

Nursing Home COVID-19 Data Release External FAQs

Nursing Home Survey Reports

1. What is CMS posting? What does it include?

CMS is posting two sets of data: Results of the 5,700 infection control and complaint surveys conducted by state-based inspectors since March 4th; and the data nursing homes have reported to the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN) system pursuant to CMS' new regulatory requirement, announced on May 1, 2020 in an Interim Final Rule. This information includes the number of COVID-19 cases in a given nursing home, as well as the number of deaths.

2. How will the information be displayed?

The NHSN nursing home COVID-19 information will be displayed on a [CMS data website](#) in a user-friendly format so the public can easily see the key information. It will also be downloadable so researchers and other stakeholders can perform analysis. Since this is a new program, at this time, these data should not be used for trend analysis over time. The inspection results will be included in an excel document listing all facilities inspected since March 4th, and a summary of the results of each inspection. The actual inspection reports will also be included. This information will be available through a link on the home page of the Nursing Home Compare website.

3. How many inspection reports are included in this data set?

The result of these inspections released today (June 1) are from the time period of March 4, 2020, to April 29, 2020, totaling approximately 5,700.

4. Why aren't all nursing homes inspected?

CMS has a network of approximately 5,000 state-based inspectors. However, during this national emergency and public health emergency, many states have temporarily reassigned their inspectors to other public health duties, like assisting with patient care. Additionally, some states' ability to conduct surveys were hindered by lack of personal protective equipment (PPE).

5. Why do some of the facilities have outbreaks but no deficiencies?

CMS believes that adherence to longstanding infection control practices is the best defense against the spread of the virus. That said, the fact that a facility has a case of any infectious

disease is not necessarily indicative of noncompliance with CMS' requirements (i.e. deficiencies). This applies to norovirus, influenza, and even COVID-19. However, after a case (or cases) is identified, a nursing home must adhere to CMS requirements for preventing the spread of the virus, and for reporting to the state or local health department to ensure prompt assistance and guidance from public health officials. This reporting requirement exists specifically to access the supports needed to control the spread of a disease. Indeed, with the appropriate resources, it is possible for a nursing home to identify cases of an infectious disease and follow all the appropriate protocols to prevent further spread of the disease. This is why it is so critical for nursing homes to both adhere to longstanding CMS infection control requirements and adhere to CMS reporting requirements upon identification of a disease.

We note that some facilities willingly accepted individuals with COVID-19 from hospitals, or were dedicated for caring for individuals with COVID-19. Therefore, some facilities may show large numbers of COVID-19 cases, but these cases were not the result of poor infection control practices.

6. Why is there not a specific Tag for COVID-19 findings?

CMS does not create requirements or Tags for specific viruses. Rather, CMS has long-standing infection control regulations that requires facilities to be prepared to prevent the spread of any infectious diseases. Facilities are required be aware of emerging infectious diseases, and stay up to date on the practices to prevent them from spreading. This includes recurring threats, such as the flu, and new or emerging infectious diseases, such as H1N1, Candida Auris, and COVID-19. Thus, CMS doesn't create new Tags every time a new infection disease appears. When a facility fails to prevent any infectious disease from spreading, they are cited for noncompliance with CMS' infection control requirements, which is a single Tag.

7. Does this include the 2567s and the letters? If not, how can reporters access the letters?

This includes the 2567s only. The letters to facilities with an immediate jeopardy are available if requested.

8. How often will the survey report data be updated?

The data will be updated monthly. We anticipate refreshing the data on June 24.

9. What is the difference between an offsite review and an onsite survey?

An onsite survey takes place at a facility and includes direct observation of resident care. By contrast, an offsite review of infection control practices is not being considered an official survey, and is not included in the information posted. Offsite reviews were conducted throughout the public health emergency when surveyors were unable to conduct an onsite survey (e.g., due to lack of PPE). CMS encouraged states to conduct offsite reviews to obtain some information on the status of the environment inside facilities in lieu of the ability to conduct an onsite survey. However, while some portion of surveys can include a review of information offsite, these surveys must include an onsite review of resident care to qualify as official survey of a facility's compliance with CMS' requirement to protect the health and safety of residents.

10. How many facilities has CMS surveyed?

Since March 4, CMS and State Agencies have conducted over 6,700 inspections of nursing homes. The result of these inspections posted today on Nursing Home Compare are from the time period of March 4, 2020, to April 29, 2020, totaling approximately 5,700.

11. What's the different between a survey conducted by federal staff instead of the state surveyors? Why are there federal surveys instead of state surveys in some cases?

Generally, if there are no, or few state surveys it is because the state did not have PPE or diverted their survey staff for other critical roles and were unable to conduct surveys. The federal surveyors were used to conduct IJ surveys in states that did not have PPE or available surveyors or to conduct IC surveys in areas where there was little state survey activity or were areas of rising COVID infection rates.

