY DIRECTOR, DEFENSE HEALTH AGENCY  
CHIEF OPERATING OFFICER, ARMED FORCES RETIREMENT HOME

SUBJECT: Armed Forces Retirement Home Healthcare Services  
(Report No. DODIG-2018-034)

We are providing this final report for information and action, as appropriate. This is one in a series of reports that will collectively meet the DoD OIG's requirement to periodically complete a comprehensive inspection of the Armed Forces Retirement Home (AFRH), in accordance with section 418, title 24, United States Code.

We conducted this inspection in accordance with the Quality Standards for Inspection and Evaluation published by the Council of Inspectors General on Integrity and Efficiency in January 2012.

AFRH medical staff generally provided healthcare services that met national healthcare standards and the quality-of-life needs of residents. However, AFRH medical providers did not conduct provider visits to residents in long-term-care units at the frequency required by national healthcare standards, and AFRH medical administrators did not effectively implement all facility-level controls to identify deficiencies in healthcare practices, such as documenting medication and treatment administration, documenting infection-control rounds, and recording refrigerator temperatures. Additionally, AFRH Wellness Centers did not have adequate administrative controls to demonstrate accountability of controlled substances transported, handled, and stored by Wellness Center personnel.

We considered comments on the draft of this report when preparing the final report. Comments from the Deputy Director, Defense Health Agency and the Acting Chief Operating Officer, Armed Forces Retirement Home conformed to the requirements of DoD Directive 7650.3; therefore, we do not require additional comments.

We appreciate the courtesies extended to the staff. Please direct questions to [REDACTED]

[REDACTED]

A handwritten signature in black ink, reading "K. P. Moorefield", is positioned above the name and title of the Deputy Inspector General.

Kenneth P. Moorefield  
Deputy Inspector General  
Special Plans and Operations



# Contents

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## Introduction

Objective .....	1
Background .....	1
Review of Internal Controls .....	3

## Findings

Finding A. AFRH Healthcare Services Did Not Fully Comply with National Healthcare Standards .....	5
AFRH Generally Provided Healthcare Services in Accordance with National Healthcare Standards .....	5
AFRH Provider Visits Did Not Occur at the Frequency Required by National Healthcare Standards .....	8
AFRH Medical Administrators Did Not Effectively Implement Certain Controls .....	10
Conclusion .....	16
Recommendations, Management Comments, and Our Response .....	16
Finding B. AFRH Wellness Centers Did Not Have Adequate Administrative Controls over Controlled Substances .....	21
AFRH Wellness Centers Administrative Controls over Controlled Substances .....	21
Conclusion .....	25
Recommendations, Management Comments, and Our Response .....	25

## Appendixes

Appendix A. Scope and Methodology .....	29
Use of Computer-Processed Data .....	30
Prior Coverage .....	30
Appendix B. Senior Medical Advisor Oversight Responsibilities .....	31
Senior Medical Advisor Oversight Responsibilities .....	31

## Management Comments

Defense Health Agency .....	33
Armed Forces Retirement Home .....	35

## Acronyms and Abbreviations



# Introduction

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## Objective

We determined whether the Armed Forces Retirement Home (AFRH) provided healthcare services in accordance with applicable national healthcare standards and met the related quality-of-life needs of the residents of the retirement homes.<sup>2</sup> We conducted this evaluation in accordance with section 418, title 24, United States Code (24 U.S.C. § 418 [2016]), which requires the Department of Defense Office of Inspector General to perform a periodic comprehensive inspection of the AFRH.

This is the first in a series of reports that will collectively meet the statutory requirement for a periodic comprehensive inspection. This evaluation focuses on the healthcare services provided by the AFRH medical staff at each facility. In January 2017, the DoD OIG announced an Audit of AFRH Revenues, Expenses, and Contract Award and Administration to determine whether officials conducted effective financial management and contract award and administration for the AFRH. To complete the comprehensive inspection, in September 2017 the DoD OIG announced an evaluation of AFRH support functions, including human resources, information-technology management, admissions, estate matters, and facilities support. See Appendix A for our scope and methodology and the prior coverage.

## Background

Section 411, title 24, United States Code (24 U.S.C. § 411 [2016]), established the AFRH as an independent establishment in the executive branch. The AFRH consists of two facilities – Gulfport, Mississippi (AFRH-Gulfport) and Washington, D.C. (AFRH-Washington), as well as the corporate headquarters, collocated at the AFRH-Washington campus. A Chief Operating Officer (COO), who is subject to the authority, direction, and control of the Secretary of Defense, heads the AFRH. On February 14, 2017, the Deputy Secretary of Defense transitioned the authority for the AFRH from the Under Secretary of Defense for Personnel and Readiness to the Deputy Chief Management Officer (DCMO).<sup>3</sup>

Each AFRH facility has a Facility Administrator as well as medical administrators, who oversee the healthcare programs within the facility. For the purpose of this report, the medical administrators are the Chief, Healthcare Services, the Director of Nursing, and the Wellness Center manager. Each AFRH facility provides

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<sup>2</sup> In our evaluation we used applicable standards outlined in title 42, Code of Federal Regulations, part 483, as well as standards from the Centers for Medicare & Medicaid Services, the Centers for Disease Control and Prevention, the Drug Enforcement Administration, and the Office of the National Coordinator for Health Information Technology.

<sup>3</sup> Deputy Secretary of Defense Memorandum, “Armed Forces Retirement Home Solvency Strategy,” February 14, 2017

five levels of care to meet the changing needs of residents as they age. Both AFRH facilities designate residential units by graduated levels of care.

These graduated levels of care are:

- **Independent Living:** Residents live independently and perform all the activities of daily living without help.
- **Independent Living Plus:** Residents continue to live independently while receiving some help with the activities of daily living, such as medication administration, hygiene, and housekeeping.
- **Assisted Living:** Residents receive regular help with the activities of daily living and 24-hour-per-day nursing coverage.
- **Long-Term Care:** Residents receive total-support care for their activities of daily living (due to chronic illnesses or disabilities) and receive 24-hour-per-day nursing coverage.
- **Memory Support:** Residents with cognitive deficiencies, who are unable to perform the activities of daily living, and who need a supervised environment to keep them safe. They also receive 24-hour-per-day nursing coverage.

*Table 1. AFRH Resident Capacity by Level of Care*

	AFRH-W	AFRH-G	TOTAL
Independent Living and Independent Living Plus	448	516	964
Assisted Living	60	24	84
Long-Term Care	36	24	60
Memory Support	24	24	48
<b>Total</b>	<b>568</b>	<b>588</b>	<b>1,156</b>

Source: AFRH Performance and Accountability Report 2016.

## ***AFRH Senior Medical Advisor***

Section 413a, title 24, United States Code, directs the Secretary of Defense to designate the Deputy Director, Defense Health Agency, to serve as the Senior Medical Advisor (SMA) for the AFRH. The SMA provides advice to the Secretary of Defense, the DCMO, and the COO, AFRH, about the direction and oversight of:

- medical administrative matters at each facility of the Retirement Home; and
- the provision of medical care, preventive mental health, and dental-care services at each facility of the Retirement Home.

The SMA developed an oversight plan to help the leadership of the AFRH in achieving their mission and vision, to meet statutory requirements, and to provide feedback to the DoD leadership in support of their oversight requirements. The SMA's Oversight Plan identifies oversight activities conducted by Defense Health Agency personnel on a quarterly, semiannual, or annual basis. Additionally, the SMA or representatives of the SMA are available to help the AFRH leadership with medical-administrative matters and the provision of care between regularly scheduled reviews. See Appendix B for further details about the SMA's Oversight Plan.

## **Review of Internal Controls**

Office of Management and Budget Circular No. A-123, Management's Responsibility for Enterprise Risk Management and Internal Control," July 15, 2016, requires agencies to integrate risk-management and internal-control functions. The circular also establishes an assessment process, based on the Government Accountability Office's *Standards for Internal Control in the Federal Government*, which management must implement to properly assess and improve internal controls over operations, reporting, and compliance. We identified an internal-control weakness in the AFRH Wellness Center's administrative controls over controlled substances. Specifically, the AFRH Wellness Centers did not have adequate administrative controls in place to demonstrate accountability of controlled substances and to ensure that medication-storage areas were limited-access areas. We will provide a copy of the final report to the senior official responsible for internal controls in the AFRH.



## Finding A

### **AFRH Healthcare Services Did Not Fully Comply with National Healthcare Standards**

AFRH medical staff generally provided healthcare services that met national healthcare standards and the quality-of-life needs of residents. However, AFRH medical providers did not conduct provider visits to residents in long-term-care units at the frequency required by national healthcare standards. Additionally, AFRH medical administrators did not effectively implement all facility-level controls to identify deficiencies in healthcare practices, such as documenting medication and treatment administration, documenting infection-control rounds, and recording refrigerator temperatures.

This occurred because turnover in authorized medical-provider positions resulted in an increased workload for medical providers. In addition, the execution of the healthcare practices identified above did not align with the established practices documented in AFRH facility-level standard operating procedures (SOPs).

As a result, AFRH residents did not always receive the appropriate level of care at the frequency required by national healthcare standards, and AFRH medical staff did not always document healthcare practices in accordance with established AFRH facility-level SOPs.

