

Special Report
Infection Control Surveys at Nursing Facilities Reported Released by CMS in July 2020:
Few Deficiencies, Most Called “No Harm”

On March 4, 2020, the Centers for Medicare & Medicaid Services (CMS) suspended non-emergency inspections of health care facilities¹ and on March 20, CMS limited surveys to two types: targeted infection prevention and control surveys and complaint/facility-reported incidents triaged as immediate jeopardy.² CMS released the results of targeted infection control/immediate jeopardy surveys on June 4, June 24, and July 29. Each release was cumulative, reflecting all of the targeted infection prevention and control surveys to date since March. The Center issued reports on the surveys released June 4, the non-cumulative surveys released June 24,³ and the cumulative results for June 4 and 24.⁴ This report analyzes all 16,987 surveys that were released on July 29, cumulatively reflecting surveys released on June 4, June 24, and July 29. (CMS will continue to update the data on the last Wednesday of each month.)

CMS reported that of the 16,987 targeted infection prevention and control surveys and complaint/facility-reported incidents triaged as immediate jeopardy, a total of 347 infection control deficiencies were cited at 342 facilities. Analysis of the cumulative data documents that **only a very small fraction of the surveys, 2.0%, resulted in a deficiency for infection prevention and control and 93.4% of the deficiencies were classified as “no harm” or “substantial compliance,”** the two lowest levels of noncompliance for which financial penalties are rarely imposed.

Compared to the earlier cumulative release, the July 29 release shows that a smaller number and percentage of reported surveys led to an infection control deficiency, but a larger (although still small) percentage of those deficiencies were classified as immediate jeopardy.

Date of CMS release	Total number of surveys reported	Total number/percent of infection control deficiencies cited	Total number/percent of immediate jeopardy deficiencies cited
June 4	5,724	163 (2.8%)	1 (1.0%)
June 24	9,899	262 (2.6%)	4 (1.5%)
July 29	16,987	347 (2.0%)	23 (6.6%)

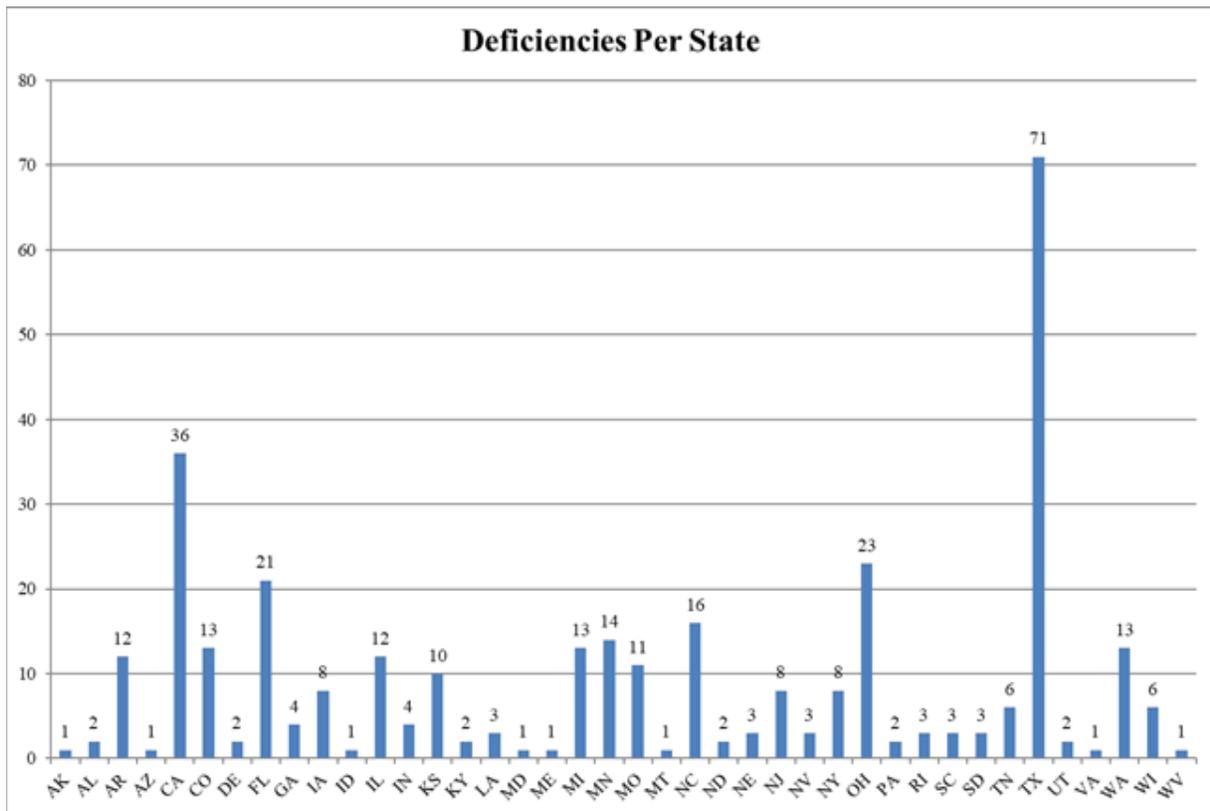
Infection Control Deficiencies Cited during the Pandemic

