



OFFICE of  
**INSPECTOR GENERAL**  
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UNITED STATES DEPARTMENT OF  
HOUSING AND URBAN DEVELOPMENT

# The Boston Housing Authority Did Not Always Comply With HUD's and Its Own Requirements for Its Public Housing Program Units

**Audit Report Number: 2025-CH-1001**

**February 25, 2025**

To: Robert P. Cwieka  
Director, Office of Public Housing, 1APH

**//signed//**

From: Kilah S. White  
Assistant Inspector General for Audit, Office of Inspector General, GA

Subject: The Boston Housing Authority, Boston, MA, Did Not Always Comply With HUD's and Its Own Requirements for Its Public Housing Program Units

Attached is the U.S. Department of Housing and Urban Development (HUD), Office of Inspector General's (OIG) final results of our audit of the Boston Housing Authority's public housing program.

HUD Handbook 2000.06, REV-4, sets specific timeframes for management decisions on recommended corrective actions. For each recommendation without a management decision, please respond and provide status reports in accordance with the HUD Handbook. Please furnish us copies of any correspondence or directives issued because of the audit.

The Inspector General Act, as amended, requires that OIG post its reports on the OIG website. Accordingly, this report will be posted at <https://www.hudoig.gov>.

If you have any questions or comments about this report, please do not hesitate to call Kelly Anderson, Audit Director, at (312) 913-8499.

## Highlights

### The Boston Housing Authority Did Not Always Comply With HUD’s and Its Own Requirements for Its Public Housing Program Units | 2025-CH-1001

#### What We Audited and Why

We audited the Boston Housing Authority’s public housing program to determine whether the physical condition of the Authority’s program units complied with the U.S. Department of Housing and Urban Development’s (HUD) and the Authority’s requirements. The audit was initiated based on our assessment of risks associated with public housing agencies’ program units and recent media attention and public concern about the condition of subsidized housing properties.

#### What We Found

The Authority’s public housing program units were not consistently maintained in a decent, safe, and sanitary condition and in good repair. Specifically, we reviewed a sample of 36 units and determined that 31 units had 113 deficiencies. Of the 31 units, 61 percent had 37 deficiencies that existed at the time of the Authority’s last inspection, and 35 percent had 18 life-threatening deficiencies that needed to be corrected within 24 hours. Further, we reviewed the site, exterior, systems, and common areas of 29 of the Authority’s public housing buildings and determined that 24 buildings had 105 deficiencies, which included 31 life-threatening deficiencies that needed to be corrected within 24 hours. Of the 24 buildings, 6 buildings had 18 deficiencies that existed at the time of the Authority’s last inspection.

Additionally, the Authority did not consistently perform annual self-inspections for all public housing units and correct deficiencies in a timely manner. Specifically, for 55 units reviewed, the Authority did not perform 37 of the 103 required inspections, collectively, for the Authority’s 2022 and 2023 fiscal years. Additionally, we reviewed 71 deficiencies that the Authority identified during its annual inspections, consisting of 31 life-threatening and 40 non-life-threatening deficiencies. We determined that the Authority did not correct (1) more than 22 percent of the life-threatening deficiencies within 24 hours, including six deficiencies that were miscategorized as non-life threatening and (2) more than 87 percent of the non-life-threatening deficiencies within the Authority’s 20-day requirement. See table 1 below.

**Table 1. The Authority’s annual inspection deficiencies were not corrected in a timely manner**

Category	Correction timeframe	Deficiencies reviewed	Deficiencies reported as corrected by the Authority after required timeframes	Lacked support of corrective actions
Life threatening	24 hours	31	7	-
Non-life threatening	20 days	40	35	6
<b>Totals</b>		<b>71</b>	<b>42</b>	<b>6</b>



The Authority also did not consistently correct life-threatening, non-life-threatening health and safety, and non-health and safety deficiencies identified during HUD’s Real Estate Assessment Center’s (REAC) inspections in a timely manner. We reviewed a sample of 41 life-threatening, 35 non-life-threatening health and safety, and 86 non-health and safety deficiencies and determined that the Authority did not consistently correct the deficiencies within HUD’s or the Authority’s established timeframes. It also did not consistently support that deficiencies had been corrected. Further, of the 162 deficiencies, we determined that 66 still existed at the time of our observations, or we could not confirm whether the Authority had corrected the deficiencies. See table 2 below.

**Table 2. The Authority did not correct REAC inspection deficiencies in a timely manner**

Category	Correction timeframe	Deficiencies reviewed	Deficiencies reported as corrected by the Authority after required timeframes	Lacked support of corrective actions	Uncorrected or unverified at the time of our observation
Life threatening	24 hours	41	23	8	4
Non-life threatening	20 days	35	29	23	14
Non-health and safety	25 days	86	73	50	48
<b>Totals</b>		<b>162</b>	<b>125</b>	<b>81</b>	<b>66</b>

Further, the Authority did not certify to HUD, within 3 business days, that the 41 life-threatening deficiencies had been corrected, remedied, or acted upon to abate within 24 hours.

These conditions occurred because the Authority did not ensure that its (1) inspectors thoroughly inspected units in a consistent manner and (2) policy requiring quality control inspections of units and buildings was fully and consistently implemented. Additionally, after HUD’s COVID-19 waiver of the requirement for annual inspections expired and the Authority resumed performing inspections, the Authority lacked staffing resources to inspect all units, create work orders, correct the deficiencies identified in the Authority’s properties during its own inspections and REAC’s inspections in a timely manner, and report and certify in HUD’s Physical Assessment Subsystem that life-threatening deficiencies identified through a HUD REAC inspection had been corrected in a timely manner.

As a result, families resided in units that were not decent, safe, sanitary, and in good repair for longer periods, and HUD did not have timely information to monitor whether the Authority corrected life-threatening deficiencies in accordance with HUD’s 24-hour requirement. If the Authority does not improve the quality of its inspections and address its increasing backlog of work orders, there is a risk of additional families’ residing in units that are not decent, safe, sanitary, and in good repair.

## What We Recommend

We recommend that the Director of HUD’s Boston Office of Public Housing require the Authority to (1) develop and implement a plan to correct the deficiencies identified for its public housing program units and buildings, including the remaining outstanding deficiencies noted during HUD’s REAC inspections, and (2) implement quality control procedures for its inspection and work order processes and mitigation of noted deficiencies to enhance the effectiveness of its unit inspections and ensure that all units meet HUD’s and its own requirements.



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# Background and Objective

## Public Housing and HUD Inspections

HUD's public housing program was established to provide decent and safe rental housing for eligible low-income families, the elderly, and persons with disabilities.<sup>1</sup> Public housing comes in all sizes and types, from scattered single-family houses to high-rise apartments for elderly families. HUD administers Federal aid to public housing agencies (PHA) that manage the housing for low-income residents at rents they can afford. HUD housing must be decent, safe, sanitary, and in good repair.<sup>2</sup> In 1998, HUD established the Uniform Physical Condition Standards (UPCS), requiring that public housing be inspected annually to ensure that it is decent, safe, sanitary, and in good repair.<sup>3</sup>

HUD's Real Estate Assessment Center (REAC) evaluates the physical condition of public housing units to ensure that they meet HUD's UPCS.<sup>4</sup> A contracted inspector performs the inspections on a statistical sample of units and buildings to evaluate and score the properties based on five areas: site, building exterior, building systems, common areas, and dwelling units.

If life-threatening exigent health and safety or fire safety ("life-threatening") deficiencies are identified during an inspection,<sup>5</sup> the HUD-contracted inspector (1) immediately notes the deficiencies on a notification form, (2) requires the PHA's representative to sign the form, and (3) provides a copy of the form on site to the PHA's representative. The inspector then transmits the notification form to REAC. The PHA is responsible for correcting life-threatening deficiencies within 24 hours of receiving the notification form and certifying in HUD's Physical Assessment Sub System (PASS)<sup>6</sup> within 3 business days of the receipt of the notification form that all life-threatening deficiencies have been corrected, remedied, or acted upon to abate within 24 hours.<sup>7</sup> PHAs are also required to correct, remedy, or act to abate non-life-threatening (health and safety) deficiencies promptly after receiving the final physical inspection report from REAC. The REAC inspections also identify non-health and safety deficiencies. The Boston Housing Authority's policy requires that non-life-threatening REAC deficiencies be corrected within 20 days<sup>8</sup> and that non-health and safety REAC deficiencies be corrected within 25 days.<sup>9</sup>

On March 16, 2020, in response to the coronavirus disease 2019 (COVID-19) pandemic, REAC officially postponed inspections of all properties out of concern for the health, safety, and welfare of residents,

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<sup>1</sup> Section 9 of the United States Housing Act of 1937, as amended (codified at 42 U.S.C (United States Code) 1437)

<sup>2</sup> HUD's regulations at 24 CFR (Code of Federal Regulations) 5.703

<sup>3</sup> Federal Register (FR) Notice 63 FR 46566

<sup>4</sup> Federal Register Notice 66 FR 59084

<sup>5</sup> HUD treats both life-threatening exigent health and safety and fire safety deficiencies as 24-hour deficiencies. For purposes of this report, each time we use the term "life-threatening," we are referring to both life-threatening exigent health and safety and fire safety deficiencies.

<sup>6</sup> PASS allows users to perform tasks, view data, and gather information related to onsite physical inspections and assessments of HUD-assisted properties.

<sup>7</sup> 24 CFR 902.22(f)(1)

<sup>8</sup> Section 18.12 of the Authority's Standard Operating Procedures for Maintenance

<sup>9</sup> Section 18.2 of the Authority's Standard Operating Procedures for Maintenance



PHA staff, inspectors, etc.<sup>10</sup> In June 2021, REAC returned to operations and expanded its inspections in support of the prioritized backlog of inspections.<sup>11</sup> From January through September 2022, REAC inspected 60<sup>12</sup> of the Authority’s developments and identified 3,849 deficiencies comprising (1) 189 life-threatening deficiencies, (2) 875 non-life-threatening health and safety deficiencies, and (3) 2,785 non-health and safety deficiencies.

In May 2023, HUD published the National Standards for the Physical Inspection of Real Estate (NSPIRE) Rule<sup>13</sup> as the single inspection standard across multiple HUD programs, including the public housing program. NSPIRE aims to improve confidence in HUD’s ability to keep properties in compliance by accurately assessing the condition of a unit, implementing streamlined inspection processes, and prioritizing the health and safety of residents. PHAs’ public housing programs were required to comply with NSPIRE no later than July 1, 2023. During our audit, the Authority inspected its units using HUD’s UPCS, and, accordingly, the citations to legal authority in this report reflected the standards and authority that were in effect before July 1, 2023.

### **Boston Housing Authority and Its Inspection Protocols**

Boston’s mayor and City Council established the Authority in October 1935 to provide stable, quality affordable housing for low- and moderate-income persons. An administrator appointed by Boston’s mayor manages and controls the Authority. Additionally, the Authority’s Monitoring Committee is responsible for reviewing matters relating to the management and performance of the Authority and to report these matters to the mayor.

HUD’s Boston Office of Public Housing monitors the Authority’s compliance with public housing program requirements. As of October 2023, the Authority oversaw nearly 8,000 Federal public housing units in 38 developments<sup>14</sup> owned by the Authority and 19 mixed-finance developments.<sup>15</sup> Of the 57 developments, 30 are designated as housing for seniors and residents with disabilities, 26 are designated for low-income families, and one is designated for both. HUD authorized the following financial assistance for the Authority’s public housing program for fiscal years 2020 through 2023, as shown in table 3 below.<sup>16</sup>

**Table 3. Authority’s public housing funding for fiscal years 2020 through 2023**

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<sup>10</sup> Inspector Notice No. 2020-01

<sup>11</sup> Inspector Notice No. 2021-01

<sup>12</sup> As of December 2022, 3 of the 60 developments had been converted to Rental Assistance Demonstration developments and are no longer a part of the Authority’s public housing program.

<sup>13</sup> On May 11, 2023, HUD published the Economic Growth Regulatory Relief and Consumer Protection Act (NSPIRE) Final Rule in the Federal Register (NSPIRE Final Rule), 88 FR 30442.