### **AFRH Generally Provided Healthcare Services in Accordance with National Healthcare Standards**

We reviewed AFRH-Washington and AFRH-Gulfport facility-level SOPs to obtain an understanding of the medical, dental, and pharmaceutical services provided at each facility. During site visits to AFRH-Washington (in February and March 2017) and AFRH-Gulfport (in March 2017), we conducted on-site inspections of the healthcare facilities, observed healthcare services performed by AFRH medical staff, and met with AFRH residents and staff.

We used the minimum public-health standards outlined in title 42, Code of Federal Regulations, part 483, “Requirements for States and Long Term Care Facilities” (2017), to evaluate the healthcare services provided at both AFRH facilities. For example, we reviewed several healthcare programs, such as the performance-improvement programs, the falls-prevention programs, and the medical-provider credentialing programs at both facilities.

Title 42, Code of Federal Regulations, section 483.75, requires long-term-care facilities to develop, implement, and maintain an effective, comprehensive, data-driven quality-assurance and performance-improvement program that focuses on indicators of the outcomes of care and quality of life. We reviewed the performance-improvement programs at both AFRH facilities, and we found that AFRH personnel at both locations were collecting and analyzing data on performance indicators and comparing AFRH data to industry benchmarks. Also, we reviewed facility-level action plans that assigned responsibility to specific AFRH personnel for implementing corrective actions or performance improvement initiatives, and that tracked the targeted and actual completion dates of these actions and initiatives. As a result of our review, we determined that the performance-improvement programs at both AFRH facilities met the minimum requirements outlined in title 42, Code of Federal Regulations, section 483.75.

Title 42, Code of Federal Regulations, section 483.25(d), requires that a facility must ensure that the residents' environment remains as free of accident hazards as is possible, and that each resident receives adequate supervision and assistive devices to prevent accidents. We reviewed the falls-prevention programs at both AFRH facilities, and we determined that the AFRH medical staff developed and implemented comprehensive programs to identify and mitigate risks associated with resident falls. Both facilities tracked data on resident falls as part of their performance-improvement programs. Also, both AFRH facilities maintained active falls-prevention committees, which met regularly to discuss trends in the data collected and to review the effectiveness of preventive measures and falls precautions.

Title 42, Code of Federal Regulations, section 483.10(d) requires that physicians must be licensed to practice. Further, title 42, Code of Federal Regulations, section 483.35(a)(3), requires that a facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs. We reviewed the credentialing files of dental and medical providers at both AFRH facilities, and we determined that AFRH medical administrators had taken appropriate steps to ensure that these individuals were appropriately licensed and qualified to perform in their assigned positions.<sup>4</sup> AFRH Agency Notice 12-11, "AFRH Medical Credentialing and Privileging," August 2015, details the administrative requirements and procedures for credentialing. The credentialing process includes the verification of an individual's professional education, training, licenses, previous work experience, professional references, and other information relevant to each individual's position. Our review found that the documentation contained in the credentialing files was current, and that the credentialing files were complete in accordance with AFRH Agency Notice 12-11.

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<sup>4</sup> AFRH facility-level SOPs define "providers" as physicians and nurse practitioners.

Section 411(g), title 24, United States Code, requires the COO, AFRH, to secure and maintain accreditation by a nationally recognized civilian accrediting organization for each aspect of each facility of the retirement home. Both AFRH facilities held accreditations from independent accrediting bodies on various aspects of their healthcare services.

The Commission on Accreditation of Rehabilitation Facilities (CARF) inspected AFRH-Washington and AFRH-Gulfport in August 2016.<sup>5</sup> A CARF accreditation includes, but is not limited to, inspections and evaluations of the resident rights, legal and regulatory compliance, health and safety, risk management, and performance improvement. Both AFRH facilities received five-year accreditations as Continuing Care Retirement Communities, valid through August 2021 (AFRH-Washington) and October 2021 (AFRH-Gulfport). We found that both AFRH facilities implemented performance-improvement initiatives based on the results of the CARF inspections. Both CARF inspection reports identified areas for improvement related to general operations of the facilities not directly related to healthcare services provided to residents.

In September 2014 The Joint Commission (TJC) inspected both AFRH facilities.<sup>6</sup> TJC inspected areas such as the environment of care, infection prevention and control, life safety, and medication management. As a result of the inspections, TJC awarded both the AFRH facilities with three-year Ambulatory Healthcare and Nursing Care Center accreditations. In September 2016, TJC inspected both AFRH facilities and accredited the AFRH's newest level of care, which is the Independent Living Plus program. We reviewed TJC inspection reports as well as the results from an October 2016 operational assessment at AFRH-Gulfport. We found that both AFRH facilities implemented performance-improvement initiatives based on the results of TJC inspections. For example, TJC operational assessment identified inconsistencies with the marking of medication vials by AFRH-Gulfport medical staff. As a result, AFRH-Gulfport performance-improvement coordinator included the deficiency in an action plan, and the AFRH-Gulfport medical staff received training on the proper marking of the medication vials.

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<sup>5</sup> CARF is an independent, not-for-profit accreditor of health and human services.

<sup>6</sup> TJC is an independent, not-for-profit organization that accredits and certifies healthcare organizations and programs in the United States.

## AFRH Provider Visits Did Not Occur at the Frequency Required by National Healthcare Standards

Title 42, Code of Federal Regulations, section 483.30, “Physician Services,” states that, in a long-term-care facility, a resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter.<sup>7</sup> We collected a nonstatistical sample of a total of 30 resident medical records from the long-term-care units at the AFRH facilities. Applying these criteria, we analyzed each resident medical record to identify deficiencies in which the time between provider visits exceeded the established standards. We found that 28 of the 30 resident medical records had at least one instance in which the records did not indicate that the providers met the standards.

Of the 28 records with deficiencies, 23 records contained deficiencies associated with the recurring 60-day requirement for a provider visit, and 5 records did not meet the 30-day standard associated with the admission of a resident to the long-term-care unit. Further, 10 of the 23 records with deficiencies associated with the recurring 60-day requirement for a provider visit contained multiple instances of not meeting that standard. See Table 2 for summary information about our analysis.

Table 2. Analysis of Resident Medical Records for Frequency of Provider Visits

Facility	Long-term care resident capacity	Resident records reviewed	Records not meeting the 60-day standard	Records not meeting the admissions standard	Total records with deficiencies
AFRH - Washington	36	20	17	1	18
AFRH - Gulfport	24	10	6	4	10
Total	60	30	23	5	28

Source: AFRH resident medical records

In some instances we could determine from the provider notes that a provider visit did not occur due to an explainable event, such as a resident who had an extended stay at a healthcare facility outside the AFRH facility. We did not count these instances as deficiencies in our analysis. However, most deficiencies we identified did not have sufficient explanations within the provider notes in the residents’ medical records. If the provider notes did not provide sufficient explanation for not meeting the standards, we counted the instances as deficiencies.

<sup>7</sup> Physicians may delegate these tasks to physician assistants, nurse practitioners, or clinical nurse specialists who meet the requirements outlined in title 42, Code of Federal Regulations, section 483.30.

### ***Medical-Provider Vacancies at AFRH Facilities***

Each AFRH facility has four billets for medical providers. The billets at each location consisted of a chief medical officer, a medical officer, and two nurse practitioners. Also, AFRH Headquarters has an agency medical officer, who is responsible for providing management and leadership direction for a full range of clinical services and programs affecting the health of the residents. Further, the agency medical officer is responsible for developing and implementing clinical policies, guidelines, and procedures for a comprehensive healthcare program at each AFRH facility.

During our site visits to both AFRH facilities, medical-staff members expressed concerns that vacancies in medical-provider positions negatively impacted the day-to-day operations of the medical services provided at the AFRH facilities. Specifically, medical-staff members stated that requiring medical providers to complete administrative tasks, normally completed by a medical administrator, limits their ability to conduct direct patient care. During our outreach with the AFRH residents at both locations, residents further expressed frustrations with the high turnover rate in medical providers. Examples provided by the residents include a decrease in morale when a medical provider leaves and difficulties associated with constantly building rapport with new medical providers.

We observed that the turnover of physician and nurse-practitioner positions led to circumstances where AFRH medical administrators:

- dual-slotted a headquarters administrator position and a facility-level medical-provider position,
- relied on contractors to fill medical-provider positions, and
- sustained operations during extended vacancies for key medical-provider positions.

The agency medical officer, assigned to the AFRH headquarters, also filled in as the chief medical officer at the Washington facility. The agency medical officer was dual-slotted in these positions from July 2016 until May 2017, about 10 months. The agency medical officer also shared off-hour on-call responsibilities with one other U.S. Government nurse practitioner. This occurred because contractors filled both positions for both the medical officer and the second nurse practitioner at AFRH-Washington. Neither position was contractually obligated to share on-call responsibilities with the U.S. Government employees. Therefore, in addition to the responsibility to develop and implement clinical policies, guidelines, and procedures for a comprehensive healthcare program at both AFRH facilities, the agency medical officer served as the chief medical officer of the Washington facility and shared off-hour on-call responsibilities with only one other person.

