



Center for Clinical Standards and Quality/ QUALITY & SAFETY SPECIAL ALERT MEMO

Ref: QSSAM-25-03-NH

DATE: August 15, 2025

TO: Nursing Home Providers

FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

SUBJECT: Temporary Pause in Nursing Home Care Compare Updates

Memorandum Summary

- CMS recently transitioned to a cloud-based Internet Quality Improvement and Evaluation System (iQIES) for nursing home survey and certification data. To ensure accuracy of publicly reported information during this transition, Nursing Home Care Compare updates will be temporarily paused as of July 30, 2025. Updates will resume in October 2025. This temporary pause allows CMS to ensure the accuracy and reliability of publicly reported nursing home quality information.

Discussion:

Effective July 14, 2025, the Centers for Medicare & Medicaid Services (CMS) successfully transitioned its nursing home survey and certification data infrastructure from the legacy Quality Improvement and Evaluation System (QIES) to a cloud-based Internet Quality Improvement and Evaluation System (iQIES). This strategic modernization represents a significant advancement in CMS' commitment to enhancing data quality, system reliability, and operational efficiency.

To ensure seamless integration and maintain the highest standards of data accuracy, CMS will temporarily pause monthly updates to the Nursing Home Care Compare Five Star Rating System, as of July 30, 2025, continuing through September. During this time, all information presented on Nursing Home Care Compare, including star ratings, will remain static and will not reflect any updates. Regular data refreshes are anticipated in October 2025. This temporary pause allows CMS to validate data integrity and verify that publicly reported information meets CMS quality standards before resuming updates.

Nursing homes are still required to maintain transparency by displaying their most recent survey findings (CMS-2567 Statement of Deficiencies) in a publicly accessible area within the facility. This allows residents, families, and visitors to make informed decisions based on identified deficiencies. In addition to facility posting requirements, under the Freedom of Information Act (FOIA), any member of the public may submit formal requests to obtain federal agency records, including CMS inspection documents and related compliance materials. Instructions for how to submit a FOIA request are

located here: <https://www.cms.gov/Regulations-and-Guidance/Legislation/FOIA>

Individuals may also contact their state survey agency for information. State survey agency contact information is posted here: <https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/contact-information>

For questions or concerns relating to this memorandum, please contact BetterCare@cms.hhs.gov.

Effective Date:

Immediately. Please communicate to all appropriate staff within 30 days.

/s/

Karen L. Tritz
Director, Survey & Operations Group

David R. Wright
Director, Quality, Safety & Oversight Group

Resources to Improve Quality of Care:

Check out CMS's new Quality in Focus interactive video series. The series of 10–15 minute videos are tailored to provider types and aim to reduce the deficiencies most commonly cited during the CMS survey process, like infection control and accident prevention. Reducing these common deficiencies increases the quality of care for people with Medicare and Medicaid.

Learn to:

- *Understand surveyor evaluation criteria*
- *Recognize deficiencies*
- *Incorporate solutions into your facility's standards of care*

See the [Quality, Safety, & Education Portal Training Catalog](#), and select Quality in Focus

Get guidance memos issued by the Quality, Safety and Oversight Group by going to [CMS.gov page](#) and entering your email to sign up. Check the box next to “CCSQ Policy, Administrative, and Safety Special Alert Memorandums” to be notified when we release a memo.