

About Nursing Home Inspections¹

The Centers for Medicare & Medicaid Services (CMS) is the component of the federal government's Department of Health and Human Services that oversees the Medicare and Medicaid programs. A large portion of Medicare and Medicaid dollars is used each year to cover nursing home care and services for the elderly and disabled.

State governments oversee the licensing of nursing homes. In addition, states have a contract with CMS to monitor those nursing homes that want to be eligible to provide care to Medicare and Medicaid beneficiaries. Congress established minimum requirements for nursing homes that want to provide services under Medicare and Medicaid. These requirements are broadly outlined in the Social Security Act (the Act). The Act also entrusts the Secretary of Health and Human Services (DHHS) with the responsibility of monitoring and enforcing these requirements. CMS, a DHHS Agency, is also charged with the responsibility of working out the details of the law and how it will be implemented, which it does by writing regulations and manuals.

CMS contracts with each state to conduct onsite inspections that determine whether its nursing homes meet the minimum Medicare and Medicaid quality and performance standards. Typically, the part of state government that takes care of this duty is the health department or department of human services. The state conducts inspections of each nursing home that participates in Medicare and/or Medicaid on average about once a year. If the nursing home is performing poorly, however, the state inspectors may go in more frequently. The state also investigates complaints about nursing home care.

During the nursing home inspection, the state looks at many aspects of quality. The inspection team observes resident care processes, staff/resident interaction, and environment. Using an established protocol, the team interviews a sample of residents and family members about their life within the nursing home, and interviews caregivers and administrative staff. The team reviews clinical records.

The inspection team consists of trained inspectors, including at least one registered nurse. This team evaluates whether the nursing home meets individual resident needs. In addition, fire safety specialists evaluate whether a nursing home meets standards for safe construction. When an inspection team finds that a home does not meet a specific regulation, it issues a deficiency citation.

¹ Downloaded from the CMS Medicare - Long Term Care web site.

Virginia Department of Health
Office of Licensure and Certification

The regulations cover a wide range of aspects of resident life, from specifying standards for the safe storage and preparation of food to protecting residents from physical or mental abuse or inadequate care practices. There are over 150 regulatory standards that nursing homes must meet at all times. Many are related.

Depending on the nature of the problem, CMS can take action against the nursing home. The law permits CMS to take a variety of actions; for example, CMS may fine the nursing home, deny payment to the nursing home, assign a temporary manager, or install a state monitor. CMS considers the extent of harm caused by the failure to meet requirements when it takes an enforcement action. If the nursing home does not correct its problems, CMS terminates its agreement with the nursing home. As a result, the nursing home is no longer certified to provide care to Medicare and Medicaid beneficiaries. Any beneficiaries residing in the home at the time of the termination are transferred to certified facilities.