

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**CMS DID NOT ACCURATELY REPORT ON
CARE COMPARE ONE OR MORE
DEFICIENCIES RELATED TO HEALTH,
FIRE SAFETY, AND EMERGENCY
PREPAREDNESS FOR AN ESTIMATED
TWO-THIRDS OF NURSING HOMES**

*Inquiries about this report may be addressed to the Office of Public Affairs at
Public.Affairs@oig.hhs.gov.*



**Christi A. Grimm
Inspector General**

April 2023
A-09-20-02007

Office of Inspector General

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Report in Brief

Date: April 2023

Report No. A-09-20-02007

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Audit

On behalf of CMS, State survey agencies perform inspections of Medicare- and Medicaid-certified nursing homes to determine whether they are in compliance with Federal health, fire safety, and emergency preparedness requirements. State survey agency surveyors cite instances of noncompliance as deficiencies and report inspection results to CMS. CMS makes the inspection results available on Care Compare, a CMS website that provides information on health care providers that consumers can use to make informed decisions about health care.

Our objective was to determine whether CMS accurately reported on Care Compare the deficiencies related to health, fire safety, and emergency preparedness that were identified during inspections of nursing homes.

How OIG Did This Audit

We selected a random sample of 100 nursing homes from among 15,377 nursing homes nationwide. For each sampled nursing home, we compared the deficiencies that had been reported on Care Compare as of December 10, 2020, with the deficiencies that State survey agency surveyors had documented in inspection reports from the three most recent yearly health, fire safety, and emergency preparedness inspections and the results of the most recent 3 years of complaint inspections.

CMS Did Not Accurately Report on Care Compare One or More Deficiencies Related to Health, Fire Safety, and Emergency Preparedness for an Estimated Two-Thirds of Nursing Homes

What OIG Found

For 67 of the 100 sampled nursing homes, CMS did not accurately report on Care Compare 1 or more deficiencies that surveyors identified during yearly and complaint inspections. The deficiencies consisted of health deficiencies for 34 nursing homes, fire safety deficiencies for 52 nursing homes, and emergency preparedness deficiencies for 2 nursing homes. In addition, for 42 of the 100 sampled nursing homes, CMS did not report on Care Compare the results of all yearly fire safety and emergency preparedness inspections.

On the basis of our sample results, we estimated that 10,303 nursing homes had 1 or more deficiencies identified during inspections that were not accurately reported on Care Compare. Specifically, we estimated that 5,228 nursing homes had health deficiencies, 7,996 nursing homes had fire safety deficiencies, and 308 nursing homes had emergency preparedness deficiencies that were not accurately reported on Care Compare. In addition, we estimated that for 6,458 nursing homes CMS did not report on Care Compare the results of all yearly fire safety and emergency preparedness inspections.

What OIG Recommends and CMS's Comments

We recommend that CMS: (1) correct the inaccurately reported deficiencies that we identified for the sampled nursing homes; and (2) strengthen its processes for reviewing inspection results reported on Care Compare by requiring State survey agencies to verify the deficiencies reported, providing technical assistance and additional training to State survey agencies, and verifying that nursing home inspection results are accurately reported. The report has three other procedural recommendations.

CMS concurred with the second part of our last recommendation—that it provide technical assistance and additional training to survey agencies—but it did not state whether it concurred with our remaining recommendations. CMS provided information on actions that it had taken or planned to take to address some of those recommendations. After reviewing CMS's comments, we revised our first recommendation to clarify that CMS should correct the inaccurately reported deficiencies we identified for the sampled nursing homes. We also revised the first part of our last recommendation to clarify that the verification should be performed when a State survey agency is preparing to conduct an inspection. We maintain that our recommendations, as revised, are valid.

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INTRODUCTION

WHY WE DID THIS AUDIT

On behalf of the Centers for Medicare & Medicaid Services (CMS), State survey agencies perform inspections of Medicare- and Medicaid-certified nursing homes (nursing homes) to determine whether they are in compliance with Federal health, fire safety, and emergency preparedness requirements.¹ State survey agency surveyors (surveyors) cite instances of noncompliance with the requirements as deficiencies and report inspection results to CMS. CMS makes the inspection results available for consumers on Care Compare, a CMS website that provides information on health care providers that consumers can use to make informed decisions about health care.² This audit covered nursing home inspection results reported on Care Compare.

The Social Security Act (the Act) requires CMS to report nursing home information on Care Compare in a manner that is readily understandable to consumers of long-term care services and to establish a process to review the information reported on the website for accuracy.³ In a June 2004 report, the Office of Inspector General (OIG) found that nursing homes' inspection results reported on CMS's Nursing Home Compare website were not complete and accurate.⁴ We conducted this audit to determine whether Care Compare provided consumers with accurate information related to the deficiencies cited by surveyors.

OBJECTIVE

Our objective was to determine whether CMS accurately reported on Care Compare the deficiencies related to health, fire safety, and emergency preparedness that were identified during inspections of nursing homes.

¹ Under an arrangement with CMS referred to as a "section 1864 agreement," State survey agencies are responsible for conducting inspections to certify that nursing homes are in compliance with the requirements, among other things (the Social Security Act (the Act) § 1864).

² Care Compare is a website that consumers can use to find and compare health care providers, including doctors, hospitals, hospices, and nursing homes (<https://www.medicare.gov/care-compare>). In calendar year 2021, 1.3 million unique users searched for nursing homes on Care Compare 2.8 million times.

³ The Act §§ 1819(i) and 1919(i). Authority was given to the Secretary of Health and Human Services and delegated to CMS.

⁴ OIG, *Inspection Results on Nursing Home Compare: Completeness and Accuracy* (OEI-01-03-00130), issued June 30, 2004. On December 1, 2020, CMS replaced its individual provider comparison websites (e.g., Nursing Home Compare and Hospital Compare) with Care Compare.

BACKGROUND

Certification of Nursing Homes' Compliance With Federal Requirements for Medicare and Medicaid

Nursing homes are required to comply with health and safety requirements in Federal regulations (42 CFR part 483, subpart B) to participate in the Medicare and Medicaid programs. These requirements are the foundation for improving quality and protecting the health and safety of nursing home residents. Surveyors conduct inspections of nursing homes on average every 12 to 15 months (yearly inspections) and certify whether they are in compliance with health and safety requirements.

Yearly Inspections of Nursing Homes

Surveyors conduct yearly inspections to evaluate the safety and quality of care that nursing homes provide. During these inspections, surveyors cite nursing homes for instances of noncompliance with Federal requirements (referred to as “deficiencies”) and determine the scope and severity of each deficiency.⁵ If a nursing home does not agree with a cited deficiency, it can dispute the deficiency through a process called an informal dispute resolution (IDR).

The types and scope of yearly inspections are as follows:

- *Health Inspections.* Nursing homes are required to protect the health and well-being of residents.⁶ For example, nursing homes must: (1) protect beneficiaries from physical and mental abuse, neglect, and exploitation; (2) hire quality staff to provide adequate care; and (3) manage medications properly. Surveyors inspect nursing homes for compliance with Federal requirements that address such areas as resident rights (e.g., the right to be involved in care planning, the right to refuse a transfer, and the right to receive visitors), staff training, infection control, and quality of care. When an instance of noncompliance is identified, a surveyor can cite a nursing home for 1 of nearly 400 health deficiencies.
- *Fire Safety Inspections.* Nursing homes must protect residents from fire dangers.⁷ Nursing homes are inspected to determine whether they meet Life Safety Code standards set by CMS, based on codes that the National Fire Protection Association

⁵ Each deficiency is assigned one of the letters A through L, each of which corresponds to a scope and severity level. A-level deficiencies are the least serious and L-level deficiencies are the most serious. The scope of a deficiency refers to the number of residents affected. The severity of a deficiency refers to the degree of or potential for resident harm.

⁶ Federal requirements for health are found in 42 CFR §§ 483.12, 483.25, 483.45, and 483.95.

⁷ Federal requirements for fire safety are found in 42 CFR § 483.90.

established.⁸ Surveyors inspect nursing homes for compliance with Federal requirements that address areas such as building design and construction and operational features designed to provide protection from fire, smoke, electrical failures, and gas leaks. When an instance of noncompliance is identified, a surveyor can cite a nursing home for 1 of more than 100 fire safety deficiencies.

- *Emergency Preparedness Inspections.* Nursing homes are required to have an emergency preparedness program to plan adequately for both natural and man-made disasters, and coordinate with Federal, State, Tribal, regional, and local emergency preparedness systems.⁹ The program must be designed so that a nursing home can adequately plan for emergencies; nursing home staff are aware of emergency procedures; and the safety and welfare of residents are protected during disasters and emergency situations, including disease outbreaks.¹⁰ Surveyors inspect nursing homes for compliance with Federal requirements that address areas such as having: (1) a written emergency plan based on a risk assessment, (2) an emergency power system, (3) plans for evacuation and sheltering in place, (4) a communication plan, and (5) an emergency preparedness training and testing program. When an instance of noncompliance is identified, a surveyor can cite a nursing home for 1 of 26 emergency preparedness deficiencies.

In addition, between yearly inspections surveyors conduct inspections in response to allegations of noncompliance with Federal requirements from residents, residents' families, and nursing home staff, among others. These are known as complaint inspections.¹¹

At the beginning of the COVID-19 pandemic in March 2020, CMS instructed State survey agencies to suspend yearly inspections so that surveyors could focus their inspections on the most serious health and safety threats, such as infectious diseases and abuse.¹² In addition,

⁸ Fire safety inspections are also known as life safety inspections. Surveyors may conduct a fire safety inspection before, after, or concurrently with a health inspection.

⁹ Federal requirements for emergency preparedness are found in 42 CFR § 483.73.