The cumulative data reflected 16,987 targeted infection prevention and control surveys and immediate jeopardy surveys (there is some overlap in the two categories), identifying 347 deficiencies at 342 facilities for infection prevention and control (F-880).⁵ These 347

deficiencies represent just 2.0% of the total of infection prevention and control surveys that were conducted since March that were reported.

State Data

As shown in the graph below, 347 infection prevention and control deficiencies (F-880) have been cited since March in 40 states. Texas cited the highest number of infection prevention and control deficiencies, 71; California cited 36 infection prevention and control deficiencies. Eight states cited a single infection prevention and control deficiency following targeted infection prevention and control surveys.



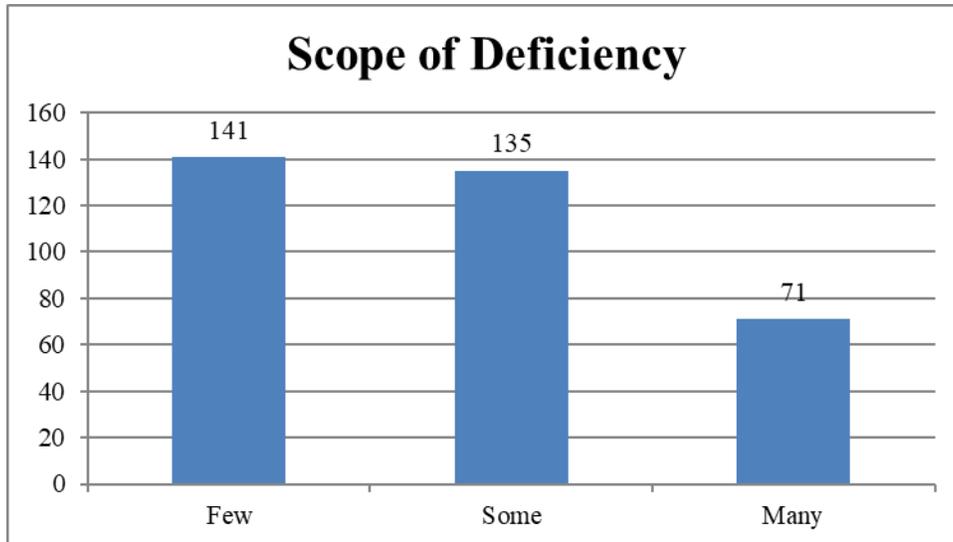
Scope and Severity

CMS classifies deficiencies by the scope and severity of deficiencies.

