Nurse Staffing: Sufficiency x Regulatory Oversight

Sufficient nursing staff is fundamental to nursing home quality and resident safety. Dozens of studies, government reports, and investigations have found that nurse staffing levels, especially for RNs, are key indicators of a nursing home's ability to meet residents' needs and avoid adverse events such as pressure ulcers, falls, medication errors, etc….[20]

For these reasons, **federal standards require nursing homes to have sufficient qualified nursing staff to meet each resident's needs, based on individual resident assessments and care plans and considering the "number, acuity and diagnoses" of the facility's resident population**.[21,22]

Though the requirements are robust and resident-centered – in recognition of the fact that nursing homes are entrusted with the lives and care of a highly vulnerable population – insufficient staffing is a widespread and persistent problem. As noted elsewhere in this report, the federal nursing home standards are strong but they are not self-implementing. They can only be realized in the lives of residents through monitoring, oversight, and enforcement.

To assess the extent to which states are holding providers accountable when they fail to provide sufficient staff, we measured F725 (sufficient staffing) citations by state, both overall and in the context of average nurse staffing levels.

In addition, we conducted a focused assessment of the extent to which state performance on this measure was responsive to the extent to which facilities were providing the expected staffing to meet the needs of their residents. This assessment focuses on 2024, the year in which it became possible to determine a facility's expected staffing as a result of the development of the CASE (Casemix Adjusted Staffing Expectations) methodology. The CASE methodology is an evidence-based, peer-reviewed methodology for identifying the expected nurse staffing levels necessary to meet the clinical needs of a nursing home's residents, based on each nursing home's own assessments of its residents' needs.

For additional information on the Case methodology, the underlying study, and related resources, see LTCCC's Staffing Resource Center, https://nursinghome411.org/staffing-resource-center/.

[20] *See* list of studies at https://nursinghome411.org/nursing-home-staffing-studies-2026/.
[21] 42 CFR 483.35. https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B/section-483.35#p-483.35(a).
[22] State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107ap_pp_guidelines_ltcf.pdf.

Finding: Staffing Increased Modestly, But Remained Low

National nursing home staffing increased modestly during the study period. Average total nurse staffing increased from approximately **3.61 hours per resident day (HPRD) in Q4 2022 to 3.68 in Q4 2023 and 3.75 in Q4 2024**.

	Q4 2022	Q4 2023	Q4 2024
Total nurse staffing HPRD	**3.61**	**3.68**	**3.75**
F725 sufficient staffing citations	927	994	1,012
F725 G+ citations	68	51	33
F725 citations classified G+	7.3%	5.1%	3.3%

Finding: Citations Increased Modestly, While Identification of Resident Harm Fell By More Than Half

Survey agencies identified modestly increasing violations of the federal sufficient staffing requirement over the course of the study period. National QCOR reports show that F725 citations increased from 927 in 2022 to 1,012 in 2024, an increase of approximately 9%.

Because the nursing home resident census also increased over this period, the increase was smaller when considered relative to the resident population. F725 citations increased from approximately 0.79 per 1,000 residents in 2022 to 0.83 per 1,000 residents in 2024, an increase of about 5%.

However, the identification of resident harm – historically low – moved sharply in the opposite direction.

Nationwide, surveyors classified 68 F725 deficiencies at G or above in 2022, 51 in 2023, and 33 in 2024. Thus, while the total number of citations increased, the number classified at G or above fell by half. Put another way, by 2024, surveyors classified 96.7% of the insufficient staffing violations they identified as causing no harm whatsoever to residents.

These findings are particularly concerning given the essential role nursing staff play in virtually every aspect of resident care. Insufficient staffing affects whether residents receive timely assistance with eating, toileting, repositioning, medications, wound care, monitoring for changes in condition, and implementation of their care plans. CMS guidance explicitly recognizes that insufficient staffing can cause both physical and psychosocial harm.

The Findings Echo Our Previous Study of 2018-2020 Enforcement

These findings are consistent with a central finding of LTCCC's earlier *Broken Promises* study (covering 2018-2020): though dangerous nursing home understaffing has been a widespread problem for decades, state surveyors cite insufficient staffing relatively infrequently and, even when they do, are highly unlikely to identify that residents have been harmed or put in immediate jeopardy as a result.

