

# LONG TERM CARE COMMUNITY COALITION

*Advancing Quality, Dignity & Justice*

January 28, 2026

Administrator Dr. Mehmet Oz  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
P.O. Box 8016  
Baltimore, MD 21244-8016

**Re: [CMS-3443-IFC, 90 Fed. Reg. 55689](#) (Dec. 3, 2025); Medicare and Medicaid Programs;  
Repeal of Minimum Staffing Standards for Long-Term Care Facilities**

**Submitted electronically:** [www.regulations.gov](http://www.regulations.gov)

Dear Dr. Oz and CMS Colleagues:

The Long Term Care Community Coalition submits the following comments on CMS-3442-IFC.

The Long Term Care Community Coalition (LTCCC) is a national non-profit organization dedicated to improving care, quality of life, and dignity for residents in nursing homes and other residential care settings. For more than three decades, LTCCC has conducted policy research, quantitative analyses, and oversight studies examining nursing home laws, standards, and their implementation. LTCCC also works closely with residents, families, and advocates across the country to identify systemic failures and promote meaningful accountability in long-term care.

LTCCC strongly opposes CMS's repeal of the federal minimum nursing home staffing standards. In addition to our comments, LTCCC supports those of the Center for Medicare Advocacy, which comprehensively address the legal authority for the staffing rule, the overwhelming evidence supporting minimum staffing standards, and the grave risks posed by the repeal. LTCCC also supports the comments submitted by the National Consumer Voice for Quality Long-Term Care, which further document the devastating impact of chronic understaffing on nursing home residents and the urgent need for enforceable minimum staffing standards.

## **I. Repeal Ignores Decades of Documented Failures in Nursing Home Oversight and Enforcement**

CMS's decision to repeal its modest quantitative minimum staffing standards rests on an implicit premise: that existing oversight mechanisms and staffing requirements are sufficient to ensure residents receive care consistent with federal law. Our research findings over the last 36 years consistently demonstrate that existing oversight mechanisms frequently fail to ensure that residents receive care in accordance with even the most basic federal requirements. Our analyses of federal and state data show that understaffing – though widespread – is rarely cited,

rarely penalized, and almost never meaningfully enforced – even when it results in resident harm.

In a 2021 report, *Broken Promises: An Assessment of Nursing Home Oversight*,<sup>1</sup> LTCCC documented how chronic under-enforcement has rendered safe staffing effectively optional in the nursing home industry. Chronic understaffing – long recognized as one of the most serious threats to resident health, safety, and dignity – is rarely cited, even when it results in significant harm. In addition, federal data persistently indicate that approximately 95% of substantiated nursing home health violations are classified as not causing harm, making it extremely unlikely that they will result in any penalty whatsoever. As a result, facilities are able to operate for years at staffing levels that place residents at serious risk, while continuing to receive full Medicare and Medicaid payments.

Furthermore, even when staffing deficiencies are appropriately cited, nursing homes are generally provided with an opportunity to correct them without incurring fines or other penalties for the harm or death that occurred. Enforcement action is taken only in about half of the cases of the more serious deficiencies (those CMS identifies as causing “actual harm” or posing “immediate jeopardy”).<sup>2</sup> The failure to penalize facilities for inadequate staffing practices – even when they lead to unnecessary suffering or death – sends a perverse message to the nursing home industry: substandard care can be provided to vulnerable individuals with impunity.

By repealing minimum staffing standards, CMS proposes to rely once again on the same oversight framework that LTCCC and others have repeatedly shown to be ineffective. This approach does not represent regulatory restraint or flexibility; it represents a return to a failed status quo in which noncompliance is normalized, enforcement is sporadic, residents suffer avoidable harm, and American taxpayers bear the cost.

## **II. CMS’s Action Contradicts Years of Staffing Data Showing Widespread and Persistent Noncompliance**

LTCCC has tracked and analyzed federal Payroll-Based Journal (PBJ) staffing data since CMS began publishing them in 2017. These analyses are publicly available through LTCCC’s NursingHome411.org staffing data hub and accompanying reports.<sup>3</sup> Together, they consistently show that insufficient staffing is not limited to a subset of facilities, regions, or ownership types – it is the dominant operating condition in U.S. nursing homes.