¹⁰ State survey agencies began to inspect nursing homes for emergency preparedness in November 2017. Surveyors may conduct an emergency preparedness inspection with either a health inspection or a fire safety inspection, or may conduct all three inspections during the same visit.

¹¹ Surveyors may conduct complaint inspections in conjunction with yearly inspections. Deficiencies cited during joint complaint and yearly inspections may be cited for a complaint inspection, a yearly inspection, or both.

¹² CMS Memos to State Survey Agency (SSA) Directors, QSO-20-12-ALL (March 4, 2020) and QSO-20-20-ALL (March 23, 2020). CMS allowed SSAs to resume yearly inspections in August 2020 (CMS Memo to SSA Directors, QSO-20-35-ALL (August 17, 2020)).

CMS introduced infection control inspections, which are an abbreviated type of inspection that allows surveyors to focus on a nursing home’s infection control policies and practices.¹³

Surveyors record inspection results in CMS’s Automated Survey Processing Environment (ASPEN) system. Supervisors for State survey agencies review the results in ASPEN and upload the results to the Certification and Survey Provider Enhanced Reporting (CASPER) system for CMS’s use.¹⁴

CMS requires surveyors to be trained before they can perform an inspection for the first time and provides surveyors with instructions in the *State Operations Manual* and *ASPEN Central Office Procedures Guide* on how to record deficiencies in ASPEN, including how to use the ASPEN IDR Manager to track results of disputed deficiencies.¹⁵

Nursing Home Information Reported on Care Compare

CMS employs several contractors to download data from CASPER each month. CMS and its contractors use the data for various purposes, including reporting on Care Compare.

Care Compare provides consumers with information that includes for each nursing home the results of recent inspections, staffing levels, specific quality-of-care measures, and various characteristics, such as COVID-19 vaccination rates of residents and staff, ownership information, and the number of resident beds. Care Compare features the Five-Star Quality Rating System, which determines a rating of one to five stars (quality rating) for each nursing home, with five stars representing quality that is much above the average of other nursing homes. There is one overall rating for each nursing home and separate ratings for health inspections, staffing, and quality-of-care measures.¹⁶ CMS also reports on Care Compare information that is not used to calculate ratings, including deficiencies identified during fire safety and emergency preparedness inspections.

¹³ CMS reported the results of infection control inspections on Care Compare, but the results were reported separately from health, fire safety, and emergency preparedness inspections for our audit period. Therefore, we did not include in the scope of our audit the deficiencies identified during infection control inspections.

¹⁴ *ASPEN Central Office Procedures Guide*, version 12.0.1.0, “Upload Certification Kits.” During our audit, deficiencies pending an IDR were entered in ASPEN and the ASPEN IDR Manager but were not uploaded to CASPER for posting on Care Compare until the IDR was completed (CMS *State Operations Manual*, chapter 7, § 7212.3, and *ASPEN Central Office Procedures Guide*, version 12.0.1.0, “ACO Fields and Buttons”).

¹⁵ 42 CFR § 488.314(c).

¹⁶ CMS’s *Design for Care Compare Nursing Home Five-Star Quality Rating System: Technical Users’ Guide* (January 2023) explains the methodology that CMS uses to calculate each rating. Available at <https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcompliance/downloads/usersguide.pdf>. Accessed on January 26, 2023.

CMS reports on Care Compare the results of each nursing home’s three most recent yearly inspections for health, fire safety, and emergency preparedness regardless of whether deficiencies were identified.¹⁷ The information reported includes the dates of the three most recent yearly inspections, the total number of deficiencies that were identified during the inspections, and descriptions of any deficiencies. CMS also reports deficiencies that were identified during the most recent 3 years of complaint inspections.¹⁸

Figure 1 is a screenshot that shows an example of a nursing home deficiency cited during a health inspection that was reported on Care Compare. The information includes a brief description of the deficiency, the date of the inspection, the date that the deficiency was corrected, the level of harm to nursing home residents (severity), and a measure of the number of residents affected by the deficiency (scope).¹⁹

Figure 1: A Nursing Home’s Deficiency Information Reported on Care Compare

Environmental Deficiencies				
Inspectors determined that the nursing home failed to:	Inspection Date	Date of Correction	Level of Harm (Least to most)	Residents Affected (Few, Some, Many)
Provide and implement an infection prevention and control program.	1/8/20	2/10/20	<div style="display: flex; gap: 5px;"> 1 2 3 4 </div> 2 - Minimal harm or potential for actual harm	Few

¹⁷ On Care Compare, the results of a nursing home’s fire safety and emergency preparedness inspections are combined and reported together.

¹⁸ As of December 10, 2020 (the date of our audit), more than 360,000 health deficiencies, more than 136,000 fire safety deficiencies, and more than 24,000 emergency preparedness deficiencies had been reported on Care Compare.

¹⁹ In prior versions of the Care Compare website (Nursing Home Compare), CMS identified deficiencies with a scope of “isolated” to indicate that few residents were affected, “pattern” to indicate that some residents were affected, and “widespread” to indicate that many residents were affected.

CMS's Processes for Reviewing the Results of Surveyors' Inspections of Nursing Homes

CMS's processes for reviewing inspection results consisted of a series of data validation checks and a manual quality assurance check. CMS designed some data validation checks to identify irregularities in the inspection data (e.g., to determine whether text fields contained only text and numerical fields contained only digits). CMS's contractors performed additional data validation checks on the inspection data as the data moved between various contractors and from ASPEN to Care Compare to verify that the inspection data were shown in the appropriate fields in CASPER and were displayed correctly on Care Compare. CMS also performed a manual quality assurance check twice each month (before and after the inspection results were reported on Care Compare) to verify that some updates, such as CMS's downgrading of a nursing home's quality rating, were correctly reported on Care Compare. (CMS performed the manual quality assurance check for a small number of nursing homes.)

In addition, CMS relied on State survey agencies and nursing homes to ensure that inspection results were accurately reported on Care Compare. CMS officials commented that they expected State survey agency supervisors to review inspection results before they were uploaded to CASPER. CMS officials stated that nursing homes also served an important role in ensuring the accuracy of inspection results reported on Care Compare because nursing homes could review the results reported on the website and notify CMS of any inaccurately reported deficiencies.

Prior Office of Inspector General Report on Nursing Home Compare

In June 2004, OIG issued a report on the completeness and accuracy of inspection results reported on Nursing Home Compare.²⁰ OIG found that Nursing Home Compare was missing one or more deficiencies that surveyors identified in inspection reports (for 11 percent of nursing homes), showed deficiencies that were not identified in inspection reports (for 15 percent of nursing homes), and was missing the inspection results for one or more of the three most recent yearly health or complaint inspections (for 19 percent of nursing homes). OIG recommended that CMS require State survey agencies to verify that the most recent inspection results were shown in CMS databases (e.g., CASPER) and suggested that each surveyor, when preparing for an inspection, compare the deficiencies shown in a deficiency report with the deficiencies shown in ASPEN. CMS concurred with the recommendation and discussed steps it planned to take to implement the recommendation, including issuing a letter directing State survey agencies to periodically review a sample of the inspection results shown in CASPER to make sure that the inspection results were the most current available.²¹

²⁰ OIG, *Inspection Results on Nursing Home Compare: Completeness and Accuracy* ([OEI-01-03-00130](#)), issued June 30, 2004.

²¹ During our audit, CMS officials were not able to identify whether a letter was issued but informed us that State survey agencies were not required to periodically verify the completeness and accuracy of the deficiencies shown in ASPEN and CASPER.

HOW WE CONDUCTED THIS AUDIT

As of August 2020, there were 15,377 Medicare- and Medicaid-certified nursing homes nationwide. From among these nursing homes, we selected a random sample of 100 nursing homes. For each sampled nursing home, we reviewed the deficiencies reported on Care Compare as of December 10, 2020. We also reviewed State survey agencies' inspection reports that documented the results of the three most recent yearly health, fire safety, and emergency preparedness inspections and the results of the most recent 3 years of complaint inspections for the sampled nursing homes. We compared the deficiencies documented in the inspection reports with the deficiencies shown in CASPER and reported on Care Compare to determine whether CMS accurately reported on Care Compare all of the deficiencies that surveyors identified during inspections. We discussed the results of some inspections with State survey agency officials to determine reasons for any differences between the deficiencies documented in the inspection reports and the deficiencies shown in CASPER and reported on Care Compare.

We interviewed CMS staff and contractors and reviewed documentation to gain an understanding of the processes they used to review the inspection results shown in CASPER and reported on Care Compare. We also discussed with CMS officials our findings and any corrections that CMS had made to inspection results that were inaccurately reported on Care Compare. We reviewed Care Compare in November 2021 and CASPER and Care Compare in January 2023 to determine whether the inspection results related to our findings had been corrected and accurately reported.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix A describes our audit scope and methodology, Appendix B describes our statistical sampling methodology, and Appendix C contains our sample results and estimates. Appendix D lists related OIG reports on deficiencies identified at nursing homes.

FINDINGS

CMS did not accurately report on Care Compare some nursing homes' deficiencies related to health, fire safety, and emergency preparedness that were identified during inspections of nursing homes. Specifically, for 67 of the 100 sampled nursing homes, CMS did not accurately report on Care Compare 1 or more deficiencies that surveyors identified during yearly and complaint inspections. The deficiencies consisted of health deficiencies for 34 nursing homes, fire safety deficiencies for 52 nursing homes, and emergency preparedness deficiencies for

2 nursing homes.²² In addition, for 42 of the 100 sampled nursing homes, CMS did not report on Care Compare the results of all yearly fire safety and emergency preparedness inspections.²³

CMS's processes for reviewing inspection results before and after they were reported on Care Compare were not adequate to ensure that deficiencies identified by surveyors during inspections were accurately reported on the website. On the basis of our sample results, we estimated that 10,303 nursing homes had 1 or more deficiencies identified during inspections that were not accurately reported on Care Compare. Specifically, we estimated that 5,228 nursing homes had health deficiencies, 7,996 nursing homes had fire safety deficiencies, and 308 nursing homes had emergency preparedness deficiencies that were not accurately reported on Care Compare. In addition, we estimated that for 6,458 nursing homes CMS did not report on Care Compare the results of all yearly fire safety and emergency preparedness inspections.

