



LTCCC WEBINAR

The Accountability Gap: Examining Nursing Home Oversight and Accountability in the Post-Pandemic Era

Tuesday, September 15, 2026 | 1-2PM ET



In this webinar, LTCCC will present findings from its latest study examining nursing home oversight and enforcement in the post-COVID era. The program will explore how effectively state and federal agencies are enforcing standards related to staffing, infection control, dementia care, and other critical areas, and highlight persistent gaps in oversight and enforcement that continue to put residents at risk.

For materials from today's webinar, visit
nursinghome411.org/webinar-accountability-gap.

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Today's Program: From Standards to Accountability

OVERVIEW

1

What federal protections promise residents

2

What the data show

3

Why “no harm” matters for enforcement

4

What residents and advocates can do

Core question: Are federal protections being realized in residents' daily lives?

Strong Standards. A Persistent Accountability Gap.

FRAMING

- Federal standards protect resident care, safety, dignity, autonomy, and quality of life.
- Standards are not self-implementing: they require effective monitoring, identification of violations and harm, and meaningful enforcement.
- The study asks whether CMS and state survey agencies are carrying out that responsibility.

Underlying care → Identification of noncompliance → Recognition of harm → Enforcement → Deterrence

The relevant benchmark is not whether one state performs better than another — it is whether every resident receives the protections required by federal law.

The Basis for Strong Standards: The 1987 Nursing Home Reform Law.

FRAMING

- Virtually all nursing homes participate in Medicaid and/or Medicare.
- In order to participate in those programs, a facility agrees to meet the standards provided for in the federal Nursing Home Reform Law.
- States may have additional protections, but no state can have less protections.
- **Federal protections and rights are for all the residents in a facility, no matter who pays for their care.**
- The federal agency, CMS, contracts with state agencies to ensure that residents are protected and receive the services they need and deserve.



The Basis for Strong Standards: The 1987 Nursing Home Reform Law.

FRAMING

- The federal law requires that **every** nursing home resident is provided the care and quality of life services sufficient to attain and maintain her **highest practicable physical, emotional & social well-being**.
- The law emphasizes **individualized, patient-centered care**.
- Importantly, the law lays out specific resident rights, from **good care** and monitoring to a quality of life that maximizes **choice, dignity & autonomy**.
- The law passed in 1987. Regulatory standards came out in 1991.



Study Methodology: How We Examined Oversight, 2022–2024

METHODOLOGY

- CMS Quality, Certification and Oversight Reports (QCOR): surveys, deficiencies, scope/severity, and selected F-tags.
- CMS penalty files: fines and denials of payment, assigned by reported penalty date.
- Payroll-Based Journal (PBJ): resident census and nurse staffing.
- Minimum Data Set (MDS): pressure-ulcer and antipsychotic measures.
- 50 states, District of Columbia, and Puerto Rico; state QCOR outputs reported as presented and not aggregated to construct national results.

Resident-adjusted measures help place oversight activity in the context of the people the system is intended to protect.

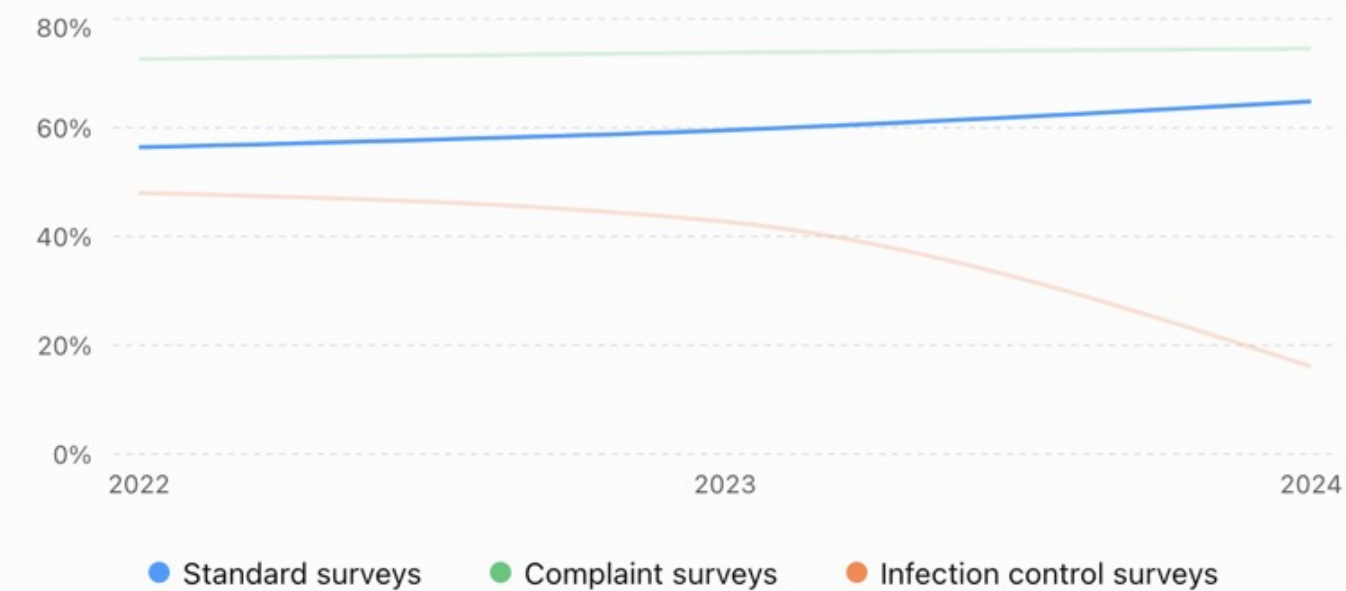
Note: Citation rates reflect both what is happening in facilities and what survey agencies identify. They are an imperfect proxy for nursing home quality.

