

Broken Promises

An assessment of federal data on nursing home oversight and the impact of lax enforcement on residents and families.



The Long Term Care Community Coalition

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Table of Contents

I.	Introduction	4
	HOW TO READ THIS REPORT	4
	BACKGROUND: THE GOVERNMENT’S BROKEN PROMISES	4
	CMS REGIONAL OFFICES/LOCATIONS	7
	METHODOLOGY, METRICS, & TERMINOLOGY	9
	<i>Survey Sample</i>	9
	<i>Annual Citation Rates</i>	9
	<i>Antipsychotic Drugging and Pressure Ulcers</i>	9
	LIMITATIONS	11
II.	Data and Analysis	12
	OVERALL CITATIONS	12
	<i>Introduction</i>	12
	<i>Key Findings</i>	12
	<i>State Findings</i>	13
	<i>Regional Findings</i>	13
	<i>Data: Map and Tables</i>	14
	ANTIPSYCHOTIC DRUGGING	17
	<i>Introduction</i>	17
	<i>Key Findings</i>	18
	<i>Data: Maps and Tables</i>	19
	INFECTION CONTROL	22
	<i>Introduction</i>	22
	<i>Key Findings</i>	23
	<i>Data: Map and Tables</i>	24
	PRESSURE ULCERS	27
	<i>Introduction</i>	27
	<i>Key Findings</i>	27
	<i>Data: Map and Tables</i>	28
	QUALITY OF LIFE	31
	<i>Introduction</i>	31
	<i>Key Findings</i>	32
	<i>Data: Map and Tables</i>	33
	RESIDENT RIGHTS	36
	<i>Introduction</i>	36
	<i>Key Findings</i>	37
	<i>Data: Map and Tables</i>	38
	STAFFING	41
	<i>Introduction</i>	41
	<i>Key Findings</i>	42
	<i>Data: Map and Tables</i>	43
	FINES	46
	<i>Introduction</i>	46
	<i>Key Findings</i>	46
	<i>Data: Map and Tables</i>	47
III.	Discussion & Recommendations	50
	DISCUSSION: A FAILURE TO ENFORCE	50
	RECOMMENDATIONS:	51

IV. Appendix.....	54
SCOPE & SEVERITY GRID	54
HEALTH DEFICIENCIES (2018-20).....	54
PAYROLL-BASED JOURNAL (PBJ) DATA (Q4 2019)	55
MDS FREQUENCY REPORTS.....	55
PENALTIES	55
F-TAG LIST	55



This report includes maps and tables developed using Tableau, a data visualization software. For a more interactive and user-friendly experience, we recommend viewing the online version of this report at nursinghome411.org/survey-enforcement.

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I. Introduction

How to read this report

Part I (this introduction) provides critical background information on nursing home enforcement and context for the data presented in this report and our findings. It also provides useful information on the components of the research, including methodology, sources, and the role of the CMS Regional Offices.

Part II (Data and Analysis) is the main section of this report, presenting data on and insights into nursing home enforcement. It covers several key topics which we believe are both important and useful in assessing the effectiveness of government efforts to ensure that nursing homes are held accountable for providing good care, including **Overall Citations, Antipsychotics, Infection Control, Pressure Ulcers, Quality of Life, Resident Rights, Staffing, and Fines**. Each category includes:

- An introduction,
- Key findings,
- A map depicting rates of (1) state enforcement, (2) states' identification of harm or immediate jeopardy, (3) U.S. totals and averages,
- A table with state data, and
- A table with regional data.

Part III (Discussion & Recommendations) contains a discussion of our findings on oversight and enforcement at the state, regional, and federal levels and how these data can inform public policy moving forward. Further, it offers seven recommendations for CMS to ensure that State Agencies – and the Regional Offices charged with overseeing them – fulfil their shared mission to protect residents.

Part IV (Appendix) provides references and sources with links to original datasets.

Background: The Government's Broken Promises

U.S. nursing homes provide care, support services, and housing to over one million people every day and millions of people each year. In addition to those individuals, their families and loved ones have a substantial personal stake in the quality of care and quality of life nursing homes provide. With the advent of the aging "Baby Boomer" generations, these numbers will undoubtedly rise. As reported in *U.S. News and World Report*, "[s]omeone turning age 65 today has almost a 70% chance of needing some type of long-term care, and 20% of people will need it for longer than five years."¹

¹ Levine, David and Esposito, Lisa, *U.S. News and World Report*, "How to Pay For Nursing Home Costs" (October 15, 2021), citing LongTermCare.gov. Available at <http://health.usnews.com/health-news/best-nursing-homes/articles/2013/02/26/how-to-pay-for-nursing-home-costs>.

While many of us have – or will have – a personal stake in nursing home care, **all** of us will share a financial stake. Spending on care in U.S. nursing homes and continuing care retirement communities totaled \$168.5 billion in 2018.² The average rate for nursing home care in the U.S. is now over \$250 per day.³ The large share of these costs is paid by taxpayers through the Medicaid and Medicare programs.

Despite the significant need for both long-term and short-term nursing home care – and the billions of dollars we invest every year – significant problems in resident care, quality of life, and dignity are pervasive across the country. **Our laws and regulatory standards are strong, providing that each resident be treated with dignity and receive the care and services that they need to attain, and maintain, their highest practicable physical, emotional, and social well-being. The fact that this level of care is the exception, rather than the rule, is a result of the failure (in fact multiple failures, every day) to adequately enforce those standards and protections.**

In short, nursing homes too often have inadequate care staff and fail to provide appropriate care with dignity because nothing is stopping them from doing otherwise. **As the data in this report indicate, the government is breaking its promise to ensure that residents are safe and treated with dignity.** There is often little or no punishment when nursing homes fail to provide care that meets the standards they are paid to achieve, even when such failures result in significant resident suffering or avoidable death.

As the data in this report indicate, the government is breaking its promise to ensure that residents are safe and treated with dignity.

The systemic acceptance of subpar care does not only perpetuate resident neglect and abuse; it has a significant financial cost. As noted above, taxpayers pay for the majority of nursing home care. We count on the federal Centers for Medicare and Medicaid Services (CMS) and the State Survey Agencies (SAs) to assure that public monies are spent appropriately. When care is poor it means we are not getting good value for the money we spend. And when that poor care results in the need for additional care, whether it be medication to fight an unnecessary infection or hospitalization due to a medication error, the public foots the bill for that, too.

This report builds on LTCCC's 2015 study, "[Safeguarding NH Residents & Program Integrity: A National Review of State Survey Agency Performance](#),"⁴ which reviewed nursing home quality

² National Center for Health Statistics, *National health expenditures, average annual percent change, and percent distribution, by type of expenditure: United States, selected years 1960–2018* (data compiled from various sources by the Centers for Medicare & Medicaid Services). <https://www.cdc.gov/nchs/fastats/health-expenditures.htm>
Note: CMS does not provide separate data for nursing homes and continuing care retirement communities.

³ Genworth, *2020 Cost of Care Survey*. <https://www.genworth.com/corporate/about-genworth/industry-expertise/cost-of-care.html>

⁴ <https://nursinghome411.org/national-report-safeguarding-nh-residents-program-integrity-a-national-review-of-state-survey-agency-performance/>.

assurance indicators based on a resident-centered approach. Though oversight is typically assessed on a facility basis, the 2015 study and this report assess enforcement rates adjusted for a state's nursing home resident population. In our view this is critical, since the purpose of nursing home standards is to ensure that residents, as individuals, receive care that complies with professional standards and are treated with dignity.

This report presents the results of an analysis of survey and enforcement data at the state, regional, and federal levels with a focus on all U.S. states and the 10 Regional Offices of the federal Centers for Medicare and Medicaid Services (CMS) tasked with overseeing the performance of the state enforcement agencies in their respective regions of the country. To assess performance in enforcement, **we assessed the surveyor citation rate and citation severity in seven critical areas of nursing home care** based on surveys (inspections) over the most recent three-year period (2018-20). These areas are:

- [Overall Citations](#)
- [Antipsychotic Drugging](#),
- [Infection Control](#),
- [Pressure Ulcers](#),
- [Quality of Life](#),
- [Resident Rights](#), and
- [Sufficient Staffing](#).

For each area of nursing home care, we provide key enforcement performance metrics including **citation rates** (how often a state/region cited its nursing homes, adjusted for resident population) and **percent of G+ citations** (the proportion of citations categorized as having caused any resident harm or immediate jeopardy). Individual care categories (excluding Overall Citations) also include examples of so-called "no harm" deficiencies (citations categorized as A through F).^{5,6}

Note: [Federal Fines](#) (average dollar amount and frequency, adjusted for resident population) are also assessed in this report.

States and regions are ranked in each enforcement performance metric (most frequent/severe citation rates and penalties ranking first; least frequent/severe ranking last). Wherever possible, we provide color-coded maps that illustrate state and regional disparities in enforcement performance.

The wide range of enforcement data provided in this report can be used to identify strengths and weaknesses among states in respect to their ability to ensure nursing home safety

⁵ Most "no harm" examples obtained from *The Elder Justice "No Harm" Newsletter* at <https://nursinghome411.org/news-reports/elder-justice/>. The example provided in Quality of Life is available at <https://nursinghome411.org/wp-content/uploads/2021/10/QOL-F675-Pico-Rivera.pdf>.

⁶ See the Appendix for the Scope & Severity Grid which surveyors used to rank deficiencies.

standards are realized for their residents. Additionally, it can be used to gain insights into regional trends based on performance among the 10 CMS Regional Offices covering the country. Lastly, the federal data can be used to provide context for state and regional data, and in most cases, demonstrate the universality of U.S. nursing home enforcement performance trends.

CMS Regional Offices/Locations

CMS's Regional Offices are responsible for overseeing the enforcement agencies of the states within their region of the country. The 10 regional offices are located in Boston, New York, Philadelphia, Atlanta, Dallas, Kansas City, Chicago, Denver, San Francisco, and Seattle. More information on each CMS Region and its nursing home demographics (based on MDS Reports)⁷ are listed in the map and table below. **Note:** CMS has renamed the Regional Offices as "Locations." However (as of October 2021), the term "Regional Office" still appears on the CMS website. For this reason, and because it is more descriptive, this report uses "Regional Office."

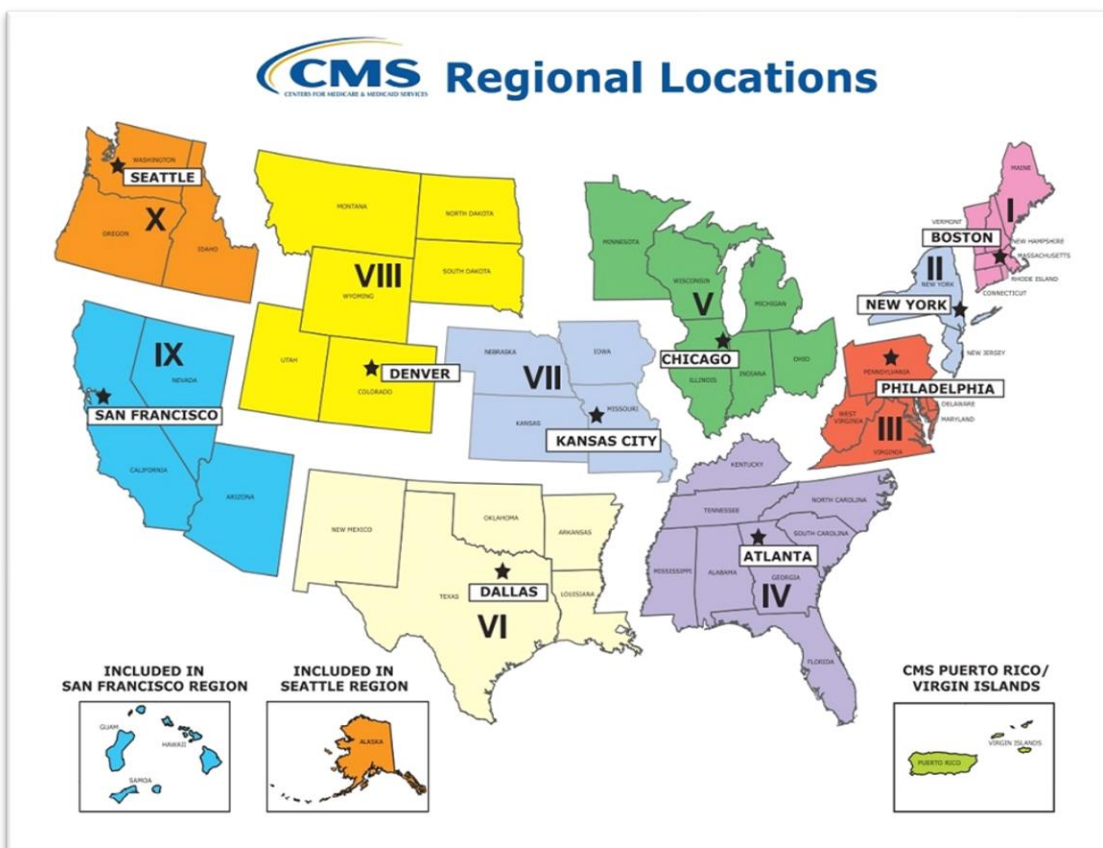


Figure 1: Map of CMS Regional Locations.

⁷ MDS 3.0 Frequency Reports (Q4 2019) available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Minimum-Data-Set-3-0-Public-Reports/Minimum-Data-Set-3-0-Frequency-Report>.

Broken Promises: An Assessment of Federal Data on Nursing Home Oversight

CMS Region	Regional Office Location	States	Resident Population (Avg. 2018-20)	% Non-White	% 85+	% Male
1	Boston	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	81,394	14.6%	42.3%	35.2%
2	New York	New Jersey, New York, Puerto Rico, Virgin Islands	147,034	35.5%	38.1%	38.6%
3	Philadelphia	Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia	142,490	24.2%	37.7%	36.0%
4	Atlanta	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee	249,017	29.7%	32.8%	36.3%
5	Chicago	Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin	260,895	20.3%	35.5%	37.5%
6	Dallas	Arkansas, Louisiana, New Mexico, Oklahoma, Texas	158,662	33.3%	31.9%	37.3%
7	Kansas City	Iowa, Kansas, Missouri, Nebraska	87,815	11.5%	40.1%	35.5%
8	Denver	Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming	39,270	16.5%	38.3%	38.8%
9	San Francisco	Arizona, California, Hawaii, Nevada, Pacific Territories	124,822	45.4%	30.3%	43.0%
10	Seattle	Alaska, Idaho, Oregon, Washington	27,943	15.8%	30.1%	41.0%

Methodology, Metrics, & Terminology

Survey Sample

This report explored citations from **surveys conducted from 2018 to 2020**. A total of 290,289 citations were recorded for surveys conducted during this three-year period.⁸ See [Appendix - Health Deficiencies \(2018-20\)](#) for more on citations data.

Federal rules require that the state survey agencies conduct a standard survey of their state's nursing homes, evaluating compliance with minimum standards, on average of once every 12 months (with a window of 9-15 months for an individual facility's inspection). Though the COVID-19 pandemic led to restrictions on state survey agency activities during 2020, we determined to include citations for this year to provide the most up-to-date data and gain insights into variations in enforcement during this period.

Annual Citation Rates

Annual citation rates for most categories (Overall Citations, Infection Control, Quality of Life, Resident Rights, and Sufficient Staffing) were calculated per **total resident population** (based on MDS 3.0 Frequency Reports from 2018-20).⁹ Some citations were scaled to per 100, per 1,000, or per 10,000 residents.

Annual citation rates were determined by dividing the three-year rate by three.

Antipsychotic Drugging and Pressure Ulcers

Citation rates for **Inappropriate Antipsychotic Drugging** and **Substandard Pressure Ulcer Care** were calculated by dividing the number of AP and PU citations, respectively, by the number of **residents receiving antipsychotics (RAP)** and the number of **residents diagnosed with unhealed pressure ulcers (RPU)** during the fourth quarter of 2019, based on MDS data.¹⁰ These metrics are referred to as **RAP Citation Rate** and **RPU Citation Rate**. This methodology was chosen to reflect the specific information we have on reported residents receiving antipsychotics and those with identified (and reported) pressure ulcers. The fourth quarter of 2019 was selected because it is the most recent full quarter prior to the COVID-19 pandemic.

⁸ Citation data based on CMS's Health Deficiencies which include health citations from surveys conducted in the three-year period from 2018 to 2020. Downloaded March 2021. Most recent dataset available at: <https://data.cms.gov/provider-data/dataset/r5ix-sfxw>.

