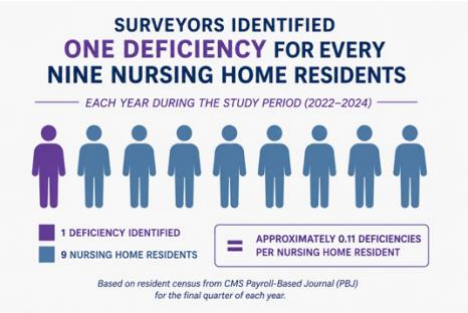
Deficiency Citations and Severity: Measuring Accountability

State survey agencies (SAs) hold fundamental responsibility for ensuring that nursing home residents receive care that meets or exceeds minimum standards, are free from abuse, and are able to live with dignity 24 hours per day, every day of the year. They are expected to accomplish this by identifying violations of federal nursing home requirements and accurately assessing their seriousness (i.e., the extent to which one or more residents in the facility experienced, or was put at risk of experiencing, harm to their clinical, emotional, or psychosocial well-being).

While facility-level deficiencies are most often used to gain insights into the quality of care in an individual home, state and national level deficiency data provide valuable insights into the extent to which a SA is fulfilling its responsibilities. And, because all Medicare- and Medicaid-certified nursing homes are subject to the same federal standards, citation patterns raise important questions about the extent to which residents in different states or regions are receiving comparable regulatory protections.

Deficiency Citation Rates

Nationally, state survey agencies cited 128,675 deficiencies in 2022, increasing to 142,830 in 2023 and essentially stable at 143,821 in 2024. Overall, survey agencies cited approximately 12 percent more deficiencies in 2024 than in 2022, suggesting increased survey activity following the significant disruptions to nursing home oversight during the COVID-19 public health emergency.



While national totals provide useful context, they do not account for the large differences in the size of state nursing home populations. To provide a more meaningful comparison, LTCCC calculated deficiency rates using the nursing home resident census reported through CMS's Payroll-Based Journal (PBJ) system for the final quarter of each year. This resident-adjusted measure helps place oversight activity in the context of the individuals the regulatory system is intended to protect.

Survey agencies identified approximately 109.4 deficiencies per 1,000 nursing home residents in 2022, 118.5 in 2023, and 117.3 in 2024. Put differently, surveyors identified approximately one deficiency for every nine residents in each year. It is worth noting that while overall deficiencies increased over the three-year period following the pandemic, deficiencies per nursing home resident remained substantially the same.

Resident-adjusted citation rates varied dramatically among states. Residents in some states experienced survey systems that identified deficiencies several times more frequently than residents in others. **States with the highest deficiency rates per resident were Oregon,**

Washington, Alaska, Montana, and New Mexico.[10] At the other end of the spectrum, **Alabama, New York, Kentucky, South Carolina, and Tennessee reported the lowest resident-adjusted citation rates during the three-year period**.

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These rates provide an important, but relatively high-level, picture of differences in oversight across states. The analyses that follow allow us to look more deeply by examining how frequently state survey agencies cite specific types of noncompliance associated with important measures of resident care and, critically, how often they identify those violations as causing actual harm or immediate jeopardy. Comparing state performance for the same categories of deficiencies provides a more meaningful basis for assessing the extent to which federal minimum standards are being enforced across the country.

State Variation in Identifying Harm and Immediate Jeopardy

Identifying deficiencies is only one component of effective oversight. Survey agencies must also determine the scope and severity of each violation. Under the federal classification system,[11] deficiencies assigned a scope and severity level of G, H, or I indicate that surveyors determined residents experienced actual harm. Deficiencies classified as J, K, or L indicate immediate jeopardy, meaning that noncompliance placed residents at risk of serious injury, serious harm, serious impairment, or death. These determinations are particularly important because, in the absence of an identification of harm or immediate jeopardy, a nursing home is unlikely to face any penalty whatsoever for the violation.

Among the health deficiencies included in QCOR's scope-and-severity database, the proportion classified at G or above remained relatively stable: 6.0% in 2022, 5.9% in 2023, and 6.0% in 2024. In other words, **approximately 94% of health deficiencies cited each year were classified as not causing any harm or risk of serious harm to any resident in the facility**. The proportion classified as immediate jeopardy (J+) was even smaller, though it increased modestly from 2.4% in 2022 to 2.6% in 2023 and 2.7% in 2024.

Behind these relatively stable national figures were substantial differences among states. Across the three years combined, **Kentucky had the highest proportion of G+ deficiencies, at approximately 17.1%, followed by Tennessee (15.3%), South Dakota (12.1%), Mississippi (11.6%), Utah (11.5%), and Illinois (11.2%)**. Kentucky and Tennessee were notable for consistently high rates of harm identification: Kentucky had the highest G+ percentage nationally in both 2022 and 2023, while Tennessee ranked second in those years and third in 2024. At the other end of the distribution, **Nevada had the lowest three-year G+ rate, at 1.5%,**

[10] Puerto Rico had by far the highest calculated rate in every year. However, its PBJ denominator contains only five providers in 2022, five in 2023, and six in 2024. Because the denominator is based on such a small number of providers, Puerto Rico's calculated resident-adjusted rates are unusually sensitive and are reported for completeness but excluded from state rankings and direct comparisons.

[11] https://nursinghome411.org/wp-content/uploads/2025/01/Scope_Severity-Grid.pdf.

followed by New Hampshire (2.0%), Maine (2.3%), Arkansas (2.5%), Arizona (2.5%), and West Virginia (2.8%).

State differences were similarly pronounced for immediate jeopardy findings. Across 2022–2024, **Kentucky classified approximately 11.8% of deficiencies as J+**, followed by **Tennessee (11.7%), South Carolina (7.6%), Alabama (7.6%), and Texas (6.5%)**. By contrast, **Nevada classified only about 0.3% of its deficiencies as immediate jeopardy**, followed by **Arizona (0.4%), Hawaii (0.6%), Virginia (0.8%), Idaho (0.8%), and California (0.8%)**. Some individual-year changes were substantial — most notably Alabama, whose G+ rate rose from 5.3% in 2023 to 18.3% in 2024 — underscoring the importance of examining both multi-year patterns and annual results.

These disparities do not, by themselves, establish that one state survey agency is performing better than another, since states may differ in the nature and severity of the deficiencies they encounter. They do, however, demonstrate that survey agencies operating under the same federal scope-and-severity framework differ considerably in how often the deficiencies they substantiate are identified as causing actual harm or immediate jeopardy. The citation-specific analyses that follow provide a stronger basis for examining these differences by comparing state citation and harm-identification practices for specific indicators of quality and safety.

Complete state-by-state deficiency data, including resident-adjusted citation rates, are available on the webpage for this report, https://nursinghome411.org/ltccc-enforcement-study-2026/. See files State Deficiencies by Scope Severity 2022 2023 2024 and Resident-Adjusted State Citation Rates 2022-2024.