Standard Survey Activity Increased Modestly Following the Pandemic

OVERSIGHT ACTIVITY

Percentage of nursing home providers surveyed nationally

Survey activity by type, 2022–2024. Focused infection control survey requirements changed after 2023.



64.8%

of providers received a standard survey in 2024

74.5%

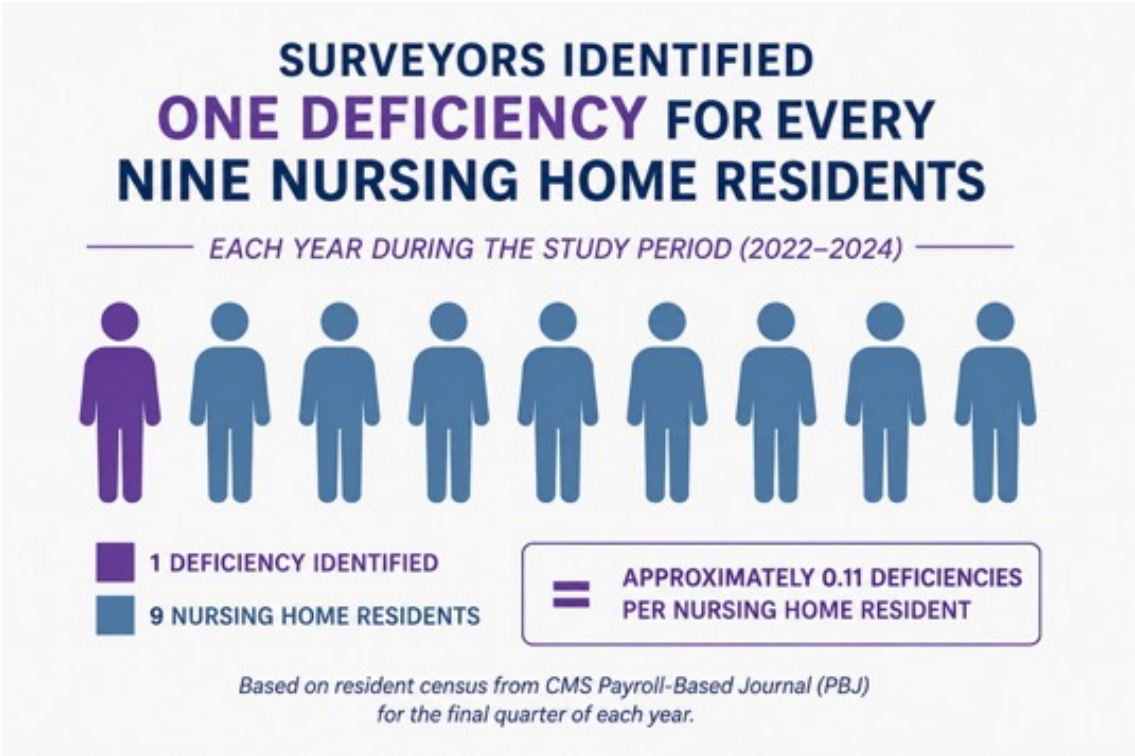
received complaint surveys in 2024

Standard survey coverage rose from 56.4% in 2022, but remained well below roughly annual survey expectations.