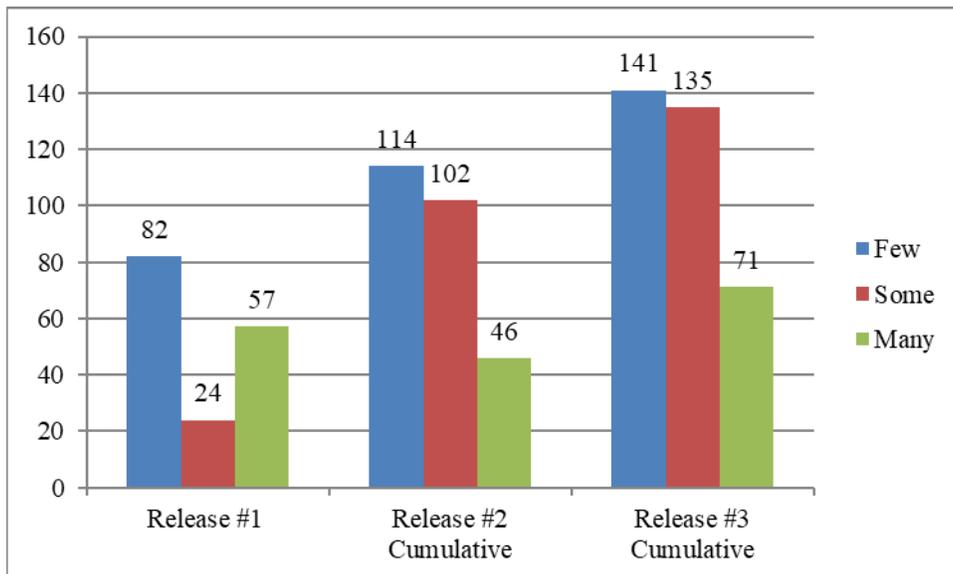
Scope

Three levels of scope represent how many residents are affected by a deficient practice: isolated (few), pattern (some), and widespread (many).

The bar graph below reflects how many residents were affected by the infection prevention and control deficiency. One hundred forty-one of the deficiencies (40.6%) were classified as isolated/few.



The following bar graph illustrates the differences in scope in the three survey releases. A declining percentage of deficiencies was cited as widespread in the July release (20.5%), compared to the June 4 release (35.0%).



Severity

Four levels of severity of deficiencies, from least to most severe, are:

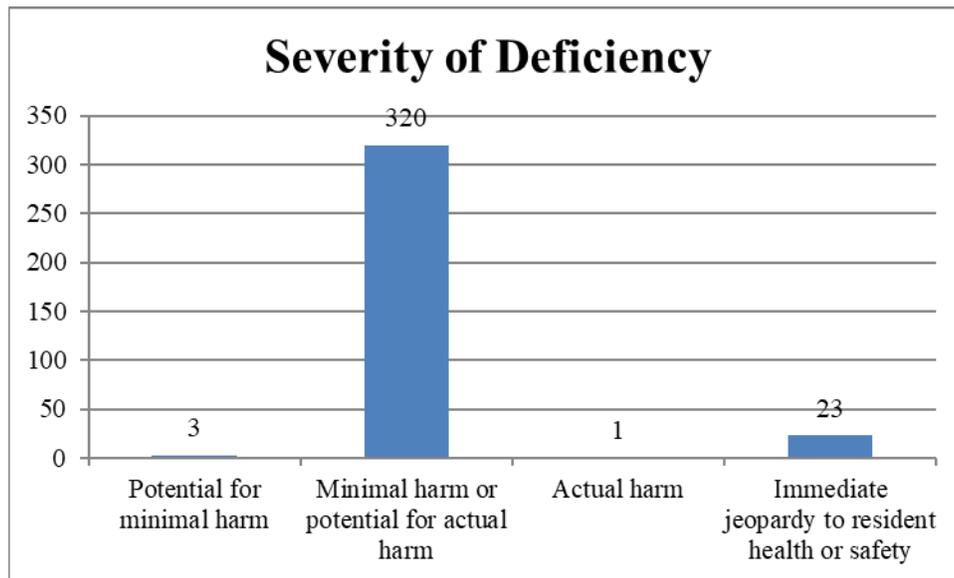
No actual harm with the potential for no more than minimal harm (“substantial compliance”)

No actual harm with the potential for more than minimal harm (“no harm”)