<sup>14</sup> A public housing development may consist of several buildings or properties containing multiple units.

<sup>15</sup> A mixed-finance development is owned in whole or in part by an entity other than a PHA.

<sup>16</sup> The Authority’s fiscal year is from April 1 through March 31.



Fiscal year	Operating Fund <sup>17</sup>	Capital Fund <sup>18</sup>
2020	\$75,688,642	\$29,077,308
2021	73,650,755	30,433,444
2022	68,360,149	38,579,139
2023	70,404,735	36,527,591

Source: Data obtained from HUD’s public housing data dashboard available to the public

To ensure that units comply with UPCS and the State’s <sup>19</sup> housing standards, the Authority’s property managers conduct annual inspections, and its maintenance staff <sup>20</sup> corrects the deficiencies identified on the annual inspections of the Authority’s public housing program units. <sup>21</sup> The Authority’s cure periods are 24 hours for life-threatening deficiencies and 20 days for non-life-threatening deficiencies. See table 4 below.

**Table 4. General process the Authority follows for annual unit inspections and work orders**

Before July 2023	Beginning July 2023 <sup>22</sup>
<b>Step 1. Scheduling annual unit inspections</b>	
At the start of the fiscal year, the Authority’s operations staff at each development schedules the annual inspections from April 1 through January 31. The inspection schedules are provided to the work order center.	At the start of the fiscal year, the Authority’s Leased Housing Inspections Department dispatchers schedule the annual inspections from April 1 through January 31 using the Authority information system.
The work order center staff generates a work order for the annual inspection in the Authority’s information system. <sup>23</sup> The operations staff at each development provides the resident a 48-hour notice of the scheduled annual inspection.	The Leased Housing Inspections Department provides the development property manager an email listing the scheduled unit inspections to provide residents a 48-hour notice.
<b>Step 2. Performing annual unit inspections</b>	
The development’s property manager performs the unit annual inspections and manually records identified deficiencies on the inspection report, as applicable.	An inspector performs the inspection and electronically records deficiencies using handheld devices.

<sup>17</sup> HUD provides annual operating subsidies to assist with operations and management expenses, including, administration, maintenance, and costs related to mixed-finance projects.

<sup>18</sup> The Public Housing Capital Fund provides annual funding for the development, financing, and modernization of public housing developments and for management improvements.

<sup>19</sup> The Authority’s requirements also incorporate chapter II of the Massachusetts Sanitary Code.

<sup>20</sup> The Authority’s developments have designated operations staff, property managers, and maintenance staff.

<sup>21</sup> Section 21.1 of the Authority’s Standard Operating Procedures for Maintenance states that an apartment inspection must be performed at least annually. See appendix E.

<sup>22</sup> In July 2023, the Authority designated its Leased Housing Inspections Department, which performs inspections under the Authority’s Housing Choice Voucher Program, to perform inspections of its public housing developments.

<sup>23</sup> The Authority’s information system manages data related to tenants, inspections, work orders, etc.





When the inspection is complete, the Authority’s operations or work order center staff scans the inspection report into the Authority’s electronic filing system.	The inspection results and inspection completion date are synced to the Authority’s information system.
The Authority’s work order center or operations staff enters the date on which the inspection was completed into the Authority’s information system under the corresponding work order to close out the inspection.	The Authority’s electronic filing system generates a data report that identifies the completed inspection(s) and unit status. Using the data reports, the Authority’s information system generates inspection result letters that identify unit deficiencies.

**Step 3. Creating work orders and correcting unit deficiencies<sup>24</sup>**

The work order center or operations staff creates work orders for the deficiencies noted on the inspection report.	The work order center staff obtains the data report and inspection result letters to create work orders for identified deficiencies.
Maintenance supervisors assign maintenance staff to correct the deficiencies identified on the work orders based on priority, available staff, and materials. The work orders are printed and provided to maintenance staff. Maintenance staff obtains the work order to correct the deficiencies and close out the work order in the Authority’s information system.	

**OIG Audit Work on HUD’s Oversight of Public Housing Physical Conditions**

In May 2023, we issued an audit report regarding HUD’s oversight of the physical condition of public housing developments.<sup>25</sup> The audit identified that HUD lacked assurance that PHAs corrected life-threatening (exigent health and safety) and non-life-threatening health and safety deficiencies identified during HUD’s REAC inspections due to the inconsistent monitoring and lack of tracking by HUD field offices. Our report on the Authority’s public housing unit conditions addresses whether the Authority corrected deficiencies identified during a REAC inspection.

The objective of our audit was to determine whether the physical condition of the Authority’s public housing program units and buildings complied with HUD’s and the Authority’s requirements. Specifically, we wanted to determine whether the Authority had adequate oversight of its public housing subsidized units and buildings to ensure that (1) units and buildings met HUD’s and its own housing standards and (2) appropriate actions were taken to address physical deficiencies in a timely manner to ensure that the housing units and buildings were decent, safe, sanitary, and in good repair.

To assess the physical condition of the Authority’s public housing program units, we focused on the following three areas:

1. Physical condition of units and buildings.
2. Timely completion of the Authority’s annual inspections and correction of identified deficiencies.
3. Corrective actions taken after a REAC inspection.

<sup>24</sup> The Authority creates work orders for all deficiencies found during an inspection for correction. The process for creating work orders and correcting unit deficiencies is the same for deficiencies identified during a REAC inspection.

<sup>25</sup> HUD Can Improve Its Oversight of the Physical Condition of Public Housing Developments, 2023-CH-0004, May 30, 2023



## Results of Audit

### Our Assessment of the Physical Condition of the Authority's Public Housing Program Units

We assessed the physical condition of the Authority's public housing program units in the following three review areas and identified exceptions in all areas, as noted in the table below.

Three review areas	Exception identified?
Physical condition of units and buildings	Yes
Timely completion of the Authority's annual inspections and correction of identified deficiencies	Yes
Corrective actions taken after a REAC inspection	Yes

Additional details of the exceptions identified in each of the three review areas are discussed in the following sections.

### The Authority Did Not Consistently Maintain Its Program Units and Buildings in Decent, Safe, and Sanitary Condition and in Good Repair

The Authority did not consistently maintain its public housing program units in accordance with HUD's and its own requirements. Specifically, of the 36 units reviewed, 31 units (86 percent) had 113 deficiencies. Of the 31 units, 19 units (61 percent) had 37 deficiencies that existed at the time of the Authority's last inspection,<sup>26</sup> and 11 units had 18 life-threatening deficiencies that needed to be corrected within 24 hours. Further, we reviewed the site, exterior, systems, and common areas of 29 of the Authority's public housing buildings and identified 105 deficiencies in 24 buildings, which included 31 life-threatening deficiencies that needed to be corrected within 24 hours. Of the 24 buildings, 6 buildings had 18 deficiencies that existed at the time of the Authority's last inspection.

These conditions occurred because the Authority did not ensure that its (1) inspectors thoroughly inspected units in a consistent manner and (2) policy requiring quality control inspections of units and buildings was fully and consistently implemented. As a result, families participating in the Authority's public housing program resided in units and buildings that were not decent, safe, sanitary, and in good

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<sup>26</sup> We identified a preexisting deficiency as a deficiency that existed at the Authority's last inspection based on observations made by our inspector and auditor during the unit inspections and tenants' comments. We took a conservative approach to determine the facts and circumstances to conclude whether the deficiencies existed during the Authority's last inspection. If we could not reasonably determine when a deficiency occurred, we did not categorize it as preexisting.



repair. Further, without an effective quality control process, there is a risk of additional families’ residing in public housing units that are not decent, safe, sanitary, and good repair.

## Public Housing Units and Buildings Had Deficiencies

HUD requires that public housing program housing be decent, safe, sanitary, and in good repair.<sup>27</sup> In April, June, and August 2023, we inspected 36 units and 29 buildings<sup>28</sup> at 16 of the Authority’s 38 public housing developments to determine whether the units and buildings met HUD’s and the Authority’s requirements.<sup>29</sup> We determined that (1) of the 36 units reviewed, 86 percent had 113 deficiencies and (2) of the 29 buildings reviewed, nearly 83 percent had 105 deficiencies.<sup>30</sup>

### The Authority’s Units Had Deficiencies

Of the 36 units reviewed, 31 units had 113 deficiencies. Further, of the 31 units with deficiencies, 19 units had 37 deficiencies that existed at the time of the Authority’s last inspection, and 11 units had 18 life-threatening deficiencies that needed to be corrected within 24 hours. The 24-hour deficiencies included missing or inoperable smoke and carbon monoxide detectors, security hazards, and blocked egress. See table 5 below for a list of the unit deficiencies.

**Table 5. The 113 deficiencies for the 31 units**

Category	Number of deficiencies <sup>31</sup>	Number of units	Percentage of units <sup>32</sup>
Windows	25	13	42
Tub-sink-toilet-ventilation	17	11	35
Electrical hazards	12	8	26
Walls-ceilings	9	8	26
Kitchen appliances-food preparation areas	8	6	19
Blocked egress	8	4	13
Smoke detector-carbon monoxide detector	7	7	23
Debris-refuse disposal-clutter	6	6	19
Infestation	5	5	16
Air quality	5	4	13
Security	3	3	10

<sup>27</sup> 24 CFR 5.703. See appendix B for the results of our unit inspections.

<sup>28</sup> Buildings include site, building exterior, building systems, and common areas.

<sup>29</sup> See the Scope and Methodology section of this report for more information.

<sup>30</sup> We identified the unit and building deficiencies using (1) 24 CFR part 5, (2) 24 CFR part 902; (3) Federal Register 66 FR 59084; (4) HUD Notice PIH 2022-01, (5) the Authority’s Standard Operating Procedures for Maintenance, and (6) chapter II of the Massachusetts Sanitary Code.

<sup>31</sup> The categories are listed in descending order according to the number of deficiencies.

<sup>32</sup> This is the percentage of the 31 units with identified deficiencies. The percentages are rounded.



Other hazards	3	2	6
Floors	2	2	6
Heating and cooling equipment	2	2	6
Stair-railing-balcony-walkways	1	1	3
<b>Total</b>	<b>113</b>		

### The Authority's Buildings Had Deficiencies

Our inspections of the site, exterior, systems, and common areas of the Authority's 29 buildings identified 105 deficiencies in 24 buildings, which included 31 life-threatening deficiencies that needed to be corrected within 24 hours.<sup>33</sup> The 24-hour deficiencies included missing or inoperable smoke and carbon monoxide detectors, electrical hazards, and inoperable fire exits. See table 6 below.

**Table 6. Categories of the 105 deficiencies identified for the 24 buildings**

Category	Number of deficiencies <sup>34</sup>	Number of buildings	Percentage of buildings <sup>35</sup>
Windows	14	11	46
Heating and cooling equipment	13	9	38
Fire exits and fire control panels	12	8	33
Stair-railing-balcony-walkways	11	9	38
Electrical hazards	7	5	21
Debris-refuse disposal-clutter	7	6	25
Walls-ceilings	7	6	25
Fences-gates-benches	7	5	21
Plumbing-sewer-water supply	6	3	13
Other hazards <sup>36</sup>	6	5	21
Smoke detector-carbon monoxide detector	5	4	17
Vegetation	4	3	13
Roof-gutters-fascia-other surfaces	2	2	8
Security	2	2	8
Infestation	1	1	4
Floors	1	1	4

<sup>33</sup> See appendix C for the results of our building inspections.

<sup>34</sup> The categories are listed in descending order according to the number of deficiencies.

<sup>35</sup> This is the percentage of the 24 buildings with identified deficiencies. The percentages are rounded.

<sup>36</sup> Other hazards include damaged mailboxes and inoperable trash compactor doors.



Total	105		
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The Authority’s policy<sup>37</sup> requires manager-maintenance superintendents to inspect the Authority’s buildings and grounds quarterly. However, the Authority provided the last quarterly inspection report for only 7 of the Authority’s 24 buildings with deficiencies. It could not locate the last quarterly report for the remaining 17 buildings; therefore, we could not determine whether the inspections had occurred. Of the 7 buildings with a quarterly inspection report, we determined that 6 buildings had 18 deficiencies that existed at the time of the Authority’s last inspection.