Complaint survey activity changed little nationally.

Citation Counts Rose — Resident-Adjusted Activity Changed Little

DEFICIENCIES



128,675

health deficiencies cited in
2022

143,821

health deficiencies cited in
2024

Resident-adjusted citations

109.4 per 1,000 residents (2022)

117.3 per 1,000 residents (2024)

More citations nationally did not
translate into a comparable increase in
citations per resident.

Surveyors Rarely Identify Resident Harm

SCOPE & SEVERITY



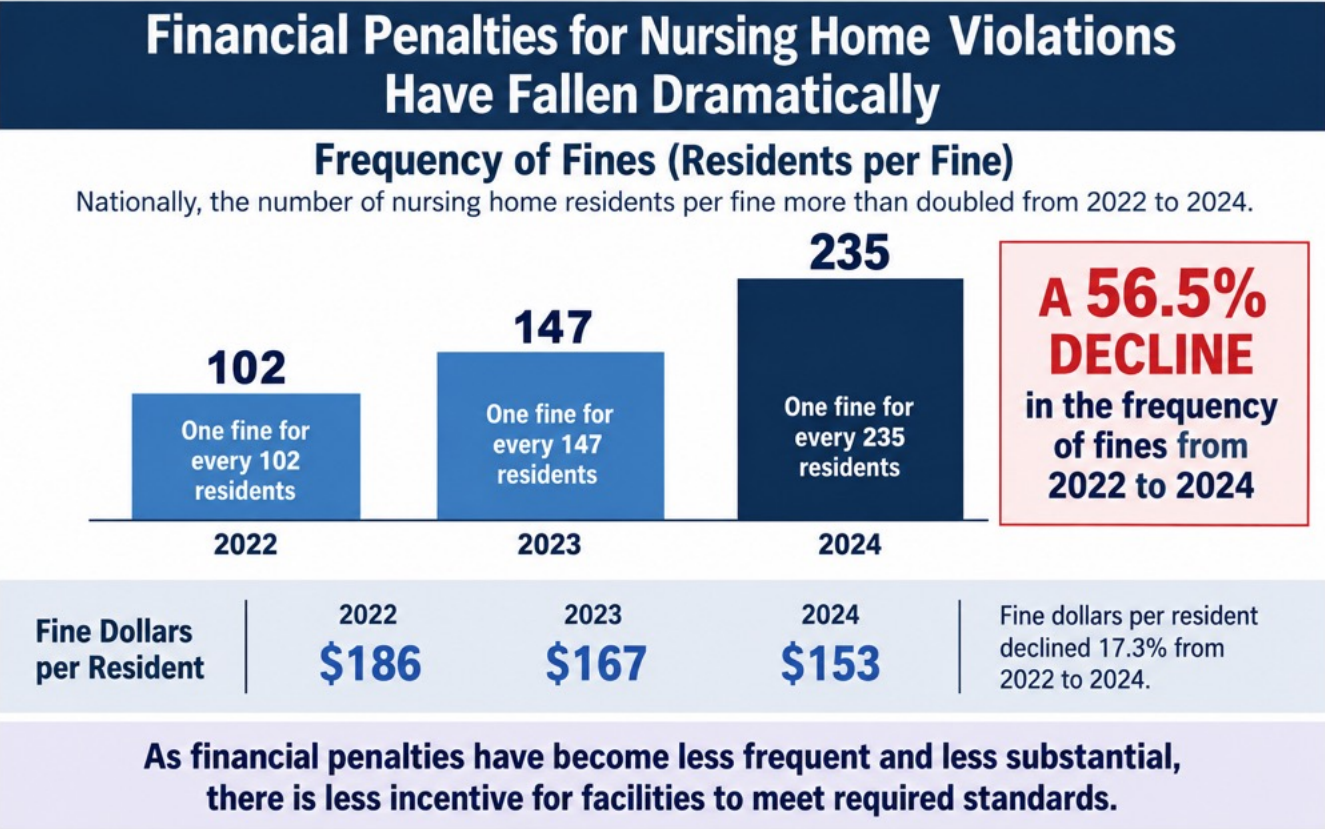
“No harm” is a regulatory classification — not a finding that residents experienced no harm.

Why it matters

When surveyors do not identify harm or immediate jeopardy, a facility is highly unlikely to face any penalty whatsoever.

