October 17, 2019

Ms. Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Via email

Dear Administrator Verma:

CMS’s continuing efforts to strengthen the scope and accuracy of quality and safety information on Nursing Home Compare have improved the ability of Americans to choose facilities that provide good care and also to avoid facilities that are neglectful or have conditions that endanger residents’ safety and lives. Families have no greater concern than whether a loved one who cannot speak for himself or herself or defend against abuse is safe from physical or emotional harm by facility staff or others, and also free from neglect that leads to pain, increased physical disability, medical problems, emotional distress and withdrawal, or death. Unfortunately, the validity of families and residents’ fears is supported by GAO and OIG reports that show widespread medical neglect and physical abuse in nursing homes, much of it unreported. Such reports go back decades, but their findings are strengthened by improvements in the availability and reliability of nursing home data.

As organizations whose constituents, members and supporters are nursing home residents and their families, friends and advocates, we strongly support CMS’s additions to Nursing Home Compare to alert the public to abuse, neglect and exploitation: an icon that gets the attention of consumers on a facility’s profile page when it receives a harm-level deficiency or abuse citation at level D or higher in each of the two previous years, and a cap on its health inspection rating at two stars and overall rating at four stars. Such bold action is necessary to send the message that there must be zero tolerance of abuse and neglect.

As you know, the Senate Special Committee on Aging held two hearings this year on neglect and abuse in nursing homes. The Committee held similar hearings in the 1970s, 1980s, 1990s and in the past two decades, and yet, as the amount of federal financial support for the industry has grown from millions to billions of dollars annually, so has the evidence that many nursing home residents are at great or greater risk. Over these decades, the nursing home industry has been remarkably consistent in its responses, mostly countering with complaints about its own victimhood – usually, that the survey
system is unfair to providers because some states are stricter inspectors and enforcers of the law than others.

In its recent letter to you opposing the new CMS abuse actions, the American Health Care Association was chagrined that a facility was cited for a D-level deficiency because staff violated a resident’s care plan to position her in bed with a body pillow for safety. The DON did not feel the facility had been neglectful even though its nurse aide had failed to use the body pillow and the resident fell on the floor, sustained bruises on her face, hip and knee, and had to be sent out of the facility for x-rays. According to AHCA, most people would not consider this abuse or neglect. Our only disagreement with the deficiency is that the facility’s noncompliance should have been cited as actual harm.

We appreciate that in developing Nursing Home Compare, CMS has always listened to consumers’ perspectives on quality and safety and sought to improve the website’s accuracy and the relevance of the information it provides. We also appreciate that these conversations themselves have always been transparent, involving not only consumer groups but also nursing home providers, health care professionals and labor groups. Transparency is only one component of quality assurance, but it is critical to residents, their families and communities, and increasingly it is critical to public and private payers of long-term care and to the quality of the healthcare system that interacts with nursing facilities.

The nursing home industry does not speak for consumers when it says that alerting families, residents and others that a facility has harmed someone would reduce their understanding of their options for nursing home care or the seriousness of their obligation to scrutinize all aspects of care provided. As organizations and individuals, we have spent decades observing the terrible toll that neglect and abuse take on residents and their loved ones, read and contributed to scores of government reports and news media investigations, and participated in dozens of congressional hearings. We urge you to continue your efforts to strengthen Nursing Home Compare and the Five Star Quality Rating System.

We would like to meet with you to discuss our support for maintaining the steps you’ve undertaken and additional steps you could take that would further strengthen essential protections for residents.

Sincerely,

California Advocates for Nursing Home Reform
Patricia McGinnis, Executive Director
Tony Chicotel, Staff Attorney
Michael Connors, Long Term Care Advocate
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National Association of State Long-Term Care Ombudsman Programs
   Melanie McNeil, President

National Association of Local Long-Term Care Ombudsmen
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National Consumer Voice for Quality Long Term Care
   Lori Smetanka, Executive Director
   Robyn Grant, Director of Public Policy and Advocacy

The National Consumer Voice for Quality Long-Term Care (formerly NCCNHR) is a 501(c)(3) nonprofit membership organization founded in 1975 by Elma L. Holder that advocates for quality care and quality of life for consumers in all long-term-care settings.