During the 18-month period from January 2016 until June 2017, the AFRH facilities experienced turnover in six of the eight assigned medical-provider positions across both facilities. Four of these six positions were augmented with contracted medical providers during periods where each medical-provider position was not filled by a U.S. Government employee. The remaining two of the six positions were filled by dual-slotting an individual, as previously discussed, or left vacant. For example, at AFRH-Gulfport the position for the chief medical officer was vacant for 12 of the 18 months reviewed. During the same 18-month period, three people filled the position for the medical officer at AFRH-Washington, and contractors alone filled one position for a nurse practitioner at AFRH-Gulfport. As of June 2016, only two of eight provider positions were filled by people who had been employed with either of the AFRH facilities for more than 18 months.

### ***Steps Taken to Fill Medical-Provider Vacancies***

Since our site visits to the facilities, the AFRH hired personnel for several medical-provider and administrator positions. For instance, AFRH-Washington filled the positions for the chief medical officer and the medical officer by hiring full-time Government employees. Likewise, AFRH-Gulfport filled a vacant medical-officer position and converted one of their two nurse-practitioner billets into another medical-officer billet. This will increase the number of billets for physicians at AFRH-Gulfport from two to three.

While filling provider vacancies is the first step in ensuring that the AFRH meets the healthcare needs of its residents, AFRH medical administrators need to implement controls to ensure that provider visits occur at the frequency required by title 42, Code of Federal Regulations, section 483.30, and to meet the healthcare needs of the residents. We plan to evaluate AFRH human resources in the next engagement as part of our series of reports to meet the statutory requirement of a periodic comprehensive inspection.

### **AFRH Medical Administrators Did Not Effectively Implement Certain Controls**

During our site visits to both AFRH facilities, we conducted inspections of the various healthcare services provided to residents. Our inspections included reviewing resident medical records, observing healthcare practices performed by AFRH medical staff, and reviewing documentation of healthcare practices outlined in facility-level SOPs. We found three instances where AFRH medical administrators did not effectively implement controls to identify deficiencies in healthcare practices. We identified these instances through errors in the documentation of the administration of medication and treatment at

AFRH-Gulfport, a lack of documentation of the infection-control rounds performed at AFRH-Washington, and errors in the documentation used to record temperatures inside refrigerators for storing medications at AFRH-Gulfport.

### ***AFRH-Gulfport Medication and Treatment-Administration Records***

The medical staff at both AFRH facilities document the administration of medication and treatments by using Medication Administration Records (MARs) and Treatment Administration Records (TARs). For example, a resident's TAR lists prescribed treatments, such as dietary restrictions, wound care, or monitoring of a resident's weight, along with vital signs, which need to be administered by the AFRH medical staff at prescribed times or on prescribed days. These records are unique to each patient, and they provide a record of the date and time when the AFRH medical staff administers a medication or treatment.

AFRH-Gulfport SOP No. G-HC-NUR-4-038, "Medication: Administration – General Guidelines and Procedures," September 16, 2015, requires that:

- the person who administers the medication will record its administration on the resident's MAR directly after giving the medication,
- the same person reviews the MAR for accuracy and completeness, and
- the oncoming nurse will review the MARs and TARs with the offgoing nurse at the next shift change to ensure that all documentation is complete.

AFRH-Gulfport SOP No. G-HC-NUR-4-076, "Care Settings Operational Guidance," August 1, 2014, requires the primary assigned nurse to ensure the completion of accurate and thorough documentation. It also requires that clinical supervisors periodically perform chart audits to ensure accuracy and completeness of all required documentation. This includes, if necessary, a review of MARs and TARs for completeness of documentation, followed by any clinical justification of not administering a medication to a resident. The SOP further states that any lack of documentation of MARs and TARs or required signatures is considered as an error for the purpose of the clinical supervisor's review. During our inspection of AFRH-Gulfport, we repeatedly identified errors where the medical staff did not document the administration of medications and treatments in the MARs and TARs.

During our inspection of Loyalty Hall, AFRH-Gulfport's memory-support unit, we reviewed the unit's medication log, which held residents' MARs and TARs, from March 1, 2017, through March 7, 2017. We observed that many of the resident MARs and TARs contained blank data-entry points and did not contain clinical justifications for not recording the medications or treatments. As a result of our initial observations, we collected a larger sample of records.

We reviewed a nonstatistical sample of MARs and TARs for 13 residents in the unit, based on the availability of resident medical records. Our review included MARs and TARs from January 1, 2017, through March 7, 2017. As stated above, AFRH-Gulfport SOP No. G-HC-NUR-4-038 requires that the person administering the medication to record the administration on the MAR directly after an administration of a medication. Further, the SOP requires clinical justification for medications not given as prescribed. We found instances of the lack of documentation of administering a medication or treatment without a stated clinical justification.

Altogether, we found 81 such errors in the 13 resident records. We classified the errors into three categories:

- 53 errors for undocumented administration of treatments (65 percent);
- 15 errors for undocumented administration of medications (19 percent); and
- 13 errors for undocumented administration of falls-prevention precautions (16 percent).<sup>8</sup>

Further, we reviewed a nonstatistical sample of MARs and TARs for eight residents in Valor Hall, AFRH-Gulfport's long-term-care unit. For January and February 2017 we found 103 errors in the eight resident MARs and TARs. We categorized the errors as follows:

- 74 errors for undocumented administration of treatments (72 percent);
- 28 errors for undocumented administration of medications (27 percent); and
- 1 error for undocumented administration of falls-prevention precautions (1 percent).

As a result of our review, we determined that the AFRH-Gulfport medical staff had not documented the medication and treatment administration according to the standards prescribed in AFRH-Gulfport's SOPs. Also, AFRH-Gulfport had established controls to identify and correct deficiencies on the MARs and TARs, such as the requirement for clinical supervisors to perform chart audits. However, the AFRH-Gulfport staff had not properly executed the documented procedures to review the MARs and TARs.

During our inspection of AFRH-Washington, we reviewed a nonstatistical sample of MARs and TARs for 14 residents in the long-term-care unit. We determined that AFRH-Washington medical staff documented the administration of medications,

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<sup>8</sup> The AFRH medical staff monitor and administer prescribed falls-prevention precautions, such as the use of nonskid socks and bed alarms. The staff are required to document the administration of these precautions in the TARs.

treatments, and falls-prevention precautions or provided clinical justification for medications and treatment not administered in accordance with AFRH-Washington SOPs in all 14 of the records we reviewed. Therefore, we did not collect or review a larger sample MARs and TARs from AFRH-Washington.

### ***AFRH-Washington Infection-Control Rounds***

AFRH-Washington SOP W-HC-ADM-4-10, “Infection Control and Prevention,” August 29, 2014, establishes a comprehensive infection-control and -prevention program to:

- ensure that the organization has a functioning coordinated process in place;
- reduce the risks of infections in residents, visitors, volunteers, and healthcare workers; and
- optimize the use of resources through a strong preventive plan.

Further, the AFRH-Washington SOP says that one purpose of the infection-control and-prevention program is to integrate the outcomes of surveillance and control activities throughout the facility to allow for internal comparison for trend analysis and comparison with external databases for benchmarking. The AFRH-Washington SOP also states that the facility’s Infection Control and Prevention Committee is responsible for maintaining a surveillance system by regularly reviewing and collecting surveillance data to determine significant trends suggesting a need for procedural or protocol changes.

The AFRH-Washington Infection Control and Prevention Committee is responsible for monitoring and directing the development of written policies and procedures for the prevention and control of infections. The AFRH-Washington Infection Control and Prevention Nurse, a member of the Infection Control and Prevention Committee, reports to the Chief, Healthcare Services, and is responsible for coordinating and integrating the facility’s infection-control and -prevention program.

We requested documentation from AFRH-Washington’s Chief, Healthcare Services, to determine whether infection-control rounds occurred from November 2016 until March 2017. The Chief, Healthcare Services, provided limited documentation showing that some infection-control rounds occurred in the AFRH-Washington Wellness Center’s dental facilities. However, the Chief, Healthcare Services, did not provide any documentation indicating that AFRH personnel had conducted infection-control rounds of the separate levels of care or the AFRH Wellness Center’s medication-storage area. The AFRH-Washington Chief, Healthcare Services, stated that, while the Infection Control and Prevention Nurse did make

weekly infection-control rounds, the nurse did not always document the results of the inspections or, in this case, collect surveillance data as required by the AFRH-Washington SOP.

The infection-control and-prevention program, as described in the AFRH-Washington SOP, is itself a control to ensure that the AFRH-Washington staff implement effective infection-control procedures across the facility. Without documented surveillance data, the committee members responsible for the oversight of the program cannot review and analyze the data to identify significant trends. As a result, the ineffective implementation of infection-control and -prevention procedures limits the program's ability to meet its intended goals and to reduce the risk of infection in AFRH residents and staff.

During our inspection of AFRH-Gulfport, we reviewed documented infection-control rounds from October 2016 through February 2017. Also, we reviewed minutes of meetings of the AFRH-Gulfport Infection Control Committee from December 2016 through February 2017. There was no indication that actions taken by AFRH-Gulfport personnel responsible for the conduct and oversight of the AFRH-Gulfport infection control program did not comply with the procedures required in AFRH-Gulfport SOPs.

### ***AFRH-Gulfport Refrigerator Logs***

Title 42, Code of Federal Regulations, section 483.45(h)(1), "Storage of drugs and biologicals," requires:

In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to keys.

