

Department of Health and Human Services
Office of Inspector General

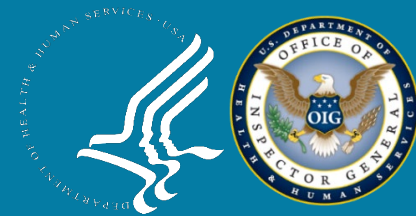


Office of Evaluation and Inspections

DATA SNAPSHOT

October 2025 | OEI-01-23-00052

**Special Focus Facility Program
Nursing Homes, 2013–2022**



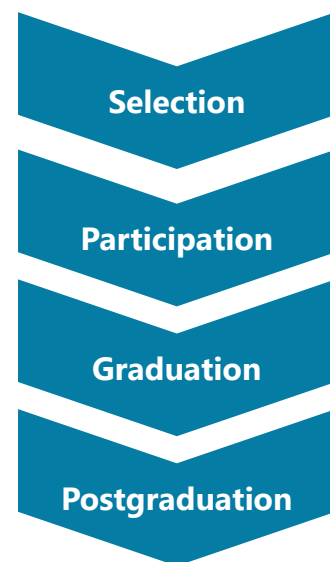
Special Focus Facility Program Nursing Homes, 2013–2022

Implemented by the [Centers for Medicare & Medicaid Services](#) (CMS), the Special Focus Facility (SFF) program is the Nation’s flagship program to facilitate quality improvements in the poorest-performing nursing homes through increased oversight. This data snapshot provides a detailed look at the nursing homes that participated in the SFF program from 2013 through 2022 and how nursing homes move through the phases of the SFF program.


Required by the Social Security Act and established by CMS, the SFF program targets a small number of facilities: Just 88 nursing homes participate at any one time, with varied required participation across States.^{1, 2} Throughout the year, as nursing homes leave the program, others enter. State survey agencies, together with CMS, select nursing homes for the SFF program and conduct comprehensive, onsite surveys of SFFs every 6 months, twice as often as for other nursing homes. To graduate, SFFs cannot receive a serious deficiency on two consecutive standard surveys or on any complaint surveys. CMS aims to have all SFFs graduate within 2 years and may terminate SFFs from participating in Medicare or Medicaid if they fail to improve. In October 2022, CMS updated the SFF program with the goals of reducing time in the program and promoting sustained improvements after graduating.³


Our companion report “CMS’s Special Focus Facility Program for Nursing Homes Has Not Yielded Lasting Improvements” (OEI-01-23-00050) shows that the SFF program falls short: Most SFFs did not sustain improvements made in the program. Please see the report for full analysis and recommendations to CMS.


Snapshot Outline: SFF Program Phases



SFF Program Key Components:

 Surveys every 6 months

 Graduation requirements

 Progressive enforcement

 Postgraduation monitoring

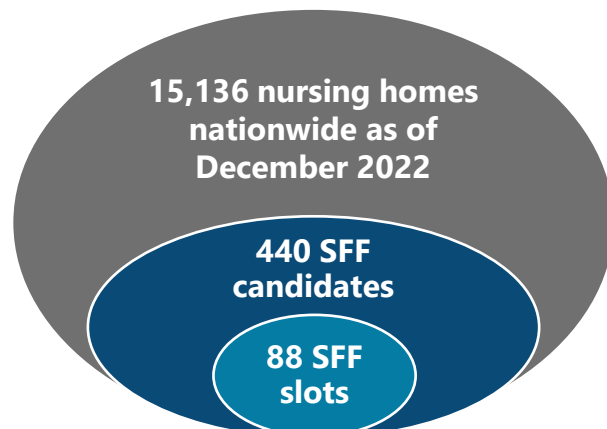
Selection Into the SFF Program

SFF Scope

SFF serves a small number of the worst-performing nursing homes.

The SFF program is targeted to focus on a small number of nursing homes nationwide: Less than one-tenth of 1 percent of nursing homes are SFFs at any time. Since May 2014, there are 88 SFF slots and 440 SFF candidates spread across 49 States at any given time. States have between one and six SFF slots. For each SFF slot in a State, there are five SFF candidates.

As SFFs leave the program, they are replaced. After an SFF graduates; closes; or is terminated from Medicare and Medicaid participation, CMS identifies the SFF candidates, and the State agency selects another nursing home from the candidate list to fill the vacant slot.



SFF Characteristics

SFFs generally graduated from the program, and they were primarily for-profit and nonrural nursing homes.

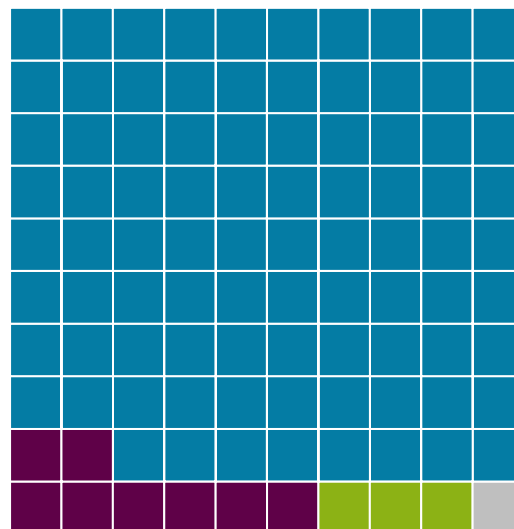
- From 2013 through 2022, less than 5 percent (645) of all nursing homes have been SFFs.
- Of the 645 total SFFs from this 10-year period, 563 facilities left the program with 495 SFFs graduating; 71 SFFs terminated or closed; and 17 SFFs repeating participation more than once.*
- The remaining 82 facilities are those participating in the program for the first time as of 2022.
- Of the 17 SFFs that participated in the program more than once, 5 were in the program as of 2022.

