LONG TERM CARE
COMMUNITY COALITION
Advancing Quality, Dignity & Justice

LTCCC Alert: CMS's New Risk-Based Survey Policy for Nursing Homes Puts Vulnerable Residents at Risk

July 23, 2026 – On July 16, 2026, the Centers for Medicare & Medicaid Services (CMS) announced that it will implement a new "risk-based" survey approach for nursing home inspections beginning September 8, 2026. Under the new policy, approximately 12 percent of U.S. nursing homes identified as "lower risk" will receive a streamlined inspection that includes fewer inspection activities and a smaller resident sample than the traditional recertification (annual) survey.

The Long Term Care Community Coalition (LTCCC) strongly opposes CMS's decision to reduce longstanding survey requirements because it will exacerbate vulnerable nursing home residents' exposure to avoidable harm and undermine accountability for the taxpayer funds that pay for most nursing home care.

For decades, comprehensive nursing home surveys have served as the nation's primary means for protecting residents from abuse, neglect, substandard care, and violations of their fundamental rights. They are the most important and valuable tool that our government has to ensure compliance with minimum standards.

Unfortunately, despite its promise, our studies, numerous government reports, and countless academic studies have found that the survey system has never lived up to its potential due to historically weak implementation.[1] Under the existing system, far too many violations are missed or under-coded. As a result, nursing home residents continue to be plagued by poor care and inhumane conditions while too many operators flout minimum standards and manipulate so-called quality indicators in order to maximize profits.

It is therefore alarming that, rather than taking the steps necessary to strengthen our oversight system – as the Government Accountability Office, Office of Inspector General, and resident advocates have long urged – CMS has chosen to scale it back for over 1,000 nursing homes, based largely on performance and quality metrics that are not reliable indicators of past quality and safety, nor reliable predictors of current or future quality. The assumption on which CMS's new policy rests – that nursing homes with stronger past survey histories require less oversight – is fundamentally flawed. In addition to persistent and widespread failures to adequately identify substandard care and resident harm under current surveyor policies (which artificially

[1] See the end of this alert for a list of selected references.

inflate the measures that CMS is using to identify so-called “high performing facilities”), this policy change ignores the fact that conditions in a nursing home can quickly change due to changes in staffing, management turnover, or owners’ financial priorities. The fact is that too many residents can suffer serious harm – even unnecessary death – long before those quality changes are reflected in publicly reported data or ratings.

CMS states that the policy will allow survey agencies to devote more resources to complaint investigations and overdue recertification surveys. While addressing survey backlogs is important, the solution to funding shortfalls is not to inspect some nursing homes less thoroughly. The appropriate response is to conduct smarter, more efficient and effective surveys.

LTCCC has been urging CMS to improve survey efficiency and effectiveness for decades. For example, CMS collects a range of important data on nurse staffing, resident outcomes, hospitalization rates, operator income, and expenditures. Much of these data are provided to the public to inform their decision-making. Yet CMS appears to make little use of these data itself and, importantly, provides little direction to the state survey agencies so that they can leverage these important assets. As a result, easily accessible and actionable information – such as when a facility has very low staffing, high rates of hospitalizations, falls, or pressure ulcers, or patterns of substandard care or fraud among facilities in a chain of nursing homes – is largely ignored by survey agencies even though they are valid and valuable indicators of potential substandard care, abuse, and fraud.

This announcement also continues a troubling pattern of weakening nursing home quality assurance and accountability. Following the catastrophic impact of the COVID-19 pandemic on nursing home residents, and the continued degradation of nursing home care and services in the years since the COVID public health emergency ended, one would expect that CMS would implement meaningful steps to improve quality and accountability. Instead, CMS has repeatedly taken steps to placate the largely for-profit nursing home industry, including rolling back minimum staffing standards, indefinitely putting off requirements to improve nursing home financial transparency, and restructuring the Civil Money Penalty (CMP) Reinvestment Program to make it easier for nursing home operators to receive public funds for activities they are already legally required – and already paid – to perform.

Reducing the rigor of inspections sends precisely the wrong message to an industry that is increasingly dominated by sophisticated corporate operators, including private equity-backed companies and real estate investment trusts. Many of these entities have a fiduciary obligation to maximize returns for investors and employ increasingly complex ownership and financial structures that make meaningful public oversight all the more essential. Yet rather than

strengthening oversight and accountability, CMS has repeatedly weakened important safeguards.

This latest action, together with CMS's recent rollback of other longstanding oversight and accountability measures, should serve as a wake-up call to policymakers and the public. It signals a troubling willingness to accommodate industry demands at a time when stronger oversight is needed. It raises serious concerns that additional resident protections and accountability measures – including the fundamental standards established under the Nursing Home Reform Law – could also come under increasing pressure.