AFRH-Gulfport SOP No. G-HC-NUR-4-038, "Medication and Administration Management Guidance," September 16, 2015, requires that all refrigerated medications be secured in climate-controlled refrigerators. The temperature must be checked twice daily when medications are present, and once daily when medications are not present. Further, AFRH-Gulfport SOP No. G-HC-ADM-4-10 provides the following specific guidance for checking, documenting, and reporting refrigerator temperatures:

- The temperatures must be dated and signed by the person performing the temperature check. The temperatures must be recorded on the log sheet.
- Temperatures higher or lower than recommended should immediately be reported to campus operations, the supervisor, or infection control. The "Vaccine Storage Troubleshooting Record" must also be completed and submitted by the staff member.

During our inspection of the memory-support unit at AFRH-Gulfport, we identified multiple deficiencies on the temperature logs for the refrigerator used to store medications requiring cold storage. We collected and reviewed refrigerator logs for 34 days from February 1, 2017, through March 6, 2017. The refrigerator logs used by AFRH-Gulfport at the time of our inspection required staff members to annotate the time of the temperature check, the minimum and maximum temperatures, the temperature of the refrigerator at the time of the reading, instances when the refrigerator temperature exceeded the acceptable temperatures for cold storage, and the staff member's initials. AFRH-Gulfport staff members did not annotate all required data points on 17 of the 34 days we reviewed.

The refrigerator logs identify 36 to 46 degrees Fahrenheit as the thresholds for "acceptable temperatures," with a goal of maintaining 40 degrees Fahrenheit. Temperatures recorded from February 1, 2017, through the morning of February 4, 2017, ranged from 30 to 34 degrees Fahrenheit. This exceeded the minimum temperature threshold identified on the refrigerator log. Medications stored in conditions exceeding their manufacturers' recommended storage temperatures are at risk for not performing as intended.<sup>9</sup>

We requested documentation from the AFRH-Gulfport Chief, Healthcare Services, detailing the steps taken by the staff, as required by AFRH-Gulfport SOP No. G-HC-ADM-4-10, to report instances where the annotated refrigerator temperature exceeded the acceptable temperature thresholds. The AFRH-Gulfport Chief, Healthcare Services, stated that there is no indication that AFRH-Gulfport staff reported the identified discrepancies in accordance with the AFRH-Gulfport SOP.

AFRH-Gulfport had an established control in place to address instances where the refrigerator temperatures exceeded the maximum or minimum recommended temperature thresholds for storing medications. However, the AFRH-Gulfport staff did not follow the documented procedures when the temperatures exceeded the threshold. By not following documented procedures, AFRH-Gulfport medical staff increased the risk of providing to AFRH residents medications that may not have performed as intended. Further, by not alerting AFRH-Gulfport leadership as directed in the AFRH-Gulfport SOP, AFRH-Gulfport medical administrators and providers were not aware of an increased risk to resident safety.

During our inspection of AFRH-Washington, we saw no indication that medical personnel did not comply with AFRH-Washington SOPs about the checking and recording of refrigerator temperatures. Also, our review of AFRH Wellness Center

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<sup>9</sup> Based on guidance provided by the Institute for Safe Medication Practices, a patient-safety organization certified by the Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services.

refrigerator-temperature logs indicated that Wellness Center personnel at both facilities monitored refrigerator temperatures and temperatures were within acceptable ranges in accordance with the AFRH facility-level SOPs.

## Conclusion

We found that AFRH medical staff generally provided healthcare services that met national healthcare standards and the quality-of-life needs of its residents. However, AFRH medical providers did not conduct provider visits to residents in long-term-care units at the frequency required by national healthcare standards. Further, AFRH medical administrators did not effectively implement all facility-level controls to identify deficiencies in healthcare practices, such as documenting medication and treatment administration, documenting infection-control rounds, and recording refrigerator temperatures.

## Recommendations, Management Comments, and Our Response

### ***Recommendation A.1***

**We recommend that the Chief Operating Officer, Armed Forces Retirement Home, require that the Chief, Healthcare Services, at each facility:**

- a. develop and implement a process for regular reviews of provider visits to ensure that providers see residents in long-term care at the required frequency, and that resident healthcare needs are met; and**
- b. review and align current healthcare practices with approved facility-level standard operating procedures for documenting the administration of medications and treatments, conducting infection-control rounds, and monitoring cold-storage medications.**

### ***Chief Operating Officer, Armed Forces Retirement Home Comments***

The Acting COO, AFRH, agreed with our recommendations. The Acting COO stated that the AFRH facilities developed and implemented a process for regular reviews of provider visits in compliance with title 42, Code of Federal Regulations, section 483.30. The chief medical officer or designated medical officer will inform the Chief, Healthcare Services, of the results of audits of the electronic health records each month. The Chief, Healthcare Services, will prioritize resources based on provider visit status. Further, the number of provider visits is now a measure included on each medical provider's Individual Performance Plan.

About the alignment of healthcare practices with approved facility-level SOPs for documenting medication and treatments administration, the Acting COO stated that the AFRH will provide mandatory education to ensure that clinical staff understand their roles regarding the completion of documentation, including chart audits by clinical supervisors. Further, the Director of Nursing will monitor the requirement for the clinical supervisors to perform chart audits, identify medication errors as a result of blank data-entry points in MARs, complete incident reports, and provide coaching to the staff about the completeness of documentation on the MARs and TARs. Also, the AFRH will add compliance with performing chart audits, incident reporting, and staff coaching to clinical supervisors' Individual Performance Plans.

About the alignment of healthcare practices with approved facility-level SOPs for conducting infection-control rounds, the Acting COO stated that both facilities had aligned current healthcare practices with their policy for conducting infection-control rounds. Specifically, the Acting COO stated:

- the AFRH Infection Prevention Nurses at both facilities are members of the Environment of Care Team;
- the Washington facility will adopt the practice of adding monthly surveillance of the upper levels of care by the infection-prevention nurses and the nurse educator;
- the infection-prevention nurses will document and track logs to generate data, which is shared in the Healthcare Performance Improvement meetings and the Infection Control and Prevention meetings; and
- the Infection Control and Prevention Committee will analyze the data for trends within Healthcare Performance Improvement and Infection Control and Prevention committees' meetings.

About the alignment of healthcare practices with approved facility-level SOPs for monitoring cold-storage medications, the Acting COO stated that both facilities have developed temperature logs, and the Washington facility will buy alarming thermometers. Additionally, the AFRH will develop staff education on protocols about cold storage, maintenance logs, and reporting requirements at both facilities.

### *Our Response*

Comments from the Acting COO addressed all specifics of these recommendations; therefore these recommendations are resolved, but will remain open. We will close them after we verify that the AFRH has:

- developed and implemented a process for regular reviews of provider visits in compliance with title 42, Code of Federal Regulations, section 483.30, and included the number of provider visits into medical providers' individual performance plans;
- provided education to ensure that clinical staff understand their roles regarding the completion of documentation; ensured the Director of Nursing monitored the requirement for the clinical supervisors to perform chart audits; and added supervisory reviews and audits, incident reporting, and staff coaching to clinical supervisors' Individual Performance Plans;
- conducted monthly surveillance of the upper levels of care, and the infection-prevention nurse documented and tracked logs to collect data for analysis at Healthcare Performance Improvement meetings and by the Infection Control and Prevention committee;
- developed temperature logs and developed staff education on protocols about cold storage of medications, maintenance logs, and reporting requirements at both facilities; and
- revised appropriate facility-level SOPs to reflect changes identified above.

### ***Recommendation A.2***

**We recommend that the Deputy Director, Defense Health Agency, in line with the quarterly oversight requirements outlined in the Senior Medical Advisor Oversight Plan:**

- a. include a review of resident medical records to determine whether Armed Forces Retirement Home providers conducted visits with residents in long-term-care units at the required frequency; and**
- b. advise the Chief, Healthcare Services, at each facility on developing healthcare practices that align with documented procedures, specifically with regard to documenting the administration of medications and treatments, conducting infection-control rounds, and monitoring cold-storage medications.**

*Deputy Director, Defense Health Agency Comments*

The Deputy Director, DHA, agreed with our recommendations. The Deputy Director stated that the DHA will provide oversight of the AFRH corrective actions through regular site visits, quarterly updates with the AFRH leadership, and a review of the AFRH policies and procedures. The Deputy Director stated that a DHA medical team conducted site visits to both the AFRH campuses in September 2017 as part of the Triennial Joint Commission Accreditation Survey. During these site visits, the team discussed the DoD OIG recommendations with the AFRH team. The DHA medical team will conduct follow-up visits and will review the progress at that time. The Deputy Director, DHA, will travel to both locations in November 2017 to speak with leadership and to talk with the residents. Additionally, the Deputy Director, DHA, will engage the AFRH Leadership, as needed, in an ongoing basis to address any issue or concern. The target completion date is March 2018.

*Our Response*

Comments from the Deputy Director addressed all specifics of these recommendations; therefore, these recommendations are resolved, but will remain open. We will close them after we verify the results of the AFRH's implementation of corrective actions after the DHA medical team's follow-up visits.