The following photographs illustrate some of the deficiencies, by category, noted during our inspections in the 31 units and 24 buildings at 16 of the Authority’s developments that failed to meet HUD’s and the Authority’s requirements.

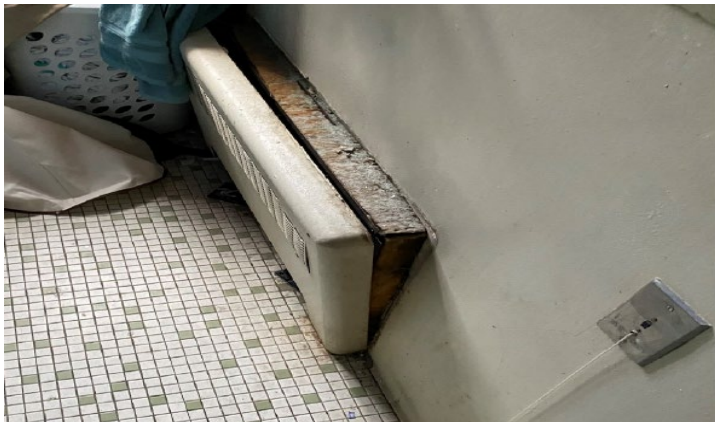
**Figure 1. Plumbing-sewer-water supply and infestation**

Inspection 39: Active toilet leaks and rodent infestation were present in the teen center community bathroom of the Franklin Field development. Residents present in the teen center expressed that these conditions were a recurring issue and had existed for a long time.



**Figure 2. Heating and cooling equipment**

Inspection 5: A loose radiator cover in the bathroom of a unit in the Authority’s Annapolis development exposed the radiator’s sharp edges, thus presenting a cutting hazard. The Authority did not identify this deficiency during its March 29, 2023, inspection, although we determined that the deficiency was preexisting.



<sup>37</sup> Section 11.1.2 of the Authority’s Standard Operating Procedures for Maintenance



### Figure 3. Walls-ceilings

Inspection 50: A hole surrounded by loose plaster and an active leak was present in the common area community room ceiling of the Authority's Pasciucco development.



### Figure 4. Electrical hazard

Inspection 14: A hallway light was improperly wired by a resident in a unit at the Authority's Franklin Field development. This deficiency posed a potential electrical hazard. The Authority did not identify this deficiency during its March 10, 2023, inspection, although we determined that this deficiency was preexisting.



### Figure 5. Plumbing-sewer-water supply

Inspection 39: Water leaks and standing water were present near electrical equipment next to the teen center in the Franklin Field development. The electrical room was not locked and was accessible to residents.





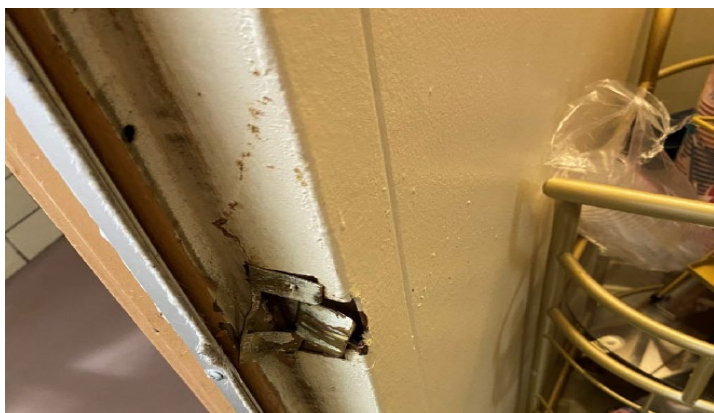
### Figure 6. Infestation

Inspection 28: Mouse droppings, indicating rodent infestation and creating an unsanitary condition, were present in a unit at the Authority's Roslyn Apartments development. The Authority did not identify this deficiency during its March 24, 2023, inspection, although we determined that the deficiency was preexisting.



### Figure 7. Security

Inspection 23: A broken entry door latch in a unit in the Authority's Mildred C. Hailey Bromley Park Family development posed a security hazard. We did not identify this deficiency as preexisting.



### Figure 8. Air quality

Inspection 3: Mold-mildew on the bathroom ceiling in a unit in the Authority's Alice H. Taylor Apartments posed an interior air quality health and safety threat for the tenant and the children. The tenant expressed that the deficiency existed at the time of occupancy in June 2023. The Authority did not identify this deficiency during its March 31, 2023, inspection, although we determined that the deficiency was preexisting.





### Figure 9. Window

Inspection 4: A broken window was present in a bedroom in a unit at the Authority's Alice H. Taylor Apartments development. We did not identify this deficiency as preexisting.



### Figure 10. Stairs

Inspection 39: Damaged stair treads leading to units throughout the building caused a potential tripping hazard in the building's common area stairs in the Authority's Franklin Field development. The Authority indicated that the building was going through a capital improvement project to replace the stairwells.



### Figure 11. Kitchen

Inspection 16: Kitchen cabinets were severely deteriorated in a unit at the Authority's Malone Apartments development. This unit was inspected as part of HUD's REAC inspection on September 1, 2022. The tenant expressed that this deficiency had existed for a long time. Due to the deterioration of the cabinets and the tenant's concern, we determined that this deficiency was preexisting.







**Figure 12. Tub-sink-toilet-ventilation**

Inspection 7: A clogged and dirty bathroom fan was present in a unit at the Charlestown development. Due to the accumulation of grime on the vent, we identified this deficiency as preexisting.



**Figure 13. Fire exits and fire control panels**

Inspection 50: A fourth floor fire door closer was broken at the Pasciucco development.



As of February 2025, the Authority had provided documentation to support that it had mitigated 102 (90 percent) of the 113 unit deficiencies and 98 (93 percent) of the 105 building deficiencies. Therefore, 11 deficiencies in 5 units and 7 deficiencies in 4 buildings remained outstanding.

## **The Authority Lacked Adequate Oversight of Its Unit Inspections**

The Authority did not ensure that its (1) inspectors thoroughly inspected units in a consistent manner and (2) policy requiring quality control inspections of units and buildings was fully and consistently implemented.

The Authority's inspections staff received training on identifying deficiencies under UPCS in March 2019. However, the inspectors did not identify all of the deficiencies we identified, despite the presence of preexisting deficiencies, such as inoperable windows, excessive clutter, vermin infestation, and electrical hazards. The Authority's March 2019 training materials stated that the Authority planned to conduct quality control reviews of inspections to ensure that the Authority's staff performed unit and building inspections correctly. However, it did not include the frequency with which quality control inspections should be performed. The Authority's director of asset management stated that the quality control procedures from the training conducted in March 2019 was the Authority's current quality control



process. However, when the Authority updated its policies and procedures in April 2019,<sup>38</sup> it did not include its updated quality control process.

Further, although the Authority has a policy for performing quality control of unit inspections, it had not been fully implemented. Specifically, the Authority's policy states that each month the Authority's assistant directors and program maintenance supervisors will randomly reinspect 5 percent of the units inspected. Additionally, each development must have an annual quality control review, and supervisors will follow up with individual site staff to make corrections as required. Further, the Authority's policy includes a requirement for monthly quality control reviews of work orders generated based on an Authority inspection. However, from July 2021 through November 2023, the Authority did not (1) reinspect 5 percent of the units inspected to assess the quality of the associated inspections or (2) perform an annual quality control review of each development. Further, instead of completing monthly reviews of its inspections, the Authority reviewed (1) 21 work orders in July 2021, (2) 1 work order in September 2021, and (3) 3 work orders from October 2023 through November 2023.<sup>39</sup>

The Authority's director of asset management acknowledged that the Authority needed to improve its quality control over its inspections. According to the Authority's assistant director of property management for administration and policy, the Authority had focused its efforts on addressing the backlog of work orders resulting from resuming the annual inspections after HUD's COVID-19 waiver expired and improving its maintenance operations through more staff training and greater use of available technology. (See the finding on the Authority's annual inspections and correction of identified deficiencies.) However, the director acknowledged that before the pandemic, the Authority had not performed quality control reviews of unit inspections. As a result, families participating in the Authority's public housing program resided in units and buildings that were not decent, safe, sanitary, and in good repair. Further, without an effective quality control process, there is a risk of additional families' residing in public housing units that are not decent, safe, sanitary, and good repair.

### **The Authority Had Initiated Plans To Improve Its Inspection and Quality Control Processes and the Condition of Its Public Housing Developments**

According to the Authority's director of asset management, as of July 2023, the performance of quality control inspections of the Authority's public housing program units and buildings had transitioned from the Authority's property managers to its Leased Housing Inspections Department. The Authority's Leased Housing Inspections Department also performed housing quality standards (HQS) inspections and quality control inspections for the Authority's Housing Choice Voucher Program units. According to the Authority, using its Leased Housing Inspections Department to manage the public housing unit inspection function instead of property managers allowed the Authority to get an independent evaluation of each property and the conditions in each unit. The Authority's director of leased housing inspections stated that the Authority provided inspectors with a 3-day training that identified the differences between HUD's HQS and NSPIRE standards.

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<sup>38</sup> The Authority's policies are the Authority's Standard Operating Procedures for Maintenance Manual.

<sup>39</sup> We were unable to determine whether the 25 work orders were generated based on the Authority's annual self-inspections.



Further, the Authority's assistant director of property management for administration and policy stated that the Authority would revise its quality control process and resume quality control reviews with an improved sample selection methodology following the implementation of new maintenance and work order procedures being piloted at the Authority's largest property, Mary Ellen McCormack.

The Authority's director of asset management acknowledged that the conditions at public housing developments, such as Charlestown and Mary Ellen McCormack, went beyond minor repairs and needed significant improvement.<sup>40</sup> Therefore, to address conditions at some of the developments, the Authority had been working on the redevelopment or modernization of the following developments: (1) Charlestown,<sup>41</sup> (2) Mary Ellen McCormack, (3) Hailey Apartments, (4) Eva White, (5) St. Botolph Apartments, (6) Doris Bunte, (7) Ausonia, (8) Patricia White, and (9) Torre Unidad.<sup>42</sup>

## Conclusion

The Authority's public housing program units and buildings had multiple deficiencies, including life-threatening deficiencies that were required to be corrected within 24 hours or deficiencies that existed at the time of the Authority's last inspection, which had not been corrected. These conditions occurred because the Authority did not effectively monitor its public housing inspection process to ensure that its (1) inspectors thoroughly inspected units in a consistent manner and (2) policy requiring quality control inspections of units and buildings was fully and consistently implemented. As a result, participants in the Authority's public housing program resided in housing that was not always decent, safe, sanitary, and in good repair. If the Authority does not improve the quality of its inspections, there is a risk of additional families' residing in public housing units that are not decent, safe, sanitary, and in good repair.

## Recommendations

We recommend that the Director of HUD's Boston Office of Public Housing require the Authority to

- 1A. Provide evidence to support that the Authority corrected the 11 unit deficiencies for the 5 units and 7 building deficiencies for 4 buildings with outstanding deficiencies.
- 1B. Determine the frequency of its quality control reviews of its inspections and work orders and update its quality control policy, training materials, and other resources as appropriate to ensure that its quality control process is consistently implemented.
- 1C. Support that it has implemented its quality control policy for (1) monitoring the effectiveness of its unit and building inspections to ensure compliance with HUD's and its own requirements and (2) reviewing work orders to ensure that cited deficiencies are corrected in accordance with HUD's and its own requirements.

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<sup>40</sup> Charlestown and Mary Ellen McCormack were 2 of the 16 developments that we inspected. See appendix C.

<sup>41</sup> In June 2023, the Authority, in partnership with the City of Boston, started redeveloping its Charlestown development. It is expected to transform the 1,110-unit public housing community into a 2,699-unit mixed-income community. During our inspections, we observed the demolition of buildings at the Charlestown development.