Financial Accountability Fell Sharply

FINES



Source: CMS penalty data (November 2023, November 2024, and November 2025 files) and CMS PBJ Q4 resident census, for calendar years 2022, 2023, and 2024.

11,501

reported fines in 2022

5,210

reported fines in 2024

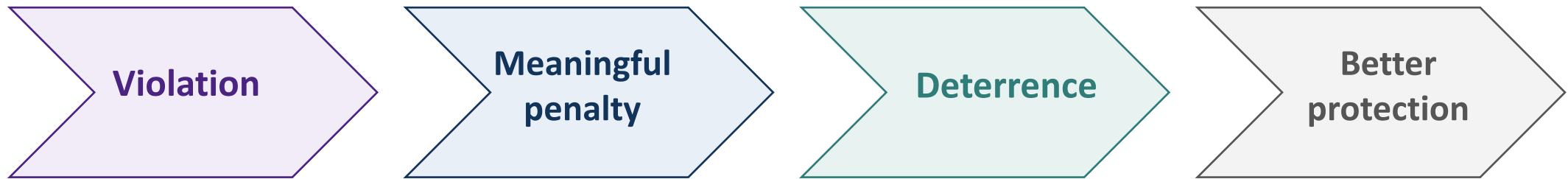
Resident-adjusted frequency of fines fell 56.5%.

49 of 52 jurisdictions reported fewer fines in 2024 than in 2022.

Why Fines Matter

ENFORCEMENT

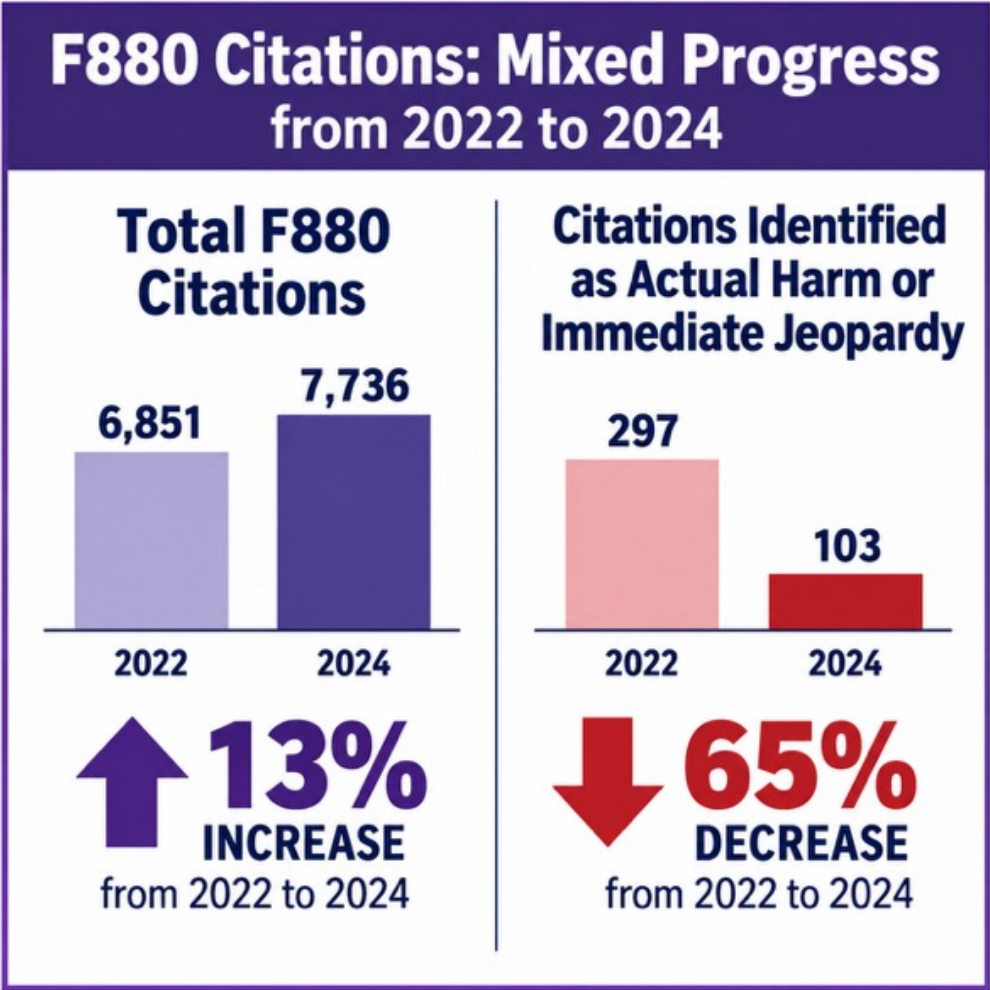
For enforcement to deter noncompliance, the financial consequences must be meaningful enough that violating minimum standards is not simply a cost of doing business.