## Finding B

### AFRH Wellness Centers Did Not Have Adequate Administrative Controls over Controlled Substances

AFRH Wellness Centers demonstrated adequate physical controls over controlled substances handled and stored by Wellness Center personnel. However, the Wellness Centers did not have adequate administrative controls to demonstrate accountability of controlled substances transported, handled, and stored by Wellness Center personnel. Further, the Wellness Centers did not have adequate administrative controls to ensure that access to medication-storage areas was limited to authorized personnel only.

This occurred because the AFRH facility-level SOPs did not require Wellness Center personnel to maintain records of controlled substances that entered the Wellness Centers or to conduct reconciliations of controlled substances released to the AFRH residents. Further, the facility-level SOPs did not clearly identify the specific positions authorized access to Wellness Center medication-storage areas.

As a result, controlled substances transported, handled, and stored by AFRH Wellness Center personnel are at a higher risk for diversion.<sup>10</sup>

### AFRH Wellness Centers Administrative Controls over Controlled Substances

Section 413(b), title 24, United States Code, requires the AFRH to provide for the overall healthcare needs of residents in a high-quality and cost-effective manner, including on-site primary care, medical care, and a continuum of long-term-care services. The services provided to the residents of the Retirement Home must include appropriate non-acute medical and dental services, pharmaceutical services, and the transportation of residents, all at no cost to the residents.

To meet the pharmaceutical needs of all residents, both AFRH facilities use the same approach. Residents in the Independent Living and Independent Living Plus categories are allowed to use the AFRH Wellness Centers as drop-off and pickup locations for prescriptions. Residents in higher levels of care receive pharmaceutical services through contracted pharmacies.

<sup>10</sup> According to the Center for Medicare and Medicaid Services, drug diversion is the illegal distribution or abuse of prescription drugs or their use for unintended purposes. The diversion of prescription drugs may occur at any point while prescription drugs are distributed from the manufacturers to wholesale distributors to pharmacies and ultimately to the patients.

Both AFRH-Washington and AFRH-Gulfport Wellness Centers rely on local military installations to provide pharmaceutical services, including the dispensing of controlled substances, to support the pharmaceutical needs of residents in the Independent Living and Independent Living Plus categories.<sup>11</sup> Walter Reed National Military Medical Center, Bethesda, Maryland, provides pharmaceutical support to AFRH-Washington through a support agreement. Likewise, the 81st Medical Group, Keesler Air Force Base, Biloxi, Mississippi, provides pharmaceutical support to AFRH-Gulfport through a memorandum of agreement.

AFRH pharmacy technicians provide AFRH resident prescriptions, either electronic or written, to their supporting military-installation pharmacies. AFRH pharmacy technicians then report to the local military pharmacies and, under the supervision of the military pharmacists on duty, fill the prescriptions for AFRH residents. Once approved by the supervising military pharmacists, AFRH pharmacy technicians sign for the medications and transport them back to their respective AFRH facilities. Once at the AFRH facilities, medications go into authorized storage at the AFRH Wellness Centers until Independent Living and Independent Living Plus residents pick up their medications.

### ***Evaluation of AFRH Physical and Administrative Controls***

We reviewed AFRH facility-level SOPs to determine whether the AFRH Wellness Centers had documented procedures to reduce the risk of diversion of controlled substances. At each facility we conducted inspections of the AFRH Wellness Centers, interviewed AFRH pharmacy technicians, and observed the processes used by AFRH pharmacy technicians to release medications to the AFRH residents. Additionally, we reviewed support agreements between AFRH facilities and supporting military installations, and we interviewed pharmacy personnel from the 81st Medical Group and the Defense Health Agency. We also interviewed personnel from the Office of Diversion Control, of the Drug Enforcement Administration.

### ***AFRH Facility-Level Physical Controls***

AFRH-Washington SOP No. W-HC-NUR-4-078, “Medication Distribution Center,” August 30, 2014, establishes an appropriate protocol and practice standard at AFRH-Washington related to the “dispensing of medications to residents by pharmacy technicians and nursing staff;” AFRH-Gulfport SOP No. G-HC-NUR-4-038, “Medication Administration and Management Guidance,” September 16, 2015,

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<sup>11</sup> The drugs and other substances considered as controlled substances under the CSA fall into five schedules (schedules I-V). The classification of a controlled substance in its respective schedule depends on whether it has a currently accepted medical use in treatment in the United States and its relative abuse potential and likelihood of causing dependence. Drugs listed in schedule I have no currently accepted medical use in treatment in the United States; therefore they may not be prescribed, administered, or dispensed for medical use. In contrast, drugs listed in schedules II-V have accepted medical uses and may be prescribed, administered, or dispensed for medical use.

defines the processes and guidance associated with medication management, administration, monitoring, and access. Both the AFRH facility-level SOPs require the storage of all medications in a key-controlled environment, all narcotics under a double-lock system at all times, and all refrigerated medications in a climate-controlled refrigerator.

During our inspection of the AFRH Wellness Centers, the AFRH pharmacy technicians demonstrated the physical-security controls to reduce the risk of diversion of controlled substances. Specifically, the AFRH Wellness Centers maintained key-controlled medication-storage rooms and the secured-storage containers for controlled substances. Further, prescription bottles containing controlled substances had an additional physical control to show whether anyone had opened a bottle after it left the military pharmacy. Our review of the AFRH Wellness Center refrigerator-temperature logs indicated that Wellness Center personnel at both facilities consistently monitored and recorded refrigerator temperatures. These physical-security controls were in line with the documented physical-security controls in the AFRH facility-level SOPs.

### ***AFRH Facility-Level Administrative Controls***

We identified two areas where AFRH Wellness Centers can improve their administrative controls over the storage, handling, and transportation of controlled substances. Specifically, the AFRH Wellness Centers did not demonstrate accountability of controlled substances, and the AFRH facility-level SOPs did not clearly identify the specific positions or personnel who should have access to the medication-storage areas.

During the inspections of both AFRH Wellness Centers, the evaluation team requested that the AFRH pharmacy technicians provide records that detailed the on-hand inventories of controlled substances. The AFRH pharmacy technicians stated that the AFRH Wellness Centers did not maintain logs showing inventories of controlled substances. Also, neither Wellness Center maintained records indicating the quantity and type of controlled substances dispensed at the supporting military pharmacy.

AFRH facility-level SOPs require the AFRH pharmacy technicians to verify a resident's identity before releasing prescriptions from the AFRH Wellness Center. Further, we observed that the AFRH pharmacy technicians at both locations required residents to sign for medications before release. While these controls provide a record of the release of prescriptions to the intended recipients, AFRH facility-level SOPs do not require any type of reconciliation process to compare the records of the prescriptions released by the AFRH Wellness Center personnel to the records of the prescriptions that entered the AFRH Wellness Center from the supporting military pharmacies.

Office of Management and Budget Circular A-123 states that risk-management practices must be forward-looking and designed to help leaders to make better decisions, to alleviate threats, and to identify previously unknown opportunities to improve the efficiency and effectiveness of government operations. Management is also responsible for establishing and maintaining internal controls to achieve specific internal control objectives related to operations, reporting, and compliance. Further GAO-14-704G, "Federal Internal Control Standards," September 2014, the Green Book, states that smaller federal entities face greater challenges in segregating duties because of their concentration of responsibilities and authorities in the organizational structure. An entity's management, however, can respond to this increased risk through the design of the internal-control system by adding additional levels of review for key operational processes, reviewing randomly selected transactions and their supporting documentation, taking periodic asset counts, or checking supervisor reconciliations. The lack of accountability over the controlled substances transported, stored, and handled by AFRH Wellness Center personnel increases the risk of diversion of controlled substances while in transit from the supporting military pharmacies to the AFRH Wellness Centers or while stored at the AFRH Wellness Centers.

During our site visit to AFRH-Gulfport, we requested through the Wellness Center pharmacy technician the prescription-dispensing records from the supporting military pharmacy at Keesler Air Force Base. The AFRH-Gulfport pharmacy technician provided a report from the Keesler pharmacy that showed all prescriptions dispensed for AFRH-Gulfport residents from March 1 through March 9, 2017. During this period the Keesler pharmacy dispensed controlled substances to AFRH-Gulfport residents on 12 occasions. We conducted a reconciliation of controlled substances dispensed by the Keesler pharmacy against the resident signature records from the AFRH-Gulfport Wellness Center. Our reconciliation showed that the AFRH-Gulfport Wellness Center's signature records contained matching entries for all 12 occasions during the time in question. Our testing of the controls of the Wellness Centers showed that the AFRH pharmacy technicians followed appropriate procedures for the release of prescriptions to AFRH-Gulfport residents. The testing also showed that AFRH Wellness Center personnel could conduct a reconciliation of controlled substances dispensed by the supporting military pharmacy using available records and reports.

The Green Book states that management must establish physical controls to secure and safeguard vulnerable assets. Examples of vulnerable assets that should have additional security or limited access include cash, securities, inventories, and equipment that might be vulnerable to risk of loss or unauthorized use. While the Wellness Centers did handle and store controlled substances using adequate physical controls, the AFRH facility-level SOPs did not ensure that access to medication-storage areas were limited to authorized personnel only.

