Audit Highlights

Highlights of Legislative Auditor report on the Department of Health and Human Services, Health Division's Inspection Programs, issued on November 5, 2009. Report # LA10-05.

Background

The Health Division promotes and protects the health of all Nevadans and visitors to the State through its enforcement of laws and regulations pertaining to public health.

The Bureau of Health Care Quality and Compliance includes the Licensure and Certification Program (LCP) and Radiological Health Program (RHP). The LCP licenses and inspects health care facilities and medical laboratories. The RHP licenses and inspects facilities using radioactive materials, primarily used for medical or industrial purposes. RHP also certifies and inspects mammography and x-ray machines. Both the LCP and RHP conduct inspections statewide.

The Environmental Health Services (EHS) program permits and inspects food establishments and school kitchen facilities. EHS performs inspections in 14 Nevada counties (excluding Clark, Washoe, and Carson City) and state facilities such as universities and prisons.

In fiscal year 2008 the three inspection programs had 124 positions and expenditures of about $11.6 million.

Purpose of Audit

The purpose of this audit was to (1) determine if food establishments, school kitchens, health care, and other facilities were inspected and violations corrected timely, and (2) evaluate performance measures including the reliability of reported results. Our audit focused on entities subject to division inspections as of November 2008, and fiscal year 2008 performance measures and results.

Audit Recommendations

This report contains 20 recommendations to improve inspection programs and performance measures. Seven recommendations address ensuring all food establishments are inspected timely, violations corrected timely, and files adequately document inspection and follow up work. Seven address health care facility inspections and complaints including: conducting inspections and complaint investigations within required time frames, notifying facilities of violations found during inspections and performing complaint investigations timely, ensuring violations are corrected, and files adequately documented. Two recommendations address inspecting x-ray machines timely. Finally, four address improving the accuracy and quality of performance measures related to inspection activities.

The Division accepted the 20 audit recommendations.

Status of Recommendations

The Division's 60-day plan for corrective action is due on February 5, 2010. In addition, the six-month report on the status of audit recommendations is due on August 5, 2010.

For more information about this or other Legislative Auditor reports go to: http://www.leg.state.nv.us/audit (775) 684-6815.

Health Division's Inspection Programs

Department of Health and Human Services

Results in Brief

The Health Division has not inspected facilities in accordance with requirements established in laws, regulations, and other guidelines. For example, 38% of food establishments we tested were not inspected in fiscal year 2008 as required by statute. We also found 56% of health care facilities tested were not inspected timely. In addition, the Division did not always follow up timely to ensure violations found during inspections were corrected. These problems were caused by the Division's lack of controls, including systems to track inspections and violations, management information to assist managers in supervising inspection activities, and written policies and procedures to guide staff. Additionally, difficulties in filling vacant positions contributed to problems with timely inspections.

The Division needs to improve the reliability of its performance measures related to inspections. Specifically, the actual results for several measures in the latest Executive Budget were not reliable because the agency could not provide documentation supporting reported numbers. In addition, the numbers reported in the Budget were different than those later provided to us. Finally, some performance measures should be revised to provide more meaningful information for management and other decision-makers for evaluating the effectiveness of the Division's inspection activities.

Principal Findings

EHS did not inspect all food establishments annually as required by statute. Based on our review of files for 100 establishments, 40% of inspections were not done during fiscal years 2006, 2007, and 2008. In some cases, food establishments were not inspected for several years.

EHS did not inspect all school kitchens at least twice each school year as required. We selected 75 kitchens and found 32% of required inspections were not done during FY's 2006, 2007, and 2008. Furthermore, 57 of 75 (76%) inspection files reviewed were missing at least one inspection, and 37 of 75 (49%) files were missing at least two inspections consecutively.

The Licensure and Certification Program (LCP) did not inspect health care facilities timely. We randomly selected 100 facilities and found 56% of inspections were not timely. Our sample included 41 facilities subject to a 3-year inspection frequency. For these 41 facilities, we found 63% of inspections were not timely. On average, the inspections were 3.1 years late.

LCP did not always investigate and resolve complaints timely. We found 13 of 35 (37%) complaints from FY 2008 were not investigated timely. In addition, after completing the investigation, LCP did not timely provide the facility with results found during the investigation in 26 of 35 (74%) complaints. Therefore, it may have taken longer to correct violations found during complaint investigations.

Although the Radiological Health Program (RHP) inspected radioactive material users and mammography equipment timely, x-ray machines were not inspected timely. We randomly selected 50 x-ray machines for review and found 32 (64%) were not inspected timely.

EHS did not always follow up timely on critical violations found during food inspections. In many cases follow-up did not occur until the next annual inspection. In other cases it was unclear if violations were corrected. Twenty-five of 31 (81%) inspections with critical violations lacked documentation of timely follow up to ensure violations were corrected.

Violations found during health care facility inspections were not followed up on timely. In some cases violations were not followed up on for several months. In other cases staff could not provide documentation that violations had been corrected. Twenty of 25 lacked documentation showing violations were corrected timely. Inadequate follow up has been a problem over several years.

Performance measure results for FY 2008 were incomplete in some cases because partial year numbers were reported. In other cases results could not be verified because supporting documentation was not kept. Therefore, decisions affecting programs could be made based on unreliable information.

The Division can make further improvements to performance measures for its inspection programs. Currently, most performance measures track the number of inspections done, rather than the percentage of required inspections completed. Tracking the percent of required inspections done would better measure program effectiveness. Also, inspection programs would benefit by tracking whether violations found during inspections were corrected timely.

Audit Division
Legislative Counsel Bureau