<sup>42</sup> According to the Authority's 2023 annual plan, dated January 2023



## The Authority Did Not Consistently Perform Its Annual Self-Inspections and Correct Identified Deficiencies in a Timely Manner

The Authority did not consistently perform annual self-inspections of its public housing units and correct deficiencies in a timely manner. Specifically, for 55 units reviewed, the Authority did not perform nearly 36 percent of the required 103 inspections, collectively, for fiscal years 2022 and 2023. Additionally, for 71 deficiencies, consisting of 31 life-threatening and 40 non-life-threatening deficiencies, identified during the Authority’s annual self-inspections, the Authority did not correct (1) 7 life-threatening deficiencies within 24 hours, including 6 deficiencies that were miscategorized as non-life threatening and (2) 35 non-life-threatening deficiencies within the Authority’s required 20-day timeframe. These weaknesses occurred because after HUD’s COVID-19 waiver of the requirement for annual self-inspections expired and the Authority resumed performing inspections, the Authority lacked sufficient staffing resources to inspect units and correct the deficiencies identified in the Authority’s properties in accordance with HUD’s and its own time requirements. As a result, families resided in public housing units that were not decent, safe, sanitary, and in good repair for longer periods. Further, the Authority’s increasing backlog of work orders, posed a risk to the health and safety of families residing in units in need of repair.

### Annual Self-Inspections Were Not Consistently Completed in a Timely Manner

We reviewed the Authority’s documentation for 55 public housing program units to determine whether the Authority performed annual self-inspections in fiscal years 2022 and 2023.<sup>43</sup> The Authority’s policy is to perform an annual self-inspection for all of its public housing units each fiscal year.<sup>44</sup> However, the Authority did not perform 37 (nearly 36 percent) of the 103 annual inspections that were required for the 55 public housing units in fiscal years 2022 and 2023. Of the 37 missing annual inspections, 32 were not performed in fiscal year 2022, and 5 were not performed in fiscal year 2023. See table 7.

**Table 7. Authority’s performed and missing unit annual self-inspections**

Fiscal year	Period	Annual self-inspection conducted	Annual self-inspection missing	Total <sup>45</sup>
2022	April 1, 2021 – March 31, 2022	18	32	50
2023	April 1, 2022 – March 31, 2023	48	5	53
<b>Totals</b>		<b>66</b>	<b>37</b>	<b>103</b>

<sup>43</sup> See the Scope and Methodology section of this report for more information.

<sup>44</sup> Section 21.1 of the Authority’s Standard Operating Procedures for Maintenance states that an apartment inspection must be performed at least annually.

<sup>45</sup> Of the 55 units reviewed, 5 units were vacant for part of fiscal year 2022, and 2 units were vacant during fiscal year 2023. Therefore, annual inspections were not required, and the Authority conducted vacancy inspections for these units.



Of the 32 units not inspected in fiscal year 2022, the Authority inspected 29 units in fiscal year 2023 and 1 unit in fiscal year 2024, and it performed vacancy unit inspections for the remaining 2 units in fiscal year 2023. Further, the five units not inspected in fiscal year 2023 were inspected in fiscal year 2024. Therefore, there is a potential that additional units were not inspected in a timely manner during the Authority's fiscal years 2022 and 2023. As a result, there is a risk that families resided in public housing units that were not decent, safe, sanitary, and in good repair for longer periods.

## **Life-Threatening and Non-Life-Threatening Deficiencies Were Not Corrected in a Timely Manner**

We reviewed 71 deficiencies identified by the Authority's annual self-inspections<sup>46</sup> between August 4, 2022, and March 31, 2023, to determine whether the Authority corrected them in a timely manner.<sup>47</sup> The 71 deficiencies consisted of 31 life-threatening and 40 non-life-threatening deficiencies.<sup>48</sup> Of the 31 life-threatening deficiencies, the Authority corrected 7 deficiencies between 16 and 312 days after the 24-hour requirement, averaging 132 days.<sup>49</sup> Further, the Authority's work orders did not properly categorize 6 of the 7 deficiencies as life threatening. The classification of work orders impacted the timing for the correction of deficiencies. Examples of the life-threatening deficiencies included missing smoke detectors and security hazards.

Of the 40 non-life-threatening deficiencies reviewed, the Authority did not correct 2 of the 40 deficiencies. Of the remaining 38 deficiencies, the Authority's information system identified that (1) 35 deficiencies were corrected between 26 to 555 days after the Authority's 20-day requirement, averaging 150 days, and (2) 3 deficiencies were corrected in a timely manner. The Authority provided work orders to support the corrective actions and dates reported in its information system for 34 of the 38 deficiencies and did not provide support for the remaining 4 deficiencies. Therefore, the Authority lacked documentation to support that 6 of the 40 deficiencies had been corrected in 5 units as of September 2024. Examples of some of the deficiencies that were either not corrected or corrected after the Authority's 20-day requirement included damaged ceilings and walls, mice or roach infestation, missing or damaged floor tiles, excessive clutter, electrical hazards, inoperable windows, mold, and leaking bathroom sinks. See table 8.

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<sup>46</sup> The 71 deficiencies were in 19 public housing units associated with 14 of the Authority's developments.

<sup>47</sup> See the Scope and Methodology section for our sampling methodology.

<sup>48</sup> The Authority's Standard Operating Procedures for Maintenance identifies deficiencies to be corrected within 24 hours as exigent and deficiencies to be corrected after 24 hours as nonemergency. For reporting purposes, we referred to exigent deficiencies as life threatening and the nonemergency deficiencies as non-life threatening.

<sup>49</sup> Four deficiencies were corrected between 16 and 75 days and the remaining three deficiencies were corrected between 208 and 312 days.



**Table 8. Life-threatening and non-life-threatening deficiencies not corrected in a timely manner**

Category	Correction timeframe	Deficiencies reviewed	Deficiencies reported as corrected by the Authority after required timeframes	Lacked support of corrective actions
Life-threatening	24 hours	31	7	-
Non-life-threatening	20 days	40	35	6
<b>Totals</b>		<b>71</b>	<b>42</b>	<b>6</b>

As of February 2025, the Authority provided support that it had corrected two of the six deficiencies and had not provided support showing that it had corrected the remaining four deficiencies in three units.

### **The Authority Lacked Sufficient Staffing Resources To Address the Volume of Inspections and Related Work Orders To Correct Physical Deficiencies**

The weaknesses described above occurred because after HUD’s COVID-19 waiver of the requirement for annual inspections expired<sup>50</sup> and the Authority resumed performing inspections, the Authority lacked sufficient staffing resources to complete all required inspections, create work orders, and address the volume of work orders to correct the physical deficiencies identified in the Authority’s properties in a timely manner. As a result of the Authority’s untimely correction of deficiencies, families resided in units that were not always decent, safe, sanitary, and in good repair for a longer period. Further, the Authority’s increasing backlog of work orders posed a risk to the health and safety of families residing in units in need of repair.

### **The Authority Had Challenges in Completing Inspections in a Timely Manner**

HUD’s Office of Public and Indian Housing (PIH) Notice PIH 2021-14, waived the requirement that a PHA inspect each project during calendar year 2020. However, PHAs were required to complete inspections for every public housing property by December 31, 2021. According to the Authority, when HUD waived the requirement for annual inspections of public housing properties, the Authority stopped inspecting its units. When the Authority resumed inspections on April 1, 2021, which was the beginning of its 2022 fiscal year, it had planned to inspect all public housing units by March 31, 2022, which was after HUD’s requirement. The Authority’s director of property management and operations stated that it was not reasonable to complete all public housing unit inspections by the date required by HUD’s COVID-19 waiver. However, the Authority did not communicate with HUD’s Boston Office of Public Housing about the challenges it was having in completing inspections in the required timeframe.

Further, according to the Authority, when the waiver expired in December 2020 and the City of Boston lifted the COVID-19 restrictions, it became challenging for the Authority to return to regular inspections. The Authority experienced staffing shortages and had to stop inspecting units several times during its fiscal year due to increases in COVID-19 cases. Therefore, the Authority’s senior management determined that based on the shortage of available maintenance staff, the Authority needed assistance

<sup>50</sup> HUD Notice PIH 2021-14 (HA)



to complete the annual self-inspections. The Authority decided to use some of its inspectors from its Leased Housing Inspections Department. However, negotiations with an employee union to use those inspectors went unresolved in the bargaining sessions until the end of 2022, and the contract was not ratified until February 2023. Therefore, the Leased Housing Inspections Department inspectors were not available to the Authority in 2021 and 2022 for inspecting public housing properties.

In addition, the Authority decided to procure the services of a third-party contractor to assist in performing the inspections. However, according to the Authority, the request for proposal for inspection services was delayed until late 2021 due to the Authority's legal review. When the Authority awarded the contract for inspection services, the contractor assured the Authority that it would meet the terms of the contract, which were to inspect 5,000 family units<sup>51</sup> by the end of the fiscal year, March 31, 2022. The Authority's staff was to perform the remaining unit inspections. However, according to the Authority, in January 2022, the contractor notified the Authority that several of the contractor's inspectors had become infected with COVID, resulting in the contractor being unable to meet the terms of the contract at that time, and the contractor could not confirm when it could provide services. Eventually, the contractor informed the Authority that it would not return to complete the contract.

According to the Authority, around that same time, it began to experience staffing shortages due to increased COVID-19 infections among its staff and had again restricted staff from entering units for the safety of staff and residents. When the number of COVID infections decreased in late February 2022, it attempted to use its existing staff members that were available to resume inspections.

The Authority's inspection challenges impacted its ability to complete annual self-inspections of its units by HUD's requirement. As shown in table 7 above, 50 of the units reviewed required an inspection in 2021. Although the Authority was required to complete annual self-inspections by December 31, 2021, it had not inspected 64 percent of those units by its fiscal year end of March 31, 2022. For fiscal year 2023, 53 of the 55 units reviewed required an inspection, and 9 percent had not been inspected. The Authority's director of asset management stated that he believed that when the Authority conducted the reconciliations<sup>52</sup> for fiscal year 2023, its staff missed some of the units, resulting in those units' missing annual inspections.

### **The Authority's Implementation of New Information Systems Resulted in Delays in Creating and Managing Work Orders To Correct Deficiencies**

According to the Authority, in May 2021, the Authority implemented electronic work order and filing systems and it had challenges with transitioning to the new systems and training staff on how to use them during the pandemic. The Authority's process for addressing deficiencies identified during its annual self-inspections began with the Authority uploading inspection reports to an electronic filing system, which prompted the Authority's work order center to create work orders.<sup>53</sup>

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<sup>51</sup> This number included Federal and non-Federal units.

<sup>52</sup> As part of its inspection process, the Authority used the last 2 months, February and March, of its fiscal year to reconcile its unit inspections and determine the units that missed an inspection during the fiscal year.

<sup>53</sup> See the Background and Objective section of this report.



After completing an inspection, the Authority's staff was expected to upload the inspection report to its electronic filing system since the work should be scheduled for no later than 1 week following the completion of the inspection.<sup>54</sup> However, for the 19 units associated with our review of deficiencies identified through the Authority's self-inspections, we determined that the Authority uploaded inspection reports for (1) 3 units with life-threatening deficiencies between 13 and 238 days after the date of the inspections and (2) 3 units with non-life-threatening deficiencies between 12 and 53 days from the date of the inspections.<sup>55</sup> For four units, the Authority did not provide support showing that inspection reports had been entered into the Authority's electronic filing system for (1) two units with life-threatening deficiencies and (2) three units with non-life-threatening deficiencies.<sup>56</sup> The Authority uploaded inspection reports for 8 of the 19 units in a timely manner.

Further, as part of our review of deficiencies identified through the Authority's self-inspections, in reviewing the Authority's work orders for the deficiencies that were not corrected in a timely manner,<sup>57</sup> we determined that the Authority created work orders to address the 7 life-threatening deficiencies between 3 and 234 days after HUD's 24-hour requirement, averaging 63 days,<sup>58</sup> and created work orders to address 27 of the 35 non-life-threatening deficiencies from 5 to 359 days, averaging 94 days,<sup>59</sup> after the Authority's 20-day requirement. Delays in uploading inspection reports and creating work orders impacted the Authority's ability to address both life-threatening and non-life-threatening deficiencies in a timely manner and allowed families to reside in public housing units that were not safe, sanitary, and in good repair.

