LTCCC Brief: The Accountability Gap Close to Home

New York Nursing Home Findings by County, Legislative District, & Ownership | October 2026

LTCCC's national study, The Accountability Gap, and our state report, New York Nursing Home Care and Oversight, document persistent failures to both provide quality nursing home care and hold operators accountable when they fail to meet federal minimum standards. This brief brings those concerns home: Which facilities serve your community? What do their staffing and care indicators show? Do inspection findings reflect the concerns that warrant attention?

The answers matter to residents who depend on daily care, families seeking safety for a loved one, staff responsible for that care, and NY taxpayers, who pay for most nursing home care. The free, user-friendly tools on our NY report page enable New Yorkers to easily connect key data measures to individual facilities, counties, current legislative districts, and chain operators.

Our national and NY State reports examined 2022–2024.[1] This community-level brief focuses on Q4 2024 staffing, annual 2024 care measures, and 2024 survey citations. For the latest staffing, performance, and accountability information, visit LTCCC's Nursing Home Data Center.

Staffing Shortfalls Reach Communities Across New York

Our study reviewed staffing data for the fourth quarter of 2024, the last reporting period of our 2022-2024 study. NY State had a total of 592 facilities with both reported and expected staffing data. Of those, an astounding 95.6% (566 facilities) staffed below the levels expected to meet their residents' basic care needs. Of those same 592 facilities, 456 (77.0%) were at least 20% below expected, indicating the potential for especially serious gaps in care.

The searchable files on our NY report page enable one to see how individual facilities, counties, and legislative districts measure up. Among the 18 counties with at least 10 staffing comparisons, Dutchess, Bronx, and Queens had the largest shares of facilities at least 20% below expected total staffing. Broome, Onondaga, and Monroe had the smallest.

County	Facilities at least 20% below expected total staffing	Percent
Dutchess	12 of 12	100.0%
Bronx	43 of 44	97.7%
Queens	49 of 53	92.5%
Broome	3 of 10	30.0%
Onondaga	6 of 14	42.9%
Monroe	16 of 32	50.0%

A lower share does not establish adequate care. All 10 eligible Broome facilities were below expected total staffing, as were 13 of 14 in Onondaga and 28 of 32 in Monroe.

[1] We utilized the June 2025 federal data extract for 2024 because it enabled us to examine a full year with time for reporting delays. Subsequent updates to 2022-2024 data remain possible.

Nurse Staffing and Citations by LTC Ombudsman Region

Grouping nursing homes by New York's 15 Long Term Care Ombudsman Program (LTCOP) regions shows substantial staffing shortfalls throughout the state along with varying citation rates. The following table pairs Q4 2024 total staffing comparisons with the number and percentage of facilities receiving at least one actual harm or immediate jeopardy citation (G+) across all health deficiency categories in 2024 survey records.[2]

All of the facilities in Regions 7, 8, 9, and 14 staffed below the levels expected to meet the basic care needs of their residents. Only two regions reported less than 90% of facilities below expected staffing: Region 4 (87% below expected staffing) and Region 12 (80% below expected staffing). For more on expected staffing, including guides for LTC ombudsmen, residents and families, legislators, and attorneys, visit the Nursing Home Staffing Resource Center.

LTCOP region	Counties served	Facilities below expected staffing	Facilities at least 20% below expected staffing	Facilities with actual harm or immediate jeopardy citations (G+)
1	Suffolk	39/41 (95.1%)	33/41 (80.5%)	7/41 (17.1%)
2	Nassau	34/37 (91.9%)	32/37 (86.5%)	4/36 (11.1%)
3	New York City	161/163 (98.8%)	147/163 (90.2%)	16/167 (9.6%)
4	Putnam, Rockland, Westchester	47/54 (87.0%)	43/54 (79.6%)	5/55 (9.1%)
5	Columbia, Dutchess, Greene, Orange, Sullivan, Ulster	37/38 (97.4%)	32/38 (84.2%)	8/38 (21.1%)
6	Albany, Fulton, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	41/42 (97.6%)	32/42 (76.2%)	4/44 (9.1%)
7	Clinton, Essex, Franklin	9/9 (100.0%)	5/9 (55.6%)	0/9 (0.0%)
8	Jefferson, Lewis, St. Lawrence	8/8 (100.0%)	6/8 (75.0%)	1/8 (12.5%)
9	Herkimer, Madison, Oneida, Otsego	27/27 (100.0%)	22/27 (81.5%)	6/27 (22.2%)
10	Cayuga, Cortland, Onondaga, Oswego	22/23 (95.7%)	13/23 (56.5%)	4/25 (16.0%)
11	Broome, Chenango, Delaware, Tioga	18/19 (94.7%)	10/19 (52.6%)	6/19 (31.6%)

[2] Citation findings are from surveys conducted in calendar year 2024, as recorded in the June 2025 CMS health citation extract. Counts may change with subsequent reporting or dispute resolution. These findings use the June 2025 facility extract and differ from the QCOR citation figures used in our national and statewide reports.