FEDERAL REQUIREMENTS

The Act requires CMS to report on Care Compare nursing home information in a manner that is readily understandable to consumers of long-term care services and establish a process to review the information reported on the website for accuracy.²⁴

CMS DID NOT ACCURATELY REPORT ON CARE COMPARE SOME HEALTH DEFICIENCIES

CMS did not accurately report on Care Compare the health deficiencies identified at 34 sampled nursing homes. Specifically:

- For 26 nursing homes, 56 health deficiencies were missing.
- For 9 nursing homes, 23 health deficiencies were not identified during an inspection or documented in an inspection report.
- For three nursing homes, three health deficiencies had an inaccurate scope and severity level.²⁵

²² Each of the 67 nursing homes had at least 1 deficiency related to health, fire safety, or emergency preparedness, or a combination of these deficiencies, that was not accurately reported.

²³ For 27 of the 42 nursing homes, CMS did not accurately report on Care Compare the deficiencies that surveyors identified during yearly and complaint inspections in addition to not reporting on Care Compare the results of all yearly fire safety and emergency preparedness inspections.

²⁴ The Act §§ 1819(i) and 1919(i).

²⁵ The number of nursing homes with deficiencies is greater than 34 because each of the 34 nursing homes had 1 or more deficiencies that were missing, were not supported by an inspection report, had an inaccurate scope and severity level, or had a combination of these issues.

Some Health Deficiencies Were Missing From Care Compare

We found that 56 health deficiencies (for 26 nursing homes) were missing from Care Compare, including a deficiency related to the death of 1 resident. Surveyors identified these deficiencies during inspections and documented them in inspection reports.

Examples of the missing deficiencies included the following:

- A nursing home received a J-level deficiency during a complaint inspection for failing to ensure that the residents' environment remained free of hazards.²⁶ The inspection report showed that nursing home staff allowed a resident who used an oxygen tank—and had a known history of smoking in bed while connected to the oxygen tank—to keep a cigarette lighter in the resident's room. A fire occurred in the resident's room, and the resident sustained burns and died at the nursing home within an hour of the fire. This deficiency was not shown in CASPER. CMS officials stated that the deficiency was missing because CASPER was not programmed to accept inspection results from two different types of inspections (e.g., a health inspection and a fire safety inspection) that were conducted on the same date but were recorded in ASPEN on different dates. The officials stated that because the more recently entered inspection results (for the fire safety inspection) overwrote the previously entered inspection results (for the health safety inspection), the deficiencies from only the fire safety inspection were reported on Care Compare.²⁷
- A nursing home received a G-level deficiency during a yearly inspection for failing to prevent the development of a resident's pressure ulcer.²⁸ The inspection report showed that the resident developed a pressure ulcer that exposed the resident's tailbone. Although this deficiency was not shown in CASPER, 11 additional deficiencies that were

²⁶ A J-level deficiency is one that affects few residents and has caused or is likely to cause serious injury, harm, or death (CMS *State Operations Manual*, chapter 7, § 7400.3.1).

²⁷ CMS officials stated that, as a result of our findings, the programming that caused the issue was corrected. As of November 2021, we were unable to confirm whether this deficiency had been corrected because Care Compare showed the most recent 3 years of complaints and the complaint deficiency was no longer within the previous 3 years. However, as of January 2023, the deficiency was still not shown in CASPER (the data source for Care Compare).

²⁸ A G-level deficiency is one that affects few residents and has caused actual harm but not serious injury, harm, or death (CMS *State Operations Manual*, chapter 7, § 7400.3.1). Pressure ulcers, or bed sores, are injuries to the skin and underlying tissue resulting from prolonged pressure on the skin, most often developing on skin that covers bony areas of the body, such as the heels, ankles, hips, and tailbone.

documented in the same inspection report were accurately shown in CASPER and reported on Care Compare.²⁹

Some Health Deficiencies Reported on Care Compare Were Not Identified During an Inspection or Documented in an Inspection Report

We found that 23 health deficiencies (for 9 nursing homes) reported on Care Compare were not identified during an inspection or documented in an inspection report.

For example, Care Compare showed that during a yearly inspection one nursing home received an E-level deficiency for failure to have a qualified person provide care to its residents.³⁰ This deficiency was not documented in the yearly inspection report but was shown in CASPER. CMS officials stated that the deficiency was identified during the yearly inspection; however, the nursing home disputed the deficiency and requested an IDR. CMS officials said that the deficiency was reviewed during the IDR, but the surveyor incorrectly deleted the deficiency from the inspection results instead of using the ASPEN IDR Manager to track the outcome of the IDR as instructed in the *State Operations Manual* and *ASPEN Central Office Procedures Guide*. CMS officials said that if the surveyor had used the ASPEN IDR Manager, the system would have warned the surveyor that the deficiency had also appeared in a followup inspection and would need to be adjusted.³¹ Because the surveyor did not properly remove the deficiency from the inspection results for the revisit, the deficiency was erroneously shown in CASPER and reported on Care Compare.³²

Some Health Deficiencies Reported on Care Compare Had Inaccurate Scope and Severity Levels

We found that one health deficiency in each of three nursing homes reported on Care Compare had an inaccurate scope and severity level. The scope and severity levels that surveyors

²⁹ We confirmed that as of November 2021, this deficiency was still missing from Care Compare. As of November 2022, CMS officials had not stated why this finding occurred. As of January 2023, the yearly inspection was no longer reported on Care Compare because it had been replaced with a more current inspection. However, as of January 2023, the deficiency was still not shown in CASPER (the data source for Care Compare).

³⁰ An E-level deficiency is one that affects some residents and has caused no actual harm but has the potential to cause more than minimal harm without causing serious injury, harm, or death (CMS *State Operations Manual*, chapter 7, § 7400.3.1).

³¹ When a surveyor cites a deficiency during an inspection, the surveyor may conduct a followup inspection (referred to as a “revisit”) to determine whether the nursing home has corrected the deficiency and is in compliance with Federal requirements. When a revisit is recorded in ASPEN, an inspection record is created that shows the deficiencies that were identified in the previous inspection.

³² We confirmed that as of November 2021, the deficiency was still reported on Care Compare. As of January 2023, the yearly inspection was no longer reported on Care Compare because results from a more recent yearly inspection had replaced the older inspection. However, as of January 2023, the deficiency was still erroneously shown in CASPER (the data source for Care Compare).

assigned during inspections did not match the scope and severity levels that were reported for these deficiencies on Care Compare.

For example, one nursing home was cited during a yearly inspection for failure to provide an environment that was free of hazards. The deficiency was identified in the inspection report as a D-level deficiency but was shown in CASPER and reported on Care Compare as a G-level deficiency.³³ The inspection report showed that the scope and severity level was amended from a G-level to a D-level deficiency through an IDR. CMS officials stated that the inaccurate scope and severity level was shown in CASPER and reported on Care Compare because the surveyor had made a data entry error. The surveyor correctly recorded the results from the IDR in the ASPEN IDR Manager, which was programmed to warn surveyors that deficiencies recorded for a revisit may need to be adjusted. The surveyor downgraded the scope and severity level for the initial inspection but failed to also downgrade the scope and severity level for a revisit.³⁴

CMS DID NOT ACCURATELY REPORT ON CARE COMPARE SOME FIRE SAFETY DEFICIENCIES

CMS did not accurately report on Care Compare the fire safety deficiencies identified at 52 sampled nursing homes. Specifically:

- For 41 nursing homes, 231 fire safety deficiencies were missing.
- For 16 nursing homes, 19 fire safety deficiencies were not accurately described.³⁵

Some Fire Safety Deficiencies Were Missing From Care Compare

We found that 231 fire safety deficiencies (for 41 nursing homes) were missing from Care Compare. Surveyors identified these deficiencies during inspections and documented them in inspection reports. In addition, for 18 of the 41 nursing homes, we found that all of the fire safety deficiencies identified during inspections were missing from Care Compare.

For example, for 1 nursing home Care Compare was missing all 20 deficiencies that surveyors cited during 3 yearly inspections. The deficiencies ranged from D-level to F-level and included deficiencies for failure to test and maintain the fire alarm and sprinkler systems, conduct fire

³³ A D-level deficiency is one that affects a few residents and has caused no actual harm but has the potential to cause more than minimal harm without causing serious injury, harm, or death. A G-level deficiency is one that affects few residents and has caused actual harm but not serious injury, harm, or death. (CMS *State Operations Manual*, chapter 7, § 7400.3.1.)

³⁴ We confirmed that as of November 2021, the correct scope and severity level was reported on Care Compare.

