Introduction

U.S. nursing homes provide essential care, services, and home to over one million people every day and millions of people a year. In addition to those individuals, their families and loved ones have a significant stake in the quality and safety of nursing home care. And, because most nursing home care is paid for by the public (through Medicare and Medicaid), taxpayers have a vested interest in ensuring the integrity of the nursing home system.

For these reasons, the federal Nursing Home Reform Law, its implementing regulations, and sub-regulatory guidance establish a strong framework for quality of care and humane conditions in nursing homes. Nevertheless, serious problems, including substandard care, abuse, neglect, and demeaning conditions, are widespread and persistent problems.[1,2,3]

Fundamentally, there is a simple reason why problems persist: quality of care and dignity standards are not self-implementing. They require vigorous monitoring and meaningful enforcement.

There are many reasons for the persistence of poor care and conditions in U.S. nursing homes. However, fundamentally, there is a simple reason why problems persist: quality of care and dignity standards are not self-implementing. They require vigorous monitoring and meaningful enforcement.

Thus, the purpose of this study is to evaluate the extent to which the state and federal agencies charged with ensuring quality, safety, and dignity are carrying out their mission. The study period is the years 2022-2024. This work continues and builds on two previous studies: *Broken Promises*, published in 2021, and *Safeguarding NH Residents & Program Integrity: A National Review of State Survey Agency Performance*, published in 2015.[4,5]

METHODOLOGY

To gain information and insights into state and national performance, we utilized various CMS data resources, including MDS Frequency Reports, QCOR enforcement data, and Health Deficiencies reports. These data were used to review and evaluate the extent to which states are substantiating deficiencies, identifying when residents are harmed or put in immediate jeopardy, and penalizing nursing homes for substandard care. In addition to overall enforcement activity, several key quality indicators were selected for review to ensure that the study was responsive to variations in outcomes among the states.

QCOR data note: All citation and enforcement data in this study were obtained directly from CMS's Quality, Certification and Oversight Reports (QCOR) system. State figures are reported as

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[1] The Reform Law was enacted as part of Omnibus Budget Reconciliation Act of 1987.
[2] Federal regulations, known as the "Requirements for States and Long Term Care Facilities, 42 CFR Part 483," are available at https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483.
[3] Guidance for surveyors is in Appendix PP of the State Operations Manual, available at https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107ap_pp_guidelines_ltcf.pdf.
[4] https://nursinghome411.org/wp-content/uploads/2021/10/Broken-Promises.NH-Oversight-Data-Assessment.pdf.
[5] https://nursinghome411.org/national-report-safeguarding-nursing-home-residents-program-integrity/.

presented in the applicable QCOR state reports and should not be aggregated to construct national results or recalculated using provider counts from a separate QCOR report. CMS cautions that QCOR data, including provider and supplier counts and percentages, are valid for the subset of providers or suppliers for which survey records are available in CASPER. LTCCC's analysis includes the 50 states, District of Columbia, and Puerto Rico.