The study found fewer and less frequent fines even as resident census increased.

Infection Control: More Citations, Much Less Harm Identified

INFECTION CONTROL



2022 → 2024

+13%

total F880 citations

-65%

F880 citations identified as actual harm or immediate jeopardy

By 2024, 98.7% of substantiated F880 violations were classified below actual harm.

Staffing: Independent Data Show Widespread Shortfalls

STAFFING

High Shares Below Expected Staffing, Low F725 Citation Rates

Share of nursing homes below expected total staffing compared with the F725 provider citation rate, 2024



Below expected staffing compares Q4 2024 actual total nurse HPRD with case-mix-adjusted expected total nurse HPRD.
Sources: LTCCC analysis of CMS Payroll-Based Journal staffing data (Q4 2024) and CMS deficiency data (calendar year 2024).

90%

of nursing homes with valid 2024 comparisons were below expected total staffing

64%

were at least 20% below expected

Expected staffing is an evidence-based benchmark tied to the clinical needs reflected in each facility’s resident assessments.

Staffing: Regulatory Findings Tell a Very Different Story

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.

1,012

F725 sufficient-staffing citations in 2024

33

classified at actual harm or immediate jeopardy

96.7% of the insufficient staffing violations surveyors identified were classified as causing no harm to any residents.

Expected staffing and F725 are not interchangeable measures. But both concern whether staffing is sufficient in relation to resident needs.

Pressure Ulcers: A Harm-Identification Paradox

PRESSURE ULCERS

~94,000–95,000

residents reported with unhealed pressure ulcers
in Q4 of each year

~3

F686 citations per 100 residents
reported with a pressure ulcer

~75%

of substantiated F686 violations classified
below actual harm

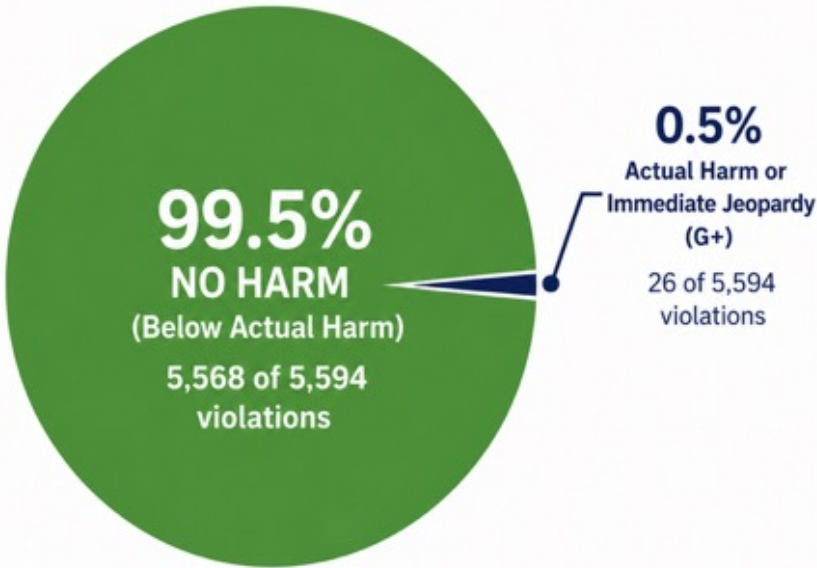
A pressure ulcer is, by definition, a wound. When a facility is found culpable for deficient pressure ulcer care, how can the violation be classified as causing no actual harm?

Notes: (1) The data do not establish that every resident with a pressure ulcer experienced deficient care. They do raise serious questions about identification of deficient care and its impact. (2) Studies have shown that, too often, pressure ulcers are under-identified and under-reported by nursing homes.

Antipsychotic Drugging: Persistent Exposure, Almost No Harm Findings

ANTIPSYCHOTIC DRUGS

99.5%
of all F758 violations identified
during the three-year period were
classified as “no harm.”