Finally, CMS's plan to publicly identify nursing homes that it selects for streamlined inspection with a gold trophy on their Care Compare pages is dangerously misleading and, frankly, embarrassing. CMS is a regulatory agency, with the legal duty to ensure that (1) residents receive care that meets or exceeds federal standards and (2) taxpayers receive good value for the billions of public funds spent on nursing home care every year. It is not CMS's job to boost the fortunes of the (mostly for-profit) nursing home industry by awarding gold trophies to operators based on questionable criteria which, even if accepted at face value, do not provide any assurance that a resident will receive the quality of care and services required under longstanding federal rules. As the landmark report *Where Should Momma Go?* found almost 20 years ago, nursing home "performance measurement models are better at identifying problem facilities than potentially good homes." In our view, these gold trophies should serve as a warning that a facility has not been vigorously inspected, not as a signal of good care, safety, or dignity.

LTCCC urges CMS to withdraw this policy and instead invest in strengthening the nation's nursing home survey system. Protecting residents requires robust inspections, meaningful enforcement, and unwavering accountability. As our nation's population ages and residents enter nursing homes with increasingly complex needs, this is the time to strengthen oversight, not weaken it.

Selected References

1. GAO, *Nursing Homes: Limitations of Using CMS Data to Identify Private Equity and Other Ownership*, GAO-23-106163 (September 2023). https://www.gao.gov/products/gao-23-106163
2. GAO, *Nursing Homes: Consumers Could Benefit from Improvements to the Nursing Home Compare Website and Five-Star Quality Rating System*, GAO-17-61 (December 2016). https://www.gao.gov/products/gao-17-61

3. GAO, *Infection Control Deficiencies Were Widespread and Persistent in Nursing Homes Prior to COVID-19 Pandemic*, GAO-20-576R (May 2020). https://www.gao.gov/products/gao-20-576r
4. GAO, *Nursing Homes: Better Oversight Needed to Protect Residents from Abuse*, GAO-20-259T (November 2019). https://www.gao.gov/products/gao-20-259t
5. OIG, *CMS Use of Staffing Data To Inform State Oversight of Nursing Homes*, OEI-04-22-00550 (May 2025). https://oig.hhs.gov/reports/all/2025/cms-use-of-staffing-data-to-inform-state-oversight-of-nursing-homes/
6. OIG, *CMS's Special Focus Facility Program for Nursing Homes Has Not Yielded Lasting Improvements*, OEI-01-23-00050 (October 2025). https://oig.hhs.gov/reports/all/2025/cmss-special-focus-facility-program-for-nursing-homes-has-not-yielded-lasting-improvements/
7. OIG, *Nursing Homes Failed To Report 43 Percent of Falls With Major Injury and Hospitalization Among Their Medicare-Enrolled Residents*, OEI-05-24-00180 (September 2025). https://oig.hhs.gov/reports/all/2025/nursing-homes-failed-to-report-43-percent-of-falls-with-major-injury-and-hospitalization-among-their-medicare-enrolled-residents/
8. OIG, *CMS Should Take Further Action To Address States With Poor Performance in Conducting Nursing Home Surveys*, OEI-06-19-00460 (January 2022). https://oig.hhs.gov/reports/all/2022/cms-should-take-further-action-to-address-states-with-poor-performance-in-conducting-nursing-home-surveys/
9. LTCCC, *Broken Promises: An Assessment of Nursing Home Oversight* (2021). https://nursinghome411.org/wp-content/uploads/2021/10/Broken-Promises.NH-Oversight-Data-Assessment.pdf
10. Chen, Y. and Dillender, M., National Bureau of Economic Research, *Government Monitoring of Health Care Quality: Evidence from the Nursing Home Sector* (July 2025). https://www.nber.org/papers/w34037
11. Gandhi, A., Olenski, A., and Shi, M., National Bureau of Economic Research, *Predictably Unpredictable Inspections* (November 2025). https://www.nber.org/papers/w34491
12. Caughey G., Rahja M., Fernando R., et al., *Journal of the American Medical Directors Association*, "Quality Indicators to Monitor Care in Long-Term Care Facilities: A Scoping Review" (October 2025). https://www.jamda.com/article/S1525-8610(25)00264-6/fulltext
13. Konetzka, R.T., Grabowski, D., and Perraillon, M., *Health Affairs*, "Nursing Home 5-Star Rating System Exacerbates Disparities In Quality, By Payer Source" (May 2015). https://www.healthaffairs.org/doi/10.1377/hlthaff.2014.1084