88% SFFs are for-profit.

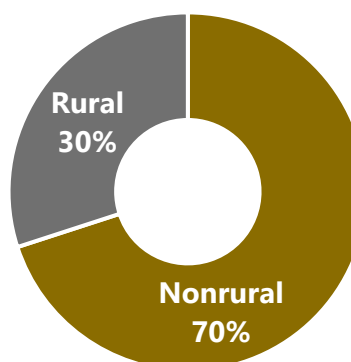
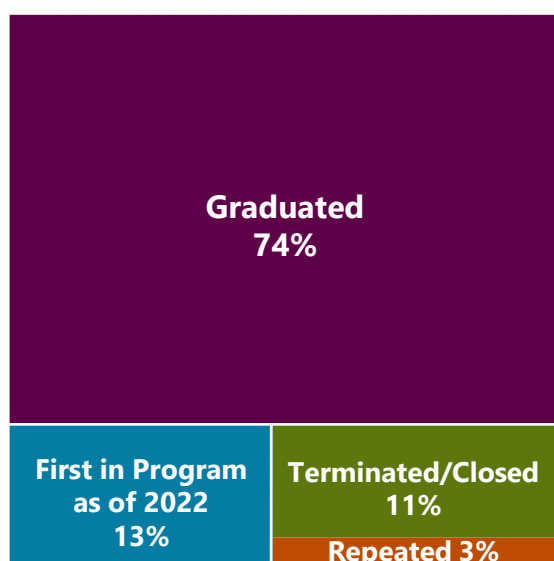
8% SFFs are nonprofits.

3% SFFs are Government-owned.

1% SFFs are missing owner information.



The majority of SFFs had for-profit ownership at the time of selection to the program (566 facilities). Nationwide, 72 percent of all skilled nursing facilities are for-profit.⁴



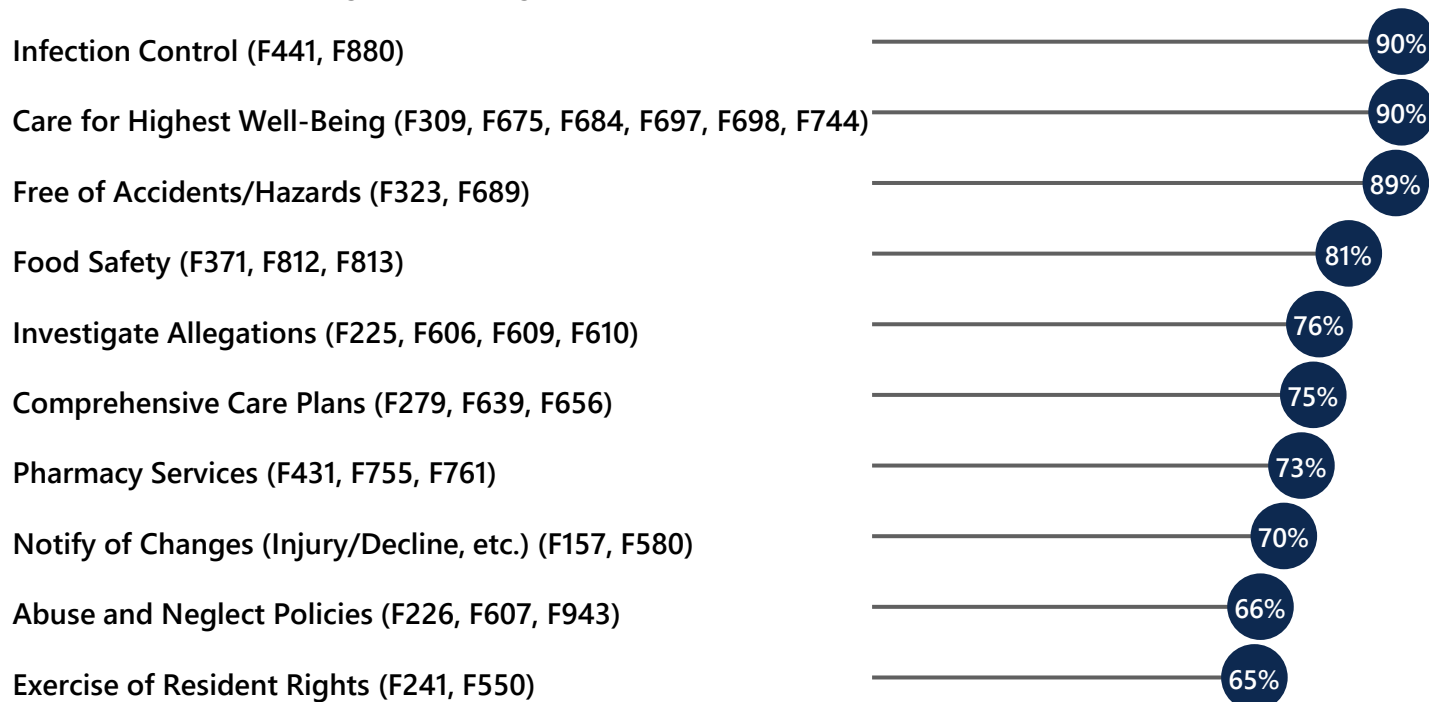
Most SFFs are located in nonrural areas (455 facilities). This mirrors the proportion of all skilled nursing facilities that are nonrural (73 percent).⁵

*Note: Total SFF Participation sums above 100 percent due to rounding. The SFF program has 88 slots at any one time. There were 87 SFFs in the program data we received from CMS as of 2022. We attribute this discrepancy to a short gap in data entry for a new SFF. At the time we received the data, CMS had not yet added a new SFF that replaced a recent graduate. Finally, some nursing homes graduated from the SFF program, reentered, and then were terminated.