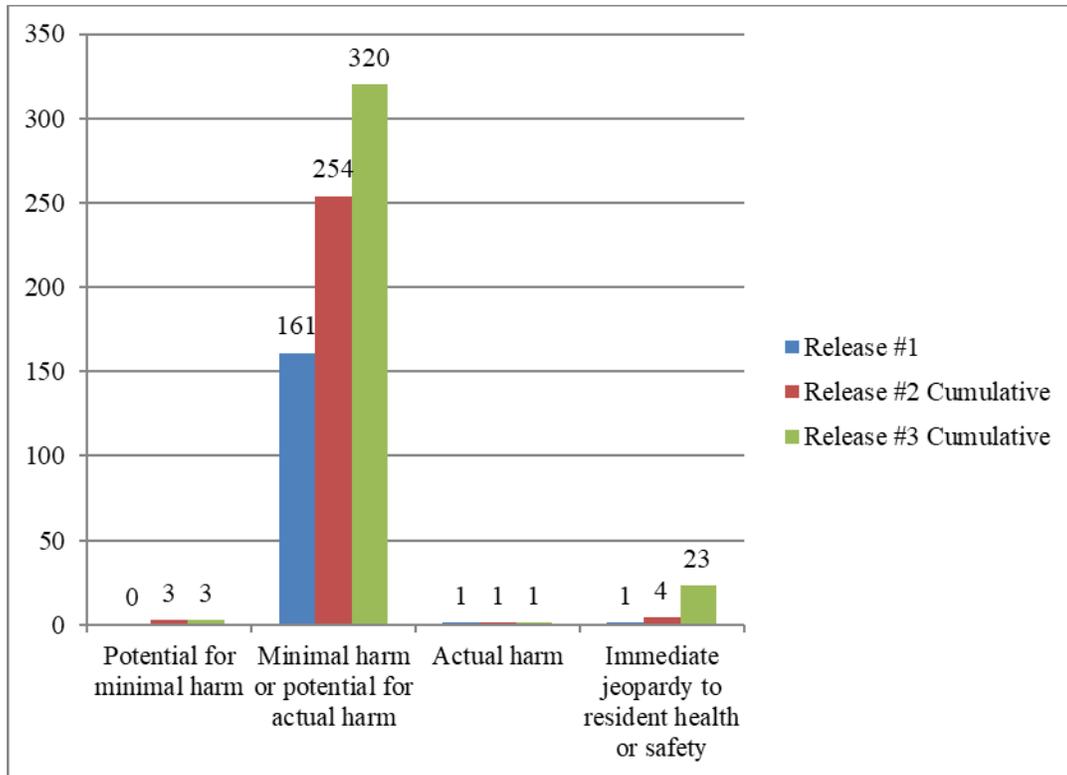
Actual harm (“harm”)

Immediate jeopardy (“immediate jeopardy”)⁶

The bar graph below reflects the seriousness of the infection prevention and control deficiency that was cited. As shown, 93.1% of deficiencies were cited as “no harm” or “substantial compliance;” 23 deficiencies (6.6%) were cited as “immediate jeopardy.”



The following bar graph shows the changes in severity in the June and July cumulative releases. Although the number of immediate jeopardy deficiencies was small in July (23 immediate jeopardy deficiencies), its 6.6% was considerably higher than the 1.5% (four immediate jeopardy deficiencies) identified in the June 24 release.



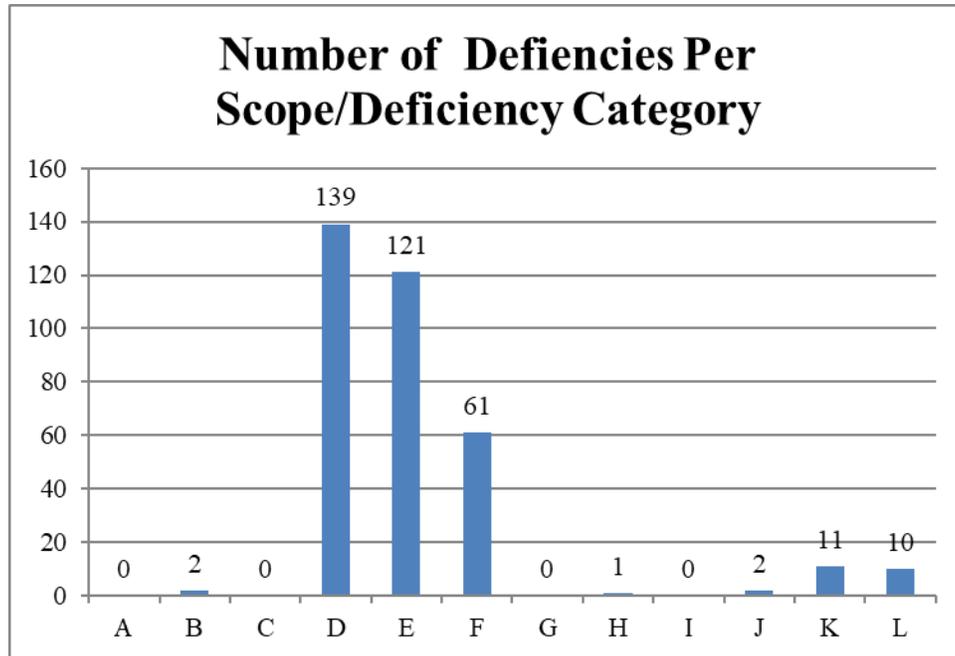
The combination of scope and severity reflects both how many residents are affected and how serious the deficiency is.