As previously mentioned, the Authority's director of asset management stated that transitioning the public housing unit inspections to the Authority's Leased Housing Inspections Department should reduce some of the data entry errors in the Authority's information system, such as miscategorized deficiencies, since those inspectors used electronic handhelds to record unit deficiencies rather than manually identifying and recording deficiencies on an inspection report, which was done by the property managers before the transition. The Authority was also working with its system vendor to implement a paperless system for maintenance staff completing work orders. This measure would allow maintenance staff to electronically view and update work orders. The information from the electronic handhelds would synchronize to the Authority's information system.

### **The Authority Had More Than 50,000 Work Orders To Address Physical Deficiencies**

According to the Authority, when it resumed self-inspections, it identified deficiencies in the units and buildings due to deferred maintenance, which resulted in the creation of many work orders for repairs

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<sup>54</sup> Section 22.3 of the Authority's Standard Operating Procedures for Maintenance

<sup>55</sup> An inspection report was not created for a non-life-threatening deficiency for 1 of the 19 units.

<sup>56</sup> One of the four units had both life-threatening and non-life-threatening deficiencies.

<sup>57</sup> For our review of 71 deficiencies consisting of 31 life-threatening and 40 non-life-threatening deficiencies, we determined that the Authority did not correct (1) 7 life-threatening deficiencies within HUD's 24-hour requirement and (2) 35 non-life-threatening deficiencies within the Authority's 20-day requirement.

<sup>58</sup> The Authority created work orders for four deficiencies between 3 and 35 days and for the remaining three deficiencies between 62 and 234 days.

<sup>59</sup> The Authority created work orders for 18 deficiencies between 5 and 43 days and for the remaining 9 deficiencies between 183 and 359 days.



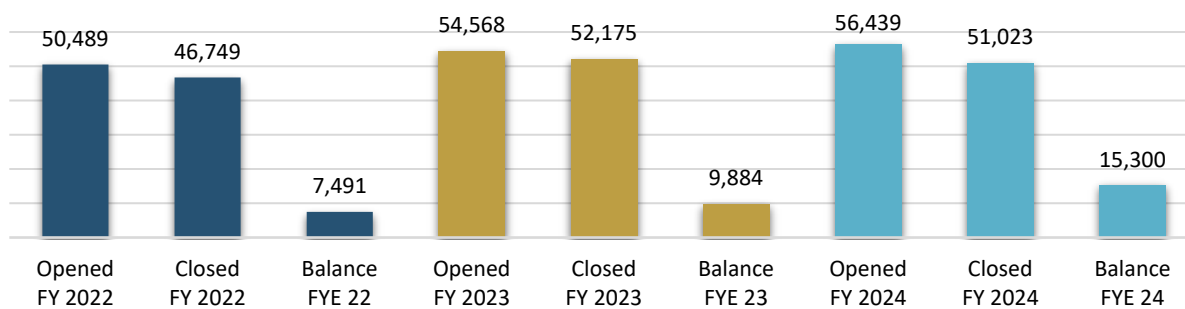


that had to be addressed in addition to continuing to perform inspections. Additionally, the volume of the work orders, coupled with staffing shortages, impacted the Authority’s ability to make needed repairs in a timely manner. Further, according to the Authority, when REAC inspected the Authority’s developments in 2022, the deficiencies identified during those inspections increased the number of work orders.

From the Authority’s 2022 to 2024 fiscal years, the Authority’s work orders averaged nearly 54,000, and its backlog had increased by a yearly average of more than 43 percent. As of March 2024, the Authority had a backlog of more than 15,000 work orders.<sup>60</sup>

Based on data from the Authority’s information system, the following chart depicts the number of work orders opened and closed during the Authority’s fiscal years 2022 through 2024.

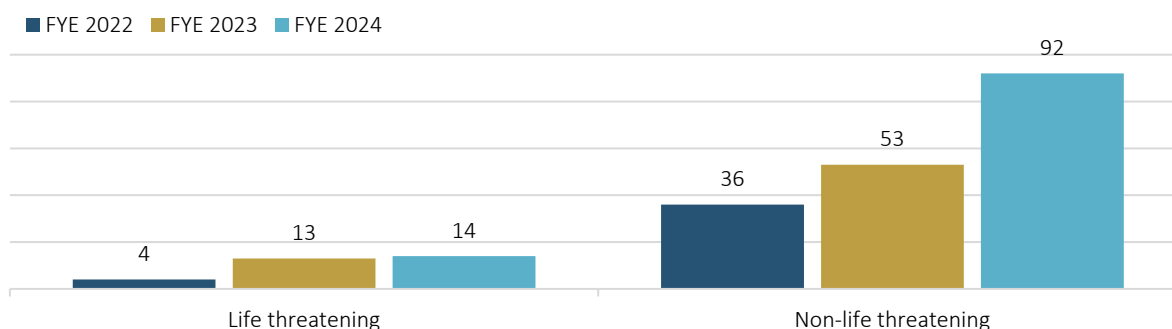
**Chart 1. Work orders opened and closed in fiscal years\* 2022 – 2024**



\* FY = fiscal year; FYE = fiscal year end

Using data from the Authority’s information system, we analyzed the average days it took the Authority to close life-threatening and non-life-threatening work orders during the Authority’s 2022 through 2024 fiscal years. See chart 2 below.

**Chart 2. Average days to close work orders during the Authority’s fiscal years 2022 - 2024**



<sup>60</sup> In January 2025, according to the Authority it still had a backlog of work orders.



According to the Authority, the number of inspections required to be completed during its fiscal year and transitioning to new systems, in conjunction with the volume of work orders, hampered its already depleted staff's ability to effectively manage the workload and resulted in delays and errors in creating work orders to initiate repairs.

## Conclusion

After HUD's COVID-19 waiver of the requirement for annual self-inspections expired and the Authority resumed performing inspections, the Authority lacked staffing resources to inspect all units and handle the volume of work orders generated to correct the physical deficiencies identified in the Authority's properties. As a result, families resided in public housing units that were not decent, safe, sanitary, and in good repair for longer periods. Further, the Authority's increasing backlog of work orders posed a risk to the health and safety of families residing in units in need of repair.

## Recommendations

We recommend that the Director of HUD's Boston Office of Public Housing require the Authority to

- 2A. Provide evidence to support that the Authority corrected the four non-life-threatening deficiencies for the three units with outstanding deficiencies.
- 2B. Implement adequate procedures and controls to ensure that the deficiencies identified during annual self-inspections are properly categorized and corrected in a timely manner.
- 2C. Develop and implement a plan to manage and reduce its backlog of work orders. This plan should include but not be limited to (1) assessing and addressing staffing needs; (2) creating a timeline for completion of the work orders to ensure that its properties are maintained in decent, safe, and sanitary condition and in good repair; and (3) providing documentation showing that it is on track to meet the completion timeframe.
- 2D. Implement adequate procedures and controls to ensure that inspection reports are uploaded to the Authority's electronic filing system and work orders are created in a timely manner. This process should include but not be limited to providing training to its staff on the Authority's systems, establishing timeframes for the creation of work orders, and monitoring the work order process.



## The Authority Did Not Consistently Correct Deficiencies Identified During REAC Inspections in a Timely Manner

We reviewed 41 life-threatening, 35 non-life-threatening health and safety, and 86 non-health and safety deficiencies and determined that the Authority did not consistently correct the deficiencies within HUD's or the Authority's established timeframes. It also did not consistently support that deficiencies had been corrected. Further, of the 162 deficiencies, we determined that 66 still existed at the time of our observations, or we could not confirm whether the Authority had corrected the deficiencies. The Authority also did not certify to HUD, within 3 business days, that all 41 life-threatening deficiencies had been corrected, remedied, or acted upon to abate within 24 hours.

When REAC inspected the Authority's properties in 2022, the inspections identified more than 3,000 deficiencies in the Authority's units, sites, exteriors, systems, and common areas. However, due to staffing shortages, the Authority was challenged with completing annual self-inspections after the COVID-19 waiver expired, as well as creating and addressing the associated work orders, including its work order backlog. Further, the Authority lacked controls to ensure that documentation was maintained to support that repairs had been made, and only one staff person reported and certified in HUD's PASS that life-threatening deficiencies had been corrected, which was not sufficient based on the volume of work. As a result of the Authority's insufficient resources and untimely corrective actions, families resided in public housing units that were not decent, safe, and sanitary for longer periods. Further, the Authority's increasing backlog of work orders posed a risk to the health and safety of families residing in units in need of repair. Additionally, because of the Authority's late reporting in PASS, HUD did not have timely information to monitor whether the Authority corrected life-threatening deficiencies in accordance with its requirements.

### REAC Deficiencies Were Not Always Corrected in Accordance With Requirements

We reviewed REAC inspection reports for five public housing developments that had a REAC inspection in September 2022. The REAC inspectors identified 88 life-threatening deficiencies, 145 non-life-threatening health and safety deficiencies, and 526 non-health and safety deficiencies in the 5 developments, collectively. We reviewed 41 of the 88 life-threatening, 35 of the 145 non-life-threatening health and safety, and 86 of the 526 non-health and safety deficiencies<sup>61</sup> to determine whether the Authority corrected (1) life-threatening deficiencies within the 24-hour requirement and (2) non-life-threatening health and safety and non-health and safety deficiencies within the Authority's 20-day and 25-day requirements,<sup>62</sup> respectively. We also conducted observations of the units or buildings with the identified deficiencies in April, June, and August 2023. Our reviews found that the Authority did not consistently correct REAC deficiencies in accordance with requirements and lacked support showing that repairs were made. Further, we identified that some deficiencies still existed at the time of our observations. See table 9 below.

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<sup>61</sup> See the Scope and Methodology section of this report for additional details on our samples.

<sup>62</sup> See sections 18.4 and 18.12 of the Authority's Standard Operating Procedures for Maintenance in appendix E.



**Table 9. REAC deficiencies that were not corrected in a timely manner by category**

Category	Correction timeframe	Deficiencies reviewed	Deficiencies reported as corrected by the Authority after required timeframes	Lacked support of corrective actions	Uncorrected or unverified at the time of our observation
Life threatening	24 hours	41	23	8	4
Non-life threatening	20 days	35	29	23	14
Non-health and safety	25 days	86	73	50	48
<b>Totals</b>		<b>162</b>	<b>125</b>	<b>81</b>	<b>66</b>

### The Authority Did Not Consistently Correct Life-Threatening Deficiencies Within 24 Hours

Of the 41 life-threatening deficiencies, the Authority’s information system identified that the Authority had corrected (1) 23 of the 41 life-threatening deficiencies between 1<sup>63</sup> and 274 days after the 24-hour requirement, averaging 32 days,<sup>64</sup> and (2) 18 deficiencies in a timely manner. The Authority provided work orders to support the corrective actions and dates for 33 deficiencies. However, it could not provide work orders supporting the corrective actions and dates reported in its information system for the remaining 8 deficiencies. Examples of the life-threatening deficiencies included missing or inoperable smoke detectors, electrical hazards, and blocked or unusable fire exits.

Further, when we observed the units and buildings associated with the 41 deficiencies, we were able to verify that 37 deficiencies had been corrected as of August 2023. For the remaining four deficiencies related to blocked egress and fire exits in unit bedrooms, we were unable to determine whether the deficiencies had been previously corrected, as these deficiencies may have recurred since the REAC inspection.

The table below identifies the developments associated with the 41 life-threatening deficiencies and the number of those deficiencies that were not corrected within 24 hours.

<sup>63</sup> For the deficiencies that were completed 1 day after the 24-hour requirement, the Authority created the work orders a day after it received notification of the deficiencies and corrected the deficiencies 1 day after creating the work orders.

<sup>64</sup> The Authority’s information system identified that the Authority corrected 15 deficiencies between 1 and 10 days, 6 between 11 and 40 days, and the remaining 2 between 272 and 274 days.