Deficiencies at Selection

Infection control was among the most common deficiency categories leading to selection.

We identified the 10 most common deficiencies that 466 nursing homes received in the 3 years before they entered the SFF program. Below, we show the proportion of these nursing homes that received at least 1 of the top 10 deficiencies before entering the SFF program.*



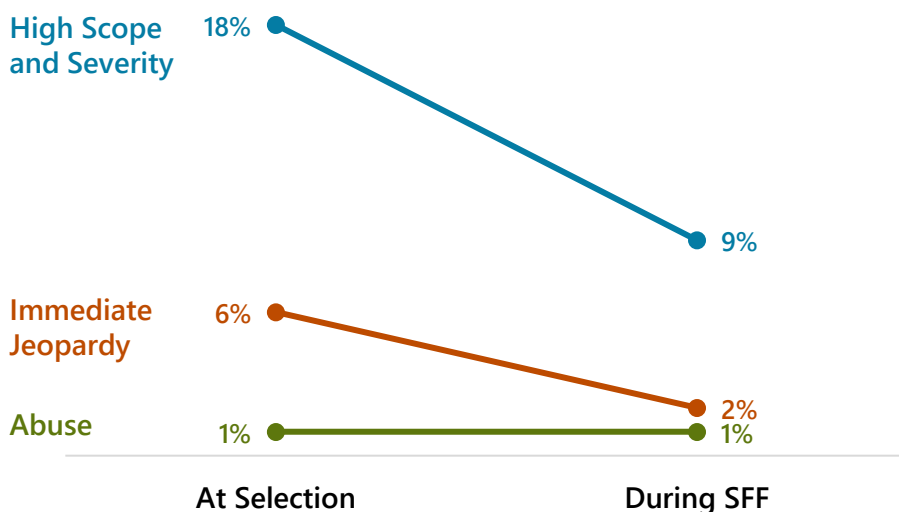
*Due to changes in CMS's deficiency tag structure over time, tags in parentheses are the historical and current tags for each deficiency type. For a full list of tags, refer to CMS's *State Operations Manual*, Appendix PP—Guidance to Surveyors for Long Term Care Facilities.

Deficiencies During Program

SFFs continued to receive high-level deficiencies while in the program but fewer than at selection.

We analyzed both standard and complaint survey history of nursing homes for the 3 years before selection as SFFs and while they were in the program. Three types of high-level deficiencies (**High Scope and Severity**, **Immediate Jeopardy**, and **Abuse**) are presented in the graphic here, which shows that most declined.

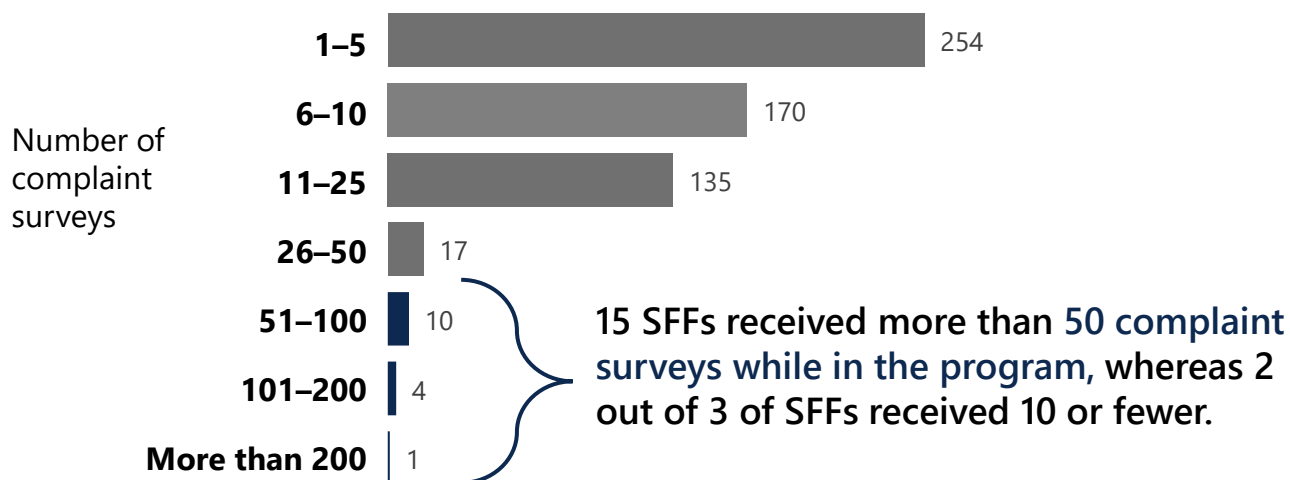
Total complaint survey deficiencies, including all levels of scope and severity, declined as well but remained close to 50 percent after SFFs were in the program.



