COVID-19 IN NURSING HOMES

CMS Needs to Continue to Strengthen Oversight of Infection Prevention and Control

What GAO Found

The Centers for Medicare & Medicaid Services (CMS) is responsible for ensuring that nursing homes meet federal standards. CMS enters into agreements with state survey agencies to conduct surveys and investigations of the state’s nursing homes. The Centers for Disease Control and Prevention (CDC) issues guidance, operates surveillance systems, and provides technical assistance to support infection prevention and control in nursing homes.

GAO analysis of CMS data reported by nursing homes shows that seven of the eight key indicators of nursing home resident mental and physical health worsened at least slightly the first year of the pandemic (2020), compared to the years prior to the pandemic. See the figure below for examples of two outcomes we reviewed.

![Percentage of Residents Who Experienced Depression and Unexplained Weight Loss, by Year](chart)

CMS and CDC took actions on infection prevention and control prior to and during the COVID-19 pandemic. For example, prior to the pandemic, CMS required nursing homes to designate an infection preventionist on staff. This person is a trained employee responsible for the home's infection prevention and control program and was crucial to nursing homes during the pandemic. CMS also made changes in how nursing homes were surveyed during the pandemic.

However, GAO found areas where CMS could take additional actions, including:

- **Strengthening oversight of the infection preventionist role.** GAO identified ways CMS could strengthen oversight of the infection preventionist role, such as by establishing minimum training standards. CMS could also collect infection preventionist staffing data and use it to determine whether the current infection preventionist staffing requirement is sufficient.

- **Strengthening infection prevention and control guidance.** GAO identified how CMS could strengthen this guidance by providing information to help surveyors assess the scope and severity of infection prevention and control deficiencies they identify. For example, CMS could add COVID-19-relevant examples for scope and severity classifications to its State Operations Manual—the key guidance state survey agencies use for conducting nursing home surveys.

Why GAO Did This Study

Implementing proper infection prevention and control practices can be critical for preventing the spread of infectious diseases. Infection prevention and control has been a long-standing concern in the nation’s more than 15,000 nursing homes—one that the COVID-19 pandemic has brought into sharper focus. Some infection prevention and control practices in nursing homes, such as social isolation, may negatively affect resident mental and physical health.

The CARES Act directs GAO to monitor the federal pandemic response. GAO was also asked to review federal oversight of nursing homes in light of the pandemic. Among other objectives, this report: (1) describes what data reveal about any changes in resident health before and during the pandemic and (2) examines infection prevention and control actions CMS and CDC have taken in nursing homes before and during the pandemic.

GAO (1) reviewed CMS and CDC documents, (2) analyzed CMS resident health data from 2018 through 2021, and (3) interviewed CMS, CDC, state survey agency, and nursing home officials in a non-generalizable sample of eight states selected for variation in factors such as geographic location.

What GAO Recommends

GAO is making three recommendations to CMS related to the role of the infection preventionist and clarifying infection prevention and control guidance. HHS agreed with our first recommendation, but neither agreed nor disagreed with our other two recommendations.

View GAO-22-105133. For more information, contact John Dicken at (202) 512-7114 or dickenj@gao.gov.