



## Nursing Home Compare Five-Star Ratings of Nursing Homes

### Provider Rating Report Incorporating data reported through 12/31/2019

Ratings for <b>Richard M Campbell Veterans Nursing Home (425301)</b> Anderson, South Carolina				
Overall Quality	Health Inspection	Quality Measures	Staffing	RN Staffing
★★★	★★★	★★★	★★★	★★★

*The January 2020 Five-Star ratings provided above will be displayed for your nursing home on the Nursing Home Compare (NHC) website on or around January 29, 2020. The time periods for each of the quality measures that contribute to the Quality Measure (QM) rating can be found in the QM tables located later in this report. The Staffing and RN Staffing Ratings are based on Payroll-based journal staffing data reported for the third calendar quarter of 2019.*

### Helpline

The Five-Star Helpline will operate Monday - Friday, **January 27, 2020 - January 31, 2020**. Hours of operation will be from 9 am - 5 pm ET, 8 am - 4 pm CT, 7 am - 3 pm MT, and 6 am - 2 pm PT. The Helpline number is 1-800-839-9290. The Helpline will be available again **February 24, 2020 - February 28, 2020**. During other times, direct inquiries to [BetterCare@cms.hhs.gov](mailto:BetterCare@cms.hhs.gov) as Helpline staff help respond to e-mail inquiries when the telephone Helpline is not operational.

### Important News

#### **January 2020 Changes**

As of the January 2020 refresh of NHC, the timeframe covered by the short stay (SNF) pressure ulcer QM has been adjusted to match the timeframe for the other MDS-based QMs. Only the four quarter average will be reported: the individual quarters on the provider preview will display NR (not reported) for every facility. Additionally, for the purposes of the downloadable files on Data.Medicare.Gov, the measure code for this QM has changed from 002 to 476, and the measure is found in the MDS Quality Measures downloadable file. The measure specifications have not changed with the new measure code.

On the CASPER Facility Level Quality Measure (QM) Reports, the long-stay pressure ulcer QM has been updated with the High Risk/Unstageable Pressure Ulcer measure. Additionally, the short-stay QM, Percentage of SNF Residents with Pressure Ulcers that are New or Worsened, can be viewed on the CASPER reports if the end date is manually changed to match the Data Calculation Date. The short-stay pressure ulcer measure will begin to automatically display on the CASPER reports in February 2020.

## Health Inspections

The Five-Star health inspection rating listed on the first page is based on 3 cycles of survey data and 3 years of complaint inspections.

### ***Your Health Inspection Rating***

Provided below are the survey dates included in the calculation of the Five-Star health inspection rating for your facility. For more detailed information about the deficiencies cited on each survey, please visit: <https://data.medicare.gov/data/nursing-home-compare>. This website updates on the same day as the Nursing Home Compare website. Any additional revisit points can be found in the 'Provider Info' table at the link provided above.

*Health Inspection Rating Cycle 1 Survey Dates:*

May 24, 2019

*Health Inspection Rating Cycle 2 Survey Dates:*

April 19, 2018

*Health Inspection Rating Cycle 3 Survey Dates:*

January 26, 2017

*Total weighted health inspection score for your facility: 29.3*

<b>State-level Health Inspection Cut Points for South Carolina</b>				
<b>1 Star</b>	<b>2 Stars</b>	<b>3 Stars</b>	<b>4 Stars</b>	<b>5 Stars</b>
>80.00	44.01-80.00	28.68-44.00	10.01-28.67	0.00-10.00

Please note that the state cut points are recalculated each month, but the total weighted health inspection score for your facility is compared to the cut points only if there is a change in your score.

## Long-Stay Quality Measures that are Included in the QM Rating

	Provider 425301					Rating Points	SC	US
	2018Q4	2019Q1	2019Q2	2019Q3	4Q avg		4Q avg	4Q avg
<b>MDS Long-Stay Measures</b>								
<i>Lower percentages are better.</i>								
Percentage of residents experiencing one or more falls with major injury	3.3%	3.8%	3.7%	3.7%	3.7%	40	3.2%	3.4%
Percentage of high-risk residents with pressure sores <sup>1</sup>	7.3%	9.3%	2.2%	0.7%	4.7%	80	8.9%	7.3%
Percentage of residents with a urinary tract infection	6.4%	6.9%	6.1%	3.7%	5.8%	20	3.7%	2.7%
Percentage of residents with a catheter inserted and left in their bladder <sup>1</sup>	0.0%	0.5%	0.5%	0.0%	0.2%	100	1.7%	1.9%
Percentage of residents whose need for help with daily activities has increased	25.6%	20.5%	13.8%	14.1%	18.4%	45	14.4%	14.5%
Percentage of residents who received an antipsychotic medication	21.3%	21.7%	22.7%	24.8%	22.6%	30	13.7%	14.4%
Percentage of residents whose ability to move independently worsened <sup>1</sup>	17.6%	18.8%	10.3%	13.8%	15.2%	105	19.1%	17.5%

<sup>1</sup>These measures are risk adjusted.