**Table 10. Life-threatening deficiencies that were not corrected in a timely manner**

Development	Deficiencies reviewed	Deficiencies reported as corrected by the Authority after required timeframes	Lacked support of corrective action	Uncorrected or unverified at the time of our observation
Mary Ellen McCormack	16	16	-	2
Charlestown	11	1	8	2
Spring Street	4	4	-	-
Franklin Field	6	2	-	-
Malone Apartments	4	-	-	-
<b>Totals</b>	<b>41</b>	<b>23</b>	<b>8</b>	<b>4</b>

As of February 2025, the Authority had provided support that it had corrected the four deficiencies.

Additionally, HUD requires PHAs to certify in HUD’s PASS within 3 business days of the receipt of notification that life-threatening deficiencies have been corrected within 24 hours.<sup>65</sup> For all 41 life-threatening deficiencies reviewed, the Authority certified in PASS that those deficiencies had been corrected, remedied, or acted upon to abate within 24 hours between 3 and 42 days after the 3-business-day requirement. Further, for 4 of the 41 deficiencies, the Authority reported in PASS that it had corrected the deficiencies within 24 hours. However, based on our review of the work orders, the Authority corrected the four deficiencies between 25 and 274 days after the 24-hour requirement. Further, the Authority did not create the work orders to address two of the four deficiencies until 223 to 275 days after REAC had notified the Authority of the deficiencies.

### **The Authority Did Not Consistently Correct Non-Life-Threatening Health and Safety Deficiencies in Accordance With Its Own Requirements**

According to the Authority’s requirements, non-life-threatening health and safety deficiencies are required to be corrected in 20 days.<sup>66</sup> However, the Authority did not consistently correct non-life-threatening health and safety deficiencies in a timely manner. Of the 35 deficiencies reviewed, the Authority’s information system identified that the Authority had corrected 33 deficiencies. Of the 33 deficiencies, (1) 29 were corrected between 26 and 531 days<sup>67</sup> after the Authority’s 20-day requirement and (2) 4 were corrected in a timely manner. The Authority provided work orders to support the corrective actions and dates reported in its information system for 12 deficiencies. However, it could not provide work orders supporting the corrective actions and dates reported in its information system for the remaining 21 deficiencies. Further, the Authority did not create work orders for the remaining 2 of

<sup>65</sup> 24 CFR 902.22(f)(1)

<sup>66</sup> Section 18.12 of the Authority’s Standard Operating Procedures for Maintenance

<sup>67</sup> The Authority’s information system identified that the Authority corrected 3 deficiencies between 26 and 173 days, 11 deficiencies between 240 and 299 days, and the remaining 15 deficiencies between 300 and 531 days.



the 35 deficiencies. Therefore, the Authority did not provide documentation to support that 23 of the 35 deficiencies had been corrected.

When we observed the units and buildings associated with the 35 deficiencies, we were able to verify that only 21 deficiencies had been corrected. For the remaining 14 deficiencies, we verified that 11 deficiencies still existed, and we were unable to verify that three deficiencies had been corrected as of August 2023 because we were unable to observe the units due to clutter. Examples of the unverified or uncorrected non-life-threatening deficiencies included damaged or inoperable windows, mice or insect infestation, and damaged showers or tubs.

The table below identifies the developments associated with the 35 non-life-threatening health and safety deficiencies and the number of deficiencies that were not corrected within 20 days.

**Table 11. Non-life-threatening deficiencies that were not corrected in a timely manner**

Development	Deficiencies reviewed	Deficiencies reported as corrected by the Authority after required timeframes	Lacked support of corrective action	Uncorrected or unverified at the time of our observation
Charlestown	15	12	12	7
Mary Ellen McCormack	11	9	10	4
Spring Street	6	6	1	3
Franklin Field	2	2	-	-
Malone Apartments	1	-	-	-
<b>Totals</b>	<b>35</b>	<b>29</b>	<b>23</b>	<b>14</b>

As of February 2025, the Authority provided support that it had corrected 11 of the 14 deficiencies and had not provided support showing that it had corrected the remaining 3 deficiencies.

### **The Authority Did Not Consistently Correct Non-Health and Safety-Deficiencies in Accordance With Its Own Requirements**

According to the Authority’s requirements, non-health and safety deficiencies are required to be corrected in 25 days.<sup>68</sup> However, the Authority did not consistently correct non-health and safety deficiencies in a timely manner. Of the 86 deficiencies reviewed, the Authority’s information system identified that the Authority had corrected 80 deficiencies. Of the 80 deficiencies, (1) 73 were corrected between 6 and 526 days after the Authority’s 25-day requirement, and (2) 7 were corrected in a timely manner. The Authority provided work orders to support the corrective actions and dates for 36 deficiencies. However, it could not provide the work orders to support the corrective actions and dates reported in its information system for the remaining 44 deficiencies. The Authority did not create work

<sup>68</sup> Section 18.2 of the Authority’s Standard Operating Procedures for Maintenance



orders for the remaining 6 of the 86 deficiencies. Therefore, the Authority lacked support showing that 50 deficiencies had been corrected.

When we observed the units and buildings associated with the 86 deficiencies, we were able to verify that only 38 deficiencies had been corrected. For the remaining 48 deficiencies, we determined that 46 deficiencies<sup>69</sup> still existed and could not confirm that 2 deficiencies had been corrected as of August 2023. Examples of the unverified or uncorrected non-health and safety deficiencies included damaged door hardware or locks, damaged or deteriorated walls, mold, damaged or missing doors, and damaged or missing window screens.

The table below identifies the developments associated with the 86 non-health and safety deficiencies and the number of deficiencies that were not corrected within 25 days.

**Table 12. Non-health and safety deficiencies that were not corrected in a timely manner**

Development	Deficiencies reviewed	Deficiencies reported as corrected by the Authority after required timeframes	Lacked support of corrective action	Uncorrected or unverified at the time of our observation
Mary Ellen McCormack	45	39	35	25
Charlestown	20	16	11	13
Spring Street	9	8	3	2
Franklin Field	9	8	-	6
Malone Apartments	3	2	1	2
<b>Totals</b>	<b>86</b>	<b>73</b>	<b>50</b>	<b>48</b>

As of February 2025, the Authority provided support that it corrected 29 of the 48 deficiencies and had not provided support that it corrected the remaining 19 deficiencies.

Due to the Authority's untimely corrective actions, families resided in public housing units that were not decent, safe, sanitary, and good repair for longer periods. Further, there is a risk of additional families' residing in public housing units that are not decent, safe, sanitary, and good repair.

The following photographs illustrate some of the deficiencies noted during our observations of the units in the buildings associated with the five developments that failed HUD's REAC inspection that had not been fully corrected.

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<sup>69</sup> Of the 46 deficiencies, 6 were not adequately corrected.



**Figure 14. Damaged or deteriorated walls**

Inspection 4: The unit was cited for damaged and peeling paint on walls and ceiling through HUD’s REAC inspection on September 20, 2022, at the Mary Ellen McCormack development. On April 28, 2023, we determined that the repairs were not adequate or complete.



**Figure 15. Damaged or deteriorated walls and ceilings**

Inspection 25: The unit was cited for damaged and peeling paint on walls and ceilings through HUD’s REAC inspection on September 14, 2022, at the Charlestown development. The deficiencies were reported by the Authority as having been corrected in June 2023. However, on August 11, 2023, we identified that walls and ceilings were not in good repair. Further, the household included children. As of July 31, 2023, the household had been relocated to another unit.



**Figure 16. Damaged door surface**

Inspection 26: The unit was cited for a damaged surface on the entry door through HUD’s REAC inspection on September 14, 2022, at the Charlestown development. On August 11, 2023, we identified that the repair had not been made.



## **REAC Inspections Identified More Than 3,000 Deficiencies in the Authority’s Units, Which Increased the Authority’s Workload**

According to the Authority, it had implemented HUD’s COVID-19 waiver for annual inspections and temporarily paused performing annual self-inspections of its units. Further, when the Authority resumed





inspections in April 2021, it lacked sufficient staffing resources to inspect all units in 1 fiscal year and address the volume of deficiencies identified by its inspections in a timely manner. In addition, the Authority's implementation of two new information systems resulted in delays in creating, assigning, and closing work orders, which contributed to the untimely correction of deficiencies. (See the finding regarding the Authority's annual self-inspections and corrective actions.)

When REAC resumed its inspections, REAC performed inspections at all of the Authority's developments in 2022.<sup>70</sup> According to the Authority, the REAC inspections, particularly those at the larger developments, identified a large number of deficiencies, attributable in part to deferred work and made worse by the Authority's not having consistent access to units during the pandemic, as well as tenants' not reporting deficiencies in their units. Further, according to the Authority, the deficiencies identified during the REAC inspection added to the maintenance staff's workload by increasing the number of work orders and adding to the backlog.

Based on our review of the Authority's work orders to correct deficiencies identified during the REAC inspections, we determined that the Authority's staff did not consistently create work orders in a timely manner. For the deficiencies identified by the Authority as having been corrected, it took the Authority an average of (1) 13 days to create work orders to address 41 life-threatening deficiencies, (2) 194 days to create work orders to address 33 non-life-threatening health and safety deficiencies, and (3) 138 days to create work orders to address 80 non-health and safety deficiencies. Therefore, these deficiencies could not be corrected within HUD's and the Authority's time requirements. Further, contrary to its policy, the Authority did not maintain documentation showing that it had taken corrective actions for 50 percent of the deficiencies reviewed.<sup>71</sup>

We also identified other discrepancies with the Authority's work order process that may have contributed to the untimely correction of deficiencies. For instance, at the time of our observations, we identified deficiencies that had been corrected; however, the Authority's information system did not reflect the deficiencies as having been corrected, and the Authority did not provide the completed work orders for some of the work orders. Further, we identified instances in which the completed dates on the work order and in the Authority's system differed. The Authority's policy is to update its information system when work orders have been completed. Development maintenance superintendents are responsible for planning and assigning work each day based on outstanding work orders identified in the Authority's information system. Therefore, not updating the Authority's information system may result in the Authority's staff going into units for repairs that have already been completed, thus delaying needed repairs. As mentioned in the finding regarding the Authority's annual inspections and corrective actions, the Authority was working with its system vendor to implement a paperless system that would allow the maintenance staff to electronically view and update work orders. The information would then synchronize to the Authority's information system.

Further, according to the Authority, it did not report the correction of life-threatening deficiencies to HUD within 3 business days because its staff would often experience technical issues with accessing HUD's PASS. For instance, the system would sometimes be unavailable and would often time out when

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<sup>70</sup> See details regarding REAC's inspections in the Background and Objectives section of this report.

<sup>71</sup>  $81/162 = 50$  percent. See table 9.



reporting information. According to the Authority, it had assigned only one staff person to report and certify the correction of life-threatening deficiencies in HUD's PASS, which was not sufficient based on the volume of work, thus contributing to delays in reporting the correction of life-threatening deficiencies in PASS. The Authority could not explain why the dates it had reported as mitigated in PASS were not supported by the work orders.

In a previously issued audit report regarding HUD's oversight of the physical condition of public housing developments,<sup>72</sup> we identified that HUD's field offices did not consistently review PHAs' certifications or verify that corrections had been made. Additionally, HUD field office staff had experienced technical issues with accessing PASS. Therefore, HUD lacked assurance that PHAs corrected identified life-threatening deficiencies. Based on our review of the Authority's PASS reporting, we determined that the Authority certified that all 41 life-threatening deficiencies we reviewed had been corrected, remedied, or acted upon to abate within 24 hours between 3 and 42 days after HUD's 3-business-day requirement. Further, although the Authority corrected life-threatening deficiencies, a majority of them were not corrected in a timely manner.

## Conclusion

The Authority did not consistently correct deficiencies identified in its public housing units by REAC inspections in a timely manner. When REAC inspected the Authority's properties in 2022, the inspections identified more than 3,000 deficiencies in the Authority's public housing units, sites, exteriors, systems, and common areas that required corrective action. However, the Authority, already experiencing staffing shortages, was also challenged with completing annual self-inspections after the COVID-19 waiver expired and addressing the associated work orders, including its work order backlog.<sup>73</sup> Further, the Authority had (1) only one staff person reporting and certifying in HUD's PASS that life-threatening deficiencies had been corrected, which was not sufficient based on the volume of work, and (2) technical issues with accessing PASS. As a result, families resided in public housing units that were not decent, safe, sanitary, and good repair for longer periods. Further, the Authority's increasing backlog of work orders posed a risk to the health and safety of families residing in units in need of repair. HUD also did not have timely information to monitor whether the Authority corrected life-threatening deficiencies in accordance with its requirements.