³⁵ The number of nursing homes with deficiencies is greater than 52 because each of the 52 nursing homes had 1 or more deficiencies that were missing, were not accurately described, or had both issues.

drills, ensure that full and empty oxygen tanks were separated, and install and maintain portable fire extinguishers.³⁶ All 20 deficiencies were shown in CASPER.³⁷

CMS officials stated that the programming it used to export data from CASPER for reporting on Care Compare was not correct and caused approximately 35,000 fire safety deficiencies from all three yearly inspections and 3 years of complaint inspections not to be reported on Care Compare.³⁸

Some Fire Safety Deficiencies Were Not Accurately Described on Care Compare

We found that 19 fire safety deficiencies (for 16 sampled nursing homes) were not accurately described on Care Compare. This issue occurred because the list of deficiencies that CMS and its contractors used to report deficiencies on Care Compare had two deficiencies with inaccurate descriptions.³⁹

Following are examples of deficiencies that were not accurately described:

- A nursing home was cited during a yearly inspection for an F-level deficiency for failure to have vertical openings between floors (e.g., elevator shafts and ventilation shafts) enclosed with fire-resistant construction. The description of the deficiency shown in CASPER matched the description of the deficiency in the inspection report. However, the deficiency was described in the list of deficiencies and reported on Care Compare as a failure of the nursing home to “have protected exits that allow the resident to escape the building.”
- A nursing home was cited during a yearly inspection for an F-level deficiency for failure to maintain, inspect, and test doors. The description of the deficiency shown in CASPER matched the description of the deficiency in the inspection report. However, the

³⁶ A D-level deficiency is one that affects a few residents, an E-level deficiency is one that affects some residents, and an F-level deficiency is one that affects many residents. All three are deficiencies that have caused no actual harm but have the potential to cause more than minimal harm without causing serious injury, harm, or death. (CMS *State Operations Manual*, chapter 7, § 7400.3.1.)

³⁷ We confirmed that as of November 2021, the deficiencies were reported on Care Compare.

³⁸ CMS officials stated that as a result of our findings the programming had been corrected. We confirmed that as of November 2021, the missing fire safety deficiencies had been reported on Care Compare for all but 13 of the 41 sampled nursing homes. We could not confirm whether all of the fire safety deficiencies for the 13 nursing homes had been corrected because of the age of missing complaint deficiencies and the results from more recent yearly fire safety inspections that had replaced older inspections. However, as of January 2023, one fire safety deficiency identified during a complaint inspection for one nursing home was still not shown in CASPER (the data source for Care Compare).

³⁹ To report deficiency information on Care Compare, CMS and its contractors export deficiency data from CASPER and descriptions of the deficiencies from a separate list of deficiencies.

deficiency was described in the list of deficiencies and reported on Care Compare as a failure of the nursing home to be “properly staffed.”

CMS officials stated that they verified that the descriptions in the list of deficiencies that CMS and its contractors used to report deficiencies on Care Compare were accurate but missed that two descriptions were not accurate.⁴⁰

CMS DID NOT ACCURATELY REPORT ON CARE COMPARE A FEW EMERGENCY PREPAREDNESS DEFICIENCIES

CMS did not accurately report on Care Compare the emergency preparedness deficiencies identified at two sampled nursing homes. Specifically:

- For one nursing home, one emergency preparedness deficiency was missing.
- For one nursing home, one emergency preparedness deficiency was reported twice.

One Emergency Preparedness Deficiency Was Missing From Care Compare

We found that one emergency preparedness deficiency identified at one nursing home was missing from Care Compare. During a yearly inspection, a surveyor cited the nursing home for a D-level deficiency for failure to have contact information for emergency officials in its emergency preparedness communication plan and documented the deficiency in the inspection report. The deficiency was shown in CASPER.⁴¹

One Emergency Preparedness Deficiency Was Reported Twice on Care Compare

We found that one emergency preparedness deficiency identified at one nursing home was reported twice on Care Compare. During a yearly inspection, a surveyor cited the nursing home for a C-level deficiency for failure to develop an emergency preparedness plan.⁴² The fire safety inspection report and the health inspection report created 7 days after the fire safety inspection report included the deficiency. The wording describing the deficiency was identical

⁴⁰ CMS officials stated that as a result of our findings the descriptions were corrected. We confirmed in June 2021 that the two descriptions on the list of deficiencies and on Care Compare were corrected.

⁴¹ CMS officials did not state why the deficiency was missing but stated that it was subsequently reported on Care Compare. We confirmed that as of November 2021, the deficiency was reported on Care Compare. CMS officials stated that as of October 2021, 56 additional emergency preparedness deficiencies were missing from Care Compare because of a programming issue in ASPEN. In November 2022, the official said that a change to the programming code was made to correct the issue. However, support provided by CMS showed that the change to the programming code was not implemented because CMS could not validate the code. In January 2023, CMS confirmed that implementation was on hold.

⁴² A C-level deficiency affects many residents and has caused no actual harm but has the potential to cause minimal harm (CMS *State Operations Manual*, chapter 7, § 7400.3.1).

in each report, which included the date that the surveyor identified the deficiency. This deficiency was shown twice in CASPER and reported twice on Care Compare.

State survey agency officials commented that a former agency official had required surveyors to include the results of emergency preparedness inspections with both the fire safety and health inspection results, but that this was no longer the practice. CMS officials commented that existing data validation checks would not have recognized the deficiencies as duplicates because the health inspection and the fire safety inspection occurred on different dates. CMS officials also commented that it is possible for surveyors to identify an emergency preparedness deficiency during either the health or fire safety inspection, and it is the responsibility of the surveyor to report the emergency preparedness deficiency with the appropriate inspection.⁴³ Figure 2 is a screenshot that shows the emergency preparedness deficiency reported twice on Care Compare.

Figure 2: Emergency Preparedness Deficiency Reported Twice on Care Compare

Emergency Preparedness Deficiencies				
Inspectors determined that the nursing home failed to:	Inspection Date	Date of Correction	Level of Harm (Least to most)	Residents Affected (Few, Some, Many)
Establish an Emergency Preparedness Program (EP).	2/7/18	2/7/18	<div style="display: flex; gap: 5px;"> 1 2 3 4 </div> 1 - Potential for minimal harm	Many
Establish an Emergency Preparedness Program (EP).	1/31/18	3/4/18	<div style="display: flex; gap: 5px;"> 1 2 3 4 </div> 1 - Potential for minimal harm	Many

⁴³ We were unable to confirm whether the deficiency was corrected as of November 2021 because results from a more recent yearly inspection had replaced the older inspection. However, as of January 2023, the deficiency was still shown twice in CASPER (the data source for Care Compare).

CMS DID NOT REPORT ON CARE COMPARE THE RESULTS OF ALL YEARLY FIRE SAFETY AND EMERGENCY PREPAREDNESS INSPECTIONS OF SOME NURSING HOMES

For 42 of the 100 sampled nursing homes, CMS did not report on Care Compare the results of all yearly fire safety and emergency preparedness inspections. Although these inspections had been conducted, Care Compare showed that previous inspection results for the 42 nursing homes did not exist.

For example, for 1 nursing home Care Compare was missing the results of all 3 yearly fire safety and emergency preparedness inspections, which included 29 fire safety deficiencies that surveyors had cited in the 3 yearly inspections. Rather than showing the dates that the three yearly inspections were conducted, Care Compare showed that previous inspection results for the nursing home did not exist. (See Figure 3 for a screenshot of Care Compare for this case.) All 3 inspections and 29 deficiencies were shown in CASPER.

Figure 3: Inspection Results Not Reported on Care Compare

Deficiency Category	Previous inspection results for this nursing home do not exist.	Previous inspection results for this nursing home do not exist.	Previous inspection results for this nursing home do not exist.
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CMS officials were unable to explain why the results of fire safety and emergency preparedness inspections were missing from Care Compare but commented that it may have been a temporary issue caused by the migration of the data from Nursing Home Compare to Care Compare.⁴⁴

CMS'S PROCESSES FOR REVIEWING INSPECTION RESULTS REPORTED ON CARE COMPARE WERE NOT ADEQUATE

CMS's processes for reviewing inspection results before and after they were reported on Care Compare were not adequate to ensure that deficiencies identified by surveyors during inspections were accurately reported on the website. Specifically, CMS's and its contractors' data validation checks consisted of: (1) identifying data irregularities (e.g., checking that numerical fields contained only digits) in inspection data and (2) verifying that data were

⁴⁴ We confirmed that as of November 2021, the missing fire safety and emergency preparedness inspection results for the 42 sampled nursing homes had been reported on Care Compare. However, in January 2023, we found that for four of the sampled nursing homes, Care Compare was again missing the results of all three yearly inspections. Rather than showing the dates that the three yearly inspections were conducted, Care Compare showed that previous inspection results for the nursing homes did not exist. In January 2023, we notified CMS of the reoccurrence of the issue, CMS corrected how the data were retrieved (which had caused the issue), and we confirmed that the yearly inspections had been reported for the four nursing homes.

displayed correctly on Care Compare. In addition, the manual quality assurance check that CMS used to verify that Care Compare reflected updated information (e.g., a change to a nursing home's quality rating) was performed for only a small number of nursing homes and was not designed to verify whether nursing home deficiencies reported on the website were accurate.

Furthermore, CMS did not require State survey agencies to compare deficiencies shown in ASPEN and CASPER. CMS officials commented that surveyors were responsible for correctly recording the deficiencies in ASPEN and using the ASPEN IDR Manager to track the results of disputed deficiencies. The officials stated that they had no way of verifying whether the deficiencies that surveyors entered were complete and accurate. Moreover, CMS only required training for surveyors before they performed inspections for the first time.

AN ESTIMATED TWO-THIRDS OF NURSING HOMES HAD DEFICIENCIES THAT WERE NOT ACCURATELY REPORTED ON CARE COMPARE

On the basis of our sample results, we estimated that for 10,303 of the 15,377 nursing homes, CMS did not accurately report on Care Compare 1 or more deficiencies related to health, fire safety, and emergency preparedness. Specifically, we estimated that:

- 5,228 nursing homes had health deficiencies that were not accurately reported,
- 7,996 nursing homes had fire safety deficiencies that were not accurately reported, and
- 308 nursing homes had emergency preparedness deficiencies that were not accurately reported.

In addition, we estimated that for 6,458 nursing homes CMS did not report on Care Compare the results of all yearly fire safety and emergency preparedness inspections.

During our fieldwork, after we informed CMS of our findings, CMS made corrections to some of the inspection results reported on Care Compare.⁴⁵ As of January 2023, there was still some inaccurate information in CASPER and on Care Compare that CMS needed to address.