LTCOP region	Counties served	Facilities below expected staffing	Facilities at least 20% below expected staffing	Facilities with actual harm or immediate jeopardy citations (G+)
12	Chemung, Schuyler, Tompkins	8/10 (80.0%)	4/10 (40.0%)	1/10 (10.0%)
13	Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming, Yates	52/56 (92.9%)	31/56 (55.4%)	6/56 (10.7%)
14	Allegany, Steuben	10/10 (100.0%)	8/10 (80.0%)	2/10 (20.0%)
15	Cattaraugus, Chautauqua, Erie, Niagara	53/55 (96.4%)	38/55 (69.1%)	4/56 (7.1%)

Staffing denominators include facilities with both reported and expected data. Citation denominators include facilities in the June 2025 provider file. They can differ: Nassau has 37 staffing comparisons and 36 June provider file facilities. Note: Fewer G+ findings do not establish less resident harm.

Pressure Ulcer Rates and Citations

Pressure ulcers are serious wounds that, under federal rules, require care to assure prevention (whenever clinically possible), assessment, monitoring, and treatment.[3] While not every pressure ulcer is preventable, research indicates that, "[i]n the vast majority of cases, appropriate identification and mitigation of risk factors can prevent or minimize pressure ulcer formation."[4] According to the Centers for Disease Control and Prevention, "[p]ressure ulcers… are serious medical conditions and one of the important measures of the quality of clinical care in nursing homes."[5]

LTCCC's searchable data reports on our report page include CMS's annual 2024 long-stay pressure ulcer measure, allowing LTCOP Programs and the communities they serve to examine pressure ulcer rates on a facility, county, or legislative district level. The NY County and Facility Companion 2024 file includes all of the 2024 health deficiency citation records[6] including citation codes and descriptions.

The figures below average the available facility data within each LTCOP region, giving each home equal weight. **Important notes:** (1) these scores rely on resident assessments completed and reported by nursing homes. Research has documented widespread underreporting of

[3] See LTCCC's fact sheet at https://nursinghome411.org/fact-sheet-pressure-ulcers/.
[4] Edsberg, L., Langemo, D., Baharestani, M., Posthauer, M., & Goldberg, M., "Unavoidable Pressure Injury: State of the Science and Consensus Outcomes," *Journal of Wound, Ostomy & Continence Nursing*, 2014; 41(4), 313–334. https://doi.org/10.1097/WON.0000000000000050.
[5] Park-Lee, E. and Caffrey, C., *Pressure Ulcers Among Nursing Home Residents: United States, 2004*. Available at www.cdc.gov/nchs/data/databriefs/db14.pdf.
[6] Derived from the June 2025 CMS extract.

pressure ulcers by nursing homes.[7] Consequently, lower reported rates should not automatically be interpreted as better care. (2) These regional averages use CMS's risk-adjusted pressure ulcer scores for long-stay residents over January–December 2024. They are not directly comparable with the statewide 9.60% pressure ulcer rate reported in Q4 2024 MDS frequency data. The measures differ in reporting period, resident population, risk adjustment, and calculation method.

LTCOP region	Average risk-adjusted facility pressure ulcer score: 2024	Facilities with pressure ulcer care (F686) citations: 2024 surveys
1	5.83% (n = 40)	3/41 (7.3%)
2	8.48% (n = 35)	8/36 (22.2%)
3	7.98% (n = 165)	7/167 (4.2%)
4	7.42% (n = 52)	8/55 (14.5%)
5	6.72% (n = 38)	8/38 (21.1%)
6	7.60% (n = 44)	0/44 (0.0%)
7	7.15% (n = 9)	1/9 (11.1%)
8	7.85% (n = 8)	2/8 (25.0%)
9	7.44% (n = 27)	9/27 (33.3%)
10	6.50% (n = 24)	4/25 (16.0%)
11	7.69% (n = 19)	2/19 (10.5%)
12	8.32% (n = 10)	1/10 (10.0%)
13	7.04% (n = 56)	4/56 (7.1%)
14	6.30% (n = 10)	0/10 (0.0%)
15	7.65% (n = 56)	4/56 (7.1%)

Note: Some regions show differing numbers of facilities in the second and third columns. This is due to differences in the numbers of facilities with reported data in the two federal datasets.