⁹ Average residents in 12 quarterly MDS 3.0 Frequency Reports ("A0800: Identification Information – Gender) from 2018-20. Available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Minimum-Data-Set-3-0-Public-Reports/Minimum-Data-Set-3-0-Frequency-Report>.

¹⁰ MDS 3.0 Frequency Reports (Q4 2019) for antipsychotics (N0410A: Medications - Medications Received – Antipsychotics) and pressure ulcers (M0210: Skin Conditions - Unhealed Pressure Ulcers). Available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Minimum-Data-Set-3-0-Public-Reports/Minimum-Data-Set-3-0-Frequency-Report>.

Antipsychotic Drugging Acronyms

AP = Antipsychotic drug

RAP = Number of residents receiving antipsychotics

RAP % = Percentage of total residents receiving antipsychotics

AP Citation Rate = Number of AP citations per total resident population

RAP Citation Rate = Number of antipsychotic drugging citations per 1k residents receiving antipsychotics

RAP Citation Rate measures the number of antipsychotic drugging citations per 1,000 residents receiving antipsychotics (RAP).

Pressure Ulcer Acronyms

PU = Pressure Ulcers

RPU = Number of residents with a reported pressure ulcer

RPU % = Percentage of total residents with reported pressure ulcers

PU Citation Rate = Number of PU citations per total resident population

RPU Citation Rate = Number of PU citations per 100 residents with reported pressure ulcers

RPU Citation Rate measures the number of PU citations per 100 residents with reported pressure ulcers (RPU).

“Harm” and “Immediate Jeopardy”

CMS categorizes deficiencies into four levels of severity based on letters A through L.

Level 1: No actual harm with potential for minimal harm (A, B, C).

Level 2: No actual harm with potential for more than minimal harm that is not immediate jeopardy (D, E, F).

Level 3: Actual harm that is not immediate jeopardy (G, H, I).

Level 4: Immediate jeopardy to resident health or safety (J, K, L).

Key Harm and Immediate Jeopardy metrics:

- **% G+ Citations:** Number of G+ citations (G, H, I, J, K L) / total citations (A through L).
- **% Immediate Jeopardy Citations:** Number of J, K, or L citations / total citations (A through L).

Note: In this report, we review state, regional, and national citation rates by **1) Overall citations** (no matter the severity) and **2) G+ citations** (those in which the surveyors have found either harm or immediate jeopardy). **This distinction is important.** Overall citation rates reflect the extent to which state surveyors have identified a violation of minimum standards. However, the

identification of resident harm is critical because, in the absence of identification of harm, it is extremely unlikely that a facility will face any penalty.¹¹

Limitations

This report offers a wide variety of data on nursing home enforcement at the state and regional levels. It can be used to inform consumers, legislators, and the public during a critical moment in long-term care policymaking.

Limitations include:

- **Data accuracy:** Datasets may provide varying levels of accuracy. For example, recent reports have indicated an underreporting of rates of both pressure ulcers¹² and antipsychotic drugging¹³ of residents.
- **State/regional differences:** Conditions in a certain state/region may contribute to differences in performance metrics in nursing home care and/or nursing home enforcement. For example, unique geographic conditions in Alaska (as well as the state's small population) may create different environments for surveyors that could lead to differences in enforcement performance metrics. Further, differences in resident demographics (i.e., age/race/gender) may contribute to disparities in care and/or enforcement outcomes.¹⁴
- **Limited surveys in 2020 due to COVID-19:** In response to the COVID-19 pandemic, CMS limited state survey agency activity nationwide for a good part of 2020 to infection control surveys and investigations of allegations of immediate jeopardy. This led to fewer surveys and citations than normally occur in a year. Only 52,000 citations were recorded in 2020 compared to 124,000 in 2019 and 115,000 in 2018. However, since the COVID-19 restrictions on state survey agencies were imposed nationwide, we determined that it would be most useful to include citations for this year since it provides the most up-to-date data available, as well as insights into how states and regions responded to the pandemic.

¹¹ For more information and insights into the identification of resident harm, see *The Elder Justice "No Harm" Newsletter* at <https://nursinghome411.org/news-reports/elder-justice/>.

¹² Integra Med Analytics, Underreporting in Nursing Home Quality Measures (Aug 25, 2020). <https://www.nursinghomereporting.com/post/underreporting-in-nursing-home-quality-measures>

¹³ Thomas, K., Gebeloff, R., and Silver-Greenberg, J., *The New York Times*, "Phony Diagnoses Hide High Rates of Drugging at Nursing Homes," (Sept 11, 2021). <https://www.nytimes.com/2021/09/11/health/nursing-homes-schizophrenia-antipsychotics.html>

¹⁴ While an investigation of the potential impact of disparities in the resident population on state or regional survey performance is beyond the scope of this study, the authors hope that these data may be useful for further research in this area.

II. Data and Analysis

Overall Citations

Introduction

- Fundamentally, a state’s oversight of nursing home care boils down to two components: (1) its ability to identify and cite a facility when a failure to meet standards (i.e., a deficiency) exists and (2) its ability to appropriately rate the deficiencies it finds in terms of their “scope and severity.”
- This section provides baseline information on the extent to which states are substantiating problems and identifying when they result in harm or immediate jeopardy to one or more residents (i.e., a rating of G or higher in the federal scope and severity grid).¹⁵ It contains state and regional data on overall citations including key findings, a map data visualization, and tables.
- The accurate identification and rating of harm or immediate jeopardy is crucial because, in the absence of such a finding, it is highly unlikely that the facility will be penalized for the substandard care, abuse, or neglect. In other words, a facility will generally face no negative repercussions for substandard care unless harm or immediate jeopardy are identified by the state survey agency.

Key Findings

- Annually, surveyors substantiated one violation for every 13 nursing home residents in the three-year period from 2018 to 2020 (0.07 citations per resident per year).
- Of the 290,289 total citations over three years, 95% were identified as causing neither harm nor immediate jeopardy to *any* resident in the facility (5% were categorized as Harm (G or above), including 1.8% of citations that were Immediate Jeopardy (J or above)).
- Infection Prevention & Control (F880) citations accounted for 7.8% of all deficiencies. As the U.S. Government Accountability Office noted in a May 2020 report, “most nursing homes were cited for infection prevention and control deficiencies (82% of those surveyed from 2013-2017). About half of these homes had persistent problems and were cited across multiple years.”¹⁶

¹⁵ See the Appendix for the scope and severity grid used by surveyors to rate deficiencies. For more information on the role of the state survey agencies, see “[A Practical Guide to the State Operations Manual](#),” available at nursinghome411.org/survey-enforcement.

¹⁶ *Infection Control Deficiencies Were Widespread and Persistent in Nursing Homes Prior to COVID-19 Pandemic*, GAO-20-576R (May 20, 2020). Available at <https://www.gao.gov/products/gao-20-576r>.

- Antipsychotics (F758), Pressure Ulcers (F686), and Resident Rights (F550) are issues of concern to both state and federal policymakers (not to mention residents and their families). Yet they only accounted for roughly 2% of citations (each).
- Though most U.S. nursing homes persistently fail to meet CMS's threshold for safe staffing, Sufficient Staffing (F725) accounted for just 1% of citations.
- Quality of Life (F675) is crucial for residents and an essential component of the federal requirements for nursing homes. Yet violations of a resident's right to a decent quality of life and treatment with dignity accounted for only 0.1% of citations.

State Findings

- State citation levels and identification of harm or immediate jeopardy (G+ on the scope and severity scale) varied considerably.
- State enforcement in both citation rates and identification of harm or immediate jeopardy were largely consistent across the categories of nursing home care evaluated in this study.
- In an average year in New York, which had the lowest citation rate in the country, there was one citation for every 50 residents. In Alaska, which had the highest citation rate in the country, there was one citation for every four residents.
- Our analysis did not reveal a strong association between a state's enforcement frequency (citation rate) and the likelihood that it would identify resident harm or immediate jeopardy when making a citation.
- New Jersey and New York, both of which are in CMS Region 2, ranked in the bottom-quintile in most citation rate metrics evaluated in this report.

Regional Findings

- As with the states, regional enforcement rates and the extent to which harm or immediate jeopardy were identified varied considerably. Regional performance was often consistent across the categories we assessed.
- Region 2 ranked at the bottom on most enforcement metrics. Region 10 ranked first or second in most enforcement metrics. Region 10 is the least populated CMS region.

Data: Map and Tables

Total Citation Rate and Severity by State (2018-20)

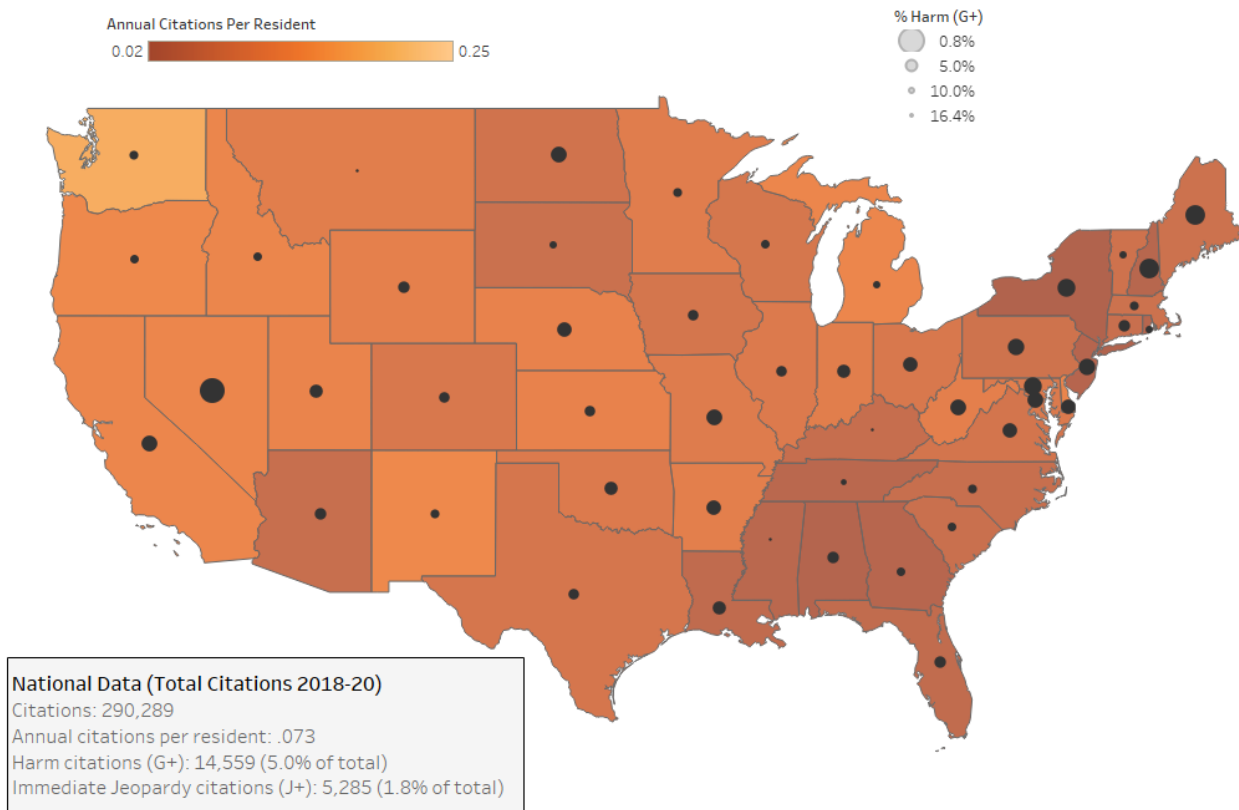


Figure 2: Annual citations per resident during the three-year period from 2018-20. Darker shades indicate lower citation rates; larger circles indicate lower proportion of Harm (G+) citations. See *Figure 3* for info on Alaska, Hawaii, and Puerto Rico.

	Annual Citations per resident	Rank: Citations per resident	Harm citations (G or higher)	% Harm (G+)	Rank: % Harm	Immediate Jeopardy Citations (J or higher)	% IJ	Rank: % IJ
AK	0.25	1	11	2.3%	45	3	0.6%	44
AL	0.02	51	74	4.7%	28	62	3.9%	7
AR	0.10	16	190	3.6%	36	150	2.8%	12
AZ	0.06	40	104	5.1%	27	13	0.6%	43
CA	0.12	6	1,032	2.7%	43	318	0.8%	37
CO	0.08	25	262	6.3%	19	39	0.9%	33
CT	0.06	39	174	4.7%	29	30	0.8%	38
DC	0.08	26	16	2.9%	40	4	0.7%	40
DE	0.12	10	54	3.8%	34	14	1.0%	32
FL	0.05	43	523	5.1%	26	373	3.7%	9
GA	0.03	49	227	8.0%	10	166	5.9%	4
HI	0.07	33	40	5.4%	24	9	1.2%	28
IA	0.08	29	300	5.7%	23	120	2.3%	19
ID	0.12	9	122	8.4%	9	26	1.8%	22
IL	0.09	22	1,074	6.0%	21	136	0.8%	39
IN	0.10	18	481	4.2%	31	149	1.3%	27
KS	0.11	12	351	6.2%	20	147	2.6%	15
KY	0.05	42	593	16.4%	1	381	10.6%	1
LA	0.04	44	133	4.0%	33	80	2.4%	17
MA	0.06	36	491	6.9%	17	66	0.9%	34
MD	0.09	23	137	2.1%	47	72	1.1%	31
ME	0.06	35	18	1.6%	49	7	0.6%	45
MI	0.12	8	1,191	8.6%	5	284	2.1%	20
MN	0.10	19	511	7.2%	14	189	2.7%	14
MO	0.10	20	300	2.8%	41	97	0.9%	35
MS	0.03	45	194	12.2%	3	145	9.1%	2
MT	0.10	17	151	12.7%	2	22	1.8%	21
NC	0.05	41	413	7.0%	16	236	4.0%	6
ND	0.07	31	33	3.0%	39	7	0.6%	42
NE	0.11	13	122	3.4%	38	33	0.9%	36
NH	0.03	47	8	1.4%	50	4	0.7%	41
NJ	0.03	50	75	2.2%	46	52	1.6%	23
NM	0.13	5	139	6.6%	18	58	2.7%	13
NV	0.12	7	16	0.8%	52	10	0.5%	47
NY	0.02	52	119	2.0%	48	26	0.4%	49
OH	0.08	24	654	3.6%	35	246	1.3%	26
OK	0.09	21	223	4.5%	30	69	1.4%	25
OR	0.13	4	231	8.0%	11	73	2.5%	16
PA	0.07	32	382	2.5%	44	54	0.4%	51
PR	0.20	2	1	1.1%	51	0	0.0%	52
RI	0.03	48	57	8.6%	6	31	4.7%	5
SC	0.06	38	226	7.6%	12	69	2.3%	18
SD	0.06	37	85	8.4%	8	12	1.2%	29
TN	0.03	46	271	9.8%	4	175	6.3%	3
TX	0.08	28	1,282	5.8%	22	649	3.0%	11
UT	0.12	11	82	4.1%	32	9	0.5%	48
VA	0.07	30	216	3.4%	37	38	0.6%	46
VT	0.07	34	41	8.5%	7	18	3.7%	8
WA	0.18	3	614	7.1%	15	99	1.2%	30
WI	0.08	27	395	7.4%	13	171	3.2%	10
WV	0.10	15	82	2.8%	42	41	1.4%	24
WY	0.11	14	38	5.2%	25	3	0.4%	50

Figure 2: Citation rate and severity by state (2018-20).

Broken Promises: An Assessment of Federal Data on Nursing Home Oversight

	Annual Citations per resident	Rank: Citations per resident	Harm citations (G or higher)	% Harm (G+)	Rank: % Harm	Immediate Jeopardy Citations (J or higher)	% IJ	Rank: % IJ
Region 1	0.06	8	789	5.8%	5	156	1.1%	6
Region 2	0.02	10	195	2.1%	10	78	0.8%	8
Region 3	0.08	7	887	2.7%	9	223	0.7%	10
Region 4	0.04	9	2,521	8.0%	1	1,607	5.1%	1
Region 5	0.09	4	4,306	5.8%	4	1,175	1.6%	3
Region 6	0.08	6	1,967	5.2%	6	1,006	2.7%	2
Region 7	0.10	3	1,073	4.3%	7	397	1.6%	4
Region 8	0.09	5	651	6.4%	3	92	0.9%	7
Region 9	0.11	2	1,192	2.8%	8	350	0.8%	9
Region 10	0.16	1	978	7.3%	2	201	1.5%	5



Sources:

CMS Health Deficiencies (Downloaded March 2021; excludes surveys before 2018 and after 2021).
MDS 3.0 Frequency Reports (2018-20). See "Identification Information – Gender (A0800)."

