

A woman with short dark hair, wearing dark blue medical scrubs, is looking at a laptop screen. She is in an office environment with horizontal blinds in the background and a framed certificate on the wall to her right.

 shiftkey + OnShift

The Administrator's Guide to Five-Star Health Inspections

Introduction

CMS's Health inspections Rating is the foundational metric in a facility's overall star rating. Surveyors categorize deficiencies in each category by "severity" and "scope." They also use complaint surveys, focused infection control surveys, and the number of revisits necessary to correct deficiencies in determining a facility's score. If a facility receives one star on its Health Inspections Rating, its maximum rating will be two stars, even if it receives five-star ratings for staffing and quality measures.

"The Five-Star Quality Rating System uses nearly 400,000 records for the health inspection domain alone."

-CMS



Understanding 'severity' and 'scope'

"Severity" measures the level of harm that has occurred (or is likely to occur) as a result of a deficiency. "Scope" measures how many residents or employees have been affected by a deficiency.

Severity is broken down into levels

Level 1: Deficiencies that have the potential for minimal harm but have not caused harm.

Level 2: Deficiencies that haven't caused harm but have the potential to cause more than minimal harm. (Level 2 deficiencies do not place employees or residents in immediate jeopardy.)

Level 3: Deficiencies that cause harm to residents or employees but do not place them in immediate jeopardy.

Level 4: Deficiencies that place health or safety in immediate jeopardy. (At level 4, the facility's noncompliance either has caused or is likely to cause serious injury to employees or residents.)

Scope falls into one of three categories

Isolated: One to a very limited number of residents or employees have been affected by the deficiency, and it is only present in a very limited area of a facility or a limited number of locations.

Pattern: More than a very limited number of residents or employees have been affected by the deficiency, and/or the deficiency is present in more than a limited number of locations. Deficiencies are not pervasive in the facility.

Widespread: Deficiencies are pervasive throughout the facility. This is a systemic failure that affected (or could affect) a significant portion of or all residents or employees.

The health inspection point system

During health inspections, points are assigned for each deficiency.

Widespread deficiencies that pose immediate jeopardy to residents and/or employees receive the most points; isolated incidents with potential for minimal harm (that have not caused actual harm) receive zero points. The fewer points, the better.

Health Inspection Score: Weights for Different Types of Deficiencies

Severity	Scope		
	Isolated	Pattern	Widespread
Immediate jeopardy to resident health or safety	J 50 points* (75 points)	K 100 points* (125 points)	L 150 points* (175 points)
Actual harm that is not immediate jeopardy	G 20 points	H 25 points (40 points)	I 45 points (50 points)
No actual harm with potential for more than minimal harm that is not immediate jeopardy	D 4 points	E 35 points	F 16 points (20 points)
No actual harm with potential for minimal harm	A 0 points	B 0 points	C 0 points

Note: Figures in parentheses indicate points for deficiencies that are for substandard quality of care. Shaded cells denote deficiency scope/severity levels that constitute substandard quality of care. See the [Electronic Code of Federal Regulations](#) for a definition of substandard quality of care

*If the status of the deficiency is “past non-compliance” and the severity is Immediate Jeopardy, then points associated with a ‘G-level’ deficiency (i.e., 20 points) are assigned.

Source: [Center for Medicare & Medicaid Services](#)

The total weighted health inspection score

A facility's total weighted health inspection score is based on annual inspections, complaint surveys, focused infection control surveys and the number of revisits required to correct deficiencies. A lower score indicates better performance.

- **The three most recent recertification surveys**
 - Most recent survey (cycle one): 1/2 weighting factor
 - Previous survey (cycle two): 1/3 weighting factor
 - Second prior survey (cycle three): 1/6 weighting factor
- **Deficiencies cited on complaint and infection control surveys during the previous three-year period**
 - Surveys within the most recent 12 months: 1/2 weighting factor
 - Surveys from 13-24 months ago: 1/3 weighting factor
 - Surveys from 25-36 months ago: 1/6 weighting factor
- **Any repeat revisits needed to verify that required corrections have brought the facility back into compliance**
 - First revisit: Zero points
 - Second revisit: 50% of the health inspection score
 - Third revisit: 70% of the health inspection score
 - Fourth revisit: 85% of the health inspection score

Individual weighted scores for each cycle are summed (after including complaint surveys, focused infection control surveys and revisit points) to create the total weighted health inspection score.

Points for the same deficiencies on multiple surveys

Complaint and recertification survey deficiencies

Deficiencies that appear on complaint inspections conducted within 15 days of a recertification inspection are counted only once, using the highest combination of severity and scope.

Deficiencies in multiple infection control surveys

If the same deficiency is found within a 15-day period, all points are included.

Multiple infection control survey deficiencies, recertification deficiencies and complaint surveys

For infection control survey deficiencies that are also cited on a recertification survey and/or a complaint survey within the same 15-day window, the infection control survey points will be used.

Points from complaint deficiencies and infection control deficiencies from a given period are added to the health inspection score before calculating revisit points, if applicable.

Weights for Repeat Revisits

Revisit Number	Noncompliance points
First	0
Second	50 percent of health inspection score
Third	70 percent of health inspection score
Fourth	85 percent of health inspection score

Note: The health inspection score includes points from deficiencies cited on the standard health inspections complaint inspections during a given survey cycle.
Source: [Center for Medicare & Medicaid Services](#).