CMS combines scope and severity into 12 categories of deficiencies.

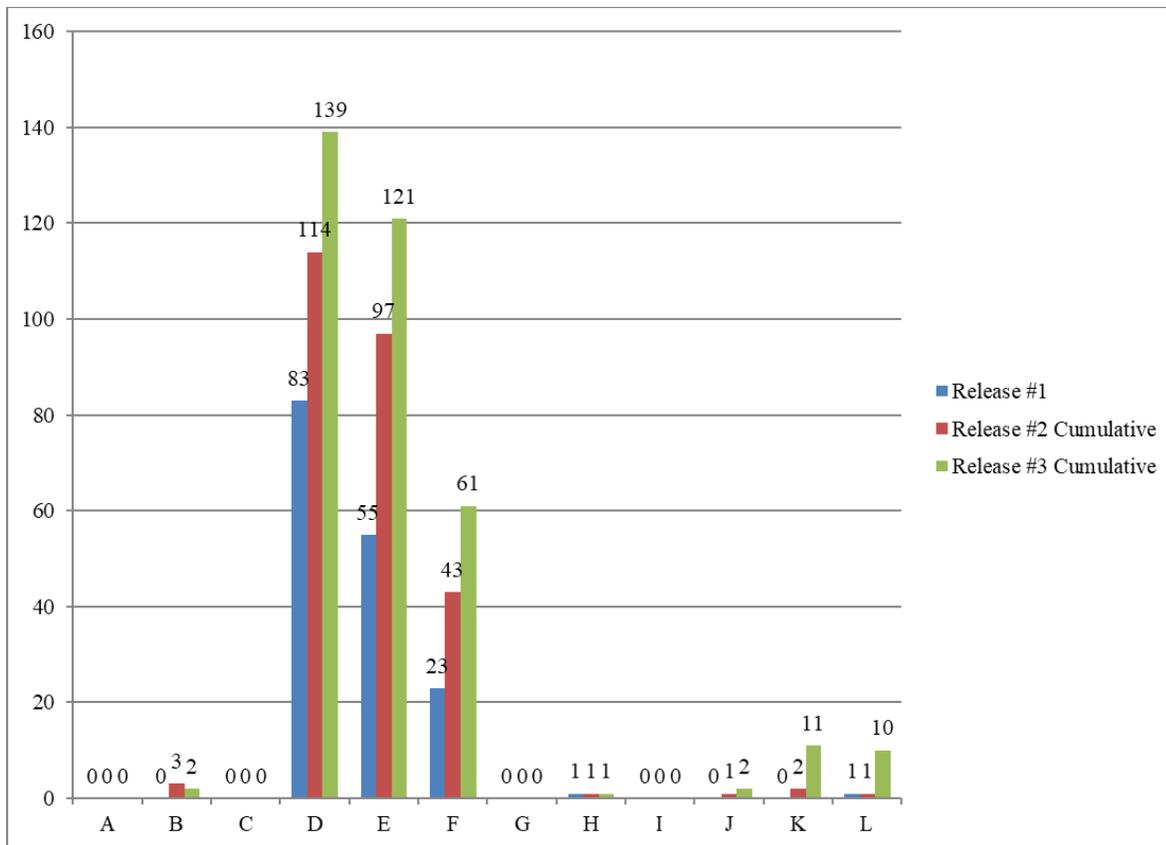
Severity	Scope		
	Few	Some	Many
Immediate jeopardy to resident health or safety	J	K	L
Actual Harm	G	H	I
Minimal harm or potential for actual harm	D	E	F
No actual harm with potential for minimum harm	A	B	C

The bar graph below shows the number of deficiencies by letter category. Three hundred twenty-three of the 347 deficiencies (93.1%) were cited as no harm, levels D, E, or F; two

deficiencies were cited as substantial compliance, level B. Twenty-three of the 347 deficiencies (6.6%) were cited as immediate jeopardy, levels J, K, and L.