## Recommendations

We recommend that the Director of HUD's Boston Office of Public Housing require the Authority to

- 3A. Provide evidence to support that the Authority corrected the 3 non-life-threatening health and safety, and 19 non-health and safety deficiencies.

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<sup>72</sup> HUD Can Improve Its Oversight of the Physical Condition of Public Housing Developments, 2023-CH-0004, May 30, 2023

<sup>73</sup> Since we recommended that the Authority create a plan to address the work order backlog and to assess its staffing resources in the preceding finding, we will not include a recommendation for the Authority to manage and reduce its backlog of work orders for this finding.



- 3B. Develop and implement adequate procedures and controls to ensure that (1) the deficiencies identified during REAC inspections are corrected in a timely manner and (2) documentation is maintained to support that repairs were made.
- 3C. Implement adequate controls to ensure that the Authority's information system properly tracks the completion of work orders.
- 3D. Implement adequate controls to ensure that the correction of life-threatening deficiencies is reported to HUD accurately and in a timely manner.



## Scope and Methodology

We conducted the audit from March 2023 through February 2025.<sup>74</sup> Most of the audit work was performed offsite. We performed unit and building inspections throughout the Authority's jurisdiction in Massachusetts. The audit covered the period April 1, 2019, through March 31, 2023, and was expanded as necessary.<sup>75</sup>

To accomplish our audit objective, we interviewed HUD program staff, the Authority's employees, and residents of the Authority's public housing program units. In addition, we obtained and reviewed the following:

- Applicable laws, HUD's regulations at 24 CFR (Code of Federal Regulations) parts 5 and 902, and PIH notices.
- The Authority's Standard Operating Procedures for Maintenance, policies and procedures, training material, inspection registers, inspection reports, and work orders.
- HUD's REAC inspection data and PASS inspection reports.

### First Finding

#### Unit and Building Inspections

Using the SAS Enterprise Guide tool, we randomly selected 20 units from 15 of the Authority's public housing developments that had a work order generated because of an Authority unit inspection between February 24 and May 24, 2023, from a universe of 1,295 units. We inspected 11 of the 20 units due to time constraints. Further, we selected 17 program units from 11 of the Authority's public housing developments that had passed an Authority unit inspection between March 30 and July 2023 from a universe of 243 units. Further, we reviewed 27 of the Authority's public housing buildings associated with the 28 (11 + 17) units we observed.<sup>76</sup> Additionally, we included eight units and two buildings in which we identified deficiencies in addition to the ones observed to determine whether deficiencies noted in the REAC inspections had been mitigated by the Authority. Therefore, we inspected the 36 units (11 + 17 + 8) and the 29 (27 + 2) buildings associated with the units to determine whether the units and buildings met HUD's and the Authority's inspection standards. The inspections were performed by the HUD, Office of Inspector General (OIG), appraiser in April, June, and August 2023. Staff from the Authority accompanied us during the inspections. In August 2023, we provided the inspection results to the Authority for corrective action. We did not project the results of our review to the universe of public housing program units.

### Second Finding

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<sup>74</sup> During this period, we also conducted the audit fieldwork for the Authority's Housing Choice Voucher Program. Our audit report (2024-CH-1004) on the Program was issued on August 23, 2024.

<sup>75</sup> We expanded the audit period to select the units and buildings we observed and inspected in April, June, and August 2023. Further, we expanded the audit period to include updates to (1) outstanding work orders under the public housing program and (2) the correction of deficiencies identified in public housing units and buildings we inspected.

<sup>76</sup> One building was associated with 2 units. We counted the building once.



### Inspection Timeliness Analysis

We selected 55 units from the (1) 37 (20 + 17) units we selected to inspect from our original sample<sup>77</sup> and (2) 18 units we reviewed that were inspected by REAC<sup>78</sup> to determine whether the Authority performed annual inspections in fiscal years 2022 and 2023.

### Work Orders Analysis

Using the SAS Enterprise Guide tool, we selected 20 units from 15 of the Authority's public housing developments that had a work order between February 24 and May 24, 2023, from a universe of 1,295 units to determine whether the deficiencies identified on the work orders had been corrected. Of the 20 units, 19 had 71 deficiencies that consisted of 31 life-threatening and 40 non-life-threatening deficiencies. Therefore, we reviewed 71 deficiencies.

## Third Finding

### HUD's REAC Inspections Analysis

We randomly selected 18 of 108 units and 16 of 150 building sites, exterior, systems, and common areas from the 5 public housing developments that had the highest number of life-threatening deficiencies as identified in the 5 HUD REAC inspections performed in September 2022. The inspections included 88 life-threatening deficiencies, 145 non-life-threatening health and safety deficiencies, and 526 non-health and safety deficiencies in the 5 developments, collectively. For these selected units and common areas—exteriors, we conducted observations to determine whether the 41 existing life-threatening, 35 non-life-threatening health and safety, and 86 non-health and safety deficiencies noted in the REAC inspections had been mitigated by the Authority. The observations were performed by the HUD OIG appraiser.

We determined that internal controls over compliance with laws and regulations and effectiveness and efficiency of operations were relevant to our audit objective. We assessed the relevant controls. Based on our review, we believe that the Authority did not have adequate procedures and controls to ensure that it followed applicable HUD and its own requirements.

To achieve our objective, we relied in part on the Authority's computer-processed data. Although we did not perform a detailed assessment of the reliability of the data, we performed a minimal level of testing and found the data to be adequate for our purposes.

We conducted the audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective(s). We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

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<sup>77</sup> See the finding, Unit and Building Inspections, in this section.

<sup>78</sup> See the finding, HUD's REAC Inspections Analysis, in this section.



## Appendix A – Auditee Comments and OIG’s Evaluation

### Ref to OIG Evaluation – Auditee Comments



52 Chauncy Street,  
Boston, Massachusetts 02111

Administration

P 617.988.4000  
TTY 800.545.1833 x420  
www.bostonhousing.org

January 24, 2025

Kelly Anderson  
Audit Director  
U.S. Department of Housing and Urban Development  
Office of Inspector General  
451 7th Street SW, Washington, DC 20410

Dear Director Anderson

Please find below the Boston Housing Authority's ("BHA") comments regarding the Office of Inspector General's ("OIG") compliance audit of BHA's public housing program to determine whether the physical condition of the Authority's program units complied with the U.S. Department of Housing and Urban Development's (HUD) and the Authority's requirements.

Before making specific comments, the BHA would like to emphasize that the health and safety of BHA residents is of the utmost importance. As the OIG report mentions, the audit covered a time period that immediately followed the coronavirus pandemic, during which the BHA was not permitted to conduct unit inspections. Also, residents were hesitant to permit access to their units due to health concerns. By the time the restrictions of the pandemic waned, the BHA was left with a large backlog of units that had gone uninspected and an even larger backlog of non-emergency maintenance repairs to tackle as the BHA had been unable to access units.

The BHA generally agrees with the findings that there are opportunities for operational improvements and additional quality control that could further ensure program compliance and quality of life for BHA residents. In fact, as the audit was being conducted, the BHA was in the process of making broad changes to its inspections and maintenance processes that have resulted in a reduction of in-unit work orders, from more than 17,000 in early 2023 to less than 6,700 currently across its federal and state portfolio of public housing.

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 **Comment 1 >**



## Ref to OIG Evaluation – Auditee Comments

### **Comment 1 >**

Those changes, many of which align with the OIG's finding and recommendations, are outlined in the paragraphs below.

#### **BHA Assigned Trained Inspectors to Conduct Unit Inspections**

Effective July 2023, the BHA assigned trained inspectors from its Leased Housing Division to conduct inspections in public housing units, a task previously assigned to public housing management staff. This operational change permitted the BHA to centralize the scheduling of inspections, ensuring that other important management tasks did not trump the annual inspection and increasing the consistency and accuracy of citations due to now having regularly trained inspectors view the units. Inspectors are trained in HUD's most current NSPIRE standards, are lead-based-paint certified, and receive other regular industry trainings throughout the annual cycle. The BHA has also carried over the same Quality Control methodology utilized in Leased Housing, requiring that between five and ten percent of all inspected units are also inspected by a Quality Control inspector. The deficiencies recorded by the Quality Control Inspector are reviewed and used for individual and group training as necessary.

#### **Implementation of Electronic Work Order System**

In early 2024, the BHA began implementing a long-planned mobile phone based work order system that was fully implemented agency-wide by October 2024. At the time of the OIG review, the BHA still had a paper-based system which made it difficult to achieve effective analysis of the universe of outstanding work. The paper system also resulted in duplicate, missing, and incomplete work orders, the outcomes of which are detailed in the OIG's report.

The upgraded work order system allows workers to close work orders immediately following completion rather than sending a completed work order sheet for central office processing. Once a work order is assigned to a worker, an increased level of accountability through central monitoring now exists that did not previously. The BHA also uses the new system to better track specific inspection types, allowing the team to prioritize and timely close findings from HUD-specific inspections. BHA believe that, especially with some forthcoming software upgrades, this electronic system will also enable us to provide HUD with photo-documentation of all addressed life-threatening deficiencies in a more consistently rapid manner. The upgraded electronic work order system has allowed the BHA to become much more analytical, organized, and focused about specific staffing resources required to complete the backlog of work that had piled up since COVID and will enable us to maintain a reasonable balance going forward rather than allowing a backlog to re-accumulate.

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## Ref to OIG Evaluation – Auditee Comments

### Changes to the Management Team

The BHA has made multiple organizational changes with the intention of improving maintenance performance, unit quality, and resident life.

In the fall of 2024, after the retirement of our former Director of Operations, the BHA hired a Chief of Maintenance and Inspections. The Chief is directly responsible for all maintenance, work order, and inspections related functions. The creation of this new position has allowed the BHA to organize the maintenance workforce with a clear line of authority leading up to the Chief. The Chief, an internal promotion, had prior success bringing a department from paper to paperless and using data to inform and drive program operations. Those skills have already proven beneficial and will allow the operations around inspections and maintenance to continue to improve from the state outlined in the OIG's report.

The BHA also hired a Director of Customer Service with the goal of improving service standards across the agency. One of the initial charges of the Director of Customer Service has been to train Work Order Center Operators to be more accurate and complete with data entry related to work requested by BHA residents, ensuring that all reported issues, but especially emergency issues, are coded correctly, and thus assigned and repaired in a timely manner. The Director has also been instrumental in implementing the use of a ticketing system to escalate issues that have not been closed out within required timeframes.

### Conclusion

BHA appreciates the opportunity to comment on the audit report. While disappointed in the findings, the BHA has already taken a number of proactive steps outlined above to dramatically improve from the issues identified by the OIG. BHA is currently in an operational state that will allow us to be much more successful on a similar audit in the future.

Respectfully Submitted,

Kenzie Bok  
Administrator  
Boston Housing Authority

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## OIG Evaluation of Auditee Comments

**General comment** In January and February 2025, the Authority provided documentation, outside its written comments, showing that 13 unit deficiencies and 18 building deficiencies had been corrected for the finding regarding our unit and building inspections. Further, the Authority provided documentation showing that it had corrected two outstanding non-life-threatening deficiencies for the finding relating to the Authority’s annual self-inspections. The Authority also provided documentation showing that it had corrected 4 life-threatening, 11 non-life-threatening health and safety, and 29 non-health and safety outstanding deficiencies for the finding regarding deficiencies identified during REAC inspections. Based on the documentation provided, we adjusted the report accordingly.

**Comment 1** The Authority stated that it generally agreed with the findings that there were opportunities for operational improvements and additional quality control that could further ensure program compliance and quality of life for its residents. Further, according to the Authority it had made a number of operational changes to address the findings and recommendations cited in this report.

The audit report acknowledges some of the Authority’s operational changes, and we appreciate the Authority’s commitment to continue to improve its processes. We encourage the Authority to work with HUD during the audit resolution process to ensure that its corrective actions are sufficient and fully address the recommendations.