Finding: Nursing Homes Provided Substantially Less Staffing Than Expected to Meet Resident Needs

As discussed above, the CASE methodology provides an evidence-based benchmark for determining the extent to which nursing homes are providing the staff necessary to meet the clinical needs of their residents. LTCCC began utilizing this methodology to provide the public with expected staffing information in our quarterly nursing home staffing reports in 2024.[23] The following analyses are based on our staffing report for 2024 Q4.

Staffing Type	Reported HPRD	Expected HPRD	Difference
RN	0.67	0.98	**32% below expected**
CNA	2.29	3.25	**30% below expected**
Total Nursing	3.84	4.92	**22% below expected**

Note: Reported staffing in this table reflects nursing homes with valid CASE expected-staffing comparisons and therefore differs from the national Q4 staffing average reported above.

On average, **nursing homes provided approximately 1.08 fewer total nursing hours per resident per day than expected based on the needs of their residents**. For a nursing home with 100 residents, that represents approximately 108 fewer nursing hours every day.

The RN shortfall was particularly substantial. Reported RN staffing was nearly one-third below expected staffing nationally. This is significant because RNs perform critical clinical functions, including resident assessment and care planning, clinical surveillance, identification and management of changes in condition, infection control, and supervision and coordination of nursing care.

Finding: State Surveyors Rarely Identified Insufficient Staffing — And Almost Never Identified Harm

The 2024 expected-staffing findings provide important independent context for evaluating regulatory oversight.

On average, **day in and day out, U.S. nursing homes provided 22% less total nursing staffing, 30% less CNA staffing, and 32% less RN staffing than expected based on resident needs** in 2024 Q4. Yet state survey agencies issued only 1,012 F725 sufficient staffing citations during the entire year.

Even when insufficient staffing was identified, surveyors rarely identified resident harm. Only 33 of those 1,012 citations — 3.3% — were classified at G or above.

[23] https://nursinghome411.org/data/staffing/.

Expected staffing and F725 are not interchangeable measures. A facility staffing below its CASE expected level does not automatically violate F725. However, it is strong evidence that a facility is not providing the levels of staffing expected to meet the basic clinical needs of its residents. Conversely, staffing above expected levels may not be sufficient, especially if a facility is not ensuring that nursing staff have the competencies necessary to meet resident needs.

Independent, data-driven analysis identified widespread and significant staffing shortfalls, while state agencies identified comparatively few instances of insufficient staffing.

Nevertheless, the comparison is directly relevant to oversight. **Both measures concern whether staffing is sufficient in relation to resident needs.** Federal requirements direct facilities to provide staffing based on resident assessments and care plans and the number, acuity, and diagnoses of their resident populations. CMS also requires surveyors to review PBJ staffing information during recertification surveys and investigate staffing concerns identified through those data.

Thus, these findings present sharply conflicting pictures. Independent, data-driven analysis identified widespread and significant staffing shortfalls, while surveyors and state agencies identified comparatively few instances of insufficient staffing.

Despite widespread understaffing,

Only 0.2%

of nursing homes were cited at G+ for insufficient staffing in 2024.

G+ means that the surveyors identified physical harm, psychosocial harm, or immediate jeopardy of harm to one or more residents. In the absence of identification of harm, a nursing home is unlikely to face any penalty for insufficient staffing.