CONCLUSION

CMS developed Care Compare as a resource to help consumers make informed health care decisions for themselves and their loved ones. The website contains a wealth of information for each Medicare- and Medicaid-certified nursing home in the country, including each nursing home's quality rating, results of recent inspections, staffing levels, specific quality-of-care measures, and characteristics such as COVID-19 vaccination rates of residents and staff, ownership information, and the number of resident beds. CMS is required to report on Care

⁴⁵ As of November 2022, CMS officials had not stated the causes of some of our findings.

Compare nursing home information in a manner that is readily understandable to consumers of long-term care services and to have a process to review for accuracy the information reported.

In a June 2004 report, OIG found that nursing homes' inspection results reported on CMS's Nursing Home Compare website were not complete and accurate.⁴⁶ OIG recommended to CMS that it require State survey agencies to verify that inspection results were properly shown in CASPER. CMS concurred with OIG's recommendation but did not require State survey agencies to periodically verify the completeness and accuracy of the deficiencies shown in ASPEN and CASPER.

Our findings in this report are similar to those that OIG identified in its 2004 report and demonstrate that CMS's processes are not adequate to ensure that the information reported on Care Compare is accurate. CMS's use of data validation checks and a manual quality assurance check as well as its reliance on surveyors to record deficiencies correctly in ASPEN were not enough to ensure that nursing homes' deficiencies were accurately reported on Care Compare. Furthermore, as our 2004 report mentioned, CMS is unlikely to become aware of inspection results that were not accurately reported on Care Compare unless nursing homes notify CMS of inaccurately reported results. However, a nursing home may be unlikely to notify CMS of inaccurately reported results if those results make the nursing home appear to be safer and have a higher quality of care.

We recognize that correcting the inaccurately reported deficiencies may not have a significant impact on nursing homes' quality ratings, primarily because CMS uses only health deficiencies to determine the ratings and the deficiencies are only one of many factors that CMS uses to determine the ratings.⁴⁷ The bigger impact may be improved accuracy of the information reported on Care Compare. Consumers rely on the information they find on Care Compare to make informed health care decisions and expect it to be accurate; the information can set the expectation for a consumer's experience with a particular nursing home. The findings in this report demonstrate the need for CMS to take additional measures to ensure that the information it reports on Care Compare for nursing homes is accurate.

⁴⁶ OIG, *Inspection Results on Nursing Home Compare: Completeness and Accuracy* ([OEI-01-03-00130](#)), issued June 30, 2004.

⁴⁷ As of November 2021, for the 34 nursing homes with health deficiencies that were not accurately reported, all of the health deficiencies for 4 of these nursing homes had been corrected, and none of the health deficiencies for 5 of these nursing homes had been corrected. For one nursing home, only a portion of the health deficiencies had been corrected. We could not confirm whether all of the health deficiencies for the remaining 24 nursing homes had been corrected because of the age of missing complaint deficiencies and the results from more recent yearly inspections that had replaced older inspections. However, as of January 2023, the health deficiencies for 2 nursing homes were not accurately shown in CASPER or reported on Care Compare, and health deficiencies for an additional 13 nursing homes that were outside Care Compare's reporting period were still incorrect in CASPER (the data source for Care Compare).

RECOMMENDATIONS

We recommend that the Centers for Medicare & Medicaid Services:

- correct the inaccurately reported deficiencies that we identified for the sampled nursing homes;
- evaluate whether additional modifications are needed to existing programming in CASPER that prevented the entry of 2 different inspections that were performed on the same date;
- ensure that any future revisions to the list of deficiencies that is used to describe deficiencies reported on Care Compare are accurate;
- correct existing programming in ASPEN that prevented the 56 emergency preparedness deficiencies from being reported on Care Compare; and
- strengthen its processes for reviewing inspection results reported on Care Compare by:
 - requiring State survey agencies to verify that deficiencies shown in ASPEN are also shown in CASPER when they are preparing to conduct an inspection,
 - providing technical assistance and additional training to State survey agencies that are not following procedures in the *State Operations Manual* and *ASPEN Central Office Procedures Guide* for reporting deficiencies in ASPEN, and
 - including in its manual quality assurance check a verification that nursing home inspection results are accurately reported.

CMS COMMENTS AND OFFICE OF INSPECTOR GENERAL RESPONSE

In written comments on our draft report, CMS concurred with the second part of our fifth recommendation and stated that there is training available on its website but that it will explore ways to provide additional technical assistance and training to State survey agencies. CMS did not state whether it concurred with our first four recommendations and the first and third parts of our fifth recommendation but provided information on actions that it had already taken or planned to take to address some of those recommendations.

In its written comments, CMS also stated that it had discovered several primary causes for the issues identified in our audit and had worked expeditiously to resolve them. CMS stated that it had worked with its technical systems and reviewed regulations and policies to fully understand the impacts on the data being delivered for public consumption on Care Compare and had implemented corrections for each issue that we identified. CMS also stated that several of our findings are from a point in time that is no longer reflective of the data on Care Compare

because the findings were identified during inspections that are outside the 3-year posting period for Care Compare data. CMS provided additional information on our findings related to health, fire safety, and emergency preparedness deficiencies.

CMS also provided technical comments on our draft report, which we addressed as appropriate. Additionally, CMS provided documentation to support actions that it had taken to implement our third and fourth recommendations, which we reviewed. CMS's comments, excluding the technical comments and additional documentation, are included as Appendix E.

After reviewing CMS's comments, we revised our first recommendation and the first part of our fifth recommendation. We maintain that our recommendations, as revised, are valid. Our summaries of CMS's specific comments on the findings and recommendations and our responses follow. (The wording for each of the headings below for our recommendations is consistent with the wording for our revised recommendations.)

FINDINGS RELATED TO HEALTH, FIRE SAFETY, AND EMERGENCY PREPAREDNESS DEFICIENCIES

CMS Comments

CMS provided additional information on our findings related to health, fire safety, and emergency preparedness deficiencies:

- *Health Deficiencies.* CMS stated that it estimates that the number of missing health deficiencies represents a “small minority” of all deficiencies cited. CMS said that it reviewed examples of the findings we shared and identified two primary reasons for the data discrepancies. CMS stated that the first reason was human data-entry error. CMS also stated that it found a few instances of human error during its review of our findings and said that it does not believe these occasional instances heavily impact the Five-Star Quality Rating System. CMS stated that the second reason for the data discrepancies was a system issue that caused inspection results to overwrite previously entered inspections that were performed on the same day but entered into the system on different days. CMS stated that it corrected this issue with a coding update that allows the system to display both inspection results.
- *Fire Safety Deficiencies.* CMS stated that the 231 missing fire safety deficiencies were due to a change in how data were structured in CASPER. CMS stated that a variable used in CASPER was updated but that the code used to retrieve the data had not been updated. CMS stated that the code has since been updated, which resulted in approximately 35,000 fire safety deficiencies being added to Care Compare. CMS also stated that it had updated the two inaccurate deficiency descriptions and confirmed that all deficiencies are now accurately described.
- *Emergency Preparedness Deficiencies.* CMS stated that our example of a missing emergency preparedness deficiency appeared correctly on Care Compare at the time

CMS reviewed Care Compare for the missing deficiency. CMS stated that this issue was fixed with the coding update to CASPER that it mentioned in its comments on the fire safety deficiencies. CMS also stated that it did not agree with our finding that one emergency preparedness deficiency was duplicated on Care Compare. CMS commented that the same emergency preparedness deficiency was cited in both a yearly health inspection and a fire safety inspection on separate dates.

Office of Inspector General Response

Although CMS reviewed examples of the findings we shared, it did not state that it reviewed all of our findings to determine why the deficiencies were inaccurately reported on Care Compare. In January 2023, we found that health, fire safety, and emergency preparedness deficiencies were still not accurately shown in CASPER (the data source for Care Compare) for 16 sampled nursing homes.⁴⁸ Our specific responses to CMS's comments follow:

- *Health Deficiencies.* As stated in our report, we recognize that correcting the inaccurately reported deficiencies may not have a significant impact on nursing homes' quality ratings. The bigger impact may be improved accuracy of the information reported on Care Compare. Regarding the human data-entry errors, we believe that CMS should require State survey agencies to verify that deficiencies shown in ASPEN are also shown in CASPER, and that CMS should provide technical assistance and additional training to State survey agencies that are not following procedures for reporting deficiencies in ASPEN. We acknowledge that the coding update allows the system to display both inspection results, but additional steps are needed to correct the deficiencies that were still not accurately shown in CASPER.
- *Fire Safety Deficiencies.* In January 2023, we found that one fire safety deficiency identified during a complaint inspection for one nursing home was still not shown in CASPER. Therefore, not all of the missing fire safety deficiencies were corrected by the coding update that CMS referenced in its comments. Regarding the two inaccurate deficiency descriptions, we state in footnote 40 in our report that we confirmed in June 2021 that the descriptions had been corrected.
- *Emergency Preparedness Deficiencies.* After CMS reviewed examples of findings that we provided, CMS did not indicate that the missing emergency preparedness deficiency was missing for the same reason that caused approximately 35,000 fire safety deficiencies to be missing from Care Compare. As stated in our report, CMS did not provide a cause during our audit for the missing emergency preparedness deficiency but stated that the deficiency appeared when it reviewed Care Compare after we had provided the example. We identified 41 nursing homes that were missing fire safety deficiencies but only 1 nursing home that was missing an emergency preparedness deficiency, which

⁴⁸ One sampled nursing home had both health and fire safety deficiencies that were not accurately shown in CASPER.

indicates that the issues may not be related. Regarding the emergency preparedness deficiency that was reported twice on Care Compare, the wording describing the deficiency was identical, including the date that the deficiency occurred. We stated in our report that the State survey agency no longer included the results of emergency preparedness inspections with both the fire safety and health inspection results.