Notes:

Annual citations per resident from 2018-20.
Harm: citation rated G or above.
Immediate Jeopardy (IJ): citation rated J or above.



Figure 3: Citation rate and severity by region (2018-20).

Interactive charts and maps are available at <https://nursinghome411.org/survey-data-report/>.

Antipsychotic Drugging

Introduction

- Antipsychotic (AP) medications are highly potent drugs that are indicated to treat specific conditions and diagnoses, such as schizophrenia. Unfortunately, inappropriate antipsychotic drugging of nursing home residents, particularly those with dementia, is a prevalent problem in facilities across the country. Too often, these drugs are used as a form of chemical restraint, to sedate residents rather than provide appropriate care.¹⁷
- AP drugs carry a “black-box” warning from the Food and Drug Administration¹⁸ because they greatly increase the risks of stroke, heart attack, diabetes, Parkinsonism, and falls. They can also significantly diminish social and emotional well-being. Importantly, these drugs are *not* clinically indicated for the treatment of the so-called behavioral and psychological symptoms of dementia.
- A September 2021 *New York Times* report, “Phony Diagnoses Hide High Rates of Drugging at Nursing Homes,” found that diagnoses of schizophrenia among nursing home residents have increased dramatically in the years since CMS launched its “Partnership” to improve dementia care and reduce antipsychotic drugging. This is likely because a nursing home’s publicly reported rate of antipsychotic drugging is risk-adjusted to exclude residents who receive these drugs but have been given a diagnosis of schizophrenia, Huntington’s Disease, or Tourette’s Syndrome.¹⁹
- This section contains state and regional data on AP drugging rates and AP citations (F758 - Free from Unnecessary Psychotropic Meds/PRN Use), including key findings, a map data visualization, and tables. Note: F758 comprises citations for *any* inappropriate psychotropic drugging. Thus, it captures inappropriate antipsychotic drugging as well as the inappropriate

No stop date: A “No Harm” Antipsychotics Deficiency (F758)

At a Florida nursing home, a resident was receiving PRN (as needed) antipsychotic medication for several months without justification for ongoing use and without a stop date on the order. Despite the risks posed by the potentially life-threatening side-effects of psychotropics, the surveyor cited the violation as no harm.

¹⁷ For more information and resources on the inappropriate use of antipsychotic drugs in nursing homes, visit our Dementia Care Advocacy Toolkit at <https://nursinghome411.org/learn/dementia-care-advocacy-toolkit/>.

¹⁸ *Public Health Advisory: Deaths with Antipsychotics in Elderly Patients with Behavioral Disturbances*, U.S. Food and Drug Administration (April 11, 2005). Available in the FDA’s archived web page, <https://wayback.archive-it.org/7993/20170113112252/http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientandProviders/ucm053171.htm>.

¹⁹ Thomas, Katie, Gebeloff, Robert, and Silver-Greenberg, Jessica, “Phony Diagnoses Hide High Rates of Drugging at Nursing Homes,” *The New York Times* (Sep 11, 2021). Available at <https://www.nytimes.com/2021/09/11/health/nursing-homes-schizophrenia-antipsychotics.html>.

use of other psychoactive drugs, such as antidepressants. There is no F-tag that solely addresses antipsychotics.

- **Methodology:** Citation Rates for inappropriate antipsychotic drugging (RAP Citation Rate) were calculated based on AP citations (F758) from 2018-20 and the number of residents receiving antipsychotics (RAP) in the fourth quarter of 2019 ([MDS 3.0 Frequency Report \(Q4 2019\)](#), N0410A: Medications - Medications Received - Antipsychotic).

Key Findings

- Though the use of chemical restraints has been prohibited for 30 years, and CMS has focused specifically on eliminating the inappropriate use of AP drugs in U.S nursing homes since 2012, **close to 20% of facility residents – over a quarter-million people – were administered one or more antipsychotic drug.**
- Federal data indicate an average of just eight (8.1) AP citations per year for every 1,000 residents reported to be receiving antipsychotics.
- Of the 6,157 AP citations recorded over the entire three-year period, 31 (less than one percent) were categorized as harm (G+). In other words, **even when surveyors substantiate inappropriate resident drugging, 99.5% of the time they find no resident harm.**
- CMS Region 2 (NJ, NY, PR) ranked at the bottom in respect to annual citation rates, recording 8.1 AP citations for every 1,000 RAP. Regions 1 and 2 recorded zero G+ AP citations, meaning that surveyors in those regions **never** identified inappropriate drugging as harmful to residents. Regions 3, 4, and 8 each recorded 1 citation at G+.
- Region 10 (serving the northwest) ranked 1st in Annual RAP citation rate (26.1 per 1k residents) and in % Harm AP citations (1.35%).
- Smaller states/territories including Alaska, Puerto Rico, Wyoming, Utah, Oregon, Delaware, Idaho, and Hawaii recorded higher RAP citation rates, while Washington and Oregon ranked in the top 10.
- The states with the lowest RAP citation rates (Alabama, Louisiana, Mississippi, Kentucky, Georgia) were all located in the southern United States in Regions 4 and 6 (see *Figure 6*).
- These findings indicate that, despite years of training for both state surveyors and nursing home staff on the dangers of antipsychotic drugs,
 - Widespread antipsychotic drugging persists and
 - State surveyors are disinclined to hold nursing home accountable for it.

What is RAP Citation Rate?

RAP Citation Rate measures the number of antipsychotic drugging citations per 1,000 residents receiving antipsychotics (RAP).

- A *Journal of the American Geriatrics Society*²⁰ study found disproportionate increases in schizophrenia diagnoses among Black nursing home residents with Alzheimer's and related dementia (ADRD). Correlation analysis of our data indicates a weak-moderate ($r=-0.35$) negative association between a state's share of Black residents and its RAP citation rate. In other words, **states with more Black residents were less likely to identify AP drugging violations, adjusting for share of populations receiving antipsychotics.**

Data: Maps and Tables

RAP Antipsychotic Citation Rate and Severity by State (2018-20)

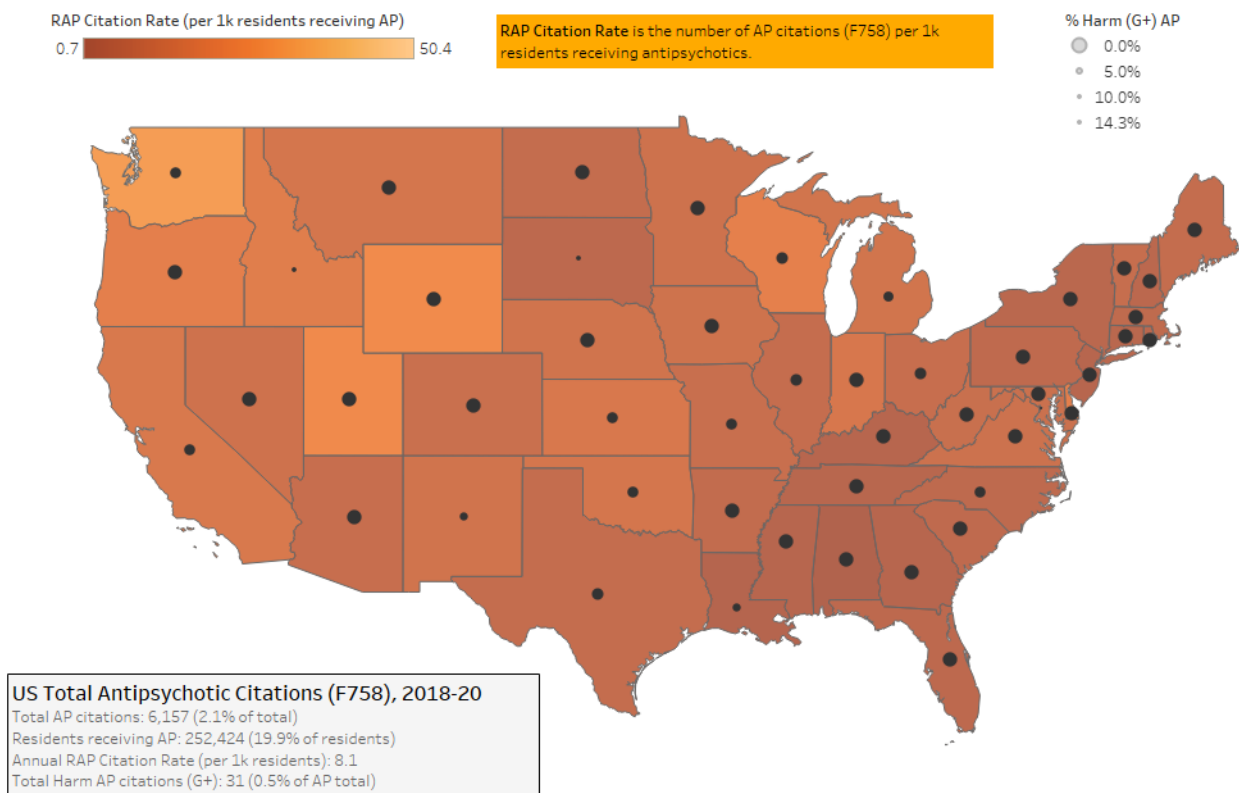


Figure 5: Annual RAP Citation Rate (AP citations (F758) per 1k residents receiving antipsychotics) during the three-year period from 2018-20. Darker shades indicate lower RAP rates; larger circles indicate lower proportion of Harm (G+) citation. See Figure 6 for info on Alaska, Hawaii, and Puerto Rico.

²⁰ Fashaw-Walters, Shekinah, McCreedy, Ellen, Bynum, Julie, Thomas, Kali, and Shireman, Theresa, "Disproportionate increases in schizophrenia diagnoses among Black nursing home residents with ADRD," *Journal of the American Geriatrics Society* (Sep 30, 2021). Available at <https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.17464>.

Broken Promises: An Assessment of Federal Data on Nursing Home Oversight

	AP Citations (F758)	RAP % (residents receiving AP)	Annual RAP Citation Rate (per 1k RAP)	Rank: Annual RAP Citation Rate	Harm (G+) AP	% Harm (G+) AP	Rank: % Harm (G+) AP
AK	13	13.1%	50.4	1	0	0.0%	17
AL	11	24.0%	0.7	52	0	0.0%	17
AR	57	16.7%	6.7	34	0	0.0%	17
AZ	49	18.0%	8.3	28	0	0.0%	17
CA	895	20.1%	15.1	11	9	1.0%	8
CO	86	19.3%	9.4	24	0	0.0%	17
CT	52	23.0%	3.6	45	0	0.0%	17
DC	7	19.2%	5.4	38	1	14.3%	1
DE	39	17.0%	19.1	8	0	0.0%	17
FL	185	18.3%	4.8	41	0	0.0%	17
GA	64	23.0%	2.8	48	0	0.0%	17
HI	16	9.4%	16.3	10	0	0.0%	17
IA	137	18.3%	11.2	19	0	0.0%	17
ID	44	20.9%	18.2	9	3	6.8%	2
IL	403	27.1%	7.8	30	1	0.2%	16
IN	297	18.3%	14.5	13	0	0.0%	17
KS	153	21.3%	14.8	12	1	0.7%	11
KY	38	20.2%	2.8	49	0	0.0%	17
LA	34	23.3%	1.9	51	1	2.9%	4
MA	146	23.0%	5.9	35	0	0.0%	17
MD	118	17.8%	9.6	23	0	0.0%	17
ME	25	20.1%	7.5	31	0	0.0%	17
MI	228	17.0%	12.4	16	3	1.3%	6
MN	131	18.1%	10.6	21	0	0.0%	17
MO	242	25.6%	8.7	26	2	0.8%	9
MS	29	23.2%	2.7	50	0	0.0%	17
MT	26	17.4%	13.2	15	0	0.0%	17
NC	88	16.3%	5.1	39	1	1.1%	7
ND	21	19.1%	7.1	33	0	0.0%	17
NE	75	20.1%	11.7	18	0	0.0%	17
NH	14	19.1%	3.9	42	0	0.0%	17
NJ	65	18.2%	2.9	47	0	0.0%	17
NM	36	19.0%	11.8	17	1	2.8%	5
NV	35	19.7%	11.0	20	0	0.0%	17
NY	200	17.2%	3.9	43	0	0.0%	17
OH	400	23.2%	8.4	27	2	0.5%	14
OK	162	22.7%	13.7	14	1	0.6%	12
OR	71	18.2%	19.2	7	0	0.0%	17
PA	246	20.1%	5.6	36	0	0.0%	17
PR	1	4.8%	37.0	2	0	0.0%	17
RI	16	19.7%	3.7	44	0	0.0%	17
SC	47	17.7%	5.4	37	0	0.0%	17
SD	15	18.5%	5.0	40	1	6.7%	3
TN	51	20.1%	3.3	46	0	0.0%	17
TX	356	17.7%	7.5	32	1	0.3%	15
UT	70	17.8%	24.7	5	0	0.0%	17
VA	150	18.4%	10.1	22	0	0.0%	17
VT	10	17.6%	8.0	29	0	0.0%	17
WA	243	17.5%	31.1	3	2	0.8%	10
WI	185	15.2%	19.8	6	1	0.5%	13
WV	47	19.0%	9.0	25	0	0.0%	17
WY	28	16.6%	25.3	4	0	0.0%	17

Note: Most states recorded zero Harm AP citations during the three-year period.

Figure 6: RAP citation (F758) rate and AP citation severity by state (2018-20).

	AP Citations (F758)	RAP % (residents receiving AP)	Annual RAP Citation Rate (per 1k RAP)	Rank: RAP Citation Rate	Harm (G+) AP	% Harm (G+) AP	Rank: % Harm (G+) AP
Region 1	263	22.0%	5.1	8	0	0.0%	9
Region 2	266	17.4%	3.6	10	0	0.0%	9
Region 3	607	19.2%	7.7	6	1	0.2%	8
Region 4	513	19.8%	3.6	9	1	0.2%	7
Region 5	1,644	21.4%	10.3	5	7	0.4%	5
Region 6	645	19.1%	7.3	7	4	0.6%	3
Region 7	607	22.2%	10.7	4	3	0.5%	4
Region 8	246	18.6%	11.7	3	1	0.4%	6
Region 9	995	19.6%	14.4	2	9	0.9%	2
Region 10	371	18.0%	26.1	1	5	1.3%	1

**Sources:**

CMS Health Deficiencies (Downloaded March 2021; excludes surveys before 2018 and after 2021).
MDS 3.0 Frequency Reports (Q4 2019). See "N0410A: Medications - Medications Received - Antipsychotic")

Notes:

RAP Citation Rate: AP citations (F758) per 1k residents receiving antipsychotics.
Harm: citation rated G or above.
Immediate Jeopardy (IJ): citation rated J or above.



Figure 7: RAP citation (F758) rate and AP citation severity by region (2018-20).

Interactive charts and maps are available at <https://nursinghome411.org/survey-data-report/>.

Infection Control

Introduction

- Substandard infection prevention and control practices are a longstanding and widespread problem in U.S. nursing homes.
- According to the U.S. Centers for Disease Control and Prevention, 1 to 3 million serious infections occur every year in nursing home and assisted living facilities and as many as 388,000 residents die each year due to infections.²¹ [Note: This figure was reported prior to the COVID-19 pandemic.]
- The U.S. Government Accountability Office found that, prior to the pandemic, “most nursing homes were cited for infection prevention and control deficiencies (82% of those surveyed from 2013-2017). About half of these homes had persistent problems and were cited across multiple years.”²²
- The extent of inadequate infection prevention and control practices in U.S. nursing homes was a growing concern in the years prior to the pandemic. In fact, when CMS revised the federal requirements for nursing homes in 2016, one of the few substantive changes it made was to require that nursing homes have an infection preventionist on, at least, a part-time basis.
- Many infections can be prevented and controlled through basic precautions, such as hand hygiene. Even in respect to addressing the spread of COVID-19, both the CDC and CMS focused on providing education to the nursing home industry on basic sanitary protocols, such as a “cough etiquette” and the aforementioned hand hygiene.

Communal COVID dining: A “No Harm” Infection Control Deficiency (F880)

In May 2020, a New York nursing home continued communal dining and violating COVID-19 health and safety protocols at the peak of the pandemic. Observations revealed 27 residents seated in the dining room, most unmasked and within six feet of each other. The citation was cited as no harm despite the facility’s failure to provide a safe environment to help prevent the spread of COVID.

²¹ <https://www.cdc.gov/longtermcare/index.html>.