Complaint Surveys

From 2013 through 2022, 92% of SFFs (591 of 645) received 6,296 total complaint surveys while in the program.

Like all nursing homes, SFFs may receive complaint surveys while in the program. Complaint surveys are a critical safeguard for nursing home residents. State agencies undergo and prioritize complaints by severity. State agencies must conduct onsite surveys of complaints that allege serious injury or harm. From 2013 through 2022, two-thirds of SFFs received 10 or fewer complaint surveys while in the program, but 15 SFFs received more than 50, and one received more than 250 complaint surveys. Of the 15 SFFs that received more than 50 complaint surveys, 13 were in the program for more than 2 years.



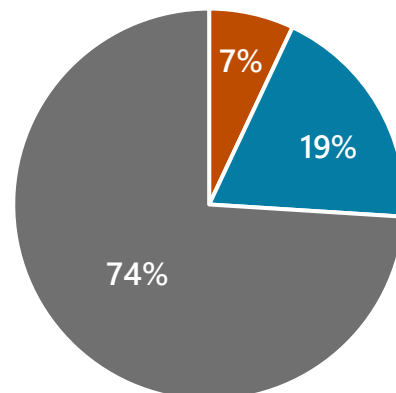
One SFF—which was in the program twice in the study period for a total of 6 years—received **257 complaint surveys**, with four deficiencies of **Immediate Jeopardy**, meaning that residents were at risk of serious injury, harm, impairment, or death. The nursing home was terminated in 2022.

Complaint Deficiencies

26% of complaint surveys with noncompliance had a deficiency of High Scope and Severity.

497 SFFs received 1,962 complaint surveys that led to deficiencies of *any* scope and severity

- ❖ **7%** of complaint surveys led to a deficiency of Immediate Jeopardy.
- ❖ **19%** of complaint surveys led to a deficiency of High Scope and Severity (excluding Immediate Jeopardy).
- ❖ **74%** of complaint surveys led to a lower deficiency.



Participation in the SFF Program

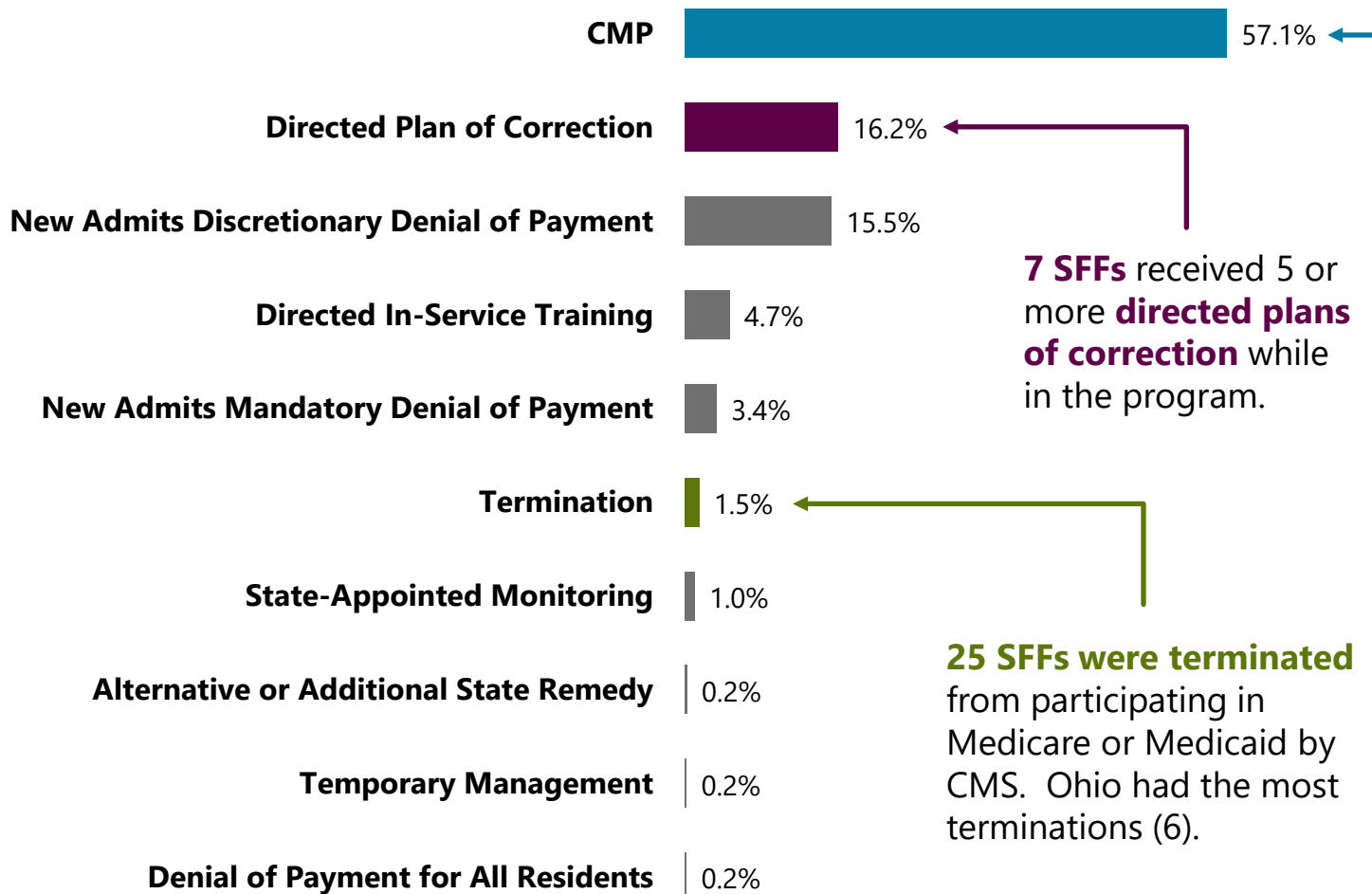
Enforcement

More than half of all remedies that SFFs received were civil money penalties (CMPs) paid by nursing homes.