FIRST RECOMMENDATION: CORRECT THE INACCURATELY REPORTED DEFICIENCIES IDENTIFIED FOR THE SAMPLED NURSING HOMES

CMS Comments

CMS did not state whether it concurred with our recommendation. CMS stated that the inaccurately reported deficiencies we identified no longer remain on Care Compare because they exceed the 3-year reporting cycle.

Office of Inspector General Response

We recognize that the inaccurately reported deficiencies we identified are no longer reported on Care Compare. However, CMS provided a cause for examples of the issues identified during our audit and did not state that it had reviewed all of our findings to determine why the deficiencies were inaccurately reported on Care Compare. As stated in our report, CMS did not provide a cause for some of our findings, and the actions taken by CMS have not corrected all of our findings. We noted in our report that inaccurately reported deficiencies remained when we reviewed Care Compare in November 2021. In January 2023, we found that health deficiencies for two sampled nursing homes were still not accurately reported on Care Compare. We also found that Care Compare had not reported the results of all yearly inspections for four sampled nursing homes, which was a finding for which CMS was unable to determine a cause during our audit.

Although most of the deficiencies were no longer reported on Care Compare, we found in January 2023 that health, fire safety, and emergency preparedness deficiencies were still not accurately shown in CASPER for 16 sampled nursing homes. Therefore, CMS needs to take additional actions to address all of our findings to prevent inaccurately reported deficiencies on Care Compare. We revised the language of our recommendation to clarify that CMS should correct the inaccurately reported deficiencies we identified for the sampled nursing homes.

SECOND RECOMMENDATION: EVALUATE WHETHER ADDITIONAL MODIFICATIONS ARE NEEDED TO EXISTING PROGRAMMING IN CASPER THAT PREVENTED THE ENTRY OF TWO DIFFERENT INSPECTIONS THAT WERE PERFORMED ON THE SAME DATE

CMS Comments

CMS did not state whether it concurred with our recommendation but stated that it corrected the issue with a coding update that allows the system to display the results of two different

inspections that were performed on the same date. CMS also stated that it has not identified additional modifications as being necessary.

Office of Inspector General Response

As stated in our report, CMS did not provide a cause for some of our findings. In addition, we noted in our report that health deficiencies remained missing when we reviewed Care Compare in November 2021. In January 2023, we reviewed Care Compare and CASPER and found that health deficiencies were not accurately reported on Care Compare for 2 sampled nursing homes; and health, fire safety, and emergency preparedness deficiencies were still not accurately shown in CASPER for 16 sampled nursing homes. Therefore, CMS needs to take additional actions to address all of our findings.

THIRD RECOMMENDATION: ENSURE THE ACCURACY OF ANY FUTURE REVISIONS TO THE LIST OF DEFICIENCIES USED TO DESCRIBE DEFICIENCIES REPORTED ON CARE COMPARE

CMS Comments

CMS did not state whether it concurred with our recommendation. CMS stated that upon learning of the two incorrectly described deficiencies, it updated the language to display it correctly. CMS also stated that it added the descriptions of deficiencies to its manual quality assurance check (which it referred to as the “verification checklist”) to ensure that future deficiencies are accurately reported on Care Compare.

Office of Inspector General Response

We reviewed the additional documentation that CMS provided with its written comments, which included a copy of the verification checklist that CMS uses for its manual quality assurance checks of the data reported on Care Compare. We confirmed that CMS added to the checklist a step to verify the accuracy of the descriptions used to describe deficiencies on Care Compare; therefore, we consider this recommendation implemented.

FOURTH RECOMMENDATION: CORRECT EXISTING PROGRAMMING IN ASPEN THAT PREVENTED 56 EMERGENCY PREPAREDNESS DEFICIENCIES FROM BEING REPORTED ON CARE COMPARE

CMS Comments

CMS did not state whether it concurred with our recommendation. CMS stated that it investigated and found that the missing emergency preparedness deficiencies were related to an ASPEN programming code. CMS said that when a surveyor enters a fire safety deficiency in ASPEN, the surveyor assigns it to a specific building. CMS explained that emergency preparedness deficiencies are not associated with a specific building and are therefore entered as “building not applicable” on fire safety inspections. CMS said that the data extraction

process for emergency preparedness deficiencies identified during a fire safety inspection had not been updated to capture emergency preparedness deficiencies that were not associated with a building. CMS stated that the programming code was updated, and the 56 emergency preparedness deficiencies were added to Care Compare.

Office of Inspector General Response

We reviewed the additional documentation that CMS provided with its written comments, which included programming code and an implementation schedule, and determined that it was not clear whether the revised programming code in ASPEN had been implemented. In January 2023, we contacted CMS to clarify whether the revised code had been implemented. CMS responded that while testing the revised code it had identified some irregularities and, as a result, placed on hold the implementation of the revised code.

FIFTH RECOMMENDATION: STRENGTHEN PROCESSES BY REQUIRING STATE SURVEY AGENCIES TO VERIFY DEFICIENCIES WHEN PREPARING FOR INSPECTIONS AND BY INCLUDING VERIFICATION OF INSPECTION RESULTS IN THE MANUAL QUALITY ASSURANCE CHECK

CMS Comments

CMS did not state whether it concurred with the first and third parts of our fifth recommendation. Regarding the first part of our recommendation, CMS stated that it was taking steps to ensure that surveyors enter data correctly but did not believe that performing manual checks was the best way to ensure accuracy given that there are more than 250,000 inspections on Care Compare. Regarding the third part of our recommendation, CMS stated that manual quality assurance checks of data uploaded to CASPER cannot identify omissions by State survey agencies from the ASPEN system (i.e., inspection results that those agencies did not record in ASPEN). CMS also stated that, because of surveyors' workloads, CMS disagreed with us that manual quality assurance checks are the best use of State survey agency resources. CMS stated that it would consider alternative ways to strengthen the quality assurance process.

Office of Inspector General Response

Regarding CMS's comments on the first part of our fifth recommendation, CMS did not state which specific steps it was taking to ensure that surveyors enter data correctly. We noted in our report that CMS agreed with a prior OIG recommendation that State survey agencies verify that the most recent inspection results were shown in CMS databases (e.g., CASPER).⁴⁹ In the prior report, OIG suggested that each surveyor, when preparing for an inspection, compare the deficiencies shown in a deficiency report with the deficiencies shown in ASPEN. Based on our findings, we continue to recommend that CMS require State survey agencies to verify the

⁴⁹ OIG, *Inspection Results on Nursing Home Compare: Completeness and Accuracy* ([OEI-01-03-00130](#)), issued June 30, 2004.

accuracy of inspection results in ASPEN and CASPER. We revised our recommendation to clarify that the verification should be performed when a State survey agency is preparing to conduct an inspection.

Regarding CMS's comments on the third part of our fifth recommendation, we recommended that CMS include in its manual quality assurance check (referred to as the "verification checklist" in CMS's comments) a verification that nursing home inspection results are accurately reported on Care Compare. We recognize that CMS may not be able to identify inspection results that State survey agencies omitted from ASPEN. However, CMS could add a step to its manual quality assurance check to verify whether deficiencies reported on Care Compare are accurate based on what State survey agencies record in ASPEN and upload to CASPER.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

As of August 26, 2020, there were 15,377 Medicare- and Medicaid-certified nursing homes nationwide. From these nursing homes, we selected a random sample of 100 nursing homes. For each sampled nursing home, we reviewed the deficiencies reported on Care Compare as of December 10, 2020.

We did not assess CMS's and CMS contractors' overall internal control structures. Rather, we limited our review of internal controls to the processes that CMS and its contractors used to determine whether the inspection results shown in CASPER and reported on Care Compare were accurate.

We conducted our audit from September 2020 through January 2023.

METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Federal laws, regulations, and guidance;
- obtained an understanding of Care Compare and the Five-Star Quality Rating System, as well as how deficiencies identified during health, fire safety, and emergency preparedness inspections were shown in ASPEN and CASPER and reported on Care Compare;
- interviewed CMS staff and contractors and reviewed documentation to gain an understanding of the processes they used to review the inspection results shown in CASPER and reported on Care Compare;
- obtained a list of all Medicare- and Medicaid-certified nursing homes nationwide from the Nursing Home Compare website on August 26, 2020;
- confirmed there were no material differences between the nursing homes identified on Nursing Home Care on August 26, 2020, and Care Compare on December 1, 2020 (the date on which CMS replaced Nursing Home Compare with Care Compare);
- selected a random sample of 100 nursing homes from the list of certified nursing homes and for each sampled nursing home:
 - obtained a list of deficiencies shown in CASPER for each nursing home's 3 most recent yearly health, fire safety, and emergency preparedness

inspections and deficiencies reported for the most recent 3 years of complaint inspections;

- obtained a list of deficiencies reported on Care Compare as of December 10, 2020, for each nursing home's 3 most recent yearly health, fire safety, and emergency preparedness inspections and deficiencies identified for the most recent 3 years of complaint inspections;
 - obtained the State survey agencies' inspection reports that documented the inspection results for each nursing home's 3 most recent yearly health, fire safety, and emergency preparedness inspections and the inspection results for the most recent 3 years of complaint inspections; and
 - compared the deficiencies documented in the inspection reports with the deficiencies shown in CASPER and reported on Care Compare to identify inconsistencies;
- discussed some inspection results with State survey agency officials to determine the reason for any differences between the deficiencies that were documented in the inspection reports and the deficiencies that were shown in CASPER and reported on Care Compare;
 - estimated the number of nursing homes nationwide with deficiencies related to health, fire safety, or emergency preparedness that were not accurately reported on Care Compare by deficiency type and in total;
 - estimated the number of nursing homes nationwide with fire safety and emergency preparedness inspection results that were not reported on Care Compare;
 - discussed with CMS officials any corrections made to inspection results that were inaccurately reported on Care Compare;
 - reviewed Care Compare in November 2021 and CASPER and Care Compare in January 2023 to determine whether the inspection results related to our findings had been corrected and were accurately reported; and
 - discussed the results of our audit with CMS officials.

