Infection Prevention and Control: Identifying Deficient Care and Resident Harm

A Longstanding Accountability Problem

Though the COVID-19 pandemic put a spotlight on infection prevention and control risks to nursing home residents, it has long been a pervasive and well-recognized problem in nursing homes. In 2020, the U.S. Government Accountability Office (GAO) reported that infection-control deficiencies were the most commonly cited type of nursing home deficiency. **GAO found that 82% of nursing homes surveyed from 2013–2017 had at least one infection-control deficiency**, and nearly half of those facilities had deficiencies cited in multiple consecutive years. About 40% of surveyed nursing homes continued to be cited annually in 2018 and 2019.[15]

GAO also found that **approximately 99% of infection-control deficiencies were classified by surveyors as not causing actual harm** in each year from 2013–2017. As noted elsewhere in this report, in the absence of an identification of harm or immediate jeopardy by surveyors, it is highly unlikely that a facility will face any penalty whatsoever. Thus, the essential message to the nursing home industry is that they will continue to get paid – and face no penalty – for substandard care and services, including poor infection control practices.

It is well-known that residents are particularly vulnerable to infection due to advanced age, frailty, chronic illness, frequent healthcare transitions, and other clinical factors. Research has associated nursing home infections with substantial morbidity and mortality, hospitalization, and healthcare costs.[16] Thus, to ensure that residents are safe and that risk is minimized, federal requirements mandate comprehensive systems to prevent, identify, investigate, and control infections and communicable diseases.[2] These requirements were enhanced in 2019 with implementation of the requirement that every nursing home have an infection preventionist.[17]

COVID-19 subsequently demonstrated the potentially devastating consequences of infection in nursing homes. In 2023, the HHS Office of Inspector General (OIG) reported that more than 1,300 nursing homes experienced COVID infection rates of 75% or higher during surge periods in 2020. Nevertheless, 54% of those facilities received no infection-control deficiency during the year, even though almost all underwent multiple surveys. OIG concluded that the results raised questions about the effectiveness of the survey process and recommended that CMS improve

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[15] GAO, *Infection Control Deficiencies Were Widespread and Persistent in Nursing Homes Prior to COVID-19 Pandemic*, GAO-20-576R (2020). https://www.gao.gov/products/gao-20-576r.

[16] Montoya, A., & Mody, L., "Common infections in nursing homes: A review of current issues and challenges, "*Aging Health, 7*(6), 889–899 (2011). https://doi.org/10.2217/AHE.11.80 (PubMed Central (PMC)).

[17] See, CMS, QSO 18-15-NH, Specialized Infection Prevention and Control Training for Nursing Home Staff in the Long-Term Care Setting (2018). https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO-18-15-NH.pdf

both the identification of infection-control risks and guidance for assessing their scope and severity.[18]

Finding: Infection-Control Deficiencies Remain Widespread

State survey agencies issued **6,851 F880 infection-control citations in 2022, 6,271 in 2023, and 7,736 in 2024**. Thus, after declining approximately 8% in 2023, citations increased approximately **23% in 2024**, reaching a level about **13% higher than in 2022**.

The likelihood that facilities were cited varied considerably by state. In 2024, **Nebraska cited 67.0% of active providers, Washington 65.0%, Rhode Island 64.9%, Hawaii 62.8%, California 62.3%, Illinois 59.6%, and Arkansas 58.7%.** At the other end, **Alabama cited 6.7%**, followed by **Virginia (15.2%), Tennessee (18.9%), North Carolina (21.3%), South Carolina (22.3%), Arizona (23.2%), and New York (23.2%)**.

Citation rates reflect both the presence of deficient practices and the survey agency's identification of those practices. Thus, these differences cannot simply be interpreted as differences in nursing home quality. At the same time, given the longstanding documentation of widespread infection-control problems in nursing homes across the country, low citation activity cannot simply be assumed to demonstrate strong facility performance in any state. **In light of the persistence of this problem, the magnitude of the state citation variations raises serious questions about how effectively every state agency is identifying violations of the same federal standard.**

Finding: Surveyors Rarely Identify Actual Harm When They Find Infection-Control Violations

Our **findings regarding severity are particularly striking**. Of the 6,851 F880 citations issued in 2022, 297 — 4.3% — were classified at G or above, meaning that surveyors identified actual harm or immediate jeopardy. In 2023, only 163 of 6,271 citations — 2.6% — were G+. By 2024, just 103 of 7,736 citations — 1.3% — were classified at G or above.