LTCCC’s most recent national staffing alert,<sup>4</sup> analyzing second-quarter 2025 PBJ data, found that approximately 90 percent of nursing homes fail to meet the expected staffing levels needed to care for their residents based on resident acuity and federal requirements. These findings are

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<sup>1</sup> LTCCC, “Broken Promises: An assessment of federal data on nursing home oversight and the impact of lax enforcement on residents and families,” (2021). Available at <https://nursinghome411.org/wp-content/uploads/2021/10/Broken-Promises.NH-Oversight-Data-Assessment.pdf>.

<sup>2</sup> Edelman T, Center for Medicare Advocacy, “Report: Nursing Staffing Deficiencies,” (January 10, 2019). Available at <https://medicareadvocacy.org/report-nurse-staffing-deficiencies/>.

<sup>3</sup> LTCCC, Nursing Home Staffing Data, available at <https://nursinghome411.org/data/staffing/>.

<sup>4</sup> LTCCC, Staffing Alert: Q2 2025, available at <https://nursinghome411.org/alert-staffing-q2-2025/>.

consistent with LTCCC’s prior analyses and reflect a persistent, nationwide pattern – not temporary disruptions or short-term workforce shortages.

The significance of these findings cannot be overstated. Federal law already requires facilities to provide sufficient staff to meet resident needs. The fact that the overwhelming majority of facilities fail to do so – year after year – demonstrates that existing standards and discretionary enforcement have not corrected chronic understaffing. Repealing minimum quantitative staffing standards does nothing to address this reality; it entrenches it.

### III. Chronic Understaffing Has Real, Human Consequences

Inadequate staffing is not an abstract policy concern – it is a direct driver of neglect, abuse, degradation, and preventable suffering. Our *Elder Justice Newsletter*<sup>5</sup> frequently documents how chronic understaffing translates directly into harm, neglect, and loss of dignity for nursing home residents. Drawing from substantiated violations documented in Statements of Deficiencies,<sup>6</sup> these newsletters illustrate that understaffing is not an abstract regulatory issue – it is a daily reality that determines whether residents receive basic, humane care.

For example, *Elder Justice Newsletter* Vol. 5, No. 3<sup>7</sup> highlights cases in which residents waited more than 11 hours without any staff response to their needs, including basic personal care and call-light assistance. These situations placed residents at profound risk of falls, incontinence, pressure wounds, and other harm. Other facilities highlighted in this issue were cited for leaving residents in filthy conditions with pungent urine odor and unmet toileting needs – conditions clearly linked to inadequate staffing yet classified as causing “no harm” to the residents.

Similarly, *Elder Justice Newsletter* Vol. 7, No. 3,<sup>8</sup> which focused on facilities falling below the CMS’s minimum staffing threshold, documents how inadequate staffing routinely results in unsafe and degrading conditions. For example, at Highland Manor of Fallon Rehabilitation LLC in Nevada, surveyors documented that a resident’s dentures went unrepaired for nearly a month, forcing the resident onto a severely restricted liquid diet. The resident reported that the lack of adequate nutrition made them feel as though the situation was hastening their death. Despite this, the deficiency was cited as causing “no harm.”

At Chadwick Nursing and Rehabilitation Center LLC in Mississippi, investigators found severe delays in responding to call lights and providing incontinence care, with as few as one certified nurse aide responsible for a dozen residents at a time. Residents were left waiting hours for assistance, increasing the risk of falls, skin breakdown, and humiliation. Despite these conditions, the violations were again categorized as “no harm.”

These examples are not isolated incidents. They are predictable outcomes of a system that permits facilities to operate with chronically insufficient staffing. CMS’s repeal of minimum staffing

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<sup>5</sup> LTCCC and The Center for Medicare Advocacy (joint publication). See the *Elder Justice Newsletter* archive, available at <https://nursinghome411.org/elder-justice/>.

<sup>6</sup> CMS Form 2567. See <https://www.cms.gov/medicare/cms-forms/cms-forms-items/cms008860>.