For example, the AFRH-Washington SOP W-HC-NUR-4-078 does not address limited-access requirements to the AFRH-Washington Wellness Center. The AFRH Gulfport SOP G-HC-NUR-4-038 requires only that authorized personnel include licensed practical nurses, registered nurses, pharmacy technicians, and that security personnel have the authority to gain access to medication-storage areas, including those at the AFRH-Gulfport Wellness Center. These general position descriptions include people who work in areas outside the AFRH-Gulfport Wellness Center and do not need access to the AFRH Wellness Center's medication-storage area. A lack of clear access restrictions in the AFRH facility-level SOPs increases the risk of unauthorized personnel gaining access to the AFRH Wellness Center medication-storage areas and does not create a limited-access environment for vulnerable assets such as controlled substances.

## Conclusion

The lack of accountability over controlled substances and the lack of clear access restrictions to medication-storage areas in AFRH Wellness Centers creates internal-control weaknesses in the Wellness Centers' administrative controls over controlled substances. Developing administrative controls to address these weaknesses will reduce the risk of potential loss or theft of the controlled substances while in transit or while stored at the Wellness Centers.

## Recommendations, Management Comments, and Our Response

### ***Recommendation B.1***

**We recommend that the Chief Operating Officer, Armed Forces Retirement Home, require that the Chief, Healthcare Services, at each facility develop and implement administrative controls over controlled substances, including:**

- a. establishing a clear chain of custody from the receipt of a controlled substance from the supporting military pharmacy to its release to the intended resident;**
- b. establishing procedures requiring Wellness Center personnel to implement a reconciliation process to maintain appropriate accountability and control of controlled substances stored in AFRH facilities; and**
- c. updating facility-level standard operating procedures to identify the people or billets with authorized access to Wellness Center medication-storage areas.**

*Chief Operating Officer, Armed Forces Retirement Home Comments*

The Acting COO agreed with our recommendations. The Acting COO stated that the AFRH developed and implemented a controlled-substance tracking log. The log documents the custody of controlled substances from area military treatment facilities to arrival at AFRH medication centers. Controlled substances received at the AFRH are verified and recorded with two-person signatures, and they are validated by the residents' signatures upon receipt of their medications.

The Acting COO stated that the AFRH added an inventory-control procedure to SOP W/G-HC-NUR-4-038 for both facilities, which directs the inventory of controlled substances received by the medication centers. The AFRH created a restricted list of positions that may have supervised or unsupervised access to the medication-storage areas within the Wellness Center. The positions identified will be the same for both facilities and posted on the exterior of the doors to the medication centers. The AFRH Wellness Centers are revising SOPs about the storage, handling, and monitoring of controlled substances to mitigate any risk of diversion. Internal controls for controlled-substance accountability, storage, and handling will be included in the revised SOPs.

*Our Response*

The response of the Acting COO addressed all specifics of these recommendations; therefore, these recommendations are resolved, but will remain open.

We will close the recommendations after we verify that the AFRH has:

- developed and implemented a controlled-substance tracking log that documents the custody of controlled substances from area military treatment facilities to arrival at AFRH medication centers;
- developed an inventory-control procedure for both facilities, which directs the inventory of controlled substances received by the medication centers;
- created a restricted list of positions that have supervised or unsupervised access to the medication storage areas within the Wellness Center; and
- revised appropriate facility-level SOPs to reflect changes identified above.

## ***Recommendation B.2***

**We recommend that the Deputy Director, Defense Health Agency, in line with the quarterly oversight requirements outlined in the Senior Medical Advisor Oversight Plan:**

- a. advise the Chief, Healthcare Services, at each facility on the development and implementation of administrative controls related to the storage, handling, and monitoring of controlled substances; and**
- b. review AFRH Wellness Center internal controls over controlled substances to ensure that they mitigate the risk of the diversion of controlled substances.**

### ***Deputy Director, Defense Health Agency Comments***

The Deputy Director, DHA, agreed with the recommendations. The Deputy Director stated that the DHA will provide oversight over the AFRH corrective actions through regular site visits, quarterly updates with the AFRH leadership, and a review of the AFRH policies and procedures. The Deputy Director stated that a DHA medical team conducted site visits to both the AFRH campuses in September 2017 as part of the Triennial Joint Commission Accreditation Survey. During these site visits, the team discussed the DoD OIG recommendations with the AFRH team. The DHA medical team will conduct follow-up visits and will review the progress at that time. The Deputy Director, DHA, will travel to both locations in November 2017 to speak with leadership and talk with residents. Also, the Deputy Director, DHA, will engage the AFRH leadership, as needed, in an ongoing basis to address any issue or concern. The target completion date is March 2018.

### ***Our Response***

Comments from the Deputy Director addressed all specifics of these recommendations; therefore, these recommendations are resolved, but will remain open. We will close them after we verify the results of the AFRH's implementation of corrective actions after the DHA medical team's follow-up visits.



## Appendix A

### Scope and Methodology

We conducted this evaluation from December 2016 through October 2017 in accordance with the Council of Inspectors General on Integrity and Efficiency, “Quality Standards for Inspections and Evaluations,” January 2017. Those standards require that we plan and perform inspections and evaluations to obtain sufficient and appropriate evidence to provide a reasonable basis for our findings, conclusions, and recommendations. We believe that the evidence obtained was sufficient and appropriate to provide a reasonable basis for our findings, conclusions, and recommendations based on our evaluation objectives.

We performed this evaluation in accordance with the DoD OIG’s recurring oversight responsibilities under 24 U.S.C. § 418 (2016) and DoD Instruction 1000.28, “Armed Forces Retirement Home (AFRH),” February 1, 2010, Enclosure 2.

We conducted meetings and interviews with the:

- Office of the Under Secretary of Defense for Personnel and Readiness;
- Assistant Secretary of Defense for Manpower and Reserve Affairs;
- Deputy Assistant Secretary of Defense for Military Community and Family Policy;
- Deputy Director, Defense Health Agency;
- Office of the Deputy Chief Management Officer; and
- senior leadership of the AFRH.

We conducted site visits to the AFRH Campuses in Gulfport, Mississippi, and Washington, D.C. In accordance with 24 U.S.C. § 418 (2016), we received help on these site visits from medical personnel assigned by the U.S. Navy Bureau of Medicine and Surgery. The assigned subject-matter experts conducted walk-through inspections of the AFRH facilities and helped the DoD OIG team in identifying and evaluating the subject areas addressed in our findings. We greatly appreciate the contributions provided by these subject-matter experts as well as the support provided by the U.S. Navy Bureau of Medicine and Surgery.

In accordance with our oversight responsibilities under 24 U.S.C. § 418 (2016), we solicited concerns, observations, and recommendations from the AFRH Advisory Council, the Resident Advisory Committee of each facility, and the residents and staff of each facility.

To form the basis for our evaluation, we reviewed Federal laws and regulations as well as criteria from Federal agencies, such as the Office of Management and Budget, the Center for Medicare and Medicaid Services, the Center for Disease Control and Prevention, the Drug Enforcement Administration, and the Office of the National Coordinator for Health Information Technology. We collected and reviewed AFRH agency-level policies as well as facility-level SOPs.

## Use of Computer-Processed Data

We relied on computer-processed data to perform this evaluation. We accessed, collected, and reviewed resident medical records, using the AFRH's electronic medical records (EMR), DrCloudEMR™. In September 2013 the AFRH implemented DrCloudEMR™ to provide electronic health records to meet the needs of AFRH residents across all levels of care. DrCloudEMR™ is a certified electronic health record under a certification program of the Office of the National Coordinator (ONC) for Health Information Technology (Health IT) of the Department of Health and Human Services. Further, we conducted testing on the AFRH EMR to determine the availability and completeness of resident medical records. We determined that the data collected from the AFRH EMR was sufficiently reliable to support our findings and conclusions.

## Prior Coverage

During the last 7 years, the Department of Defense Inspector General (DoD IG) issued one report discussing healthcare services at the Armed Forces Retirement Home. Unrestricted DoD IG reports can be accessed at <http://www.dodig.mil/reports.html/>.

### **DoD OIG**

Report No. DODIG-2014-093, "Inspection of the Armed Forces Retirement Home," July 23, 2014.

The DoD OIG conducted a comprehensive inspection of the Armed Forces Retirement Home in accordance with section 418, title 24, United States Code. The inspection included all facets of the AFRH, including healthcare services provided to residents. The report contained 14 observations and 51 recommendations directly tied to the healthcare services provided to residents at the AFRH facilities.