Appendix B contains our statistical sampling methodology, and Appendix C contains our sample results and estimates.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain

sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

APPENDIX B: STATISTICAL SAMPLING METHODOLOGY

SAMPLING FRAME

The sampling frame consisted of 15,377 Medicare- and Medicaid-certified nursing homes on the Nursing Home Compare website on August 26, 2020.⁵⁰

SAMPLE UNIT

The sample unit was a nursing home with a unique CMS Certification Number.

SAMPLE DESIGN AND SAMPLE SIZE

We selected a simple random sample of 100 nursing homes.

SOURCE OF RANDOM NUMBERS

We generated the random numbers with the OIG, Office of Audit Services (OAS), statistical software.

METHOD OF SELECTING SAMPLE UNITS

We sorted the nursing homes alphabetically and then consecutively numbered the sample units in the frame from 1 to 15,377. After generating 100 random numbers, we selected the corresponding frame items for review.

ESTIMATION METHODOLOGY

We used the OAS statistical software to estimate the number of nursing homes with deficiencies that were not accurately reported on Care Compare: (1) deficiencies related to health, fire safety, or emergency preparedness; (2) health deficiencies; (3) fire safety deficiencies; and (4) emergency preparedness deficiencies. We also estimated the number of nursing homes with fire safety and emergency preparedness inspection results that were not reported on Care Compare.

⁵⁰ On December 1, 2020, CMS replaced Nursing Home Compare with Care Compare.

APPENDIX C: SAMPLE RESULTS AND ESTIMATES

Table 1: Sample Results

Frame Size	Sample Size	Number of Nursing Homes With Deficiencies That Were Not Accurately Reported on Care Compare				Number of Nursing Homes With Fire Safety and Emergency Preparedness Inspection Results That Were Not Reported on Care Compare
		Health, Fire Safety, or Emergency Preparedness Deficiencies*	Health Deficiencies	Fire Safety Deficiencies	Emergency Preparedness Deficiencies	
15,377	100	67	34	52	2	42

* The number of nursing homes with health, fire safety, or emergency preparedness deficiencies represents the number that had at least one of the three types of deficiencies.

Table 2: Statistical Estimates and 90 Percent Confidence Intervals for Nursing Homes With Deficiencies That Were Not Accurately Reported on Care Compare (in Our Sampling Frame)

Estimate Description	Point Estimate (Number of Nursing Homes)	Lower Limit (Number of Nursing Homes)	Upper Limit (Number of Nursing Homes)
Nursing homes with deficiencies related to health, fire safety, or emergency preparedness that were not accurately reported on Care Compare	10,303	8,993	11,493
Nursing homes with health deficiencies that were not accurately reported on Care Compare	5,228	4,025	6,543
Nursing homes with fire safety deficiencies that were not accurately reported on Care Compare	7,996	6,666	9,312
Nursing homes with emergency preparedness deficiencies that were not accurately reported on Care Compare	308	56	945

Table 3: Statistical Estimates and 90 Percent Confidence Intervals for Nursing Homes With Fire Safety and Emergency Preparedness Inspection Results That Were Not Reported on Care Compare (in Our Sampling Frame)

Estimate Description	Point Estimate (Number of Nursing Homes)	Lower Limit (Number of Nursing Homes)	Upper Limit (Number of Nursing Homes)
Nursing homes with fire safety and emergency preparedness inspection results that were not reported on Care Compare	6,458	5,178	7,794

APPENDIX D: RELATED OFFICE OF INSPECTOR GENERAL REPORTS

Report Title	Report Number	Date Issued
<i>Certain Life Care Nursing Homes May Not Have Complied With Federal Requirements for Infection Prevention and Control and Emergency Preparedness</i>	A-01-20-00004	9/15/2022
<i>Certain Nursing Homes May Not Have Complied With Federal Requirements for Infection Prevention and Control and Emergency Preparedness</i>	A-01-20-00005	7/26/2022
<i>Audits of Nursing Home Life Safety and Emergency Preparedness in Eight States Identified Noncompliance With Federal Requirements and Opportunities for the Centers for Medicare & Medicaid Services To Improve Resident, Visitor, and Staff Safety</i>	A-02-21-01010	7/15/2022
<i>Iowa Should Improve Its Oversight of Selected Nursing Homes' Compliance With Federal Requirements for Life Safety and Emergency Preparedness</i>	A-07-19-03238	2/16/2021
<i>North Carolina Should Improve Its Oversight of Selected Nursing Homes' Compliance With Federal Requirements for Life Safety and Emergency Preparedness</i>	A-04-19-08070	9/18/2020
<i>Illinois Should Improve Its Oversight of Selected Nursing Homes' Compliance With Federal Requirements for Life Safety and Emergency Preparedness</i>	A-05-18-00037	9/17/2020
<i>Missouri Should Improve Its Oversight of Selected Nursing Homes' Compliance With Federal Requirements for Life Safety and Emergency Preparedness</i>	A-07-18-03230	3/13/2020
<i>Florida Should Improve Its Oversight of Selected Nursing Homes' Compliance With Federal Requirements for Life Safety and Emergency Preparedness</i>	A-04-18-08065	3/06/2020
<i>Life Safety and Emergency Preparedness Deficiencies Found at 18 of 20 Texas Nursing Homes</i>	A-06-19-08001	2/06/2020
<i>California Should Improve Its Oversight of Selected Nursing Homes' Compliance With Federal Requirements for Life Safety and Emergency Preparedness</i>	A-09-18-02009	11/13/2019
<i>New York Should Improve Its Oversight of Selected Nursing Homes' Compliance With Federal Requirements for Life Safety and Emergency Preparedness</i>	A-02-17-01027	8/20/2019
<i>Trends in Deficiencies at Nursing Homes Show That Improvements Are Needed To Ensure the Health and Safety of Residents</i>	A-09-18-02010	4/26/2019
<i>CMS Guidance to State Survey Agencies on Verifying Correction of Deficiencies Needs To Be Improved To Help Ensure the Health and Safety of Nursing Home Residents</i>	A-09-18-02000	2/07/2019

Report Title	Report Number	Date Issued
<i>Nebraska Did Not Always Verify Correction of Deficiencies Identified During Surveys of Nursing Homes Participating in Medicare and Medicaid</i>	A-07-17-03224	5/30/2018
<i>Florida Did Not Always Verify Correction of Deficiencies Identified During Surveys of Nursing Homes Participating in Medicare and Medicaid</i>	A-04-17-08052	4/27/2018
<i>North Carolina Did Not Always Verify Correction of Deficiencies Identified During Surveys of Nursing Homes Participating in Medicare and Medicaid</i>	A-04-17-02500	1/04/2018

APPENDIX E: CMS COMMENTS



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Administrator
Washington, DC 20201

DATE: November 7, 2022

TO: Gregory E. Demske
Acting Principal Deputy Inspector General

FROM: Chiquita Brooks-LaSure *Chiquita LaSure*
Administrator

SUBJECT: Office of Inspector General (OIG) Draft Report: CMS Did Not Accurately Report on Care Compare Deficiencies Related to Health Fire Safety, and Emergency Preparedness for an Estimated Two-Thirds of Nursing Homes, A-09-20-02007

The Centers for Medicare & Medicaid Services (CMS) appreciates the opportunity to review and comment on the Office of Inspector General's (OIG) draft report.

CMS takes its role in improving the safety and quality of care in our nation's nursing homes seriously, and as such, is leading the Biden-Harris Administration's new efforts to increase accountability for nursing homes. The Administration has laid out 21 initiatives spread across five key strategic goals, including an initiative to enhance information about nursing homes on CMS's Care Compare website.¹ CMS is dedicated to empowering consumers, their families, and their caregivers by giving them the resources they need to make informed decisions, and a key to this effort is the Nursing Home Care Compare website (Care Compare).

Care Compare was designed as a tool to help residents and their loved ones compare facilities and make informed decisions when choosing a place for care. Care Compare includes nursing home health, fire safety, and emergency preparedness survey results and features the Five-Star Quality Rating System that gives each nursing home a rating of between 1 and 5 stars. Nursing homes with 5 stars are considered to have much above average quality and nursing homes with 1 star are considered to have quality much below average. CMS has already published new measures on Care Compare, which allow users to consider nursing home staff turnover, weekend staffing levels, and other important factors in their decision-making process.² In addition to posting new measures, CMS will further improve Care Compare by improving the readability and usability of the information displayed, including providing information on how to interpret key metrics.

The Care Compare website and Five-Star Quality Rating System include data from over 250,000 health and safety compliance inspection surveys conducted by approximately 5,000 surveyors throughout the country for a three-year period. These surveys include annual recertification surveys and surveys conducted in response to complaints for the approximately 15,000 nursing homes certified by Medicare

¹ The White House, [FACT SHEET: Protecting Seniors by Improving Safety and Quality of Care in the Nation's Nursing Homes, February 28, 2022](#).

² CMS Memorandum, [QSO-22-08-NH Nursing Home Staff Turnover and Weekend Staffing Levels, January 07, 2022](#).

and Medicaid. CMS is proactive in its efforts to ensure accurate information is published on Care Compare and when determining ratings for the Five-Star Quality Rating System.