~1 in 5

residents reported as having
received an antipsychotic in Q4 of
each study year

5,594

F758 citations, 2022–2024

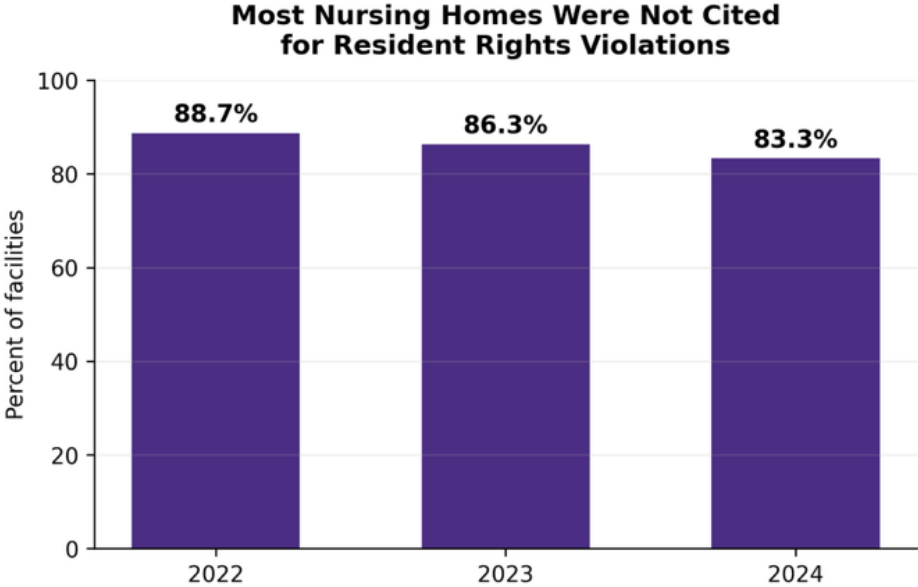
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classified at actual harm or
immediate jeopardy

After nearly 15 years of the federal campaign to reduce antipsychotic drugging, this represents a serious failure of federal and state oversight.

Resident Rights: Fundamental Protections, Little Consequence

RESIDENT RIGHTS



97.6%

Percent of resident rights violations in which
surveyors failed to identify any
physical or psychosocial harm
(2022-2024)

Source: CMS QCOR data; LTCCC analysis. Percentages are unweighted averages of state-level provider citation rates.

The rarity with which surveyors identify rights violations — or recognize harm when violations are found — effectively treats these fundamental protections as matters of little consequence.

Where a Resident Lives Matters

STATE VARIATION

States apply the same federal standards — but identify violations, harm, and penalties at markedly different rates.

Deficiencies

Resident-adjusted citation rates varied dramatically among states.

Harm

G+ and immediate-jeopardy findings differed substantially across states.

Fines

Across three years, Montana's fine frequency per resident was nearly 10× New York's.

Variation does not prove that higher-rate states are doing a good job. It shows that residents receive different levels of regulatory protection depending on where they live. Our study found no evidence that any state was consistently assuring that federal standards were met.

From Findings to Action

The data are not the end point. They are tools for asking better questions and strengthening resident-centered advocacy.

Use the Data to Ask Better Questions

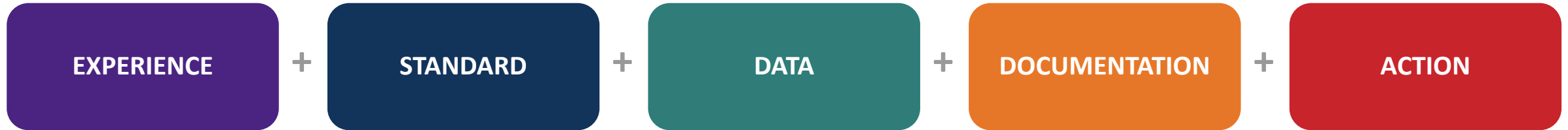
PUTTING INFORMATION INTO ACTION

Study data can help you understand the broader oversight environment in your state.

- Compare your state with the national pattern and other states — without assuming higher citation rates automatically mean better oversight.
- Pair state-level information with facility-level information whenever possible.
- Use numbers to sharpen questions: “Why is our state identifying this issue less often?” “How does the agency ensure psychosocial harm is recognized?”
- Use citation data as context, not as a substitute for resident experience, staffing data, or other evidence.

A Practical Advocacy Framework

PUTTING INFORMATION INTO ACTION



Start with what happened to the resident. Identify the requirement. Use data where it helps. Document the impact. Ask for a specific response and timeline.