## Appendix B

### Senior Medical Advisor Oversight Responsibilities

Frequency of Occurrence	Oversight Activities Conducted
Quarterly Oversight	<ul style="list-style-type: none"> <li>• Review AFRH clinical-related data reports, including:               <ul style="list-style-type: none"> <li>◦ resident volumes in each level of care;</li> <li>◦ referral time for medical, mental-health, and dental care provided off-campus;</li> <li>◦ staffing levels;</li> <li>◦ licensure-status reports;</li> <li>◦ annually required education and training status;</li> <li>◦ privileging and re-privileging activities;</li> <li>◦ clinical measures;</li> <li>◦ incident-report trends and analysis; and</li> <li>◦ root-cause analysis.</li> </ul> </li> <li>• AFRH IG reports about healthcare.</li> <li>• Resident satisfaction with healthcare.</li> <li>• Review of position description and hires for supervisory positions.</li> <li>• Review of Healthcare Services Committee, Performance Improvement Committee,</li> <li>• Residents' Healthcare Committee, Credential Committee, and Internal Control minutes.</li> <li>• Review status of outstanding accreditation recommendations.</li> <li>• Review status of outstanding DoD OIG recommendations about healthcare services.</li> <li>• Teleconferences with AFRH COO.</li> </ul>
Semiannual Oversight	<ul style="list-style-type: none"> <li>• Gather feedback on the oversight plan, activities, and assessments from Advisory Council.</li> <li>• Gather feedback on the oversight plan, activities, and assessments from the Assistant Secretary of Defense for Health Affairs</li> </ul>

*Senior Medical Advisor Oversight Responsibilities (cont'd)*

Frequency of Occurrence	Oversight Activities Conducted
Annual Oversight	<ul style="list-style-type: none"><li>• Complete annual site visits in coordination with AFRH contracted review team or an accreditation survey.</li><li>• Attend accreditation surveys as scheduled.</li><li>• Review COO report (60 days post-survey) with the results of the survey and plan to address any recommendations and other matters identified in survey.</li><li>• Review DoD OIG Inspection Reports (90 days post-inspection).</li><li>• Audit status of outstanding accreditation recommendations.</li><li>• Audit Status of outstanding DoD OIG recommendations about healthcare services.</li><li>• Review the SMA oversight plan for needed changes.</li></ul>
As-indicated Oversight	<ul style="list-style-type: none"><li>• Review and provide guidance for unexpected events or issues as needed.</li></ul>

# Management Comments

## Defense Health Agency



**DEFENSE HEALTH AGENCY**  
7700 ARLINGTON BOULEVARD, SUITE 5101  
FALLS CHURCH, VIRGINIA 22042-5101

OCT 17 2017

**MEMORANDUM FOR DEPUTY INSPECTOR GENERAL SPECIAL PLANS AND  
OPERATIONS**

**SUBJECT:** Defense Health Agency Comments for the Armed Forces Retirement Home Health Care Services (Project No. D2017-D00SPO-0002.000)

In line with the quarterly oversight recommendations outlined in the Senior Medical Advisor Oversight Plans, I reviewed the Results and Recommendations from the 2017 Armed Forces Retirement Home Health Care Services DoD IG Report (Project No. D2017-D00SPO-0002.000) dated 2 October 2017 and offer the following comments:

The Defense Health Agency (DHA) concurs with the conclusions and recommendations of DoD IG. DHA concurs that "the AFRH medical staff generally provided healthcare services that met national healthcare standards and the quality-of-life needs of the residents". In addition, specifically, DHA concurs with Recommendations A.2.a, A.2.b, B.2.a, and B.2.b. that state:

**Recommendation A.2**

We recommend that the Deputy Director, Defense Health Agency, in line with the quarterly oversight requirements outlined in the Senior Medical Advisor Oversight Plan:

- a. Include a review of resident medical records to determine whether Armed Forces Retirement Home providers conducted visits with residents in long-term-care units at the required frequency; and
- b. Advise the Chief, Healthcare Services, at each facility on developing healthcare practices that align with documented procedures, specifically with regard to documenting the administration of medications and treatments, conducting infection-control rounds, and monitoring cold storage medications.

**Recommendation B.2**

We recommend that the Deputy Director, Defense Health Agency, in line with the quarterly oversight requirements outlined in the Senior Medical Advisor Oversight Plan:

- a. Advise the Chief, Healthcare Services, at each facility on the development and implementation of administrative controls related to the storage, handling, and monitoring of controlled substances; and
- b. Review AFRH Wellness Center internal controls over controlled substances to ensure that they mitigate the risk of the diversion of controlled substances.

## Defense Health Agency (cont'd)

To track the progress of complying with these recommendations, the DHA will provide oversight of AFRH corrective actions through regular site visits, quarterly updates with AFRH leadership, and a review of AFRH policies and procedures. The DHA Medical Team conducted site visits to both campuses in September 2017 as a part of the Triennial Joint Commission Accreditation Survey. During these site visits the team discussed DoD IG recommendations with the AFRH team. The DHA Medical Team will conduct mid-cycle follow up visits in 4-5 months (February/March 2018) and will review the progress at that time. The Deputy Director, DHA will travel to both locations in November 2017 to speak with leadership and talk with residents. The DHA Medical Team will continue to monitor the DoD IG response as part of the routine Quarterly discussions with AFRH Leadership, and the Deputy Director, DHA will be able to engage the AFRH leadership as needed in an on-going basis to address any issues or concerns that may arise.

My point of contact for these comments is the Chief, Clinical Support Division, DHA, [REDACTED] and he can be reached at [REDACTED] or [REDACTED].



Guy T. Kiyokawa, SES  
Deputy Director

## Armed Forces Retirement Home



OCTOBER 25, 2017

MEMORANDUM FOR OFFICE OF THE INSPECTOR GENERAL, DEPARTMENT  
OF DEFENSE

SUBJECT: Armed Forces Retirement Home (AFRH) Comments for the Armed  
Forces Retirement Home Health Care Services (Project No. D2017-  
DOOSP0-0002.000)

As requested in the subject document for management comments to the discussion draft report, I reviewed the Results and Recommendations from the 2017 Armed Forces Retirement Home Health Care Services DoD OIG Report (Project No. D2017-DOOSP0-0002.000) dated 2 October 2017 and offer the following comments:

The Armed Forces Retirement Home (AFRH) concurs with the conclusions and recommendations of the DoD OIG. AFRH also concurs that "the AFRH medical staff generally provided healthcare services that met national healthcare standards and the quality-of-life needs of the residents". The following Recommendations outlined below were included in the report, which the AFRH concurs with each: A.1.a, A.1.b, B.1.a, B.1.b, and B.1.c.

### **Recommendation A.1**

We recommend that the Chief Operating Officer, Armed Forces Retirement Home, require that the Chief, Healthcare Services, at each facility:

- a. develop and implement a process for regular reviews of provider visits to ensure that providers see residents in long-term care at the required frequency, and that resident healthcare needs are met; and
- b. review and align current healthcare practices with approved facility level standard operating procedures for documenting the administration of medications and treatments, conducting infection-control rounds, and monitoring cold-storage medications.

## Armed Forces Retirement Home (cont'd)

### Recommendation B.1

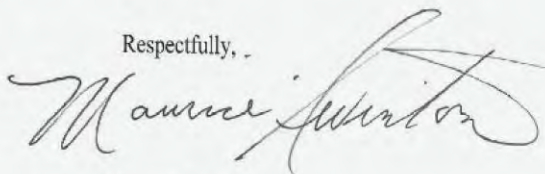
We recommend that the Chief Operating Officer, Armed Forces Retirement Home, require that the Chief, Healthcare Services, at each facility develop and implement administrative controls over controlled substances, including:

- a. establishing a clear chain of custody from the receipt of a controlled substance from the supporting military pharmacy to its release to the intended resident;
- b. establishing procedures requiring Wellness Center personnel to implement a reconciliation process to maintain appropriate accountability and control of controlled substances stored in AFRH facilities; and
- c. updating facility-level standard operating procedures to identify the people or billets with authorized access to Wellness Center medication storage areas.

AFRH will utilize its internal tracking system to monitor and report the progress of complying with these recommendations. The AFRH COO and Agency Chief Medical Officer will provide oversight of AFRH corrective actions through regular discussions with senior healthcare staff at each site, along with monthly updates on the progress of any corrective actions required as a result of the DoD OIG assessment. The AFRH will continue to rely on the DHA Medical Team to conduct site visits to both facilities as a part of the Triennial Joint Commission Accreditation Survey to ensure that the SMA reviews its healthcare operations to ensure compliance. The AFRH Leadership will routinely engage the DHA Senior Medical Advisor as needed to ensure that any problems or concerns that may arise are brought to light and addressed appropriately.

My point of contact for these comments is the AFRH Agency Chief Medical Officer, [REDACTED], who can be reached at [REDACTED] or [REDACTED].