²² *Infection Control Deficiencies Were Widespread and Persistent in Nursing Homes Prior to COVID-19 Pandemic*, GAO-20-576R (May 20, 2020). Available at <https://www.gao.gov/products/gao-20-576r>.

- In August 2020, then CMS administrator Seema Verma “warned nursing home operators that ‘significant deficiencies in infection control practices’ were responsible for increases in COVID-19 deaths.”²³
- This section contains state and regional data on Infection control citations (F880 - Infection Prevention & Control), including key findings, a map data visualization, and tables.

Key Findings

- Infection Control (F880) accounted for 7.8% of all deficiencies identified by surveyors during the three-year period we reviewed. Annually, this was an average of 5.7 citations for every 1,000 residents in U.S. nursing homes.
- Of the 22,554 infection control citations, only 3.2% were categorized as causing harm or putting any residents in immediate jeopardy (G+). This indicates that **state surveyors rarely identify substandard infection control practices as a serious problem or significant threat to residents**. As discussed in the introduction to this report, in the absence of identification of harm or immediate jeopardy, a facility is unlikely to face any penalty. Essentially, from a consumer perspective, this means that facilities are paid for deficient practices.
- Even in 2020, during which COVID-19 decimated nursing homes, state surveyors failed to identify any harm or immediate jeopardy to a single resident 93.5% of the time that they found inadequate infection control practices.
- East coast states (New York, Vermont, Georgia, New Hampshire, North Carolina) reported the lowest IC citation rates²⁴ (see *Figure 8*).
- Region 2’s annual citation rate (2.1 per 1,000 residents) was roughly one quarter that of Region 9’s (8.2). In other words, the federal data indicate that states in Region 9 (California, Nevada, and Arizona) are roughly four times more likely than those in Region 2 (New York, New Jersey, and Puerto Rico) to identify inadequate infection control practices in their state’s nursing homes.

²³ Jaffe, Susan, “Three States Limit Nursing Home Profits in Bid to Improve Care,” *Annals of Long-Term Care* (Oct 25, 2021). Available at <https://www.hmpgloballearningnetwork.com/site/altc/news/three-states-limit-nursing-home-profits-bid-improve-care?hmpid=dXNjZG9jQGdtYWlsLmNvbQ==>.

²⁴ States are listed in ascending order (i.e., NY had the lowest infection control citation rate in the country).

Data: Map and Tables

Infection Control Citation Rate and Severity by State (2018-20)

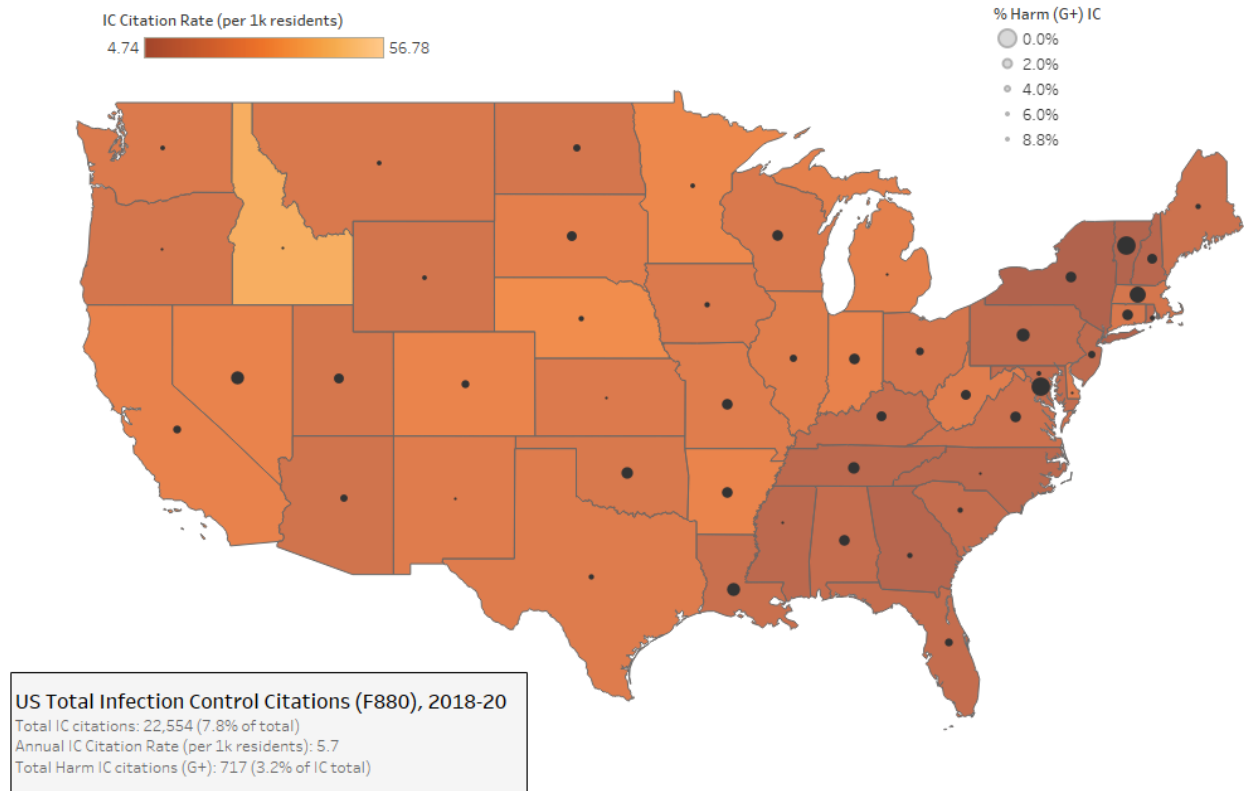


Figure 8: Annual Infection Control citations (F880) per 1k residents during the three-year period from 2018-20. Darker shades indicate lower IC citation rates; larger circles indicate lower proportion of Harm (G+) citations. See *Figure 9* for info on Alaska, Hawaii, and Puerto Rico.

	Infection Control Citations (F880)	Annual IC Rate (per 1k residents)	Rank: IC Rate	Harm (G+) IC	% Harm (G+) IC	Rank: % Harm IC (G+)
AK	37	18.9	1	0	0.0%	49
AL	274	4.0	39	5	1.8%	36
AR	463	9.0	6	7	1.5%	42
AZ	205	5.6	32	7	3.4%	22
CA	2,635	8.5	10	73	2.8%	28
CO	444	9.0	7	12	2.7%	29
CT	429	6.5	25	8	1.9%	35
DC	31	4.5	37	0	0.0%	49
DE	87	7.1	18	5	5.7%	8
FL	898	4.0	40	26	2.9%	27
GA	228	2.3	50	9	3.9%	21
HI	60	5.4	33	3	5.0%	11
IA	476	7.0	20	20	4.2%	18
ID	172	14.1	2	14	8.1%	2
IL	1,505	7.7	13	48	3.2%	25
IN	1,011	8.7	9	18	1.8%	37
KS	357	7.1	19	23	6.4%	6
KY	288	4.2	38	6	2.1%	31
LA	348	4.6	36	2	0.6%	47
MA	683	6.1	29	1	0.1%	48
MD	264	3.7	42	13	4.9%	14
ME	86	4.9	34	4	4.7%	16
MI	941	8.2	11	70	7.4%	3
MN	690	9.6	5	35	5.1%	10
MO	837	7.5	15	14	1.7%	39
MS	139	3.0	47	8	5.8%	7
MT	80	6.7	22	4	5.0%	11
NC	306	2.8	48	27	8.8%	1
ND	93	5.9	30	3	3.2%	24
NE	343	10.4	4	14	4.1%	20
NH	48	2.5	49	1	2.1%	31
NJ	433	3.4	44	14	3.2%	23
NM	124	7.4	16	8	6.5%	5
NV	158	8.9	8	1	0.6%	46
NY	493	1.6	52	8	1.6%	40
OH	1,342	6.2	27	39	2.9%	26
OK	361	6.7	24	4	1.1%	44
OR	139	6.1	28	9	6.5%	4
PA	793	3.5	43	6	0.8%	45
PR	6	13.8	3	0	0.0%	49
RI	74	3.3	45	4	5.4%	9
SC	195	3.8	41	8	4.1%	19
SD	135	8.0	12	3	2.2%	30
TN	245	3.0	46	3	1.2%	43
TX	2,046	7.4	17	92	4.5%	17
UT	106	6.2	26	2	1.9%	34
VA	407	4.9	35	7	1.7%	38
VT	13	1.8	51	0	0.0%	49
WA	325	6.9	21	16	4.9%	15
WI	449	6.7	23	7	1.6%	41
WV	211	7.5	14	4	1.9%	33
WY	40	5.8	31	2	5.0%	11

Figure 9: Infection Control (F880) citation rate and severity by state (2018-20).

	Infection Control Citations (F880)	Annual IC Rate (per 1k residents)	Rank: IC Rate	Harm (G+) IC	% Harm (G+) IC	Rank: % Harm IC (G+)
Region 1	1,333	5.5	7	18	1.4%	10
Region 2	932	2.1	10	22	2.4%	8
Region 3	1,793	4.2	8	35	2.0%	9
Region 4	2,573	3.4	9	92	3.6%	3
Region 5	5,938	7.6	5	217	3.7%	2
Region 6	3,342	7.0	6	113	3.4%	5
Region 7	2,013	7.6	3	71	3.5%	4
Region 8	898	7.6	4	26	2.9%	6
Region 9	3,059	8.2	1	84	2.7%	7
Region 10	673	8.0	2	39	5.8%	1



Sources:

CMS Health Deficiencies (Downloaded March 2021; excludes surveys before 2018 and after 2021).
MDS 3.0 Frequency Reports (2018-20). See "Identification Information – Gender (A0800)."

Notes:

Infection Prevention & Control citations (F880) per 1k residents from 2018-20.
Harm: citation rated G or above.
Immediate Jeopardy (IJ): citation rated J or above.



Figure 10: Infection Control (F880) citation rate and severity by region (2018-20).

Interactive charts and maps are available at <https://nursinghome411.org/survey-data-report/>.

Pressure Ulcers

Introduction

- According to the Centers for Disease Control and Prevention, “[p]ressure ulcers, also known as bed sores... are serious medical conditions and one of the important measures of the quality of clinical care in nursing homes.”²⁵
- While some pressure ulcers are unavoidable, research indicates that, “[i]n the vast majority of cases, appropriate identification and mitigation of risk factors can prevent or minimize pressure ulcer (PU) formation.”²⁶
- **Nevertheless, 7.26% of U.S. nursing home residents have unhealed pressure ulcers.** This is likely a significant undercount, since studies have found that many nursing homes under-report these data.²⁷
- This section contains state and regional data on pressure ulcer (PU) rates and citations (F686 - Treatment/Services to Prevent/Heal Pressure Ulcers), including key findings, a map data visualization, and tables.
- **Methodology:** Citation Rates for pressure ulcers (PUs) were calculated based on PU citations and the number of residents with unhealed pressure ulcers in the fourth quarter of 2019 ([MDS 3.0 Frequency Report \(Q4 2019\)](#), M0210: Skin Conditions - Unhealed Pressure Ulcers).

A wound unhealed: A “No Harm” Pressure Ulcer Deficiency (F686)

At a Delaware nursing home, a resident suffering a stage 3 pressure ulcer (an open, sunken hole) was not turned or repositioned by staff as the facility’s skin practice guide directed. The surveyor found that the facility violated standard recommended interventions for pressure ulcers but did not cite the deficiency as harm.

Key Findings

- Pressure ulcers are a problem for over 92,000 nursing home residents.
- Though they are a serious problem and largely preventable or treatable, states cite nursing homes the equivalent of less than 3% of the time that a resident has a pressure ulcer.

²⁵ NCHS Data Brief, No. 14 (Feb 2009), which incorporates *Pressure Ulcers Among Nursing Home Residents: United States, 2004*. Available at www.cdc.gov/nchs/data/databriefs/db14.pdf.

²⁶ Edsberg, L.; Langemo, D.; Baharestani, M.; Posthauer, M.; and Goldberg, M., “Unavoidable Pressure Injury: State of the Science and Consensus Outcomes,” *Journal of Wound, Ostomy & Continence Nursing*: July/August 2014 - Volume 41 - Issue 4 - p 313–334. Abstract available at http://journals.lww.com/jwcnonline/Abstract/2014/07000/Unavoidable_Pressure_Injury_State_of_the_Science.6.aspx.

²⁷ See, for example, Integra Med Analytics, *Underreporting in Nursing Home Quality Measures* (Aug 2020), finding that “over half of SNFs [nursing homes] under-reported by at least a factor of two.” Available at <https://www.nursinghomereporting.com/post/underreporting-in-nursing-home-quality-measures>.

- Annual PU citation rates varied considerably by region and state. In Region 10, citation rates for residents with an identified pressure ulcer (5.2 per 100) occurred at 12 times the rate as they did in Region 2 (0.4 per 100).
- When States *do* cite a facility for inadequate pressure ulcer care or prevention, they only identify this as harmful to residents about 23% of the time. Since, by definition, a pressure ulcer is a wound, what message does this send to the industry? To the state's residents and families?
- The ability to identify resident harm varied by region and state. In Region 10, 45% of PU citations were ranked as G+ compared to only 10% in Region 2.
- Identification of *any* resident harm resulting from substandard pressure ulcer care is rare in many states. DC, Maine, and Puerto Rico failed to record a single G+ PU citation in the three-year period while Alabama, Nevada, New Hampshire, New Jersey, and Vermont recorded only one (1) PU citation as causing resident harm over the three-year period (see *Figure 12*). As a result, for example, the data indicate that **even when New Jersey surveyors substantiate substandard pressure ulcer care in a nursing home, they only identify this as harmful to residents 3% of the time.**

What is RPU Citation Rate?

RPU Citation Rate measures the number of PU citations per 100 residents with reported pressure ulcers (RPU).

Data: Map and Tables

RPU Pressure Ulcer Citation Rate and Severity by State (2018-20)

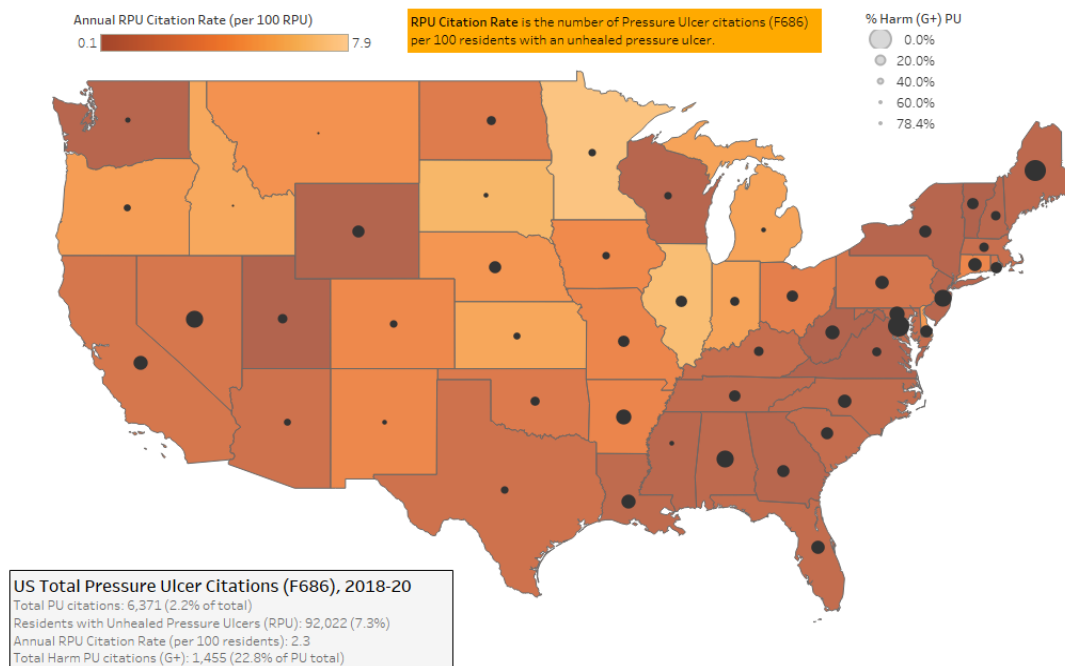


Figure 11: Annual RPU Citation Rate (PU citations (F686) per 100 residents with unhealed pressure ulcers) during the three-year period from 2018-20. Darker shades indicate lower RPU rates; larger circles indicate lower proportion of Harm (G+) citations. See *Figure 12* for info on Alaska, Hawaii, and Puerto Rico.