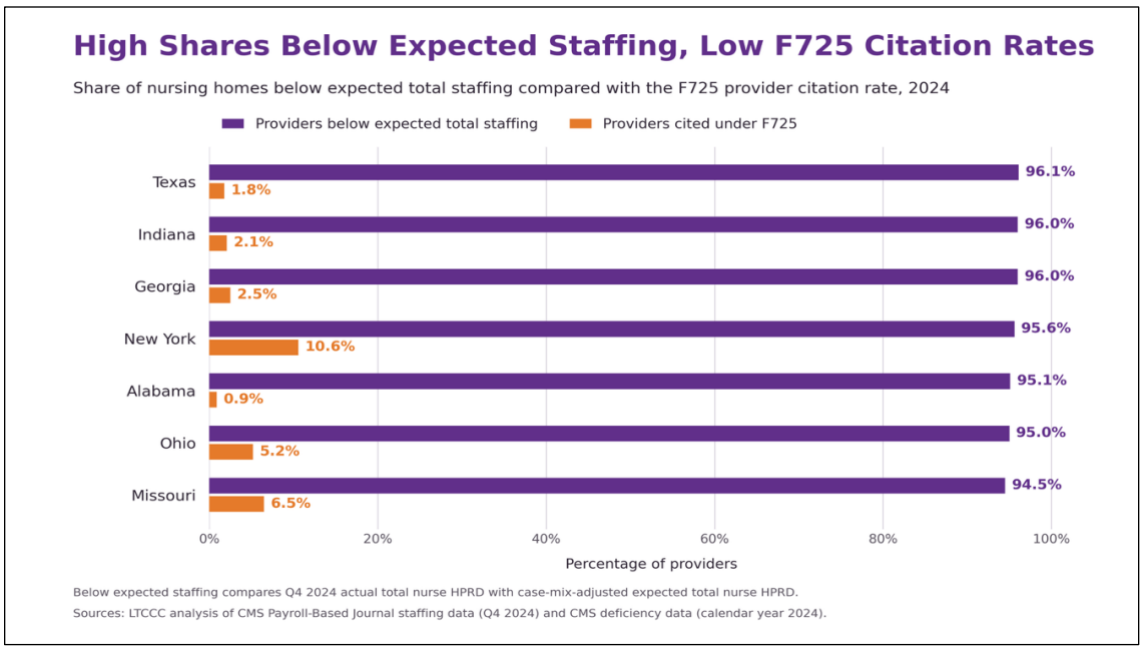
FINDING: STAFFING SHORTFALLS WERE WIDESPREAD, BUT STATE RESPONSES VARIED SUBSTANTIALLY

The facility-level 2024 Q4 data indicate that below-expected staffing was widespread across the country. Approximately **90% of nursing homes with valid expected staffing data provided total nursing staffing below their expected levels**, and **nearly two-thirds were at least 20% below expected**.

Several states had particularly high concentrations of facilities below expected staffing. For example, approximately **96% of facilities in Texas, Indiana, Georgia, and New York** were below expected total staffing; in **Alabama**, **Ohio**, and **Missouri the percentages were about 95%**.

Yet only a small share of providers in these states were cited for insufficient staffing:[24]

[24] Methodological note: National totals and provider citation rates are taken directly from QCOR's national reports. State figures are taken directly from QCOR's state reports. Because the state-report citation counts do not sum to the national totals, state outputs were not aggregated to calculate national figures.



The magnitude of the staffing shortfall was also substantial. In 2024 Q4, 9,276 of 14,433 — close to two out of three — U.S. nursing homes with valid actual-to-expected staffing comparisons provided total nurse staffing at least 20% below the level expected based on the needs of their residents, as reflected in the facilities' own MDS assessments.[25] The **ten worst performing states** in this regard were **Texas**, **Indiana**, **Georgia**, **Illinois**, **Ohio**, **Virginia**, **Missouri**, **New York**, **Maryland**, and **New Mexico**.

FINDING: STATE IDENTIFICATION OF RESIDENT HARM WAS EVEN MORE LIMITED

As noted elsewhere in this report, in the absence of identification of resident harm or immediate jeopardy by surveyors (i.e., a citation of "G" or higher on the Scope and Severity Matrix),[26] it is highly unlikely that a facility will face any penalty whatsoever. Thus, it is crucial that surveyors identify resident harm when it exists.

In 2024, **California issued 97 F725 citations without identifying actual harm or immediate jeopardy in a single case**. **Michigan issued 77 citations with no G+ findings, New Jersey 58, and Oregon 47**. Overall, 32 states (including DC and PR) did not identify a single instance of resident harm due to understaffing in all of 2024.

Across the full 2022–2024 period, Oklahoma issued 99 F725 citations without identifying a single case of actual harm or immediate jeopardy. **West Virginia issued 42** without a G+ finding; **Maine 30; Arizona 24; Vermont 24; New Hampshire 23; Arkansas 22; Hawaii 22; and Maryland 22**.

For information on individual state performance, see the file "State Nursing Home Expected Staffing and Oversight 2024" at https://nursinghome411.org/ltccc-enforcement-study-2026/.

[25] As reflected in their case-mix indexes.
[26] https://nursinghome411.org/wp-content/uploads/2025/01/Scope_Severity-Grid.pdf.