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Ann Maxwell
Deputy Inspector General for Evaluation and Inspections
U.S. Department of Health and Human Services
Office of Inspector General
Washington, D.C.

Dear Ms. Maxwell,

My name is Robert Benard. I am a dual board-certified nurse practitioner (AGACNP-BC, PMHNP-BC) based in Oakland, California. I am writing because I have built a public tool that I believe directly complements the work your office published on March 19.

I built **oversightreports.com**, a free platform that makes federal nursing home safety data accessible to families, journalists, attorneys, and oversight professionals. The site covers all 14,713 Medicare-certified nursing homes and pulls from 16 CMS datasets, including inspection histories, payroll-verified staffing records, federal penalties, ownership networks, and clinical quality measures. I built and maintain it independently with no industry funding.

This started as a passion project. Families would ask me on discharge, "Is this place any good?" and I never had a great answer for them. When I looked into it, I found that the data exists but it is spread across multiple databases that are challenging for families to navigate. So I built the site to close that gap.

Following your office's March 19 antipsychotic reports (OEI-02-23-00201 and SRS-E-26-006), I built an analysis page at **oversightreports.com/antipsychotic-trends** that surfaces the facility-level patterns your findings describe:

- 14.6% national average antipsychotic prescribing rate (without dementia diagnosis)
- 5,009 facilities flagged above the national average
- 695 critical risk, 1,559 high risk, and 2,755 elevated risk facilities identified
- Each facility ranked by a composite score incorporating prescribing rate, deviation from

national average, and related quality indicators

- Individual facility pages display antipsychotic alert badges with specific risk factors

The platform also includes state-level screening tools and an Attorney General toolkit that surfaces facilities below federal staffing thresholds, tracks regulatory enforcement patterns, and identifies chain-level safety trends.

All data is sourced from publicly available CMS datasets and Brown University's LTCFocus research data. Nothing is fabricated, estimated, or modified. Every number traces to a specific source file. The methodology is documented at oversightreports.com/methodology.

I am sharing this because I believe tools like this can help extend the reach of your office's work. The March 19 reports are important, but most families and state agencies will never read an OIG publication. This platform makes those findings accessible to them.

Longer term, I plan to expand this to cover other CMS provider types including home health, hospice, and hospitals. The same transparency gap exists across the system. I am planning to apply for AHRQ funding this August to sustain and grow the platform as a public resource.

If there are ways this could be useful to your office or teams working on nursing home quality measures, I would be glad to hear from you.

Respectfully,

Robert Benard, NP
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This letter was sent proactively, not in response to a public comment period or request for information. The OIG published its antipsychotic reports on March 19, 2026; this outreach was sent four days later.