	Pressure Ulcer Citations (F686)	RPU % (residents with reported PU)	Annual RPU Citation Rate (per 100 RPU)	Rank: RPU Citation Rate	Harm (G+) PU	% Harm (G+) PU	Rank: % Harm (G+) PU
AK	13	8.4%	7.9	1	3	23.1%	23
AL	34	6.5%	0.8	38	1	2.9%	47
AR	97	5.5%	3.5	18	5	5.2%	46
AZ	52	9.3%	1.7	28	19	36.5%	8
CA	583	9.1%	2.2	24	56	9.6%	42
CO	83	4.7%	3.8	14	28	33.7%	11
CT	102	4.6%	3.5	17	11	10.8%	41
DC	3	13.3%	0.3	47	0	0.0%	50
DE	35	6.1%	4.7	10	5	14.3%	33
FL	192	8.7%	1.0	34	22	11.5%	39
GA	42	8.7%	0.5	42	6	14.3%	33
HI	10	6.9%	1.4	29	3	30.0%	15
IA	118	4.6%	3.9	13	37	31.4%	13
ID	37	5.9%	5.4	5	29	78.4%	1
IL	897	7.2%	6.6	3	149	16.6%	31
IN	343	6.0%	5.1	8	89	25.9%	19
KS	135	5.2%	5.3	6	46	34.1%	10
KY	63	7.5%	1.3	31	13	20.6%	24
LA	46	7.0%	0.9	37	4	8.7%	44
MA	87	5.9%	1.4	30	21	24.1%	21
MD	77	9.7%	1.1	32	5	6.5%	45
ME	7	5.5%	0.8	39	0	0.0%	50
MI	416	7.5%	5.2	7	189	45.4%	5
MN	246	5.2%	7.0	2	75	30.5%	14
MO	213	5.5%	3.5	16	41	19.2%	28
MS	20	7.8%	0.6	40	9	45.0%	6
MT	30	6.1%	4.3	12	19	63.3%	2
NC	86	8.4%	1.0	35	11	12.8%	38
ND	18	4.4%	2.7	20	5	27.8%	17
NE	67	4.6%	4.5	11	9	13.4%	36
NH	5	5.1%	0.5	41	1	20.0%	25
NJ	48	8.1%	0.5	43	1	2.1%	49
NM	42	7.1%	3.7	15	20	47.6%	4
NV	34	9.7%	2.2	23	1	2.9%	47
NY	112	8.9%	0.4	44	15	13.4%	37
OH	397	6.4%	3.0	19	78	19.6%	26
OK	90	6.8%	2.5	22	25	27.8%	17
OR	82	8.3%	4.9	9	29	35.4%	9
PA	277	6.2%	2.1	25	30	10.8%	40
PR	1	7.0%	2.6	21	0	0.0%	50
RI	24	5.4%	2.0	26	4	16.7%	29
SC	50	9.1%	1.1	33	8	16.0%	32
SD	44	4.4%	6.2	4	21	47.7%	3
TN	57	8.0%	0.9	36	11	19.3%	27
TX	317	6.9%	1.7	27	95	30.0%	16
UT	21	6.8%	0.1	50	5	23.8%	22
VA	130	8.0%	0.2	49	33	25.4%	20
VT	6	5.8%	0.1	52	1	16.7%	29
WA	174	7.4%	0.4	46	77	44.3%	7
WI	260	6.2%	0.4	45	85	32.7%	12
WV	34	8.5%	0.1	51	3	8.8%	43
WY	14	4.4%	0.2	48	2	14.3%	33

Figure 12: RPU citation (F686) rate and PU citation severity by state (2018-20).

	Pressure Ulcer Citations (F686)	RPU % (residents with reported PU)	Annual RPU Citation Rate (per 100 RPU)	Rank: RPU Citation Rate	Harm (G+) PU	% Harm (G+) PU	Rank: % Harm (G+) PU
Region 1	231	5.4%	1.8	7	38	16.5%	6
Region 2	161	8.6%	0.4	10	16	9.9%	10
Region 3	556	7.4%	1.8	8	76	13.7%	8
Region 4	544	8.2%	0.9	9	81	14.9%	7
Region 5	2,559	6.5%	5.2	1	665	26.0%	3
Region 6	592	6.8%	1.9	6	149	25.2%	4
Region 7	533	5.1%	4.1	3	133	25.0%	5
Region 8	210	5.0%	3.7	4	80	38.1%	2
Region 9	679	9.1%	2.1	5	79	11.6%	9
Region 10	306	7.4%	5.2	2	138	45.1%	1

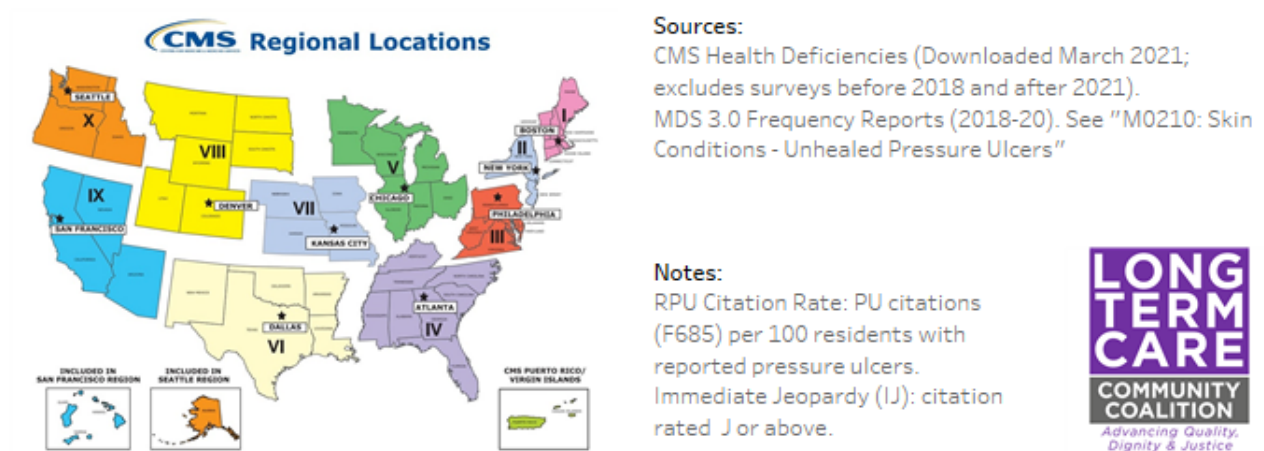


Figure 13: RPU citation (F686) rate and severity by region (2018-20).

Interactive charts and maps are available at <https://nursinghome411.org/survey-data-report/>.

Quality of Life

Introduction

- The 1987 federal Nursing Home Reform Law clearly recognizes Quality of Life (QOL) as an integral and essential component of an individual's overall well-being.
- The [federal regulations for nursing homes](#) reflect this importance, stating explicitly that “[q]uality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive, and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care.”²⁸
- The CMS guidance makes clear the intent of this requirement:

The intent of this requirement is to specify the facility's responsibility to create and sustain an environment that humanizes and individualizes each resident's quality of life by:

- Ensuring all staff, across all shifts and departments, understand the principles of quality of life, and honor and support these principles for each resident; and
 - Ensuring that the care and services provided are person-centered, and honor and support each resident's preferences, choices, values, and beliefs.²⁹
- The COVID-19 pandemic exposed both the importance of QOL to resident well-being and the extent to which the nursing home industry was unprepared to meet their needs when visitation was stopped. According to an assessment conducted for The Associated Press, “for every two COVID-19 victims in long-term care, there is another who died prematurely of other causes.”³⁰
- This section contains state and regional data on QOL citations (F675), including key findings, a map data visualization, and tables.

²⁸ 42 CFR 483.24. Available at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483#483.24>.

²⁹ CMS State Operations Manual, Appendix PP - Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17). For more information, see [LTCCC's Fact Sheet: Dignity & Quality of Life Standards](#) and other resources on the federal guidelines in the [Learning Center](#) at www.nursinghome411.org/.

³⁰ Sedensky, Matt and Condon, Bernard, “Not just COVID: Nursing home neglect deaths surge in shadows” (Nov 19, 2020). Available at <https://apnews.com/article/nursing-homes-neglect-death-surge-3b74a2202140c5a6b5cf05cdf0ea4f32>.

Key Findings

- Quality of Life (F675) citations are rare, accounting for one-tenth of one percent (0.1%) of all citations in the three years we analyzed. **Nationwide, the failure to meet a resident's quality of life needs and rights was cited by surveyors at an annual rate of only 0.8 for every 10,000 residents.**
- Of the 330 QOL citations reported nationwide from 2018-20, only 22 (6.7%) were categorized as Harm (G+). **In most states, surveyors never identified a single instance in which a resident suffered harm because of a QOL violation** during the three-year period assessed.
- Annual QOL citation rates exceeded 2 per 10k residents in only four states: Alaska, California, DC, and Montana (see *Figure 15*).
- Though citations for violating residents' rights to a decent quality of life were miniscule nationwide, variations among the CMS Regions were found. Region 9 (AZ, CA, HI, NV) had the highest annual QOL citation rate (2.1 per 10k residents); Region 2 (NJ, NY, PR) had the lowest, with a rate (0.2 per 10k residents), roughly one-tenth that of Region 9.
- These data indicate a profound disconnect between the regulatory requirements for resident quality of life – including treatment with dignity and humanity – and their enforcement. The federal guidelines state that specific principles of quality of life “will be used for determining whether a resident's quality of life is being supported and or enhanced” by a nursing home and its staff. Yet, as our findings indicate, citations are exceedingly rare.
- **This problem may be due, at least in part, to the CMS guidance being self-contradictory.** Though the requirements and their intent (as discussed in the above introduction) clearly mandate a resident-centered approach that fosters dignity, choice, and self-determination, the guidance also states that “[n]oncompliance at F675 identifies outcomes which rise to the level of immediate jeopardy and reflect an environment of pervasive disregard for the quality of life of the facility's residents.” As discussed throughout this report, federal data show that surveyors are extremely disinclined to cite a facility at the level of Immediate Jeopardy (IJ). Thus, stating that a problem should be “pervasive” and rise to the level of IJ sends a message that undermines the implementation of these important standards in the lives of residents. [Though, as discussed above, less than seven percent (7%) of QOL citations are cited at a level of harm or higher, indicating that surveyors are not understanding or correctly implementing the guidance.] **We strongly recommend that CMS resolve this conflict and take immediate, meaningful steps to ensure that surveyors are effectively enforcing quality of life requirements.**

Don't you know that it's toxic: A “No Harm” Quality of Life Deficiency (F675)

At a California nursing home, staff failed to monitor a resident's medication serum levels. Though the resident was put at greater risk of drug toxicity and symptoms such as muscle weakness, twitching, blurred vision, confusion, and dehydration, the violation was not cited as causing harm or immediate jeopardy.

Data: Map and Tables

Quality of Life Citation Rate by State (2018-20)

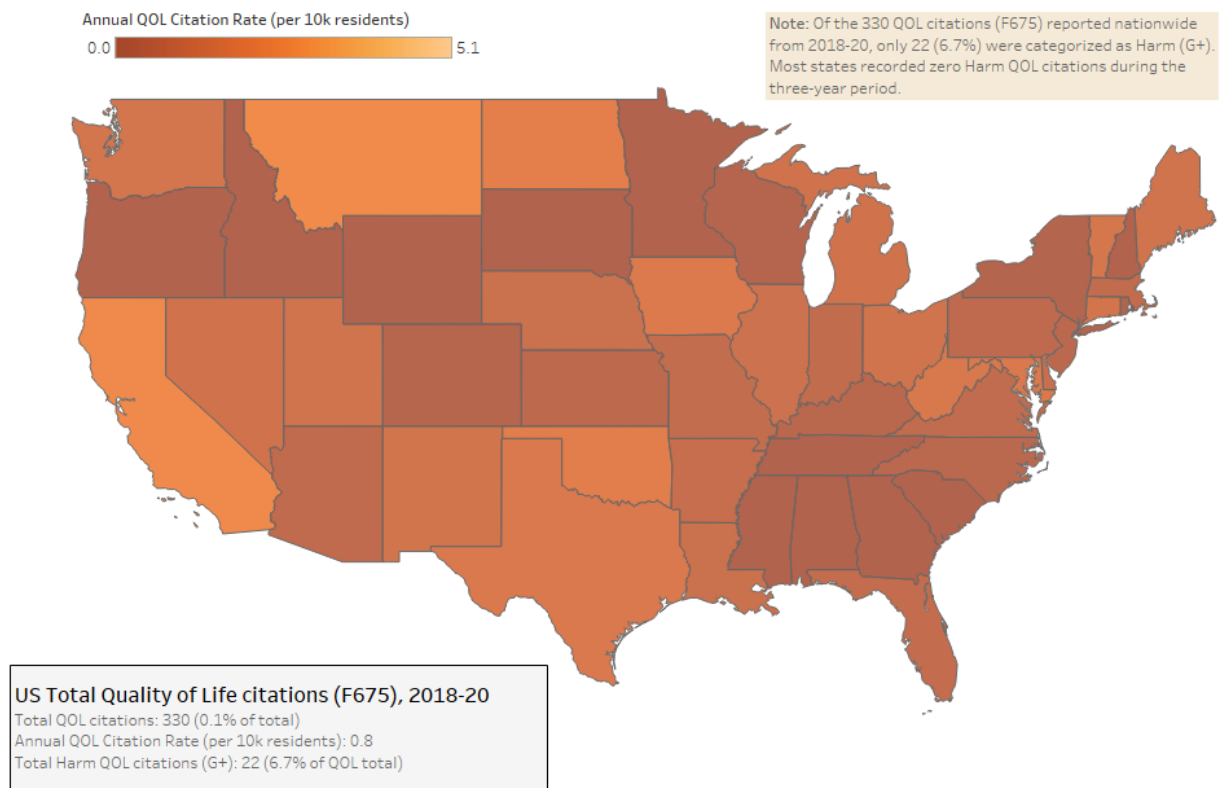


Figure 14: Annual Quality of Life citations (F675) per 10k residents during the three-year period from 2018-20. Darker shades indicate lower QOL citation rates. See *Figure 15* for info on Alaska, Hawaii, and Puerto Rico.

Broken Promises: An Assessment of Federal Data on Nursing Home Oversight

	Quality of Life Citations (F675)	QOL Rate (per 10k residents)	Rank: QOL Rate	Harm (G+) QOL	% Harm (G+) QOL	Rank: % Harm (G+) QOL
AK	1	15.3	1	0	0.0%	15
AL	0	0.0	39	0		
AR	4	2.3	24	0	0.0%	15
AZ	2	1.6	30	0	0.0%	15
CA	76	7.4	4	1	1.3%	14
CO	1	0.6	36	0	0.0%	15
CT	8	3.7	13	1	12.5%	10
DC	2	8.6	2	0	0.0%	15
DE	1	2.5	23	0	0.0%	15
FL	15	2.0	25	2	13.3%	9
GA	0	0.0	39	0		
HI	0	0.0	39	0		
IA	11	4.8	7	2	18.2%	6
ID	0	0.0	39	0		
IL	20	3.1	20	1	5.0%	13
IN	7	1.8	28	0	0.0%	15
KS	2	1.2	32	1	50.0%	2
KY	2	0.9	35	0	0.0%	15
LA	7	2.7	21	0	0.0%	15
MA	7	1.9	27	1	14.3%	8
MD	11	4.6	8	0	0.0%	15
ME	2	3.4	17	0	0.0%	15
MI	13	3.4	18	2	15.4%	7
MN	0	0.0	39	0		
MO	7	1.9	26	0	0.0%	15
MS	0	0.0	39	0		
MT	3	7.6	3	2	66.7%	1
NC	4	1.1	34	0	0.0%	15
ND	3	5.7	5	0	0.0%	15
NE	3	2.7	22	0	0.0%	15
NH	0	0.0	39	0		
NJ	5	1.2	33	0	0.0%	15
NM	2	3.6	14	1	50.0%	2
NV	2	3.4	19	0	0.0%	15
NY	2	0.2	38	0	0.0%	15
OH	25	3.5	16	0	0.0%	15
OK	10	5.5	6	1	10.0%	11
OR	0	0.0	39	0		
PA	11	1.5	31	0	0.0%	15
PR	0	0.0	39	0		
RI	0	0.0	39	0		
SC	0	0.0	39	0		
SD	0	0.0	39	0		
TN	0	0.0	39	0		
TX	42	4.5	9	4	9.5%	12
UT	2	3.5	15	0	0.0%	15
VA	5	1.8	29	1	20.0%	5
VT	1	4.1	11	0	0.0%	15
WA	6	3.8	12	2	33.3%	4
WI	1	0.4	37	0	0.0%	15
WV	4	4.3	10	0	0.0%	15
WY	0	0.0	39	0		

Note: States that failed to record QOL citations (F675) during the three-year period are not ranked in % Harm. Most states recorded zero Harm QOL citations during the three-year period.