How health inspection stars are earned

First, recertification, infection control and complaint surveys will be weighted as described above. Then, they will be compared with the other skilled nursing facilities in the state.

Federal inspectors audit 5% of all state inspections in what CMS terms "quality checks." In doing so, state-to-state survey variations have been found due to factors such as survey management, state licensure/citations, and state Medicaid policy and citations.

The Five-Star Quality Rating you receive is a result of how your facility's score compares to the other skilled nursing facilities in your state. You can think of it as being "graded on a curve." Here's what the curve looks like:

Top 10% ★★★★★

Middle 70% ★★ / ★★★★★ / ★★★★★ (about 23.33% in each category)

Bottom 20% ★

You can find out where your facility lies on that curve by visiting CMS's ["State-Level Health Inspection Cut Points,"](#) also linked in the resources section.

How and when inspection ratings change

Your Health Inspections Rating can change anytime you receive a new health inspection, new complaint deficiencies, new infection control deficiencies, or a second, third or fourth revisit.

The rating can also change with Informal Dispute Resolutions (IDR) or Independent Informal Dispute Resolutions (IIDR) that result in changes to deficiencies' severity and/or scope or when complaint surveys or focused infection control surveys move into a prior period, which gives them less weight.



About the abuse icon

If a facility receives the abuse icon, the health inspection rating is capped at two stars; if the abuse icon is removed, that facility's rating can change.



Learn how to avoid the 10 most common citations

The Health Inspections Rating can make or break your facility's overall star rating, as it's the foundation. Download our free guide "[Avoiding Citations: The Administrator's Guide to the CMS Quality Rating System](#)" to get compliance tips that will help you avoid the 10 most common CMS survey citations in 2024.

To understand the common citations for skilled nursing facilities in your area, along with what levels of severity and scope were cited, visit CMS's Quality, Certification, and Oversight Reports (QCOR), which will enable you to drill down into citations, levied penalties (such as CMPs), and more.

How to use CMS's QCOR

1. Navigate to the [main page](#)
2. Select "Nursing Homes"
3. Select the report you want to run
4. Choose your filters
5. Select "Run Report"

Improving resident health improves quality care

By understanding how facilities are measured and putting plans in place to avoid common citations, you can improve your Health Inspections Rating and the quality of care you provide for your residents. This guide is one in a series designed to help you increase your CMS Quality Rating. You can download the rest of them for free:

[Avoiding Citations: The Administrator's Guide to the CMS Quality Rating System](#)

[The Administrator's Guide to Five-Star Staffing](#)

[The Administrator's Guide to Five-Star Quality Measures](#)

ShiftKey's "The Administrator's Guide to Five-Star Health Inspections" is for general informational purposes only and is not intended to be legal or compliance advice. While we strive to ensure the accuracy and reliability of the information presented, it should not be relied upon as a substitute for professional or legal advice as it may not be applicable to your particular situation or circumstances.

About ShiftKey

ShiftKey is a technology company committed to transforming healthcare by leveraging data and a marketplace approach to connect independent licensed professionals with facilities with open workforce needs. ShiftKey is playing a vital role in advancing empowered work, stability and solutions for professionals, facilities and the people and communities they serve. With 10,000 healthcare facilities and hundreds of thousands of independent licensed professionals on the platform, ShiftKey is the market leader in strategic workforce solutions, driving a more sustainable, inclusive and profitable workforce economy for the future.

For more information, visit www.ShiftKey.com.

Resources and references

Overall Quality Rating

["Five-Star Quality Rating System"](#) (CMS).

["Design for Care Compare Nursing Home Five-Star Quality Rating System: Technical Users' Guide"](#) (CMS).

["State Operations Manual"](#) (CMS).

["Contact Information for State Survey Agencies"](#) (CMS).

["Long-Term Care Surveyor Guidance Updates Jan 15"](#) (CMS).

["The Five-Star Quality Rating System's Impact on Insurance Premiums — and How to Address Them"](#) (McKnights).

["Five-Star Ratings 2018"](#) (LeadingAge Illinois).

["Federal Policy Guidance 2022"](#) (Medicaid.gov).

["The Administrator's Guide to CMS's 2025 Surveyor Guidance Updates"](#) (ShiftKey).

Health inspections

["State-Level Health Inspection Cut Points"](#) (CMS).

["Health Deficiencies Database"](#) (CMS).

["Revised Long-Term Care \(LTC\) Surveyor Guidance"](#) (CMS, 2025).

["State US Averages Table"](#) (CMS).

Citations

["Annual Civil Monetary Penalties Inflation Adjustment 2023"](#) (Federal Register).

["Calculation of CMP Adjustments"](#) (CMS).

["LTCCC Alert: New Data on Nursing Home Citations and Penalties"](#) (Long Term Care Community Coalition).

["Nursing Home Enforcements — Frequently Asked Questions"](#) (CMS).

["The Top 10 Nursing Home Citations of 2024: Insights and Prevention Strategies"](#) (Proactive LTC Consulting).

["Safety Considerations for Container Labels and Carton Labeling Design to Minimize Medication Errors"](#) (FDA).

[Quality, Certification, and Oversight Reports](#) (CMS).