From 2013 through 2022, CMS imposed and put into effect 1,670 enforcement remedies on SFFs. CMS imposes remedies on nursing homes when they are found to be out of compliance with Federal regulations. In addition, CMS generally has discretion over which type of remedies to impose.

SFFs paid **CMPs ranging from \$262 to \$646,059** from 2013 through 2022.

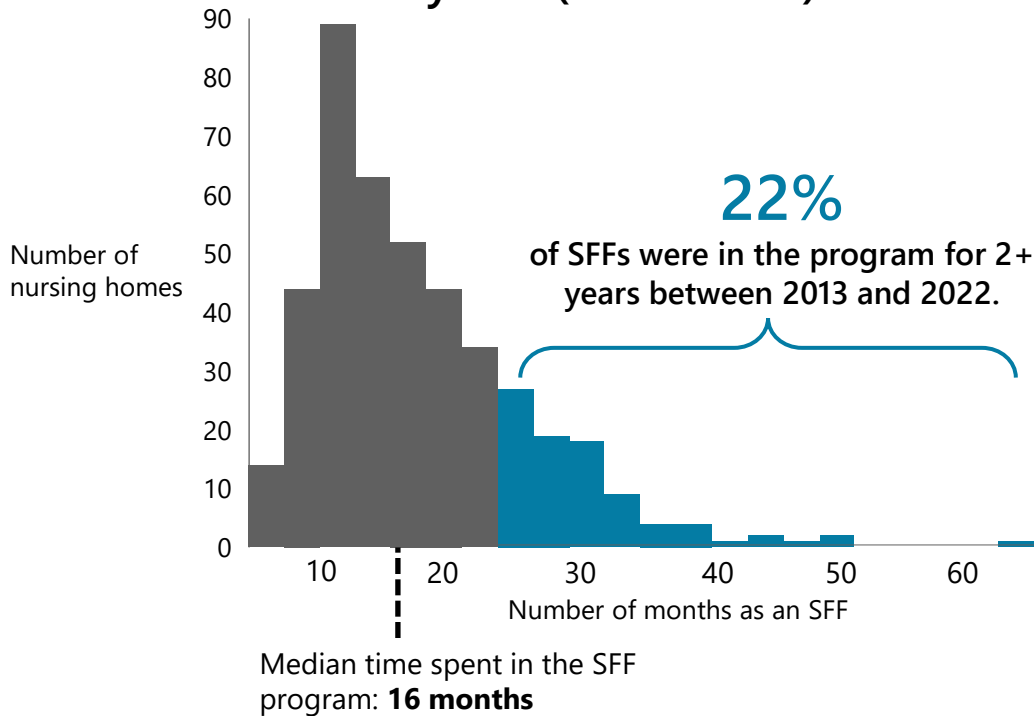


Directed plans of correction (DPOCs) require nursing homes to take specific actions within a certain timeframe to address noncompliance. Although most SFFs did not receive any DPOCs, a handful received many. Two SFFs that were still in the program as of 2022 each received 7 DPOCs, the most of any SFF.

Participation in and Graduation From the SFF Program

Overall Time in SFF

Of the 429 nursing homes that entered and exited in 10 years, 96 spent more than 2 years (24 months) in the SFF program.



9 of 10 SFFs that spent 2+ years in the program eventually graduated.

SFFs that graduated and SFFs that were terminated or closed spent a similar amount of time in the program on average, but a higher percentage of SFF graduates stayed in the program for 2 or more years. Across SFFs that graduated, time to graduation varied widely, ranging from 5 months to 54 months. Among the 374 SFF graduates that entered and exited the program during 2013–2022, 23 percent (87 nursing homes) were in the program for 2 years (24 months) or longer before they graduated despite CMS’s goal for them to graduate in less than 2 years. In comparison, 16 percent of terminated or closed SFFs (nine nursing homes) were in the program for 2 or more years.

Longest and Shortest Time

SFFs ranged from spending just 3 months to 5+ years in the program.



Time to Graduation

One nursing home in New York spent **54 months—4.5 years**—as an SFF before graduating from the program.

In contrast, one nursing home in Illinois spent **just under 6 months** in the SFF program before graduating, the shortest time to graduation.