Figure 4: Quality of Life (F675) citation rate and severity by state (2018-20).

	Quality of Life Citations (F675)	Annual QOL Rate (per 10k residents)	Rank: QOL Rate	Harm (G+) QOL	% Harm (G+) QOL	Rank: % Harm (G+) QOL
Region 1	18	0.74	8	2	11.1%	4
Region 2	7	0.16	10	0	0.0%	10
Region 3	34	0.80	6	1	2.9%	8
Region 4	21	0.28	9	2	9.5%	5
Region 5	66	0.84	4	3	4.5%	7
Region 6	65	1.37	2	6	9.2%	6
Region 7	23	0.87	3	3	13.0%	3
Region 8	9	0.76	7	2	22.2%	2
Region 9	80	2.14	1	1	1.3%	9
Region 10	7	0.84	5	2	28.6%	1



Sources:

CMS Health Deficiencies (Downloaded March 2021; excludes surveys before 2018 and after 2021).
MDS 3.0 Frequency Reports (2018-20). See "Identi..

Notes:

Quality of Life citations (F675) per 10k residents from 2018-20.
Harm: citation rated G or above.
Immediate Jeopardy (IJ): citation rated J or above.



Figure 5: Quality of Life citation (F675) rate and severity by region (2018-20).

Interactive charts and maps are available at <https://nursinghome411.org/survey-data-report/>.

Resident Rights

Introduction

- Under federal law, every nursing home resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility.
- The federal rules for nursing homes include the following requirements related to resident rights:
 - A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of their quality of life, recognizing each resident's individuality;
 - The facility must protect and promote the rights of the resident;
 - The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source.; and
 - A facility must establish and maintain identical policies and *practices* regarding transfer, discharge, and the provision of services for all residents regardless of payment source.³¹
- CMS guidance explicitly states:

*Each resident has the right to be treated with dignity and respect. All staff activities and interactions with residents must focus on assisting the resident in maintaining and enhancing his or her self-esteem and self-worth and incorporating the resident's preferences and choices. Staff must respect each resident's individuality when providing care and services while honoring and valuing their input.*³²

Breakfast in a soiled bed: A "No Harm" Resident Rights Deficiency (F550)

At a New York nursing home, a resident was observed sitting naked while eating from a tray placed on soiled linens. On the floor next to the resident was a soiled incontinence brief. Despite the unsanitary and disrespectful conditions, and the resident's discomfort, this was not cited as harm.

³¹ See LTCCC's [Fact Sheet: The Foundations of Resident Rights](#) (referencing 42 CFR 483.10(a)), [Resident Rights Handouts](#), and other materials in our Learning Center, <https://nursinghome411.org/learn/>, for more information.

³² CMS *State Operations Manual*, Appendix PP, Resident Rights, Intent of §483.10(a)-(b)(1)&(2). Available at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>.

- Despite strong requirements to foster and protect a resident's rights, violations of these rights are consistently the most widespread concern reported to the LTC Ombudsman Programs across the country.³³
- This section of the report contains state and regional data on RR citations (F550), including key findings, a map data visualization, and tables.

Key Findings

- Though, as noted above, resident rights violations are the most frequently raised complaint to LTC Ombudsmen, Resident Rights (F550) accounted for only 2.0% of all state survey agency citations reported during the three-year period. Annually, there was the equivalent of 1.5 RR citation for every 1,000 nursing home residents.
- Only 74 (1.3%) of the 5,905 RR citations were categorized as Harm (G+). In other words, close to **99% of the time that surveyors identify a violation of a resident's rights they find that it caused no harm to the resident.** As discussed in the introduction to this report, in the absence of a finding of harm or immediate jeopardy, it is extremely unlikely that a facility will face **any** penalty for the substandard care or treatment. **Practically speaking, this means that nursing homes will get paid for treatment that violates the rights of their residents and not have to worry about incurring fines or penalties for providing demeaning care or services.**
- Federal data reveal that 23 states **never** identify any resident harm when they cite for a violation of nursing home resident rights, based on the three years evaluated (see *Figure 18*).
- All but two states, Vermont, and Montana, identify resident harm less than 10% of the time that they substantiate a violation of resident rights. However, both of those states scored in the bottom half of the country in respect to the overall identification of resident rights violations (i.e., at any level of scope or severity).
- Puerto Rico, Alaska, Washington, and Delaware – four of the least populated states – had the highest rates of RR citations (see *Figure 17*).
- Region 2 (NJ, NY, PR) and Region 4 (serving the southeast) reported the lowest RR citation rates; Regions 10 (northwest) and Region 9 (west) reported the highest (see *Figure 19*).

³³ See LTC Ombudsman National and State Data, Administration for Community Living, Table A-3: Complaint Summary: Nursing Facility Totals and Percents for FY 2015 as of 03/14/2017 (showing percentages of complaints by group for the years 2010 – 2015). Available at <https://acl.gov/programs/long-term-care-ombudsman/ltc-ombudsman-national-and-state-data>.

Data: Map and Tables

Resident Rights Citation Rate and Severity by State (2018-20)

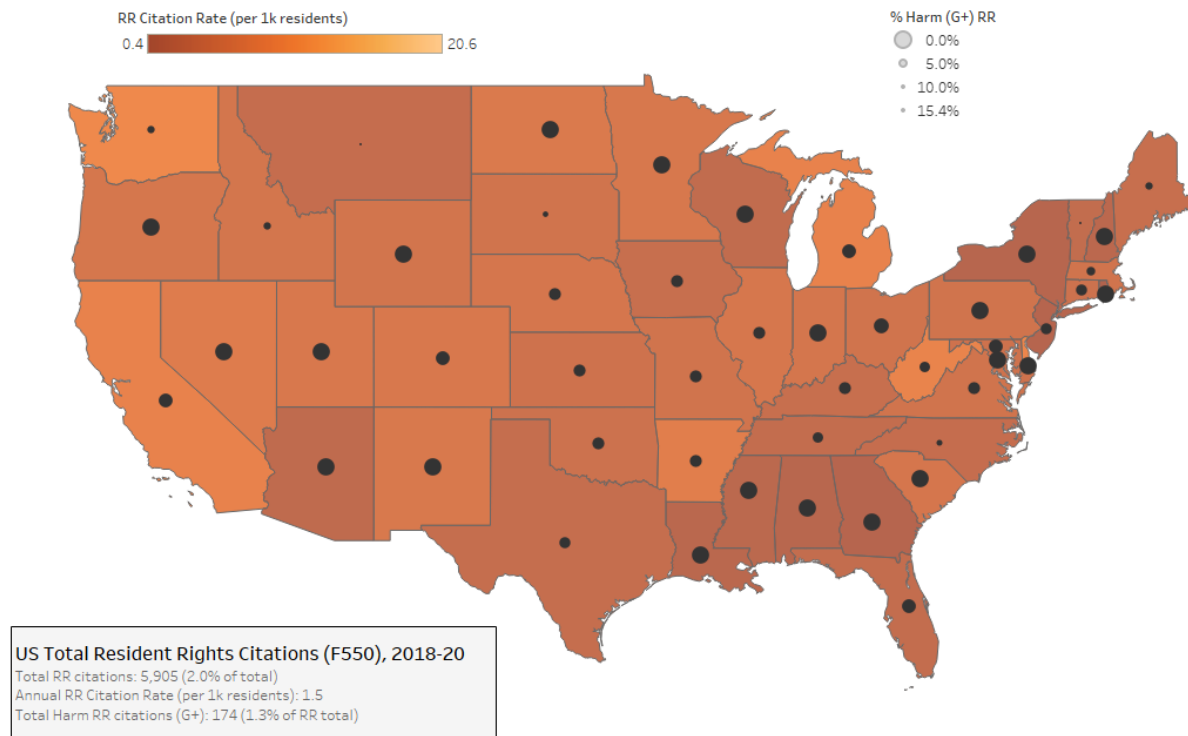


Figure 6: Annual Resident Rights citations (F550) per 1k residents during the three-year period from 2018-20. Darker shades indicate lower RR citation rates; larger circles indicate lower proportion of Harm (G+) citations. See *Figure 18* for info on Alaska, Hawaii, and Puerto Rico.

	Resident Rights Citations (F550)	RR Rate (per 1k residents)	Rank: RR Rate	Harm (G+) RR	% Harm (G+) RR	Rank: % Harm (G+) RR
AK	13	20.0	2	0	0.0%	30
AL	32	1.4	48	0	0.0%	30
AR	131	7.6	8	2	1.5%	17
AZ	30	2.5	44	0	0.0%	30
CA	902	8.8	6	6	0.7%	27
CO	101	6.1	14	1	1.0%	24
CT	97	4.4	32	2	2.1%	13
DC	9	3.9	33	0	0.0%	30
DE	38	9.4	4	0	0.0%	30
FL	221	3.0	41	2	0.9%	26
GA	34	1.0	50	0	0.0%	30
HI	23	6.3	12	1	4.3%	8
IA	82	3.6	34	1	1.2%	22
ID	22	5.4	21	1	4.5%	7
IL	388	5.9	16	6	1.5%	16
IN	218	5.6	20	0	0.0%	30
KS	77	4.6	30	1	1.3%	19
KY	81	3.6	36	1	1.2%	21
LA	43	1.7	47	0	0.0%	30
MA	183	4.9	28	7	3.8%	9
MD	110	4.6	29	1	0.9%	25
ME	21	3.6	35	1	4.8%	6
MI	329	8.6	7	2	0.6%	28
MN	145	6.1	15	0	0.0%	30
MO	187	5.0	24	2	1.1%	23
MS	30	1.9	45	0	0.0%	30
MT	13	3.3	39	2	15.4%	1
NC	119	3.3	38	8	6.7%	4
ND	34	6.5	10	0	0.0%	30
NE	63	5.7	19	1	1.6%	15
NH	11	1.7	46	0	0.0%	30
NJ	44	1.0	51	1	2.3%	12
NM	35	6.3	11	0	0.0%	30
NV	42	7.1	9	0	0.0%	30
NY	125	1.2	49	0	0.0%	30
OH	355	4.9	27	1	0.3%	29
OK	80	4.4	31	1	1.3%	20
OR	44	5.8	17	0	0.0%	30
PA	374	5.0	25	0	0.0%	30
PR	3	20.6	1	0	0.0%	30
RI	3	0.4	52	0	0.0%	30
SC	97	5.7	18	0	0.0%	30
SD	28	5.0	26	2	7.1%	3
TN	82	3.0	40	2	2.4%	10
TX	310	3.4	37	6	1.9%	14
UT	35	6.1	13	0	0.0%	30
VA	141	5.0	23	2	1.4%	18
VT	7	2.9	42	1	14.3%	2
WA	157	10.0	3	8	5.1%	5
WI	60	2.7	43	0	0.0%	30
WV	84	9.0	5	2	2.4%	11
WY	12	5.2	22	0	0.0%	30

Note: Nearly half of US states recorded zero Harm RR citations during the three-year period.

Figure 7: Resident Rights (F550) citation rate and severity by state (2018-20).

	Resident Rights Citations (F550)	Annual RR Rate (per 1k residents)	Rank: RR Rate	Harm (G+) RR	% Harm (G+) RR	Rank: % Harm (G+) RR
Region 1	322	1.3	7	11	3.4%	2
Region 2	172	0.4	10	1	0.6%	10
Region 3	756	1.8	5	5	0.7%	8
Region 4	696	0.9	9	13	1.9%	4
Region 5	1,495	1.9	3	9	0.6%	9
Region 6	599	1.3	8	9	1.5%	5
Region 7	409	1.6	6	5	1.2%	6
Region 8	223	1.9	4	5	2.2%	3
Region 9	997	2.7	2	7	0.7%	7
Region 10	236	2.8	1	9	3.8%	1



Sources:

CMS Health Deficiencies (Downloaded March 2021; excludes surveys before 2018 and after 2021).
MDS 3.0 Frequency Reports (2018-20). See "Identification Information – Gender (A0800)."

Notes:

Resident Rights citations (F550) per 1k residents from 2018-20.
Harm: citation rated G or above.
Immediate Jeopardy (IJ): citation rated J or above.



Figure 8: Resident Rights (F550) citation rate and severity by region (2018-20).

Interactive charts and maps are available at <https://nursinghome411.org/survey-data-report/>.

Staffing

Introduction

- Numerous studies have shown that nursing homes with higher staffing levels are better equipped to meet their residents' care needs. To ensure that residents receive good care and are safe, the **federal nursing home requirements mandate that facilities have sufficient staff, with the appropriate competencies, to meet the clinical, emotional, and psycho-social needs of every resident** admitted and retained in the facility.³⁴
- Nevertheless, **understaffing is a widespread and persistent problem** in nursing homes nationwide. This understaffing has serious repercussions for residents. As one study noted, "[f]unctional ability, pressure ulcers, and weight loss are the most sensitive quality indicators linked to staffing."³⁵
- LTCCC's quarterly reports on staffing in U.S. nursing homes³⁶ -- [including a report on the first quarter of 2021](#) — consistently find that most U.S. nursing homes are understaffed and fail to meet the necessary threshold for total care staff (4.10 HPRD) as determined by a 2001 landmark federal study.³⁷ The 2001 study determined that 91% of facilities lacked sufficient staff to provide decent care.
- Though nursing home industry lobbyists have long argued that inadequate staffing is due to insufficient funding, there are no reliable data to support that claim. In fact, an increasing percentage of nursing homes are operated by for-profit companies, including profit-oriented Real Estate Investment Trusts and Private Equity firms. Importantly, a 2014 federal study found that an astonishing one-third of the people who go to nursing homes for Medicare rehab services (which even nursing homes acknowledge are highly profitable) are harmed within an average of 15.5 days after entering the facility. That study

'It can be frightening': A "No Harm" Sufficient Staffing Deficiency (F725)

A Michigan nursing home failed to provide timely call light response and adequate staffing to provide care for 14 residents. "For the last couple weeks there has only been two people at night," a resident said. "I have had a [medical condition]. It can be frightening."

³⁴ For more information, see LTCCC's *Fact Sheet: Requirements for Nursing Home Care Staff & Administration*, available at <https://nursinghome411.org/fact-sheet-requirements-for-nursing-home-care-staff-administration/>.

³⁵ Bostick JE, Rantz MJ, Flesner MK, Riggs CJ, "Systematic review of studies of staffing and quality in nursing homes," *J Am Med Dir Assoc.* (Jul 2006). <https://pubmed.ncbi.nlm.nih.gov/16843237/>

³⁶ Available at <https://nursinghome411.org/data/staffing/>.

³⁷ Abt Associates (Prepared for the Centers for Medicare and Medicaid Services), *Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes, Report to Congress: Phase II Final* (December 2001). Available at <https://theconsumervoice.org/uploads/files/issues/CMS-Staffing-Study-Phase-II.pdf>.

found that 59% of the time that harm is “clearly or likely preventable.”³⁸ In short, **reimbursement rates are not an accurate (or appropriate) excuse for insufficient staffing.**

- This section contains state and regional data on staffing levels and Sufficient Nursing Staff (SS) citations (F725), including key findings, a map data visualization, and tables.

Key Findings

- Though long recognized as one of the most serious and widespread problems in the nursing home sector, sufficient staffing (SS) is rarely cited. Nationwide, SS citations totaled just 2,625 in the three-year period from 2018-20.
- State totals for SS citations ranged from 0 (DC and Puerto Rico) to 338 (Michigan) for the three-year period. The median SS citation total was 24 (eight citations per state per year).
- Correlation analysis showed a positive association between staffing citation rates and staffing levels. For example: Region 10 had the highest annual SS citation rate (2.4 per 1k residents) and highest staffing ratio (4.30 Total Nurse Staff HPRD). Conversely, Region 2 had the lowest annual SS citation rate (0.13 per 1,000 residents) and ranked ninth (out of 10 regions) in staffing ratio (3.39 Total Nurse Staff HPRD). (See *Figure 21*).
- Though staffing is universally recognized as essential for resident safety and dignity, **the identification of resident harm or immediate jeopardy due to insufficient staffing is extremely rare** (a total of 105 G+ citations in three years) and unevenly distributed across both the states and CMS Regions.
- Regions 1, 2, 3, and 7 reported a combined four G+ citations, with Region 2 surveyors identifying zero (0) cases in which a resident was harmed or put in immediate jeopardy due to inadequate staffing in the entire three-year period (see *Figure 22*).
- Given that it is extremely unlikely for a facility to be penalized without resident harm identified, the dearth of G+ SS citations demonstrates **a system-wide and persistent failure to hold nursing homes accountable for the most basic of requirements**. The lack of meaningful enforcement of federal staffing requirements raises the question: **Whose interests are the state survey agencies working to protect – those of residents and families or those of the nursing home industry?**

³⁸ *Adverse Events in Skilled Nursing Facilities: National Incidence Among Medicare Beneficiaries* (Feb. 2014).