## Appendix B – OIG Unit Inspection Results

Identification number	Total number of deficiencies	Life-threatening deficiencies	Total number of life-threatening deficiencies	Preexisting deficiencies	Total number of preexisting deficiencies	Total number of deficiencies corrected
<b>Alice H. Taylor Apartments</b>						
1	1					1
2	3	x	1			3
3	7			x	4	7
4	7			x	2	7
<b>Annapolis</b>						
5	4			x	4	4
<b>Ashmont</b>						
6	1					1
<b>Charlestown</b>						
7	8	x	4	x	3	5
8	7	x	4	x	1	6
9	1	x	1			1
10	1	x	1			1
11	1			x	1	
<b>Doris Bunte</b>						
12	1					1
<b>Franklin Field</b>						
13	4			x	1	4
14	2			x	1	2
15	2	x	2	x	1	2
<b>Malone Apartments</b>						
16	2			x	2	2
<b>Mary Ellen McCormack</b>						
17	6	x	1	x	1	6
18	8	x	1	x	4	3
19	2					2
20	1					1
21	5	x	1	x	1	4
<b>Mildred C. Hailey (Heath Street)</b>						
22	3					3
<b>Mildred C. Hailey Bromley Park Family</b>						
23	6	x	1			6
24	7	x	1	x	1	7
<b>Pasciucco</b>						
25	2					2



<b>Pond Street</b>						
26	2					2
<b>Rockland Towers</b>						
27	7			x	2	7
<b>Roslyn Apartments</b>						
28	5			x	4	5
<b>Spring Street</b>						
29	4			x	1	4
30	1			x	1	1
31	2			x	2	2
<b>Totals</b>	<b>113</b>	<b>11</b>	<b>18</b>	<b>19</b>	<b>37</b>	<b>102</b>

Development	Total number of deficiencies	Total number of life-threatening deficiencies	Total number of preexisting deficiencies	Total number of deficiencies corrected
Alice H. Taylor Apartments	18	1	6	18
Annapolis	4		4	4
Ashmont	1			1
Charlestown	18	10	5	13
Doris Bunte	1			1
Franklin Field	8	2	3	8
Malone Apartments	2		2	2
Mary Ellen McCormack	22	3	6	16
Mildred C. Hailey (Heath Street)	3			3
Mildred C. Hailey Bromley Park Family	13	2	1	13
Pasciucco	2			2
Pond Street	2			2
Rockland Towers	7		2	7
Roslyn Apartments	5		4	5
Spring Street	7		4	7
<b>Total</b>	<b>113</b>	<b>18</b>	<b>37</b>	<b>102</b>



## Appendix C – OIG Building Inspection Results

Identification number	Total number of deficiencies	Life-threatening deficiencies	Total number of life-threatening deficiencies	Preexisting deficiencies	Total number of preexisting deficiencies	Total number of deficiencies corrected
<b>Alice H. Taylor Apartments</b>						
32	2	x	1			2
33	1					1
34	1					1
35	2	x	1	x	1	2
36	6	x	3	x	6	5
<b>Charlestown</b>						
37	2					
<b>Doris Bunte</b>						
38	2	x	1			2
<b>Franklin Field</b>						
39	13	x	3			13
40	1					1
41	1					1
<b>Malone Apartments</b>						
42	1					1
43	1					1
<b>Mary Ellen McCormack</b>						
44	1					1
45	2	x	1			2
46	3	x	1			3
47	6					6
<b>Mildred C. Hailey Bromley Park Family</b>						
48	7	x	4			5
49	12	x	4			10
<b>Pasciucco</b>						
50	16	x	5			16
<b>Rockland Towers</b>						
51	6	x	1	x	3	6
<b>Roslyn Apartments</b>						
52	11	x	3	x	6	11
<b>Ruth Barkley Apartments</b>						
53	4	x	1	x	1	4
54	3	x	2	x	1	3
<b>Spring Street</b>						
55	1					1
<b>Totals</b>	<b>105</b>	<b>14</b>	<b>31</b>	<b>6</b>	<b>18</b>	<b>98</b>



Development	Total number of deficiencies	Total number of life-threatening deficiencies	Total number of pre-existing deficiencies	Total number of deficiencies corrected
Alice H. Taylor Apartments	12	5	7	11
Charlestown	2			
Doris Bunte	2	1		2
Franklin Field	15	3		15
Malone Apartments	2			2
Mary Ellen McCormack	12	2		12
Mildred C. Hailey Bromley Park Family	19	8		15
Pasciucco	16	5		16
Rockland Towers	6	1	3	6
Roslyn Apartments	11	3	6	11
Ruth Barkley Apartments	7	3	2	7
Spring Street	1			1
<b>Totals</b>	<b>105</b>	<b>31</b>	<b>18</b>	<b>98</b>



## Appendix D – OIG Inspection Results by Development

Development	Total number of deficiencies in units	Total number of deficiencies in buildings	Total number of deficiencies	Percentage of deficiencies <sup>79</sup>
Mary Ellen McCormack	22	12	34	16
Mildred C. Hailey Bromley Park Family	13	19	32	15
Alice H. Taylor Apartments	18	12	30	14
Franklin Field	8	15	23	11
Charlestown	18	2	20	9
Pasciucco	2	16	18	8
Roslyn Apartments	5	11	16	7
Rockland Towers	7	6	13	6
Spring Street	7	1	8	4
Ruth Barkley Apartments	-	7	7	3
Annapolis	4	-	4	2
Malone Apartments	2	2	4	2
Mildred C. Hailey (Heath Street)	3	-	3	1
Doris Bunte	1	2	3	1
Pond Street	2	-	2	1
Ashmont	1	-	1	-
<b>Totals</b>	<b>113</b>	<b>105</b>	<b>218</b>	

<sup>79</sup> This is the percentage of the 218 deficiencies we identified for units and buildings.



## Appendix E – Federal and the Authority’s Requirements

Federal Register Notice 63 FR 46566 established the uniform physical condition standards for public housing. The uniform physical condition standards are intended to ensure that HUD program participants carry out their legal obligations to maintain HUD properties in a condition that is decent, safe, sanitary, and in good repair. The uniform inspection protocol is intended to ensure that, to the greatest extent possible, there is uniformity and objectivity in the evaluation of the physical condition of HUD properties.

HUD’s regulations at 24 CFR 5.701(c) state that physical condition standards and inspection requirements apply to public housing (housing receiving assistance under the U.S. Housing Act of 1937, other than under Section 8 of the Act).

HUD’s regulations at 24 CFR 5.703 state that HUD housing must be decent, safe, sanitary, and in good repair. PHAs owning public housing must maintain such housing in a manner that meets the physical condition standards set forth in this section to be considered decent, safe, sanitary, and in good repair. These standards address the major areas of HUD housing: the site, the building exterior, the building systems, the dwelling units, the common areas, and health and safety considerations.

HUD’s regulations at 24 CFR 5.705 state that any entity responsible for conducting a physical inspection of HUD housing, to determine compliance with subpart G, must inspect such HUD housing annually in accordance with HUD-prescribed physical inspection procedures. The inspection must be conducted annually unless the program regulations governing the housing provide otherwise or unless HUD has provided otherwise by notice.

HUD’s regulations at 24 CFR 902.21(a) state that public housing must be maintained in a manner that meets the physical condition standards set forth in 24 CFR part 902.

HUD’s regulations at 24 CFR 902.22(f)(1), state that to ensure prompt correction of exigent health and safety (that is life-threatening) deficiencies, before leaving the site, the inspector gives the development representative a Notification of Exigent and Fire Safety Hazards Observed form that calls for immediate attention or remedy. The development representative acknowledges receipt of the deficiency report by signature. The development or PHA must correct, remedy, or act to abate all life-threatening deficiencies cited in the deficiency report within 24 hours of the development representative’s receipt of the notification form. In addition, the development or PHA must certify to HUD within 3 business days of the development representative’s receipt of the notification form that all life-threatening deficiencies have been corrected, remedied, or acted upon to abate within 24 hours.

HUD’s regulations at 24 CFR 902.22(f)(2) state that the project, the PHA, or both, as appropriate, is required to expeditiously correct, remedy, or act to abate all health and safety deficiencies after receipt of the physical inspection report.

Section 11.1.2 of the Authority’s Standard Operating Procedures for Maintenance states that the Authority requires formal buildings and grounds inspections to be conducted quarterly by manager-maintenance superintendents.



Section 17.1 of the Authority's Standard Operating Procedures for Maintenance states that once the work is completed, completion information is recorded on the work order, which is then data entered into the computer system to complete the information.

Section 17.3.3 of the Authority's Standard Operating Procedures for Maintenance states that the maintenance superintendents are responsible for the day-to-day scheduling of workloads to ensure that work orders are completed in priority order and within the time frames.

Section 18.2 of the Authority's Standard Operating Procedures for Maintenance states that routine work orders are work orders that are called in by residents or staff on a day-to-day basis and are not emergencies. Defect work orders are those work orders, which meet the definition of routine but are identified as part of a HUD REAC inspection. These work orders should be completed pretty much in the order in which they come in and should be completed within 25 days. Routine work orders should be completed within 25 calendar days.

Section 18.4 of the Authority's Standard Operating Procedures for Maintenance states that work orders resulting from living unit inspections (LUI) are categorized as LUI work orders unless they are an emergency. LUI work orders may be routine but are still categorized as LUI. If the property manager finds an emergency condition during a unit inspection, this work order must be categorized as emergency, a work order must be written, and the work must be completed within 24 hours. All nonemergency LUI work orders must be completed within 20 days of the inspection.

Section 18.12 of the Authority's Standard Operating Procedures for Maintenance states that in general, work should be assigned in the following order:

1. Emergency, exigent, and emergency Housing Inspection Department (HID) (24-hour turnaround standard).
2. HID (5-30-day turnaround standard depending on the citation).
3. Reasonable accommodation (20-day turnaround standard).
4. Vacancy (30-day turnaround standard).
5. Preventive maintenance (according to preventive maintenance schedule).
6. Non-life-threatening REAC work orders (20-day turnaround standard).
7. LUI and building and grounds inspection (20-day turnaround standard).
8. Routine and defect-other, by oldest work order first (25-day turnaround standard)

Section 21.1 of the Authority's Standard Operating Procedures for Maintenance states that an apartment inspection should be performed at least annually. The annual apartment inspection program is referred to as the LUI process.

Section 21.2 of the Authority's Standard Operating Procedures for Maintenance states that the Authority inspects apartments to the standards of the Massachusetts State Sanitary Code and the HUD Uniform Physical Conditions Standards. Any violations of these standards must be recorded as a deficiency and a repair made.

Section 21.12 of the Authority's Standard Operating Procedures for Maintenance states that to ensure that apartment inspections and the inspect and repair program are being carried out properly, assistant





directors and program maintenance supervisors, along with other supervisor staff, will review paperwork and randomly check apartments inspected. To accomplish this, the work order center must review completed LUI work orders each month and randomly select 5 percent of the units for review on a schedule to be determined by the Building Services Department. Each site should participate in a quality control review at least quarterly from June of 2004 through May of 2005 and at least annually thereafter. At the review, an assistant director, a program maintenance supervisor, or other operations or building maintenance supervisory staff person should review all of the paperwork for accurate completion and will reinspect the apartments for which work orders were written. Supervisors will follow up with individual site staff to make corrections as required. Quality control inspection reports should be provided to the director of building services within a week of each quality control review.

Section 22.3 of the Authority's Standard Operating Procedures for Maintenance states that generally, the work should be scheduled for no later than 1 week following the living unit inspection completion.

Section 9.8.2 of the Authority's Admission and Continued Occupancy Policy for the Authority's Public Housing Programs states that the Authority will inspect all apartments at least annually and more frequently if apartment conditions are not safe, sanitary, and in good repair. Annual inspections will evaluate the following: any need for repairs, housekeeping conditions, safety violations, and resident's compliance with other obligations under the lease. The resident will be informed of any deficiencies and notified of any action required by the resident or the Authority to correct deficiencies. The Authority will correct deficiencies determined to be the Authority's responsibility.