12. When will you require facilities to report Payroll-Based Journal (PBJ) data?

CMS is monitoring the situation and will reinstate the PBJ reporting requirement as soon as possible.

13. I have heard you significantly cut back on surveys during the pandemic. When are you going to restart surveys?

CMS is driving states to conduct infection control surveys of all facilities to assess if they are effectively preventing the spread of COVID-19. This is our top priority to protect the health and safety of nursing home residents. Once these surveys are completed, CMS will require states to immediately start conducting other surveys.

Nursing Home COVID-19 Report

14. What information is included in the data report from CDC's National Health Safety Network (NHSN) COVID-19 Long Term Care Facility Module?

The data includes the following types of information:

- Resident beds and census;
- Suspected and confirmed COVID-19 infections among residents and staff;
- Total deaths and COVID-19 deaths among residents and staff;
- Access to COVID-19 testing;
- Staffing shortages;
- Personal protective equipment; and
- Ventilator capacity and supplies in the facility.

15. Why are assisted living facilities not included in this data?

The CMS reporting requirement only applies to long-term care facilities only (also known as nursing homes). By law, CMS regulates and oversees nursing homes, which are certified to provide Medicare and/or Medicaid skilled nursing facility services. Therefore, the data will not include COVID-19 data from assisted living facilities.

16. Why aren't all nursing homes included/reporting information?

As of May 31, approximately 88 percent of nursing homes reported data. CMS anticipates that the percentages of nursing homes will continue to increase as more facilities register with the CDC's NHSN COVID-19 Long Term Care Facility Module and begin reporting data in order to ensure compliance with current requirements. It is important to remember that nursing homes have historically reported to state and local health departments. This is the first time facilities are required to report at a national level – all in an effort to provide transparency and ensure resident safety.

17. How often will this data be updated?

The data will be updated weekly.

18. How many facilities have reported?

Over 13,600 facilities have reported as of May 31, 2020, which constitutes approximately 80 percent of nursing homes.

19. What enforcement actions can be taken for facilities that don't report?

Facilities that fail to do so are subject to enforcement action, including potential civil money penalties (CMPs). For more information on enforcement actions visit:

<https://www.cms.gov/files/document/gso-20-29-nh.pdf>

20. Have you taken any enforcement actions?

Nursing homes were afforded a two-week grace period to begin reporting COVID-19 data to CDC. Warning letters will be distributed to facilities that have yet to submit data by the third week, and CMPs will follow for continued failure to report data by the fourth week.

21. Is there a breakdown of deaths by residents' vs staff?

Yes. The data is broken down by staff and residents.

22. How are you showing a complete picture of the COVID-19 outbreak in nursing homes if you're only showing data that goes back to March 8? Why aren't you showing data going back to January 1?

Facilities have the option to report information going back to January 1, 2020, and they are free to provide that information if it is available. CMS is posting this information from those facilities that have opted to provide it. Nursing homes are always welcome to exceed CMS' regulatory requirement, and CMS urges patients, residents, families, and caregivers to ask their nursing home if this information is available and if it is not available, why not.

23. Are you reporting all the data nursing homes reported?

Yes.

24. The CDC Case Surveillance Task Force has different numbers. How does your information line up with the CDC numbers?

CMS only reports data from facilities that are certified long term care (LTC) facilities (Medicare Skilled Nursing Facilities and/or Medicaid Nursing Facilities). The CDC may report information from other types of long term care communities (e.g., assisted living). Also, CDC may report data collected outside of the NHSN system, including information from other types of long term care communities.

25. A recent witness at a Senate Aging Committee hearing had views on how the Nursing Home 5 Star Rating System correlates with the nursing homes with COVID 19 deaths. Are your findings similar and if not, why not?

Early analysis shows that there is a statistically significant relationship between nursing home's inspection star rating, and nursing homes that have had large numbers of COVID-19 cases. For example, facilities with a five-star rating were less likely to have a large number of COVID-19 cases than facilities with a one-star rating.

26. Are there any limitations of the data?

Yes, there are several limitations. For example, as with any new reporting program, some facilities will struggle with their first submissions, and therefore, some of the data from their early submissions may be inaccurate. Also, facilities may opt to report cumulative data retrospectively back to January 1, 2020. Therefore, some facilities may be reporting higher numbers of cases/deaths compared to other facilities, due to their retrospective reporting. Furthermore, a facility's access to COVID-19 testing may impact their reported data. For example, facilities that did not have the ability to test all residents a few weeks ago would not be able to report all residents with confirmed cases. Similarly, access to testing can vary by state, region, or facility. For these, and other reasons, CMS reminds stakeholders when interpreting and analyzing this preliminary data. For example, data reported over the first few weeks should not be used to perform trend analysis and longitudinal analyses. We expect the data stabilize as nursing homes become more familiar with how to submit data via the NHSN Long Term Care Facility Module. For more information, please view the data dictionary on the website where the data is posted.