Time to Termination/Closure

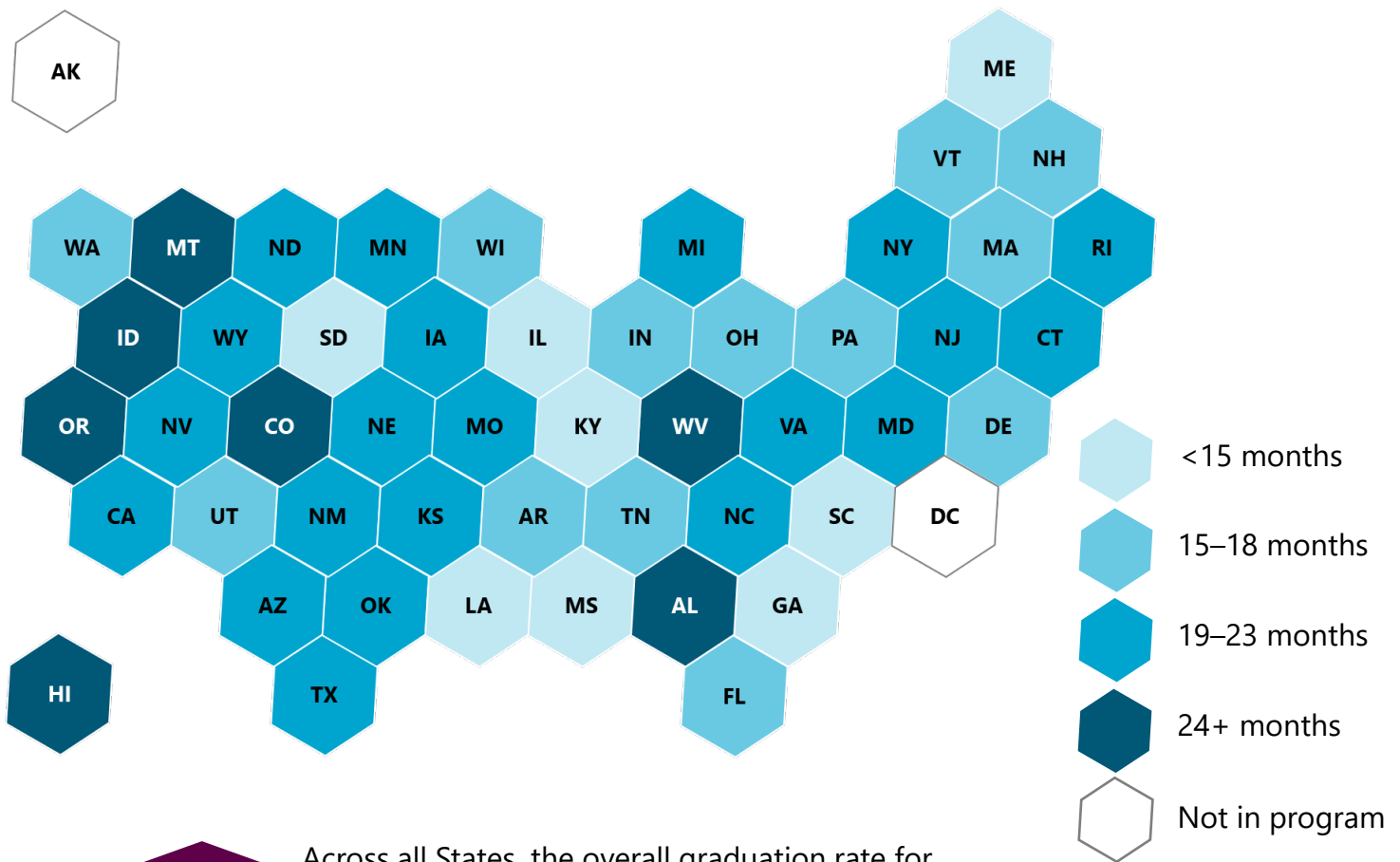
One nursing home in California spent **68 months—more than 5.5 years**—as an SFF before it was terminated from Medicare and Medicaid.

In contrast, one nursing home in Illinois spent just **3 months** in the SFF program before it voluntarily closed, the shortest time to termination/closure.

Participation in and Graduation From the SFF Program

State-by-State Time in SFF

In most States, SFFs' average time to graduation was less than 2 years.



Across all States, the overall graduation rate for SFFs during 2013–2022 was **76 percent**.

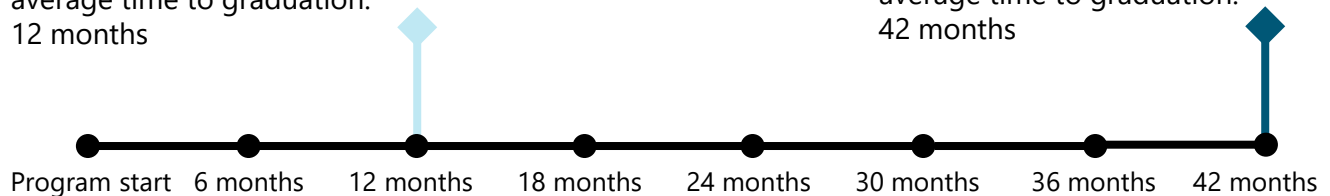
Range of Time to Graduation

From 2013 through 2022, SFFs' average time to graduation varied across States from 12 to 42 months.

For more than three-quarters of States, the average time to graduation was fewer than 24 months. However, in 7 States, SFFs took more than 24 months on average to graduate.