Nassau County (Region 2) had the highest average facility pressure ulcer rate (8.48%) and 8 of 36 facilities (22.2%) had an F686 citation. Region 6 had an average pressure ulcer rate of 7.60% across 44 facilities, yet no recorded F686 citations. New York City nursing homes had a reported average of 7.98% across 165 facilities; 7 of 167 homes (4.2%) had an F686 citation.

These data raise questions about wound prevention, treatment, and inspection practices across the state. Though NY is among the weakest states in respect to effectively citing poor pressure

[7] Sanghavi, P., & Chen, Z. (2023). Underreporting of quality measures and associated facility characteristics and racial disparities in US nursing home ratings. *JAMA Network Open, 6*(5), e2314822. https://doi.org/10.1001/jamanetworkopen.2023.14822

ulcer care, variations in citation rates by region, and in respect to facility pressure ulcer rates, provide useful insights for ombudsmen, policymakers, and other community stakeholders.[8]

Evaluating Nursing Home Care & Oversight in Legislative Districts

Our legislative district tools allow New Yorkers to examine staffing and citation findings for individual nursing homes and the facilities serving each Assembly and Senate district. **Residents, families, and legislators can use these findings to view key quality indicators for the facilities in their districts, identify concerns, and seek specific improvements** (in facility regulatory compliance and/or DOH quality assurance).

For example, Assembly District 81 and Senate District 33 each had 100% of their nursing homes at least 20% below expected total staffing in Q4 2024. Yet neither district had an insufficient staffing (F725) citation in the federal record of 2024 surveys. This contrast warrants questions about what inspectors examined and whether facilities complied with federal minimum staffing standards.[9]

Note: District assignments and legislator names in the data files on our NY report page reflect current representation. They do not necessarily identify who represented a facility during the 2022–2024 study period.

Chamber	Total districts	Districts with comparable staffing data	Districts where every assessed facility was below expected staffing	Districts where every assessed facility was 20% or more below expected staffing
Assembly	150	136	**117 (86.0%)**	**64 (47.1%)**
Senate	63	63	**45 (71.4%)**	**18 (28.6%)**

Percentages use districts with comparable staffing data: 136 Assembly districts and 63 Senate districts. Facility comparisons require both reported and expected total staffing data for Q4 2024.

These findings expose a fundamental flaw in New York's approach to nursing home care. Year after year, industry lobbyists warn of closures unless public payments increase, and policymakers invoke "access to care" to justify additional funding without demanding adequate staffing or sustained compliance with basic care standards. Funding without accountability

[8] See our national report and state level data sets at https://nursinghome411.org/ltccc-enforcement-study-2026/. New York had above-average reported pressure ulcer rates, yet ranked among the five lowest states in pressure ulcer care citations relative to reported pressure ulcer resident counts over 2022–2024. As discussed in our companion report, *New York Nursing Home Care and Oversight*, 83.2% of New York's pressure ulcer care citations during that period were classified below G, indicating that surveyors found that not a single resident was harmed as a result of the failure to provide pressure ulcer care that complied with federal minimum standards.

[9] Note: Expected staffing is an important, evidence-based, clinical benchmark. However, these findings on their own do not establish missed violations. Likewise, meeting expected staffing criteria does not necessarily mean that a facility is providing adequate services, since the expected staffing methodology provides a baseline that may not capture care for special populations, such as those in pediatric nursing homes. *See* LTCCC's Nursing Home Staffing Guide for Legislators on the Nursing Home Staffing Resource Center page for more information.

rewards operators who fail to deliver the care they are already paid to provide. Taxpayers should not have to pay more while residents continue to suffer. Fundamentally, access to a nursing home bed is not meaningful access to care when residents endure preventable suffering, neglect, and degrading conditions.

Among districts with at least 10 comparisons, every eligible facility was at least 20% below expected total staffing in Assembly Districts 23, 81, and 95, and Senate Districts 10, 33, 34, and 39.

The smallest shares of facilities staffing 20% or more below expected levels among districts with at least 10 comparisons were Assembly District 123 and Senate District 52.

Access to a nursing home bed is not meaningful access to care when residents endure preventable suffering, neglect, and degrading conditions.