“The resident needed _____. The facility failed to provide _____. The result was _____. Federal standards require _____. The facility’s data also show _____. We are asking the facility/agency to _____ by _____.”

Document Harm — Not Just the Underlying Failure

PUTTING INFORMATION INTO ACTION

Do not stop at:

“The call bell was unanswered for 45 minutes.”

If known, document the impact:

“The resident waited 45 minutes for toileting assistance, became incontinent, was embarrassed and crying, and said she was afraid to ask staff for help again.”

Harm can be physical, clinical, functional, emotional, or psychosocial — including pain, fear, humiliation, loss of dignity, autonomy, or function.

Questions That Put Accountability Into Practice

PUTTING INFORMATION INTO ACTION

- What does the resident's assessment and care plan require, and how is the facility ensuring it is carried out consistently?
- What did the facility determine was the cause of this problem, and what systemic corrective action is being taken so it does not recur?
- How did you evaluate the physical and psychosocial impact on the resident?
- If the state did not identify actual harm, what evidence did surveyors consider regarding pain, fear, humiliation, loss of function, or other consequences?
- What is the timeline for corrective action, and how will residents and families know whether it was effective?

When the Problem Is Not Fixed

ESCALATION

- 1 Raise the concern** Appropriate nurse, Director of Nursing, Administrator, or responsible staff.
- 2 Put it in writing** Document significant or recurring concerns and keep a copy.
- 3 Seek assistance** Long-Term Care Ombudsman Program.
- 4 File a complaint** State survey agency and/or Medicaid Fraud Control Unit, as appropriate.
- 5 Escalate further** CMS, legislators, attorney, or other resident-protection resources when warranted.

Three Things to Remember

TAKEAWAYS

1

A lack of citations does not prove there is no problem.

2

“No harm” does not mean the resident experienced no harm.

3

Use standards + data + resident experience together.

The strongest advocacy connects what happened to the resident, what federal standards require, what the available data show, and what corrective action is needed.

Free LTCCC Data, Guides & Advocacy Resources

RESOURCES

The Accountability Gap study page

nursinghome411.org/ltccc-enforcement-study-2026/

Report • Issue briefs • Searchable state and national data files

Learning Center & Advocacy Tools

nursinghome411.org/learn/

Fact sheets • Forms • Dementia care • Abuse/neglect • Resident rights

Staffing Resource Center

nursinghome411.org/staffing-resource-center/

Expected staffing • Quarterly reports • Resident/family staffing guide

Provider Data Reports

nursinghome411.org/data/ratings-info/

Ownership • Ratings • Fines • Staffing • Facility information

You do not have to start from scratch.

How to Use the Public Data Files

DATA WALKTHROUGH

The study page includes searchable workbooks so users can look beyond national findings and ask better state-specific questions.

Which workbook should I open?

Public data files by topic

Topic	Public file(s)	What to look for
Deficiencies & severity	State Citation Rates Scope Severity; Resident-Adjusted State Citation Rates	State totals, G+ and J+ rates, resident-adjusted citation rates
Fines	National & State Fines	Fines, fine dollars, residents per fine, fine dollars per resident
Infection control	State Citations Infection Control	F880 citations and G+ citations by year/state
Staffing	State Nursing Home Expected Staffing and Oversight	Expected staffing shortfalls and F725 citation rates
Pressure ulcers	State Citations Pressure Ulcers; State Pressure Ulcer Rates + Citations	F686 citations, G+ rates, pressure-ulcer rates
Antipsychotic drugs	MDS Frequency Antipsychotic Drugs; State Citation Frequency Psychotropic Drugs	Q4 receipt rates, F758 citations and G+ findings
Resident rights	State Citation Frequency Resident Rights	F550 citation rates and G+ findings

All files available from the Accountability Gap study page.

Practical tip: use the notes/methodology sheets, then filter by state, year, F-tag, or rate depending on the question.

Finding National & State Context

DATA WALKTHROUGH

Start with national summaries, then compare state rates. Resident-adjusted rates help account for differences in state nursing home populations.