Kentucky had the shortest average time to graduation: 12 months

Alabama had the longest average time to graduation: 42 months

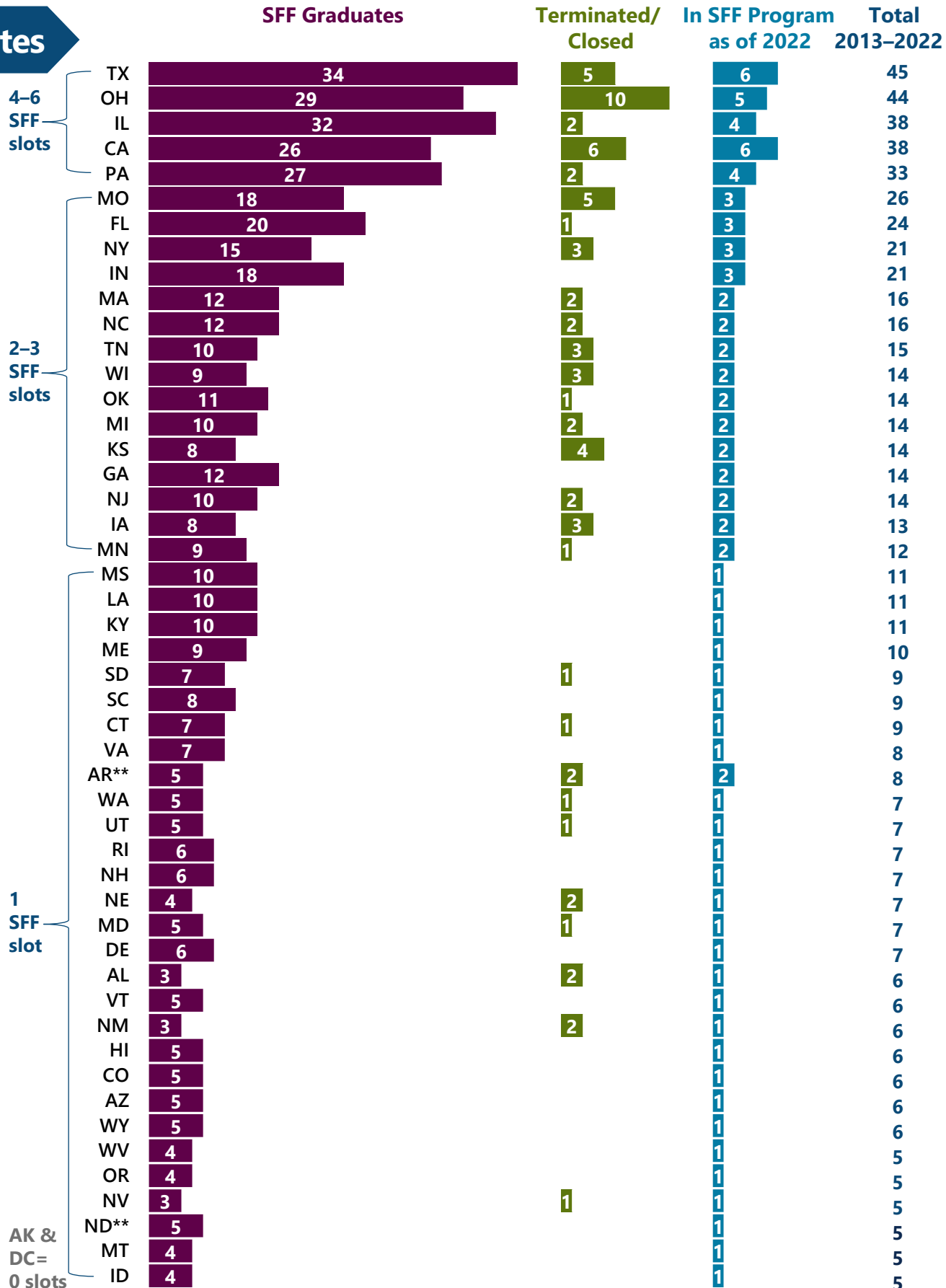


Participation in and Graduation From the SFF Program

Within States

The number of SFF nursing home slots varies by State.

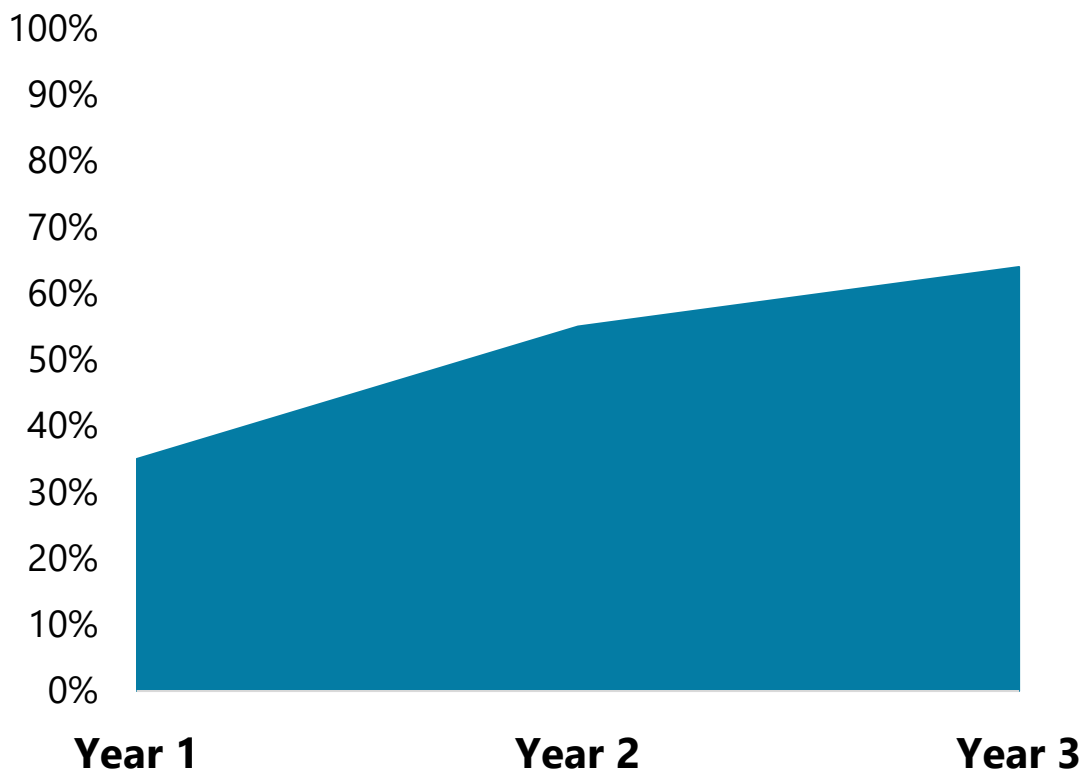
CMS allots each State a certain number of SFFs. Larger States have more slots and thus more graduations, terminations, and closures. The five largest States represent 30 percent of all SFFs from the last 10 years. Notably, 3 percent of nursing homes had repeat participation, with the same nursing home in the SFF program more than once from 2013–2022.