For-Profit Homes Had More – and Larger – Staffing Shortfalls

Among facilities included in our 2024 analysis, 409 were classified as for-profit, 163 as nonprofit, and 29 as government-owned. Among homes with both reported and expected total staffing data, shortfalls were much more common in the for-profit group. Furthermore, for-profit facilities were much more likely to have very significant (20% or higher) staffing shortfalls.

Ownership type	June-listed facilities	Facilities below expected total staffing	Facilities at least 20% below expected total staffing
For-profit	409	401/405 (99.0%)	371/405 (91.6%)
Nonprofit	163	141/157 (89.8%)	79/157 (50.3%)
Government	29	23/29 (79.3%)	6/29 (20.7%)

Ownership, affiliation, and district staffing comparisons include 591 facilities. County and regional comparisons include one additional facility with Q4 2024 staffing data that was absent from the June 2025 provider file.

Federal rules mandate that staffing decisions are based on meeting the needs of residents, as identified through their assessments and individual plans of care. However, far too often, we hear that decisions are made by corporate offices. The differences revealed in these findings support scrutiny of facility day-to-day operations, especially in regard to whether staffing decisions are made in compliance with federal and state laws and whether operators are utilizing the funds they receive for resident care appropriately.

Chain Results Call for Accountability Across Affiliated Homes

Among the 601 facilities included in the analysis, 293 had a reported chain affiliation in the June 2025 CMS provider file, spanning 45 affiliation groups. The remaining 308 had no reported chain affiliation.

As the following chart shows, nursing homes with chain affiliation were slightly more likely to have staffing shortfalls and much more likely to have significant (20%+) staffing shortfalls.

Reported affiliation	June-listed facilities	Facilities below expected total staffing	Facilities at least 20% below expected total staffing
Reported chain affiliation	293	283/291 (97.3%)	251/291 (86.3%)
No reported chain affiliation	308	282/300 (94.0%)	205/300 (68.3%)

Among 40 of the 45 reported nursing home chains, every facility with a staffing comparison was below expected total staffing. Twenty-six chains also had every eligible facility at least 20% below expected. These patterns extend beyond the largest chains: all seven ArchCare homes and all nine Sapphire Care Group homes were at least 20% below expected, as were 30 of 32 Centers Health Care homes.

The ownership data file on our NY report page provides information on all 45 reported chains and their 293 affiliated facilities, including groups represented by one New York nursing home. It includes staffing results, citation findings, and available annual care measures. Group labels are retained as CMS reported them; similarly named groups are not combined.

Despite having a higher percentage of facilities with staffing shortfalls, fewer chain owned nursing homes had G+ citations: 27 of 293 (9.2%), compared with 47 of 308 (15.3%) without reported affiliation. This contrast reinforces the need to examine care indicators and inspection findings together. It also underscores why DOH and other state survey agencies should use staffing and care data to target inspections, investigate potential failures to identify resident harm, and detect patterns of deficient care across facilities under common ownership.

Note: Affiliations are self-reported and may be incomplete or outdated. A blank is classified as no reported chain affiliation; it does not independently confirm that a home has no affiliated owners. Facilities included in our 2024 analysis are based on federal data for 2024 captured in the June 2025 dataset.

Make Local Evidence Count

These findings and accompanying data reports give New Yorkers a concrete basis for demanding better care and stronger oversight. The next step is to require answers and follow-through:

- **Residents and families:** Ask facilities to explain how staffing meets residents' needs on every shift and on weekends (which is required by state and federal law). Identify care that is delayed or missed and request specific corrective action. Use the findings to support advocacy with state legislators and members of Congress.
- **LTC Ombudsmen and advocates:** Use the findings, along with current staffing and provider data, to support resident-centered advocacy on the facility and systems levels.
- **Legislators:** Require DOH to explain persistent staffing shortfalls and limited harm findings in the facilities serving your communities. Seek deadlines for action and evidence that improvements last.
- **Oversight agencies:** Examine patterns across facilities and affiliated owners. Use staffing and care findings alongside complaints, clinical records, and financial evidence to investigate neglect and whether public funds are being used appropriately.

Residents are entitled to good care and treatment with dignity. Taxpayers are entitled to accountability for the services they fund. Documenting these failures must lead to correction, sustained compliance, and meaningful consequences when operators violate residents' rights.

Explore the New York reports and local data tools | Check current staffing and provider information | Visit the Staffing Resource Center

Visit

www.nursinghome411.org

for a range of free resources, including fact sheets on nursing home care standards, assisted living information and guides, the latest nursing home quality and staffing data, and more.

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