Resident-adjusted citation rates

National summary from public workbook

Year	Health deficiencies	Q4 resident census	Citations per 1,000 residents	Residents per citation
2022	128,675	1,176,423	109.4	9.1
2023	142,830	1,205,114	118.5	8.4
2024	143,821	1,226,331	117.3	8.5

Source: Resident-Adjusted State Citation Rates 2022-2024.xlsx

Deficiency citation activity in resident context

Financial penalties

National summary from public workbook

Year	Resident census	Fines	Fine dollars	Residents per fine	Fine dollars per resident
2022	1,176,423	11,501	\$218,454,619	102.3	\$186
2023	1,205,114	8,185	\$200,915,029	147.2	\$167
2024	1,226,331	5,210	\$188,212,671	235.4	\$153

Source: National & State Fines 2022 2023 2024.xlsx

Penalty frequency and magnitude in resident context

Use these files to ask: How often does the state identify violations? How often do findings result in financial consequences?

Finding Staffing Oversight Data

DATA WALKTHROUGH

The staffing workbook brings together expected staffing shortfalls and F725 citation rates. It is designed to help compare staffing shortfalls with oversight response.

Expected staffing + F725 oversight

Selected states from public workbook

State	Facilities with valid staffing data	% below expected	% ≥20% below expected	F725 provider citation rate	F725 G+ provider citation rate
Texas	1,155	96.1%	86.1%	1.8%	0.3%
Indiana	506	96.0%	83.6%	2.1%	0.2%
Georgia	352	96.0%	82.1%	2.5%	0.0%
New York	592	95.6%	77.0%	10.6%	0.2%
Alabama	223	95.1%	44.8%	0.9%	0.9%
Ohio	908	95.0%	80.2%	5.2%	0.2%
Missouri	469	94.5%	77.2%	6.5%	0.4%

Source: State Nursing Home Expected Staffing and Oversight 2024.xlsx

Use it to ask: Where are staffing shortfalls widespread, and how often are survey agencies identifying insufficient staffing or resident harm?

Finding Topic-Specific Data

DATA WALKTHROUGH

Topic workbooks allow users to examine state-level patterns for infection control, pressure ulcers, antipsychotic drugs, and resident rights.

Antipsychotic receipt rates

Q4 2024 MDS frequency data

State / jurisdiction	Residents reported as receiving antipsychotic	Source period
Missouri	29.8%	Q4 2024
Illinois	28.9%	Q4 2024
Louisiana	27.4%	Q4 2024
South Dakota	26.3%	Q4 2024
Mississippi	26.1%	Q4 2024
Alabama	26.0%	Q4 2024
...lowest states...		
Hawaii	13.4%	Q4 2024
Florida	13.6%	Q4 2024
Delaware	14.3%	Q4 2024
Texas	14.7%	Q4 2024
Washington	16.4%	Q4 2024

Source: MDS Frequency Antipsychotic Drugs 2022 2023 2024.xlsx

Infection control

F880 citations
and G+ findings

Pressure ulcers

F686 citations,
MDS rates, G+ findings

Antipsychotic drugs

MDS N0450A rates
and F758 findings

Resident rights

F550 citation rates
and G+ findings

Use the year tabs and G+ tabs to compare total citations with harm/immediate jeopardy findings.

MDS antipsychotic drugging rates

Sources: MDS Frequency Antipsychotic Drugs 2022 2023 2024.xlsx; public F-tag citation workbooks.

Head to NursingHome411

RESOURCES

For materials from today's webinar and resources connected to the study:



Webinar materials

nursinghome411.org/webinar-accountability-gap



Study page

nursinghome411.org/ltccc-enforcement-study-2026

Visit LTCCC's Learning Center for:

- Nursing Home Staffing Resource Center
- Important data and information on U.S. nursing homes
- Fact sheets on key nursing home standards
- Assisted living guides
- Family empowerment resources
- Resident Abuse, Neglect & Crime Reporting Center

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- Monthly webinars
- New reports and issue briefs
- Data updates and public resources
- Resident-centered advocacy tools



LTCCC alerts

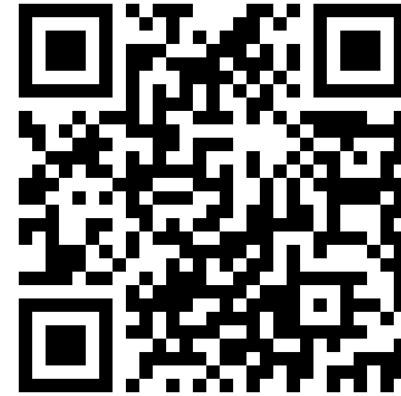


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The Accountability Gap

Strong protections on paper only matter when they are realized in residents' daily lives.

Thank you for joining us today!

Questions & Discussion