

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)

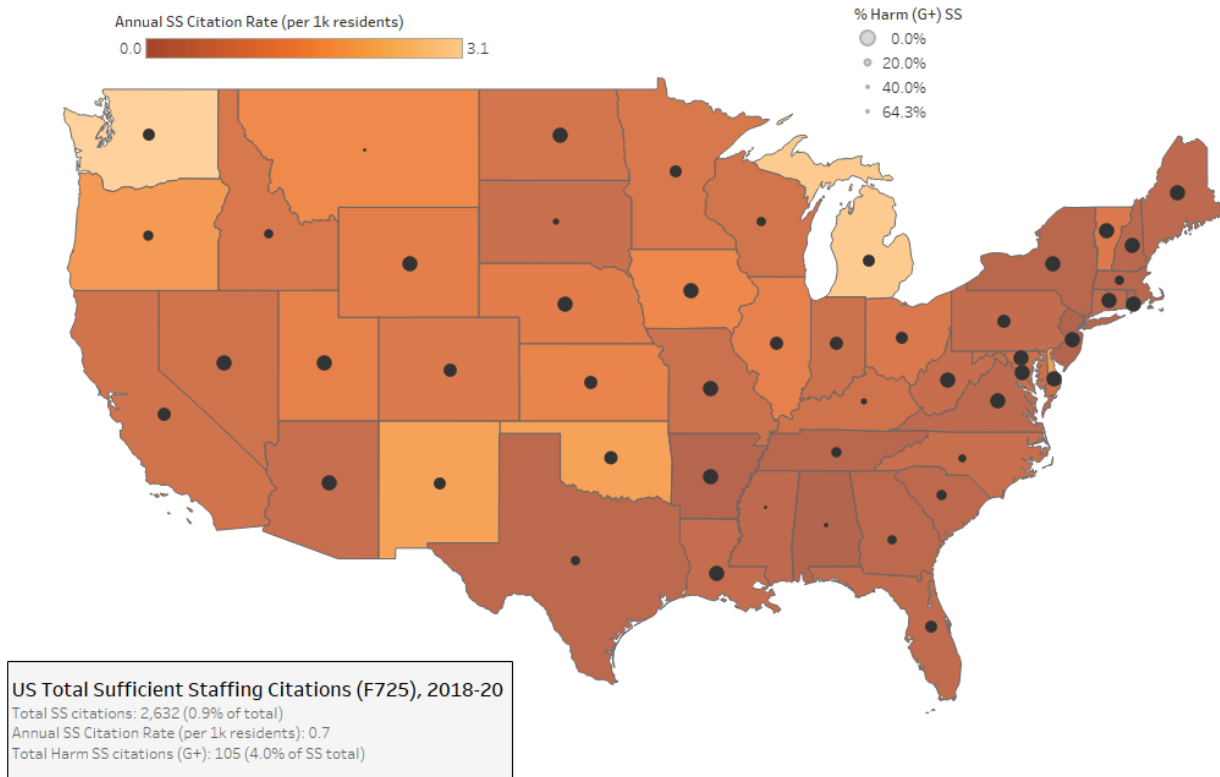


Figure 20: Annual Sufficient Staffing citations (F725) per resident during the three-year period from 2018-20. Darker shades indicate lower citation rates; larger circles indicate lower proportion of Harm (G+) citations. See *Figure 21* for info on Alaska, Hawaii, and Puerto Rico.

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.

Region	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/>.