Data: Map and Tables

Staffing Citation Rate and Severity by State (2018-20)

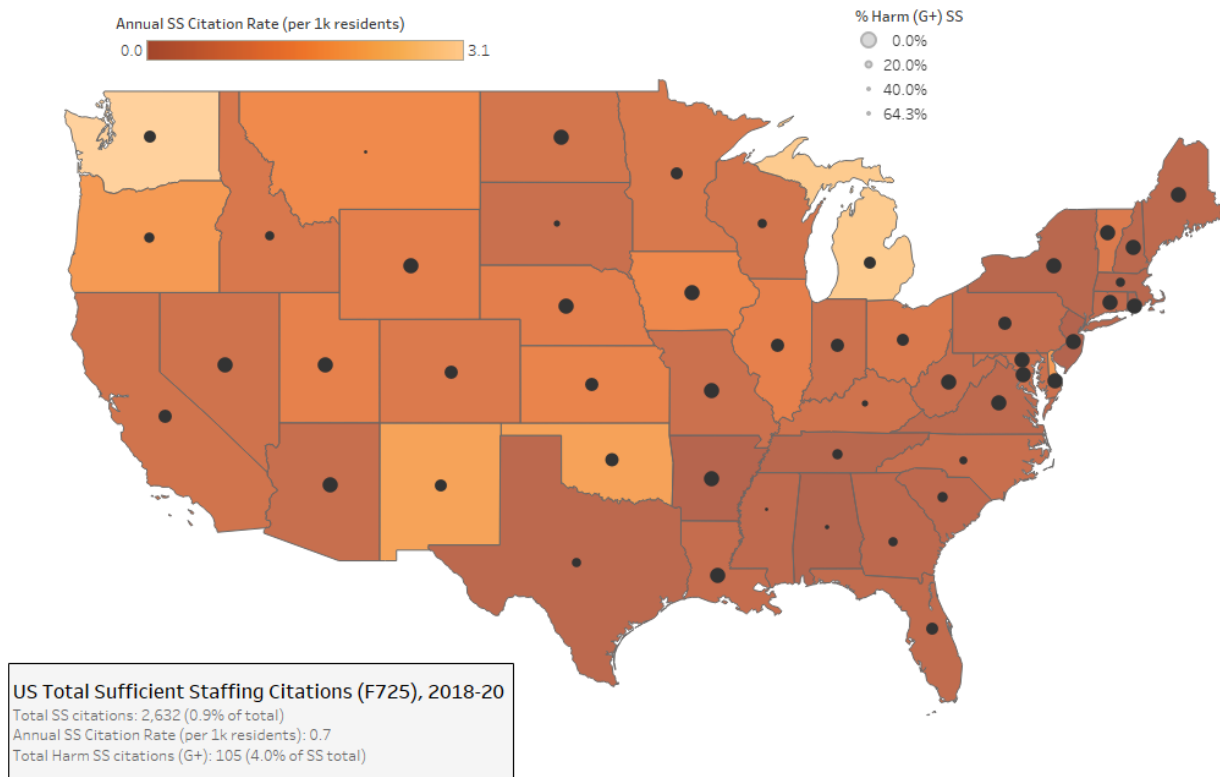


Figure 20: Annual Sufficient Staffing citations (F725) per resident during the three-year period from 2018-20. Darker shades indicate lower citation rates; larger circles indicate lower proportion of Harm (G+) citations. See Figure 21 for info on Alaska, Hawaii, and Puerto Rico.

Staffing Data Notes

Staff HPRD (Hours Per Resident Day) is a staffing metric calculated by dividing a nursing home's daily staff hours by its MDS census. (A nursing home averaging 300 total nurse staff hours & 100 residents per day would have a 3.0 Total Nurse Staff HPRD ($300/100 = 3.0$)).

Total Nurse Staff combines hours from RNs (incl. Admin and DON), LPNs (incl. Admin), CNAs, Med Aide/Tech, and NA in Training (NA TR). **Total RN Staff** combines hours from RNs (incl. Admin and DON).

A landmark 2001 federal study found that residents need **4.10 hours total care staff HPRD** and **0.75 RN HPRD** to ensure they receive sufficient clinical care. Staffing averages for most states and regions fall below those thresholds.

Broken Promises: An Assessment of Federal Data on Nursing Home Oversight

	Sufficient Staffing Citations (F725)	Annual SS Rate	Rank: SS Rate	Harm (G+) SS	% Harm (G+) SS	Rank: % Harm (G+) SS	Total Nurse Staff HPRD	Rank: Total Nurse Staff HPRD	Total RN Staff HPRD	Rank: Total RN Staff HPRD
AK	1	0.5	29	0	0.0%	29	6.15	1	1.83	2
AL	3	0.0	48	1	33.3%	3	3.87	24	0.55	43
AR	5	0.1	47	0	0.0%	29	4.11	12	0.35	50
AZ	18	0.5	31	0	0.0%	29	4.05	17	0.69	28
CA	218	0.7	22	5	2.3%	22	4.18	11	0.56	41
CO	48	1.0	15	1	2.1%	23	3.78	28	0.86	12
CT	23	0.4	36	0	0.0%	29	3.66	37	0.64	34
DC	0	0.0	51	0	0.0%		4.51	4	1.21	4
DE	23	1.9	5	0	0.0%	29	4.10	13	0.92	9
FL	80	0.4	35	4	5.0%	16	4.23	9	0.71	24
GA	26	0.3	41	3	11.5%	8	3.53	48	0.39	48
HI	17	1.5	7	3	17.6%	6	4.31	7	1.40	3
IA	100	1.5	9	0	0.0%	29	3.70	33	0.71	25
ID	11	0.9	19	1	9.1%	11	4.28	8	0.85	13
IL	239	1.2	12	3	1.3%	26	3.23	52	0.70	27
IN	70	0.6	25	1	1.4%	25	3.62	39	0.59	38
KS	67	1.3	10	1	1.5%	24	3.93	21	0.67	31
KY	46	0.7	24	9	19.6%	5	3.81	26	0.62	35
LA	34	0.4	33	0	0.0%	29	3.60	43	0.25	52
MA	20	0.2	45	2	10.0%	9	3.65	38	0.65	33
MD	42	0.6	26	0	0.0%	29	3.81	27	0.78	18
ME	5	0.3	38	0	0.0%	29	4.44	6	0.99	7
MI	338	2.9	2	12	3.6%	18	4.07	16	0.74	22
MN	66	0.9	18	2	3.0%	19	4.19	10	1.00	6
MO	65	0.6	27	0	0.0%	29	3.39	50	0.42	47
MS	14	0.3	37	9	64.3%	1	3.96	20	0.56	42
MT	18	1.5	8	7	38.9%	2	3.71	32	0.83	14
NC	55	0.5	30	8	14.5%	7	3.57	47	0.53	45
ND	12	0.8	20	0	0.0%	29	4.50	5	0.80	16
NE	38	1.2	14	0	0.0%	29	4.10	14	0.75	21
NH	4	0.2	43	0	0.0%	29	3.78	29	0.67	30
NJ	4	0.0	50	0	0.0%	29	3.58	45	0.70	26
NM	34	2.0	3	1	2.9%	20	3.49	49	0.66	32
NV	12	0.7	23	0	0.0%	29	3.91	23	0.72	23
NY	55	0.2	46	0	0.0%	29	3.61	42	0.62	36
OH	200	0.9	17	8	4.0%	17	3.58	46	0.58	39
OK	109	2.0	4	1	0.9%	28	3.69	34	0.31	51
OR	42	1.9	6	3	7.1%	13	4.65	3	0.80	15
PA	92	0.4	34	1	1.1%	27	3.68	35	0.69	29
PR	0	0.0	51	0	0.0%		4.67	2	2.94	1
RI	1	0.0	49	0	0.0%	29	3.59	44	0.76	20
SC	14	0.3	40	1	7.1%	13	3.83	25	0.56	40
SD	9	0.5	28	2	22.2%	4	3.61	41	0.78	17
TN	15	0.2	44	1	6.7%	15	3.71	31	0.53	44
TX	68	0.2	42	6	8.8%	12	3.37	51	0.36	49
UT	21	1.2	11	0	0.0%	29	3.97	19	1.04	5
VA	24	0.3	39	0	0.0%	29	3.61	40	0.53	46
VT	7	1.0	16	0	0.0%	29	4.04	18	0.77	19
WA	147	3.1	1	4	2.7%	21	4.07	15	0.89	11
WI	51	0.8	21	5	9.8%	10	3.91	22	0.92	8
WV	13	0.5	32	0	0.0%	29	3.66	36	0.62	37
WY	8	1.2	13	0	0.0%	29	3.74	30	0.91	10

Figure 9: Sufficient Staffing (F725) citation rate and severity by state (2018-20). The last four columns provide state-level data on average total nurse staffing, RN staffing, and state rankings for each, based on payroll-based journal data from Q4 2019.

	Sufficient Staffing Citations (F725)	Annual SS Rate (per 1k residents)	Rank: SS Rate	Harm (G+) SS	% Harm (G+) SS	Rank: % Harm (G+) SS	Total Nurse Staff HPRD	Rank: Total Nurse Staff HPRD	Total RN Staff HPRD	Rank: Total RN Staff HPRD
Region 1	60	0.2	9	2	3.3%	4	3.72	5	0.69	4
Region 2	59	0.1	10	0	0.0%	10	3.60	9	0.65	6
Region 3	194	0.5	7	1	0.5%	8	3.71	6	0.68	5
Region 4	253	0.3	8	36	14.2%	1	3.86	4	0.58	9
Region 5	964	1.2	2	31	3.2%	5	3.65	8	0.70	3
Region 6	250	0.5	6	8	3.2%	6	3.53	10	0.35	10
Region 7	270	1.0	3	1	0.4%	9	3.66	7	0.58	8
Region 8	116	1.0	4	10	8.6%	2	3.87	3	0.87	2
Region 9	265	0.7	5	8	3.0%	7	4.16	2	0.60	7
Region 10	201	2.4	1	8	4.0%	3	4.30	1	0.88	1

**Sources:**

CMS Health Deficiencies (Downloaded March 2021; excludes surveys before 2018 and after 2021).

MDS 3.0 Frequency Reports (2018-20). See "Identification Information - Gender (A0800)."

Payroll-Based Journal (PBJ) Data (Q4 2019)

Notes:

Sufficient Staffing citations (F725) per 1k residents from 2018-20.

Harm: citation rated G or above.

Immediate Jeopardy (IJ): citation rated J or above.



Figure 22: Sufficient staffing (F725) citation rate/severity and staffing levels, by region (2018-20). The last four columns provide state-level data on average total nurse staffing, RN staffing, and state rankings for each, based on payroll-based journal data from Q4 2019.

Interactive charts and maps are available at <https://nursinghome411.org/survey-data-report/>.

Fines

Introduction

- Fines, also known as Civil Monetary Penalties (CMPs), are a critical tool for holding nursing homes accountable for substandard care, abuse, and neglect. Fundamentally, when substandard care is identified, the imposition of a fine imposes a cost for the failure to meet the standards which nursing homes voluntarily agree to meet or exceed.
- Conversely, when a fine (or other penalty) is *not* imposed for substandard care, it sends a message to the facility (and industry as a whole) that poor care is acceptable. This is of special concern when substandard care harms residents or puts them in jeopardy.
- This section contains state and regional data on frequency (adjusted for resident population) and severity of fines, including key findings, a map data visualization, and tables.

As the data in this report indicate, there is often little or no punishment when nursing homes fail to provide care that meets the standards they are paid to achieve, even when such failures result in significant suffering.

Key Findings

- Unfortunately, as these data indicate, **nursing homes infrequently face financial penalties when they fail to meet minimum standards**. From a consumer perspective, the absence of a financial incentive makes it unlikely that poorly performing nursing homes will change their practices.
- Nationwide, with over 15,000 nursing homes serving over one million residents on any given day, federal data indicate an average of 2,126 fines per year are imposed. This is the equivalent of 1.6 fines per 1,000 nursing home residents.
- The average fine was \$29,000 while the median fine was \$11,700.
- Fine frequency and severity varied significantly by state and region.
- Comparing states, Montana had the highest amount in annual fines per resident (\$206) while Nevada had the lowest (\$3). The median state annual fine per resident was \$46.
- The average annual fine per resident in Region 10 (\$120) was 10 times higher than the average fine per resident in Region 2 (\$12).
- Note: This report only includes fines reported in the federal database, which does not include fines that are imposed by individual states. For information on state fines, consult the individual state's website.

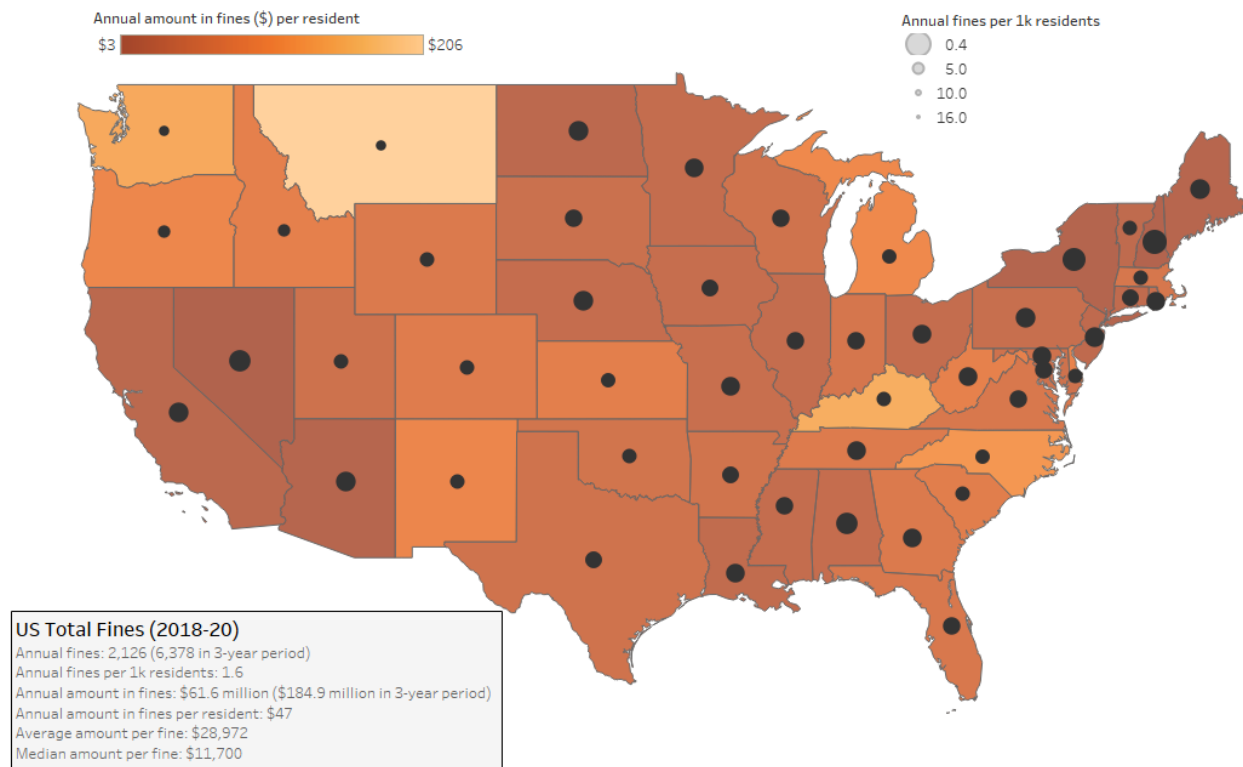
Data: Map and Tables**Annual Fine Amount (\$) and Frequency by State (2018-20)**

Figure 23: Fines during the three-year period from 2018-20. Darker shades indicate lower amount in fines (\$) per resident; larger circles indicate lower number of fines per resident. See Figure 24 for info on Alaska, Hawaii, and Puerto Rico.

