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# THE ACCOUNTABILITY GAP

## A National Examination of Nursing Home Oversight and Enforcement, 2022–2024

THE LONG TERM CARE COMMUNITY COALITION
WWW.NURSINGHOME411.ORG

## Executive Summary

The federal Nursing Home Reform Law establishes strong, resident-centered standards for care, safety, and dignity. Those standards, however, depend on effective monitoring and enforcement. This study examines how the federal Centers for Medicare & Medicaid Services (CMS) and the state survey agencies carried out that responsibility during calendar years 2022–2024, using data from CMS survey, deficiency, penalty, staffing, and Minimum Data Set reports.

Across the measures examined, the findings reveal a persistent accountability gap. **Survey activity recovered somewhat after the COVID-19 public health emergency, and the total number of cited health deficiencies increased. Yet resident-adjusted citation activity changed relatively little, financial penalties fell sharply, and surveyors overwhelmingly classified substantiated violations below the level of actual harm**. The same pattern appears across specific areas of care and resident protection, including infection control, sufficient staffing, pressure-ulcer care, psychotropic medication requirements, and resident rights.

**The state differences are also substantial, but they should be understood within a broader national accountability problem.** Nursing homes throughout the country are subject to the same federal requirements, yet the frequency with which state agencies identify violations, determine that residents were harmed, and impose financial consequences varies significantly. These differences do not establish that states with comparatively higher citation or harm identification rates are providing more effective oversight. Rather, the findings indicate different degrees of performance within a system that, nationally, is failing to ensure that residents consistently receive the care, services, safety, and dignity required under federal standards. **The relevant benchmark is not whether one state performs better than another, but whether states are effectively protecting residents and ensuring compliance with federal requirements. The evidence examined in this study, considered alongside decades of investigative reports, academic studies, and GAO and OIG findings, provides little basis for concluding that any state is meeting that benchmark.**

A particularly important finding is the regulatory treatment of resident harm. Under the federal scope-and-severity system, deficiencies classified below level G are treated as involving no actual harm, and facilities cited at those levels are highly unlikely to face any penalty whatsoever. Across the health deficiencies examined in this study, approximately 94% were classified as not causing any harm to any resident in the building. For several critical requirements, the share was even higher. Thus, **the issue is not simply whether surveyors are identifying noncompliance with minimum standards, but whether they are recognizing the impact of that noncompliance on residents**.

Taken together, the patterns revealed in state and federal data provide substantial evidence that nursing home standards are not being enforced with sufficient rigor and regularity to ensure that their protections are realized in residents' daily lives.

## KEY FINDINGS

- **State survey activity.** Standard-survey coverage increased from 56.4% of providers in 2022 to 64.8% in 2024 but remained well below the federal expectation of roughly annual surveys. Complaint-survey activity changed little nationally, from 72.6% to 74.5%, while state performance varied widely. **See pp. 8-9.**
- **Deficiency citations and severity.** Survey agencies cited 128,675 health deficiencies in 2022 and 143,821 in 2024, an increase of about 12%. After adjusting for resident census, however, citation rates remained broadly similar across the years. Approximately 94% of cited health deficiencies were classified below actual harm each year, while state rates of identifying harm and immediate jeopardy differed substantially. **See pp. 10-12**.
- **Financial penalties.** The number of reported fines fell from 11,501 in 2022 to 5,210 in 2024, a decline of about 55%, while total fine dollars fell about 14%. Because resident census increased during the period, the resident-adjusted frequency of fines declined about 56.5%. Forty-nine of 52 jurisdictions reported fewer fines in 2024 than in 2022. **See pp. 13-15**.
- **Infection prevention and control.** F880 infection-control citations increased about 13% from 2022 to 2024, from 6,851 to 7,736. Over the same period, the number classified as actual harm or immediate jeopardy fell from 297 to 103, a decline of about 65%; by 2024, only 1.3% of F880 citations were classified G+. **See pp. 16-19**.
- **Nurse staffing.** Average nurse staffing rose modestly, but 2024 data showed substantial shortfalls relative to staffing levels expected to meet residents' basic clinical needs. About 90% of nursing homes with valid comparisons were below expected total staffing, and nearly two-thirds were at least 20% below expected. Yet surveyors issued only 1,012 F725 sufficient-staffing citations in 2024, and only 33 (3.3%) were classified as resulting in any harm or immediate jeopardy to one or more residents in the nursing home. **See pp. 20-24**.
- **Pressure ulcers.** Nursing homes reported roughly 94,000–95,000 residents with unhealed pressure ulcers in Q4 of each study year, close to 8% of the resident population. Survey agencies issued only about three F686 citations for every 100 residents reported with a pressure ulcer, and approximately three-quarters of substantiated F686 violations were classified below actual harm (despite the fact that, by definition, a pressure ulcer is an injury). State citation and harm-identification rates varied greatly. **See pp. 25–28**.
- **Antipsychotic drugs.** About one in five nursing home residents was reported as having received an antipsychotic in Q4 of each study year. Survey agencies issued 5,594 F758 citations over 2022–2024, but only 26 (0.46%) were classified at actual harm or immediate jeopardy; 99.5% were classified as "no harm." State drugging rates and regulatory responses varied substantially. **See pp. 29–32**.
- **Resident rights and dignity.** F550 resident-rights citations increased 45% from 2022 to 2024, yet state agencies still deemed 83% of nursing homes to have no violations of federal resident-rights requirements in 2024. Harm identification moved in the opposite direction: G+ findings declined from 69 in 2022 to 64 in 2024, and across the three years

approximately 97.6% of F550 violations were classified as causing no physical, clinical, or psychosocial harm to any resident. **See pp. 33-36**.

**Taken together, the findings point to a regulatory system in which the identification of violations, recognition of resident harm, and imposition of meaningful consequences remain limited and highly variable. Federal nursing home protections are strong on paper. The accountability gap documented in this report is the distance between those protections and their enforcement in practice.**