The bar graph below shows again the higher number of immediate jeopardy deficiencies reported in the July 29 release, compared to the cumulative releases of June 4 and June 24.



The chart below shows the deficiency classifications by state. Most states cited multiple categories, most typically a combination of D, E, and F. Ten of the 40 states – Florida, Iowa, Kansas, Minnesota, North Carolina, Nevada, New York, Ohio, Texas, and Washington – cited immediate jeopardy deficiencies in infection prevention and control.

State	B	D	E	F	H	J	K	L
AK				1				
AL			1	1				
AR		1	10	1				
AZ		1						
CA	1	18	14	3				
CO		1	3	9				
DE		1	1					
FL		11	6	1	1			2
GA		2	2					
IA		3	3				1	1
ID			1					
IL		7	3	2				

IN		3	1					
KS		3	2	3				2
KY		1	1					
LA		2	1					
MD			1					
ME		1						
MI	1	4	5	3				
MN		5	5	2			2	
MO		4	5	2				
MT			1					
NC		10	2	1		1	1	1
ND		1	1					
NE			1	2				
NJ		4	4					
NV		1		1			1	
NY		2		1		1	3	1
OH		11	4	7				1
PA		1	1					
RI		1	1	1				
SC		2	1					
SD		3						
TN		5	1					
TX		23	32	12			2	2
UT		1	1					
VA		1						
WA		3	4	5			1	
WI		1	2	3				
WV		1						

Conclusion

The 16,876 surveys reported by CMS in July 2020 cited 347 infection prevention and control deficiencies in 342 nursing facilities, essentially, just a handful of facilities. These data are simply not plausible during the COVID-19 pandemic, especially when infection control deficiencies were the most commonly-cited deficiencies before the pandemic. The Center for Medicare Advocacy will continue to analyze infection control surveys as CMS releases them.

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Aug. 6, 2020

¹ CMS, “Suspension of Survey Activities,” QSO-20-12-All (Mar. 4, 2020), <https://www.cms.gov/files/document/qso-20-12-all.pdf>.

² CMS, “Prioritization of Survey Activities,” QSO-20-20-All (Mar. 23, 2020), <https://www.cms.gov/files/document/qso-20-20-all.pdf>.

³ On June 4, 2020, CMS released infection control survey data for 5724 nursing facilities that were conducted during the COVID-19 pandemic. These data showed a dramatic and implausible decline in infection control deficiencies. Less than three percent of infection control surveys since March cited an infection control deficiency and 161 of 163 of the deficiencies (cited in 162 facilities) were classified as causing residents “no harm.” The Center for Medicare Advocacy issued two reports about these 163 infection control deficiencies. CMA, “Special Report: Infection Control Surveys at Nursing Facilities: CMS Data are Not Plausible” (Jun. 11, 2020), <https://medicareadvocacy.org/wp-content/uploads/2020/06/Infection-Control-Surveys-Report.pdf>; CMA, “Special Report: Nursing Homes Cited with Infection Control Deficiencies during the Pandemic: Poor Results in Health Inspections, Low Staffing Levels” (Jun. 18, 2020), <https://medicareadvocacy.org/wp-content/uploads/2020/06/Coronavirus-Report-Infection-Control-Deficiencies-NHC.pdf>.

⁴ CMA, Special Report: Infection Control Surveys at Nursing Facilities Reported Released by CMS in June 2020: Few Deficiencies, Most Called “No Harm;” Poor Ratings on *Nursing Home Compare* (Aug. 6, 2020),

⁵ F-880, “Provide and implement an infection prevention and control program,” corresponds to deficiencies cited at 42 C.F.R. §483.80.

⁶ CMS, Design for *Nursing Home Compare* Five-Star Quality Rating System: Technical Users’ Guide (Apr. 2020). <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/usersguide.pdf>.