Broken Promises: An Assessment of Federal Data on Nursing Home Oversight

	Total fines	Annual fines per 1k residents	Rank: Annual fines per 1k residents	Annual total amount in fines (\$)	Annual amount in fines (\$) per resident	Rank: Annual amount in fines (\$) per resident	Average \$ per fine	Rank: Average \$ per fine
AK	10	5.1	4	\$50,293	\$77	13	\$15,088	45
AL	49	0.7	49	\$715,544	\$32	36	\$43,809	5
AR	113	2.2	22	\$848,344	\$49	24	\$22,522	32
AZ	31	0.8	46	\$124,015	\$10	49	\$12,001	46
CA	259	0.8	47	\$1,858,262	\$18	47	\$21,524	34
CO	130	2.6	14	\$1,184,872	\$72	15	\$27,343	22
CT	152	2.3	21	\$544,768	\$25	43	\$10,752	49
DC	10	1.4	30	\$68,818	\$30	39	\$20,645	37
DE	29	2.4	16	\$356,423	\$88	8	\$36,871	8
FL	402	1.8	25	\$4,523,452	\$61	20	\$33,757	12
GA	108	1.1	41	\$2,187,400	\$66	17	\$60,761	2
HI	29	2.6	13	\$169,136	\$46	27	\$17,497	42
IA	131	1.9	23	\$754,081	\$33	34	\$17,269	43
ID	44	3.6	6	\$331,230	\$81	11	\$22,584	30
IL	282	1.4	31	\$1,933,371	\$30	40	\$20,568	38
IN	199	1.7	27	\$2,180,695	\$56	22	\$32,875	14
KS	175	3.5	7	\$1,314,819	\$78	12	\$22,540	31
KY	174	2.6	15	\$3,396,681	\$150	2	\$58,563	3
LA	104	1.4	34	\$681,448	\$27	42	\$19,657	40
MA	298	2.7	12	\$2,169,574	\$58	21	\$21,841	33
MD	96	1.3	35	\$1,076,079	\$45	28	\$33,627	13
ME	17	1.0	43	\$61,170	\$11	48	\$10,795	48
MI	362	3.1	8	\$3,814,807	\$100	5	\$31,614	16
MN	99	1.4	33	\$702,011	\$29	41	\$21,273	36
MO	131	1.2	40	\$1,373,017	\$37	31	\$31,443	17
MS	74	1.6	29	\$494,410	\$32	37	\$20,044	39
MT	62	5.2	3	\$816,238	\$206	1	\$39,495	7
NC	319	2.9	9	\$4,329,513	\$120	4	\$40,716	6
ND	13	0.8	48	\$99,833	\$19	46	\$23,038	28
NE	34	1.0	42	\$352,608	\$32	35	\$31,113	18
NH	8	0.4	52	\$29,297	\$5	51	\$10,987	47
NJ	115	0.9	45	\$983,361	\$23	45	\$25,653	24
NM	45	2.7	11	\$517,916	\$93	7	\$34,528	11
NV	11	0.6	50	\$17,868	\$3	52	\$4,873	52
NY	144	0.5	51	\$791,378	\$8	50	\$16,487	44
OH	271	1.3	36	\$2,257,543	\$31	38	\$24,991	25
OK	127	2.3	18	\$910,036	\$50	23	\$21,497	35
OR	91	4.0	5	\$721,362	\$95	6	\$23,781	27
PA	215	1.0	44	\$2,624,041	\$35	33	\$36,615	9
PR	7	16.0	1	\$12,300	\$85	9	\$5,272	51
RI	28	1.2	37	\$275,562	\$36	32	\$29,524	19
SC	120	2.4	17	\$1,280,527	\$76	14	\$32,013	15
SD	24	1.4	32	\$223,562	\$40	30	\$27,945	21
TN	98	1.2	39	\$1,904,634	\$70	16	\$58,305	4
TX	517	1.9	24	\$4,279,144	\$46	26	\$24,831	26
UT	40	2.3	19	\$252,645	\$44	29	\$18,948	41
VA	144	1.7	26	\$1,718,867	\$61	19	\$35,810	10
VT	17	2.3	20	\$59,392	\$24	44	\$10,481	50
WA	258	5.5	2	\$2,248,195	\$144	3	\$26,142	23
WI	108	1.6	28	\$1,048,001	\$47	25	\$29,111	20
WV	34	1.2	38	\$773,897	\$83	10	\$68,285	1
WY	20	2.9	10	\$152,164	\$66	18	\$22,825	29

Figure 10: Fine rates and severity by state (2018-20).

	Total fines	Annual fines per 1k residents	Rank: Annual fines per 1k residents	Annual total amount in fines (\$)	Annual amount in fines (\$) per resident	Rank: Annual amount in fines (\$) per resident	Average \$ per fine	Rank: Average \$ per fine
Region 1	520	2.1	3	\$3,139,763	\$39	8	\$18,114	10
Region 2	266	0.6	10	\$1,787,039	\$12	10	\$20,155	8
Region 3	528	1.2	8	\$6,618,125	\$46	4	\$37,603	2
Region 4	1,344	1.8	5	\$18,832,160	\$76	2	\$42,036	1
Region 5	1,321	1.7	7	\$11,936,428	\$46	5	\$27,108	4
Region 6	906	1.9	4	\$7,236,889	\$46	6	\$23,963	7
Region 7	471	1.8	6	\$3,794,525	\$43	7	\$24,169	6
Region 8	289	2.5	2	\$2,729,315	\$70	3	\$28,332	3
Region 9	330	0.9	9	\$2,169,281	\$17	9	\$19,721	9
Region 10	403	4.8	1	\$3,351,080	\$120	1	\$24,946	5



Sources:

Penalties (Downloaded March 2021).
MDS 3.0 Frequency Reports (2018-20). See "Identification
Information - Gender (A0800)."

Notes:

Fines, also known as Civil Monetary
Penalties (CMPs) are a critical tool for
holding nursing homes accountable for
substandard care, abuse, and neglect.



Figure 25: Fine rates and severity by region (2018-20).

Interactive charts and maps are available at <https://nursinghome411.org/survey-data-report/>.

III. Discussion & Recommendations

Discussion: A Failure to Enforce

The results of this study indicate that, in the years leading into the COVID-19 pandemic and the first year of the pandemic, the state and federal response to longstanding and often serious problems in nursing homes was, overall, very weak. The failure to vigorously enforce the range of minimum standards we reviewed – from basic infection control to dementia care to treating residents with humanity and dignity – fostered a system in which poor care and demeaning conditions are rewarded and facilities were woefully unprepared to deal with the COVID-19 pandemic. The decimation of the U.S. nursing home population, and the heartbreak suffered by families, was the tragic (but *not* inevitable) result.

This report also provides insights into the regional differences in the effectiveness of the State Survey Agencies (SAs). While oversight of nursing home care is generally weak nationwide, we identified often significant differences among the CMS Regions and patterns of differences (i.e., weaknesses) which, we believe, should inform public policy going forward. As discussed in depth in our companion piece to this report, [A Practical Guide to the State Operations Manual](#),³⁹ the 10 CMS Regional Offices are charged with ensuring that the SAs in their region provide effective oversight and monitoring of nursing home care. A failure at the state level reflects a failure at the regional level to ensure that the state surveyors and state agency leadership are capable and willing to carry out their mission: to protect vulnerable residents and the billions of dollars American taxpayers spend on nursing home care every year. **In short, the persistence of poor care in our nursing homes is the result of a cascade of failures, at the facility, state, and federal levels. The results are, too frequently, catastrophic for residents and families.**

The failure to vigorously enforce the range of minimum standards we reviewed... essentially fostered a system in which poor care and demeaning conditions are rewarded and facilities were woefully unprepared to deal with the COVID-19 pandemic.

The nursing home industry has historically complained that uneven enforcement hurts nursing homes (rather than residents and families) because it makes for an inconsistent environment in which to do business; facilities do not know for what they are – or are not – going to be cited. However, given that the federal regulations implementing the 1987 Nursing Home Reform Law have been in effect for three decades, we would argue that providers are – or should be – aware of minimum requirements. When nursing homes don't suffer consequences for failing to meet requirements, residents and the public pay the price. Nursing home industry

³⁹ Available at <https://nursinghome411.org/survey-enforcement/>.

representatives often state that their industry is one of the most regulated in the country. But if those regulations are not enforced, what does that actually mean?

Recommendations:

Fundamentally, we believe that there is a strong body of knowledge regarding how to effectively identify and cite deficiencies. Refinement and improvement are always needed (such as, for example, in respect to the serious problem with the guidance for citing Quality of Life deficiencies identified in our report). However, overall, the federal guidance and process for surveying facilities, together, provide a strong and practicable basis for quality assurance, including the effective identification of substandard care and resident harm.⁴⁰

The problem is essentially due to three serious deficiencies in the functioning of our state and federal survey agencies: (1) lack of will, (2) lack of knowledge, and/or (3) lack of resources.

To help address these issues, **we recommend that CMS ensure that State Agencies – and the Regional Offices charged with overseeing them – fulfill their shared mission to protect residents.** Residents and families count on their State Survey Agency (SA) to ensure that providers are meeting standards of care, including effective infection control, treatment with dignity, and sufficient staffing. American taxpayers depend on CMS and the SAs to assure financial integrity of the billions of dollars spent annually on nursing home care. However, too often, CMS and the state agencies treat the industry as their client and prioritize the industry's interests over those of the residents, their families, and taxpayers.

Too often, CMS and the state agencies treat the industry as their client and its interests as paramount, rather than those of vulnerable residents, their families, and taxpayers.

LTCCC's recommendations:

1. Ensure that the State Survey Agencies (SAs), and the CMS Regional Offices (ROs) overseeing the SAs, focus efforts on implementing both the *letter* and the *spirit* of the law, regulations, and the State Operations Manual. For example, an SA that conducts 100% of the federally required surveys per year should not be considered to have fulfilled its duties to CMS (or the public) if it is not effectively ensuring that standards are met consistently and that deficiencies are appropriately cited and meaningfully corrected.⁴¹

⁴⁰ For detailed information on the requirements for state oversight activities, see, *A Practical Guide to the State Operations Manual*, available at <https://nursinghome411.org/survey-enforcement/>.

⁴¹ See, for example, the OIG report, *CMS Guidance to State Survey Agencies on Verifying Correction of Deficiencies Needs To Be Improved To Help Ensure the Health and Safety of Nursing Home Residents*, Audit (A-09-18-02000) (Feb 7, 2019). Available at <https://oig.hhs.gov/oas/reports/region9/91802000.asp>.

2. Develop and implement quality assurance processes to identify, assess, and address patterns of low citations and infrequent identification of resident harm or immediate jeopardy in both the states and regions.
3. Issue guidance to state survey agencies that each violation of regulations should be given its own separate deficiency to stop “stacking” of f-tags. [Stacking is the combining of multiple violations into one citation.]
4. Increase survey frequency to at least one survey per facility every 6-12 months (rather than 9-15 months). It is the responsibility of state and federal oversight agencies to ensure that residents are safe, receive decent care, and are treated humanely every day. **The current 9-15-month inspection cycle has proven to be insufficient and, in the face of any urgent situation (from the COVID pandemic to a fire threat), potentially catastrophic.**
5. Improve composition and competency of state (and federal) survey teams:
 - Strongly encourage state survey offices to utilize permanently employed surveyors with minimum reliance on contract surveyors.
 - Improve the caliber of survey agency staff by ensuring that surveyors and managers do not have conflicts of interest (including not being allowed to work in the nursing home industry for at least two years after leaving government service and not being assigned to the same facility for consecutive surveys), and ensuring appropriate wages and benefits for state surveyors, especially RN surveyors, to attract and retain a high-quality surveyor and professional workforce.
 - Require states to report number and composition of survey staff. Composition to include professional training/accreditation (i.e., nurse, dietician, social worker, etc.), whether permanent or contract staff, and years of experience.
 - Require all survey teams to be multidisciplinary (include individuals with a social work background in addition to persons with a nursing background and experience).
 - Train surveyors in both state and federal regulations and in the meaning and purpose of the laws and regulations: to protect residents and ensure that each is provided good care and quality of life in the facility.
 - Require survey agencies to consult with individuals and entities with expertise and experience in law enforcement, infection control, financial auditing and accounting, and other disciplines useful for evaluating regulatory compliance.
 - Ensure that surveyors are familiar with current care and quality of life practices and standards. To accomplish this, annual training requirements for both state and federal surveyors should include training on:
 - Clinical standards of care, including for pressure ulcers, infection control, and psychotropic drugging; and
 - Current quality of life practices and standards, including for dementia care, cultural competency (such as for communities of color and LGBT individuals), and age and ability appropriate activities.

- Continue to prohibit state surveyors from providing consultation and training activities for the nursing home industry. Better monitoring of the state agencies is needed to ensure that this prohibition is not violated.
- 6. Reinstatement of the definition of Immediate Jeopardy to include violations of minimum standards that have a “potential” for serious harm definition. This definition was in place under the Nursing Home Reform Law of 1987 but was abruptly changed in 2019 ([QSO-19-09-ALL](#)).
- 7. Review and refine the Scope and Severity grid. Numerous studies have indicated that the improper identification of problems, including those relating to serious abuse and neglect of residents, is widespread. For instance, most deficiencies are rated as D (no resident harm) and – as our study found – very few violations are identified as G or higher (causing any resident harm or immediate jeopardy).

For our full range of recommendations for improving nursing home safety, dignity, and financial integrity, visit <https://nursinghome411.org/recs-safety-integrity/>.

IV. Appendix

Scope & Severity Grid

	Isolated	Pattern	Widespread
Immediate Jeopardy to Resident Health or Safety	J	K	L
Actual Harm that is Not Immediate Jeopardy	G	H	I
No Actual Harm with Potential for More than Minimal Harm that is Not Immediate Jeopardy	D	E	F
No Actual Harm with Potential for Minimal Harm	A	B	C

Health Deficiencies (2018-20)

Citation data are based on CMS's *Health Deficiencies* which include health citations from surveys conducted in the three-year period from 2018 to 2020. This dataset includes the nursing home that received the citation, location of the nursing home, associated inspection date, survey data, citation tag number (F-tag), and scope/severity (A through L). Data are presented as one citation per row. Downloaded March 2021. Most recent dataset available at: <https://data.cms.gov/provider-data/dataset/r5ix-sfxw>.

Payroll-Based Journal (PBJ) Data (Q4 2019)

State and regional staffing data are based on CMS's *Payroll Based Journal (PBJ) Nurse Staffing Data* from the fourth quarter of 2019. PBJ data provide information submitted by nursing homes including rehabilitation services on a quarterly basis. PBJ data include three months of daily reporting for all U.S. nursing homes. LTCCC determines state and regional averages by calculating the average hours per resident per day (HPRD) for each state and region during the three-month period. Available at: <https://data.cms.gov/quality-of-care/payroll-based-journal-daily-nurse-staffing/data/q4-2019>.

MDS Frequency Reports

CMS's *MDS 3.0 Frequency Report* summarizes information for residents in nursing homes at the time of the report based on resident MDS assessment records. This report uses MDS data (Q4 2019) for the following categories:

- Age of resident (RSAGE),
- Identification Information – Gender (A0800),
- Note: “Total residents (2018-20)” was determined by averaging 12 quarters of resident data from A0800 from 2018-20,
- Identification Information - Race/Ethnicity – White (A1000F),
- Medications - Medications Received – Antipsychotic (N0410A), and
- Skin Conditions - Unhealed Pressure Ulcers (M0210). [Note: These data are reported from nursing homes and do not include residents with pressure ulcers that facilities have failed to identify and/or report.]

Available at: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Minimum-Data-Set-3-0-Public-Reports/Minimum-Data-Set-3-0-Frequency-Report>.

Penalties

Fines and penalties data obtained from CMS's Penalties dataset, which provides a list of the fines and payment denials received by nursing homes in the previous three years.

Downloaded March 2021. Most recent dataset available at: <https://data.cms.gov/provider-data/dataset/r5ix-sfxw>.

F-Tag List

F-tags correspond to specific standards in the Code of Federal Regulations. When a facility is cited for substandard care or services, the surveyor assigns the deficiency an F-tag that corresponds to the standard which was violated.

Following are the F-tags that correspond to the standards discussed in this report:

- F550: Resident Rights,
- F686: Treatment/Services to Prevent/Heal Pressure Ulcers,

- F675: Quality of Life,
- F725: Sufficient Nursing Staff,
- F758: Free from Unnecessary Psychotropic Meds/PRN Use, and
- F880: Infection Prevention & Control.

The full list of F-tags is available at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/List-of-Revised-FTags.pdf>. For more information on these and other regulatory standards, download our [guide to the nursing home quality standards](#) or visit our [Learning Center](#) for fact sheets on individual standards of care at <https://nursinghome411.org/learn/>.