Through the Automated Survey Process Environment (ASPEN) system, State Survey Agencies (SSAs) upload completed survey results, which are then automatically uploaded into the national database, known as Certification and Survey Provider Enhanced Reports (CASPER). The CASPER system automatically collects the data from ASPEN on a daily basis. Once in CASPER, the Star Ratings are calculated, and CMS then puts the data through a series of validation checks and ensures that the data files are displayed correctly on Care Compare.

The Five-Star Quality Rating System includes one overall 5-star rating for each nursing home, and separate ratings for health inspections, staffing, and quality measures. The overall rating is based on a nursing home's performance on those three areas. The health inspection score is based on points assigned to deficiencies identified in each active provider's three most recent recertification health inspections, as well as on deficiency findings from the most recent three years of complaint inspections and findings from focused infection control surveys. The health inspection score is weighted based on performance relative to each state. Health inspection scores could be changed by a new health inspection, a complaint or focused infection control survey that results in one or more deficiency citations, a Resolution of Informal Dispute Resolutions, Independent Informal Dispute Resolutions resulting in changes to the scope and/or severity of deficiencies, or a deficiency that is older than three years.³ CMS notes that fire safety and emergency preparedness deficiencies do not affect the Five-Star Quality Ratings.

CMS thanks OIG for its thorough review of nursing home data on the Care Compare website. The OIG selected 100 nursing homes (less than one percent of all certified long-term care facilities) to review on the Care Compare website on December 10, 2020. OIG then compared the survey inspection report with the information displayed on Care Compare. As a part of the process of researching and understanding the issues outlined by the OIG's report, CMS discovered several primary causes for the issues identified and worked expeditiously to resolve them. CMS also worked with the technical systems and reviewed regulations and policies to fully understand the impacts on the data being delivered for public consumption on the Care Compare website. CMS has implemented corrections to each issue identified by the OIG. However, due to the timing delay between review and reporting, several of OIG's findings are from a point in time that is no longer reflective of the data on Care Compare and are outside the three-year posting period for Care Compare. Further, OIG did not update its findings to reflect the fixes CMS implemented. CMS has provided additional information on OIG's detailed findings and responses to OIG's recommendations below.

Health Inspection Deficiencies

Based on the frequency of citations, CMS estimates that the number of missing health inspection deficiencies represents a small minority of all deficiencies cited. CMS reviewed the examples shared by OIG and identified two primary reasons for the data discrepancies described. The first reason is human data entry errors, such as failing to update the status of an Informal Dispute Resolution or Independent Informal Dispute Resolution, which prevents posting to the Care Compare website during the dispute process. During the Informal Dispute Resolution process, the deficiencies are not included in the health inspection score and are only considered after a final decision. CMS found a few instances of human error during the review of OIG's findings and does not believe these occasional instances heavily impact the Five-Star Quality Rating System, which is automatically updated when a surveyor uploads a change or update.

³ CMS Technical Users' Guide, [Design for Care Compare Nursing Home Five-Star Quality Rating System, July 2022](#)

CMS also found a system issue where, if two surveys of different types (e.g., a standard and a complaint or a complaint and a focused infection control survey) were conducted on the same day but entered into the system on different days, the more recently entered survey would overwrite the previously entered survey. Most of the missing deficiencies fell into this category. CMS corrected this issue with a coding update that allows the system to display both survey results.

Fire Safety Survey Deficiencies

CMS identified that the 231 fire safety survey deficiencies that were missing were due to a change in how the data are structured in the national database, CASPER. Specifically, a variable used in CASPER was updated; however, the code used to pull those data (which feeds into the Care Compare website) had not been updated. The code has since been updated, which resulted in approximately 35,000 fire safety tags being added to Nursing Home Care Compare. The “tags” are a shorthand reference to all the federal regulations with which nursing homes must comply. When a nursing home is not in compliance, they are cited with the corresponding deficiency tag.

OIG also noted that 19 fire safety deficiencies were not accurately described on Care Compare. These deficiencies were related to two inaccurate tag definitions out of 224 tags. CMS updated the two definitions and confirmed that all tags are now accurately described. CMS notes that fire safety deficiencies do not affect the Five-Star Ratings.

Emergency Preparedness Survey Deficiencies

OIG provided CMS with one example of a missing emergency preparedness tag; however, at the time of review, CMS confirmed that the deficiency appeared correctly on Care Compare. The emergency preparedness deficiency is shown in both the fire safety survey and a health survey. This issue was fixed with the coding update to CASPER mentioned above.

OIG provided CMS with one example regarding duplicated emergency preparedness tags on Care Compare. CMS disagrees with OIG’s finding and confirmed that the deficiency is not duplicated. The same emergency preparedness deficiency was cited on both a standard health survey and a fire safety survey on separate dates. OIG did not provide CMS additional context on why they still classify the deficiency as a duplicate.

Conclusion

As outlined, CMS implemented corrections to each issue identified by the OIG. Therefore, the OIG’s estimation of nursing homes with inaccurate deficiencies is from a single point in time and no longer reflective of the data on Care Compare. Also, it is important to note the majority of the issues were related to fire safety and emergency preparedness deficiencies, not health inspections, and therefore did not affect the Five-Star Quality Ratings. CMS thanks OIG for their efforts on this issue, which prompted an expedited review and correction of the issues identified. CMS looks forward to working with OIG on this and other issues in the future.

OIG’s recommendations and CMS’ responses are below.

OIG Recommendation

Correct the inaccurate deficiencies that remain on Care Compare for the sampled nursing homes.

CMS Response

CMS appreciates that the OIG followed up on what it identified as inaccurate deficiencies from Nursing Home Care Compare in November 2021. The specific deficiencies reported by OIG no longer remain on Nursing Home Care Compare as they exceed the three-year reporting cycle.

Based on the information above, CMS requests that OIG close this recommendation.

OIG Recommendation

Evaluate whether additional modifications are needed to existing programming in CASPER that prevented the entry of two different inspections that were performed on the same date.

CMS Response

CMS appreciates OIG's follow-up on the issue it identified related to CASPER and the entry of two different and separate inspections that were performed on the same day. Once OIG alerted CMS to the missing deficiency, and upon immediate investigation, CMS concluded that this was a system issue where, if two surveys of different types (e.g., a standard and a complaint) were conducted on the same day but entered into the system on different days, the more recently entered survey would overwrite the previously entered survey. CMS notes that based on the frequency of citations, it estimates that the number of missing health survey deficiencies represented a small minority of all deficiencies cited. CMS corrected the issue with a coding update that allows the system to display both survey results and has not identified additional modifications as being needed.

Based on the information above, CMS requests that OIG close this recommendation.

OIG Recommendation

Ensure that any future revisions to the list of deficiencies that are used to describe deficiencies reported on Care Compare are accurate.

CMS Response

CMS appreciates OIG's follow-up on the two deficiencies incorrectly described. We note that this was limited to two fire safety deficiency tags out of 224 fire safety deficiency tags in total. Immediately upon learning of the incorrect description, CMS updated the language to display it correctly. CMS added the descriptions of deficiencies to its verification checklist to ensure future deficiencies are accurately reported on Nursing Home Care Compare.

Based on the information above, CMS requests that OIG close this recommendation.

OIG Recommendation

Correct existing programming in ASPEN that prevented the 56 emergency preparedness deficiencies from being reported on Care Compare.

CMS Response

CMS appreciates OIG's follow-up on the missing emergency preparedness deficiencies. Once OIG alerted CMS to the missing deficiencies, CMS immediately investigated and found that the missing emergency preparedness deficiencies are related to an ASPEN system business rule. Emergency preparedness deficiencies can be cited during a health or fire safety survey. When a surveyor enters a fire safety deficiency tag into ASPEN, they assign it to a specific building. However, emergency preparedness deficiencies are not associated with the physical building structure and therefore entered as "building not applicable" on fire

safety surveys. During the data extraction process of emergency preparedness deficiencies identified during a fire safety survey, the program code used to generate those data, which feeds into the Nursing Home Care Compare website, had not been updated to capture deficiencies not associated with a building. Once the code was updated, 56 emergency preparedness deficiencies were added to Nursing Home Care Compare. CMS notes that the emergency preparedness deficiencies do not affect the Five-Star Ratings.

Based on the information above, CMS requests that OIG close this recommendation

OIG Recommendation

Strengthen [CMS's] process for reviewing inspection results reported on Care Compare by requiring State Survey Agencies to verify that deficiencies shown in ASPEN are also shown in CASPER.

CMS Response

CMS appreciates OIG's follow-up on ensuring deficiencies in ASPEN are also shown in CASPER. As with any data collection system, especially complex ones that depend on manual entry, data errors and reporting discrepancies can occur. CMS takes these data integrity issues very seriously and reviews all of our quality assurance processes to reduce the risk of inaccurate data on the website. CMS is taking steps to ensure that the surveyors enter the data correctly initially, although we do not believe that manual checks are the best way to ensure accuracy, especially given that there are over 250,000 surveys on Nursing Home Care Compare.

OIG Recommendation

Strengthen [CMS's] process for reviewing inspection results reported on Care Compare by providing technical assistance and additional training to the State Survey Agencies that are not following procedures in the State Operations Manual and ASPEN Central Office Procedures Guide for reporting deficiencies in ASPEN.

CMS Response

CMS concurs with this recommendation. CMS notes that there is available training on the CMS website for the ASPEN and CASPER systems. However, CMS will explore ways to provide additional technical assistance and training for the State Survey Agencies.

OIG Recommendation

Strengthen [CMS's] processes for reviewing inspection results reported on Care Compare by including in the manual quality assurance check a verification that nursing home inspection results are accurately reported.

CMS Response

CMS notes that manual quality assurance checks of data uploaded to the CASPER, the national database, cannot identify omissions by the State Survey Agencies from the ASPEN system. As stated above, because of the state surveyors' survey workloads, we disagree with OIG that manual quality assurance checks are the best use of resources. CMS, however, will consider alternative ways to strengthen the quality assurance process.