**Note: At the time of our review, the SFF nursing home in AR and ND previously graduated from the SFF program. In addition, there were two SFF nursing homes in AR, but AR has one SFF slot per CMS's 2014 update to the SFF program.

Deficiencies After Graduating

Within 3 years of graduating from the SFF program, 64% of nursing homes received a serious deficiency from 2013 through 2022.



Nursing homes that graduate from the SFF program can quickly fall back into noncompliance. Within the first year after graduating, about one-third of these nursing homes received a serious deficiency, meaning that residents are, at a minimum, at risk for potential harm. By 3 years postgraduation, this proportion climbs to nearly two-thirds. Some nursing homes even repeated participation in the SFF program—17 nursing homes were SFFs more than once from 2013 through 2022. Our companion report *CMS's Special Focus Facility Program for Nursing Homes Has Not Yielded Lasting Improvements* (OEI-01-23-00050) provides more information about the types of deficiencies that SFF graduates receive and points to potential ways in which the SFF program could achieve better results.

Contact

Contact

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Endnotes

1. Sections 1819(f)(8) and 1919(f)(10) of the Social Security Act.
2. CMS, *Fiscal Year (FY) 2017 Special Focus Facility (SFF) Program Update*, S&C: 17-20-NH, Mar. 2, 2017. Accessed at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-20.pdf> on Sept. 14, 2022.
3. CMS, *Revisions to Special Focus Facility (SFF) Program*, QSO-23-01-NH, Oct. 21, 2022. Accessed at <https://www.cms.gov/files/document/qso-23-01-nh.pdf> on Nov. 7, 2022.
4. MedPac, *Report to Congress: Medicare Payment Policy*, “Chapter 6: Skilled Nursing Facility Services,” Table 6-1, p. 168, Mar. 2024.
5. MedPac, *Report to Congress: Medicare Payment Policy*, “Chapter 6: Skilled Nursing Facility Services,” Table 6-1, p. 168, Mar. 2024.

Methodology

This analysis includes all 645 nursing homes that participated in the SFF program from calendar years 2013 through 2022. We used the following data sources to conduct our analysis: (1) data on nursing homes that participated in the SFF program from 2013 through 2022; (2) survey and deficiency data from CMS’s Automated Survey Processing Environment (ASPEN) Certification and Survey Provider Enhanced Reports (CASPER) system; and (3) enforcement data from the ASPEN Enforcement Manager (AEM) system. We also used publicly available census data from 2010 to determine SFFs’ rural status.

SFF Program Data. We used data provided by CMS on the SFF program to determine the number of nursing homes that participated in the program, the length of time that nursing homes spent in the program, the States in which these nursing homes were located, and the nursing homes’ outcomes from the program (i.e., graduation or termination/closure). We also analyzed the length of time that nursing homes spent in the program and their graduation/termination status by State.

Survey and Deficiency Data. We used data from CMS’s ASPEN/CASPER system to examine the deficiencies that SFFs received both before and during the SFF program; enforcement remedies received during the program; and the SFFs’ ownership type (e.g., for-profit). In addition, we examined the number of complaint surveys that SFFs received while in the program and the resulting deficiencies from these surveys. To determine the types of deficiencies that SFFs received before entering the program, we included the 466 SFFs that entered from 2016 through 2022 and assessed their deficiencies in the 3 calendar years prior to entering.

Enforcement Data. We used data from CMS’s AEM system to examine the Federal enforcement remedies that SFFs received while in the program. We examined the types of remedies that SFFs received overall, as well as the types of remedies by State. We also examined the range of CMPs that SFFs paid while in the program from 2013 through 2022.

Federal Office of Rural Health Policy Data Files. Finally, we used the Health Resources & Services Administration (HRSA) publicly available data to identify rural postal area (ZIP) codes. HRSA uses measures from the Office of Management and Budget and the Rural-Urban Commuting Area codes from the Economic Research Service of the Department of Agriculture to identify rural areas. Please see [HRSA’s website](#) and its 2021 [notice in the Federal Register](#) for its explanation of how it designates rural areas.