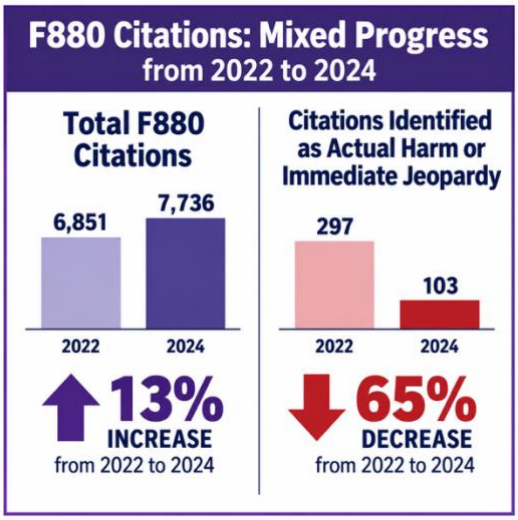
Year	F880 Citations	G+ Citations	G+ Rate
2022	6,851	297	**4.3%**
2023	6,271	163	**2.6%**
2024	7,736	103	**1.3%**

Put another way, surveyors classified **95.7% of infection-control violations as "no harm" in 2022, 97.4% in 2023, and 98.7% in 2024**. Between 2022 and 2024, the total number of F880

[18] U.S. Department of Health and Human Services, Office of Inspector General, More Than a Thousand Nursing Homes Reached Infection Rates of 75 Percent or More in the First Year of the COVID-19 Pandemic; Better Protections Are Needed for Future Emergencies, OEI-02-20-00491 (2023). https://oig.hhs.gov/reports/all/2023/more-than-a-thousand-nursing-homes-reached-infection-rates-of-75-percent-or-more-in-the-first-year-of-the-covid-19-pandemic-better-protections-are-needed-for-future-emergencies/

citations increased by approximately 13%, while the number identified as actual harm or immediate jeopardy fell by approximately 65%.

Not every infection-control violation necessarily results in a serious infection or other identifiable resident harm, and the data do not enable us to determine what severity level was warranted for every individual citation. Nevertheless, the trend warrants significant scrutiny.



It is also not a new concern. GAO found that approximately 99% of infection-control deficiencies were classified below actual harm during 2013–2017. A 2017 Kaiser Health News analysis similarly found infection-control citations to be extraordinarily widespread while high-level citations that could result in financial penalties were rare.[19] Most importantly, following the devastation of COVID-19, OIG specifically recommended that CMS improve how surveys identify infection-control risks and strengthen guidance for assessing their scope and severity.

Against that history, our finding that G+ identification fell from 4.3% to 1.3% between 2022 and 2024 is difficult to dismiss as simply another variation in survey results.

Finding: Where a Resident Lives Matters — Identifying Harm

Severity determinations also varied substantially among states. Across the three study years, among states with at least 20 F880 citations, **Tennessee had the highest proportion classified G+, approximately 11.3%**, followed **by New Hampshire (11.0%), Vermont (8.1%), Kentucky (7.8%), and Rhode Island (7.6%)**.

Interstate differences occur within a broader national pattern in which surveyors overwhelmingly characterize substantiated infection-control violations as causing no actual harm.

Conversely, **Alabama, Alaska, Washington, DC, Maryland, and Nevada recorded no G+ F880 citations during the entire three-year period**. **Nebraska classified only one of 396 F880 citations at G+; New York one of 351; Massachusetts two of 507; and Indiana three of 645**.

Some state percentages are based on relatively small numbers and should be interpreted accordingly. Nor do higher G+ rates necessarily mean that a state is providing strong oversight. Even Tennessee, the highest state among those with at least 20 citations, classified nearly nine out of ten F880 violations below actual harm.

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[19] Rau, J., "Infection Lapses Rampant In Nursing Homes But Punishment Is Rare," *Kaiser Health News/Los Angeles Times* (2017). https://kffhealthnews.org/aging/infection-lapses-rampant-in-nursing-homes-but-punishment-is-rare/.

The relevant benchmark is therefore not whether one state identifies harm more frequently than another, but whether the survey system is effectively identifying and responding to violations of standards designed to protect. The **interstate differences occur within a broader national pattern in which surveyors overwhelmingly characterize substantiated infection-control violations as causing no actual harm**.

The pattern is particularly significant in light of the report's broader findings. Financial penalties declined sharply between 2022 and 2024, even as F880 infection-control citations increased. At the same time, surveyors became substantially less likely to characterize those violations at a level of actual harm or immediate jeopardy. The data do not establish why these changes occurred, but they provide little basis for concluding that declining enforcement simply reflects the resolution of a longstanding infection-control problem.

For information on individual state performance, see the file "State Citations Infection Control 2022 2023 2024" at https://nursinghome411.org/ltccc-enforcement-study-2026/.