<sup>7</sup> LTCCC, *Elder Justice Newsletter*, Vol. 5, No. 3 “Nobody came for over 11 hours,” available at <https://nursinghome411.org/elder-justice-5-3/>.

<sup>8</sup> LTCCC, *Elder Justice Newsletter*, Vol. 7, No. 3, “Below the bare minimum,” available at <https://nursinghome411.org/elder-justice-7-3/>.

standards disregards this lived reality and removes one of the few tools capable of translating statutory rights into meaningful protections.

#### **IV. Chronic Understaffing is the Predictable Result of Business Decisions, Not an Unavoidable Market Failure**

Chronic understaffing in nursing homes is not an accident or an unavoidable labor market failure. It is the predictable result of business choices, poor job quality, and extraordinarily high turnover.

LTCCC's analyses and the broader research literature consistently show that nursing homes struggle to recruit and retain staff largely because they offer low wages, inadequate benefits, unsafe workloads, and limited professional support.<sup>9</sup> High turnover is a central driver of staffing shortages. The average nursing home turns over more than half of its nursing staff each year, and CNA turnover frequently exceeds 100 percent.<sup>10</sup> This constant churn destabilizes care teams, disrupts continuity of care, and weakens the relationships between staff and residents that are essential to quality and safety. Importantly, turnover is not an independent problem – it is largely the result of chronic understaffing itself. Excessive workloads and burnout push workers to leave,<sup>11</sup> further worsening staffing levels in a self-reinforcing cycle.

Research shows that facilities with higher CNA hours per resident day experience better retention,<sup>12</sup> underscoring that adequate staffing is a prerequisite for a stable workforce. Staffing standards are therefore not merely regulatory requirements; they are essential tools for improving job quality and reducing turnover.

Repealing minimum staffing standards sends a clear signal to the industry that these practices will continue to be tolerated. It preserves financial incentives to understaff and shifts the consequences of those choices onto residents and workers alike.

#### **V. Repeal Undermines CMS's Statutory Duty to Protect Residents**

The Nursing Home Reform Law charges CMS with ensuring that nursing home requirements are adequate to protect residents' health, safety, welfare, and rights. Decades of evidence – including CMS's own research – demonstrate that enforceable minimum staffing standards are essential to fulfilling that duty.

The final staffing rule established a modest floor. Repealing that floor abandons a critical safeguard and reverts to a system that has already failed residents, their families, and taxpayers on a massive scale.

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<sup>9</sup> PHI, "Direct Care Workers in the United States," (2025). Available at <https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-2025/>.

<sup>10</sup> Centers for Medicare & Medicaid Services, Provider Information. Available at <https://data.cms.gov/provider-data/dataset/4pq5-n9py>.

<sup>11</sup> White, E. M., Aiken, L. H., & McHugh, M. D., "Registered nurse burnout, job dissatisfaction, and missed care in nursing homes," (2019). Available at <https://pubmed.ncbi.nlm.nih.gov/31334567/>.

<sup>12</sup> Berridge C, Lima J, Schwartz M, Bishop C, and Miller SC, JAMDA, "Leadership, Staff Empowerment, and the Retention of Nursing Assistants: Findings from a Survey of U.S. Nursing Homes," (September 2020). Available at [https://www.jamda.com/article/S1525-8610\(20\)30147-X/fulltext](https://www.jamda.com/article/S1525-8610(20)30147-X/fulltext).

## VI. Conclusion

CMS's decision to repeal minimum staffing standards disregards decades of evidence, data, and lived experience showing that weakly enforced requirements have proven inadequate to protect nursing home residents. As detailed in the Center for Medicare Advocacy's comments and the comments submitted by the National Consumer Voice for Quality Long-Term Care, and reinforced by LTCCC's research, staffing standards are both legally authorized and essential to resident safety, dignity, and the responsible use of public funds.

LTCCC urges CMS to reconsider its repeal of the final staffing rule and reaffirm its commitment to enforceable, evidence-based minimum staffing standards that reflect residents' needs and uphold the federal government's obligations under the Nursing Home Reform Law.

Thank you for the opportunity to comment.

Sincerely,



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