Respectfully,



Maurice Swinton  
Acting Chief Operating Officer

## Armed Forces Retirement Home (cont'd)

Armed Forces Retirement Home	Washington D.C. & Gulfport MS Project No. D2017-D00SPO-002.000			
17-Oct-17				
Department of Defense	Evaluation from December 2016 through October 2017			
Areas for Improvement				
What	Recommendations	Who	Notes and Action Taken	Status
<b>FINDING A</b>				
A.1 AFRH medical providers did not conduct provider visits to residents in long-term-care units at the frequency required by national healthcare standards. This occurred because turnover and vacancies in authorized medical-provider positions resulted in an increased workload for medical-providers. Title 42 Code of Federal Regulations section 483.30, "Physician services," states that, in a long-term-care facility, a resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and a least once every 60 days thereafter. Most deficiencies we identified did not have sufficient explanations within the provider notes in the residents' medical records, such as an extended stay at a healthcare facility outside an AFRH facility.	Develop and implement a process for regular reviews of provider visits to ensure that providers see residents in long-term care at the required frequency, and that resident healthcare needs are met.	Chief Healthcare Services, Chief Medical Officer, and Medical Officers.	A process has been developed and implemented for regular review of provider visits in compliance with Title 42 Code of Federal Regulations section 483.30. Due to medical provider vacancies at both facilities, including Chief Medical Officer, required visits in long-term care were not made as frequently as required during much of this review period. With vacancies filled, Residents are consistently seen monthly by their providers as evidenced by the documentation of visits on the Electronic Health Record (EHR). A log is generated with the EHR of provider visits for upper level residents during time periods as defined and may be monitored. The Chief Healthcare Services will be informed by the Chief Medical Officer or designated Medical Officer of the results of the EHR audits each month. Chief Healthcare Services will prioritize resources based on Provider visit status. Furthermore, the number of provider visits is now a measure included on each medical provider's Individual Performance Plan (i.e., performance appraisal).	In Progress

What	Recommendations	Who	Notes and Action Taken	Status
A2. AFRH-G staff did not follow the documented procedures when the temperature exceeded the threshold. By not following documented procedures, AFRH-G medical staff increased the risk of providing to AFRH residents medications that may not have performed as intended. Additionally, not alerting AFRH-G leadership as directed in the AFRH-G SOP AFRH-Gulfport medication administrators and providers were not aware of an increased risk to resident safety.	Develop healthcare practices that align with documented procedures, specifically regarding cold storage management.	Chief of Healthcare Services Director of Nursing Unit Clinical Nurse Supervisors	In keeping with similar practices, a shared process for cold storage management of medication will be implemented. Both facilities have developed temperature logs and the Washington facility will purchase alarming thermometers. Staff education on protocols related cold storage, maintenance logs and reporting requirements will be developed collaboratively and shared at both facilities.	In Progress

## Armed Forces Retirement Home (cont'd)

What	Recommendations	Who	Notes and Action Taken	Status
<p><b>A3.</b> AFRH-W medical administrators did not effectively implement all facility-level controls to document infection-control rounds. the AFRH-Washington SOP says that one purpose of the infection-control and -prevention program is to integrate the outcomes of surveillance and control activities throughout the facility to allow for internal comparison for trend analysis and comparison with external databases for benchmarking. The AFRH-Washington SOP W-HC-ADM-4-10, "Infection Control and Prevention," also states that the facility's Infection Control and Prevention Committee is responsible for maintaining a surveillance system by regularly reviewing and collecting surveillance data to determine significant trends suggesting a need for procedural or protocol. CHCS did not provide any documentation indicating that AFRH personnel had conducted infection-control rounds of the separate levels of care or the AFRH Wellness Center's medication-storage area, nor documented surveillance data.</p>	Review and align current healthcare practices with approved facility level standard operating procedures for conducting infection-control rounds.	Chief of Healthcare Services and Infection Prevention Nurse	Both facilities have current healthcare practices that align with our policy on conducting infection control rounds. We have aligned our current healthcare practices with our policy for conducting infection-control rounds in the following ways. The AFRH Infection Prevention Nurses (IPN) at both facilities are integral members of the Environment of Care Team as evidenced by surveillance records maintained by the Infection Prevention Nurses. The Washington facility will adopt the practice of adding monthly surveillance of the upper levels of care by the IPN and Nurse Educator. The IPN maintains documentation and tracking logs to generate data which is shared in the Healthcare Performance Improvement meetings and the Infection Control and Prevention meetings. This data is analyzed for trending within the committees' meetings.	In Progress
<p><b>FINDING B</b></p> <p><b>B1.</b> The AFRH pharmacy technicians stated that the AFRH Wellness Centers did not maintain logs showing inventories of controlled substances. In addition, neither Wellness Center maintained records indicating the quantity and type of controlled substances dispensed at their supporting military pharmacy.</p>	Establishing a clear chain of custody from the receipt of a controlled substance from the supporting military pharmacy to its release to the intended resident;	Chief of Healthcare Services, Wellness Center Manager, and Pharmacy Technicians	An AFRH Controlled Substance Tracking Log was developed and in use since August 2017. The log documents the custody of controlled substances from area Military Treatment Facilities (MTFs) to arrival at AFRH Medication Centers. Controlled substances received at AFRH are verified and recorded with two-person signatures and validated by the Resident's signature upon receipt of his/her medication.	Complete

What	Recommendations	Who	Notes and Action Taken	Status
AFRH facility-level SOPs do not require any type of reconciliation process to compare the records of the prescriptions released by the AFRH Wellness Center personnel to the records of the prescriptions that entered the AFRH Wellness Center from the supporting military pharmacies.	Establishing procedures requiring Wellness Center personnel to implement a reconciliation process to maintain appropriate accountability and control of controlled substances stored in AFRH facilities	Chief of Healthcare Services, Wellness Center Manager	An inventory control procedure has been added to the revised SOP W/G-HC-NUR-4-038 at both facilities which inventories controlled substances received by the Medication Centers.	Complete
AFRH facility-level SOP, No. W-HC-NUR-4-078, "Medication Distribution Center," did not clearly identify the specific positions or personnel who should have access to the medication-storage areas.	Updating facility-level standard operating procedures to identify the people or billets with authorized access to Wellness Center medication storage areas.	Chief of Healthcare Services, Wellness Center Manager	Both facilities', the Pharmacy and Therapeutics Committee identified and approved a restricted list of positions that may have supervised or unsupervised access to the medication storage areas within the Wellness Center. The positions identified will be the same for both facilities and posted on the exterior of the door to the Medication Center. The list will be referenced in the revised AFRH-W/G SOP W-HC-NUR-4-038.	Complete
<b>B2.</b> The lack of accountability over controlled substances and the lack of clear access restrictions to medication-storage areas in AFRH Wellness Centers creates internal control weaknesses in the AFRH Wellness Center's administrative controls over controlled substances.	a. Advise the Chief, Healthcare Services, at each facility on the development and implementation of administrative controls related to the storage, handling, and monitoring of controlled substances	Chief of Healthcare Services, Wellness Center Manager	Internal Controls for controlled substance accountability, storage, and handling have been revised and are referenced in the SOPs for both campuses. The Chief of Healthcare Services approved modifications of the revised SOPs.	Complete
	b. Review AFRH Wellness Center internal controls over controlled substances to ensure that they mitigate the risk of the diversion of controlled substances.	Chief of Healthcare Services, Wellness Center Manager	AFRH Wellness Center leadership have developed, reviewed and educated the necessary staff in the storage, handling and monitoring of controlled substances to mitigate any risk of diversion.	Complete

## Armed Forces Retirement Home (cont'd)

What	Recommendations	Who	Notes and Action Taken	Status
During Inspection of the Upper Levels of Care (Loyalty Hall and Valor Hall) a review of the Units medication log, which held Resident's MARs and TARs from March 1-7, reveal that many of the Resident's MARs and Tars contained blank data-entry points and did not contain clinical justifications for not recording the medications or treatments. AFRH-Gulfport medical staff did not document the medication and treatment administration according to the standards prescribed in AFRH-Gulfport's SOPs. Additionally, AFRH-Gulfport had established controls to identify and correct deficiencies on the MARs and TARs, such as the requirement for clinical Supervisors to perform chart audits. However, the AFRH-Gulfport staff did not properly execute the documented procedures to review the MARs and TARs.	Review and align current Healthcare Practices with approved facility-level standard operating procedures for documenting the administration of medications and treatments.	Chief of Healthcare Services Director of Nursing Unit Clinical Nurse Supervisors	Mandatory education will be provided to ensure that Clinical staff understand their roles in the AFRH-Gulfport SOP NO. G-HC-NUR-4-076, "Care Settings Operational Guidance". Director of Nursing will monitor the requirement for the Clinical Supervisors to perform chart audits, identify medication errors as a result of blank data-entry points in the MARs, complete incident report and provide coaching to the staff regarding the completeness of documentation on the MARs and TARs. The following measures will also be added in the Individual Performance plan:- 1) Clinical Supervisors - compliance of Clinical Supervisors to perform chart audits, identify medication errors as a result of blank data-entry points in the MARs, complete incident report and provide coaching to the staff regarding the completeness of documentation on the MARs and TARs. 2) Clinical Staff - completion of accurate and thorough documentation of MARs and TARs. - AFRH-W utilizes an electronic MAR and TAR in the Millennium Pharmacy System for upper level of care Residents that prevents blank data-entry points.	In Progress



## Acronyms and Abbreviations

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<b>AFRH</b>	Armed Forces Retirement Home
<b>CARF</b>	Commission on Accreditation of Rehabilitation Facilities
<b>COO</b>	Chief Operating Officer
<b>DCMO</b>	Deputy Chief Management Officer
<b>EMR</b>	Electronic Medical Record
<b>MAR</b>	Medication Administration Record
<b>SMA</b>	Senior Medical Advisor
<b>SOP</b>	Standard Operating Procedure
<b>TAR</b>	Treatment Administration Record
<b>TJC</b>	The Joint Commission



# **Whistleblower Protection**

## **U.S. DEPARTMENT OF DEFENSE**

*The Whistleblower Protection Ombudsman's role is to educate agency employees about prohibitions on retaliation and employees' rights and remedies available for reprisal. The DoD Hotline Director is the designated ombudsman. For more information, please visit the Whistleblower webpage at [www.dodig.mil/Components/Administrative-Investigations/DoD-Hotline/](http://www.dodig.mil/Components/Administrative-Investigations/DoD-Hotline/).*

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