<sup>2</sup>This measure includes some imputed data because there are fewer than 20 resident assessments or stays across the four quarters. This value is used in calculating the QM points and used in the QM rating calculation but will not be displayed on Nursing Home Compare.

	Provider 425301				Risk-Adjusted Rate	US	
	Observed Rate <sup>3</sup>	Expected Rate <sup>3</sup>	Risk-Adjusted Rate <sup>3</sup>	Rating Points		Observed Rate	Risk-Adjusted Rate
<b>Claims-Based Long-Stay Measures</b>							
<i>Lower rates are better. The time period for data used in reporting is 7/1/2018 through 6/30/2019.</i>							
Number of hospitalizations per 1,000 long-stay resident days <sup>1</sup>	2.09	1.43	2.58	30	1.89	1.767	1.70
Number of emergency department visits per 1,000 long-stay resident days <sup>1</sup>	1.43	3.35	0.62	120	1.03	1.453	0.94

<sup>1</sup>These measures are risk adjusted.

<sup>2</sup>This measure includes some imputed data because there are fewer than 20 resident assessments or stays across the four quarters. This value is used in calculating the QM points and used in the QM rating calculation but will not be displayed on NHC.

<sup>3</sup>The observed rate is the actual rate observed for the facility without any risk-adjustment; the expected rate is the rate that would be expected for the facility given the risk-adjustment profile of the facility; and the risk-adjusted rate is adjusted for the expected rate of the outcome and is calculated as (observed rate for facility / expected rate for facility) \* US observed rate. Only the risk-adjusted rate will appear on NHC.

Total Long-Stay Quality Measure Score	570
Long-Stay Quality Measure Star Rating	★★★

## Short-Stay Quality Measures that are Included in the QM Rating

	Provider 425301					Rating Points	SC	US
	2018Q4	2019Q1	2019Q2	2019Q3	4Q avg		4Q avg	4Q avg
<b>MDS Short-Stay Measures</b>								
<i>Higher percentages are better.</i>								
Percentage of residents who made improvements in function <sup>1</sup>	d<20	d<20	d<20	d<20	68.4% <sup>2</sup>	90	68.7%	67.4%
<i>Lower percentages are better.</i>								
Percentage of residents who newly received an antipsychotic medication	d<20	d<20	d<20	d<20	18.0%	20	2.0%	1.8%
Percentage of SNF residents with pressure ulcers that are new or worsened <sup>1</sup>	NR	NR	NR	NR	0.0%	100	1.7%	1.5%

NR = Not Reported. This measure is not calculated for individual quarters.

	Provider 425301				Risk-Adjusted Rate	US	
	Observed Rate <sup>3</sup>	Expected Rate <sup>3</sup>	Risk-Adjusted Rate <sup>3</sup>	Rating Points		Observed Rate	Risk-Adjusted Rate
<b>Claims-Based Short-Stay Measures</b>							
<i>Higher percentages are better. The time period for data used in reporting is 10/1/2016 through 9/30/2018.</i>							
Rate of successful return to home and community from a SNF <sup>1</sup>	0.0%	NR	11.0%	15	50.3%	49.2%	49.5% <sup>4</sup>
<i>Lower percentages are better. The time period for data used in reporting is 7/1/2018 through 6/30/2019.</i>							
Percentage of residents who were re-hospitalized after a nursing home admission <sup>1</sup>	16.0%	23.1%	15.8%	135	23.1%	22.8%	22.3%
Percentage of residents who had an outpatient emergency department visit <sup>1</sup>	10.0%	10.8%	9.5%	90	11.8%	10.2%	10.7%

<sup>1</sup>These measures are risk adjusted.

<sup>2</sup>This measure includes some imputed data because there are fewer than 20 resident assessments or stays across the four quarters. This value is used in calculating the QM points and used in the QM rating calculation but will not be displayed on NHC.

<sup>3</sup>The observed rate is the actual rate observed for the facility without any risk-adjustment; the expected rate is the rate that would be expected for the facility given the risk-adjustment profile of the facility. For successful community discharge, the risk-adjusted rate is calculated as (predicted rate / expected rate) \* US Observed rate and is referred to as the risk-standardized rate. For rehospitalization and emergency department visits, the risk-adjusted rate is calculated as (observed rate / expected rate) \* US observed rate. Only the risk-adjusted or risk-standardized rate will appear on NHC.

<sup>4</sup>For this measure, this value is the National Benchmark, rather than the national average of the risk-adjusted rate.

NR = Not Reported. The expected rate is not reported for this measure.

Unadjusted Short-Stay Quality Measure Score	450
Total Short-Stay Quality Measure Score (unadjusted short-stay QM score*1150/800) <sup>1</sup>	647
Short-Stay Quality Measure Star Rating	★★★
Total Quality Measure Score <sup>2</sup>	1217
Overall Quality Measure Star Rating	★★★

<sup>1</sup>An adjustment factor of 1150/800 is applied to the unadjusted total short-stay score to allow the long- and short-stay QMs to count equally in the total QM score.

<sup>2</sup>The total quality measure score is the sum of the total long-stay score and the total short-stay score. If a provider has only a long-stay score or only a short-stay score, then no total score is calculated and their overall QM rating is the same as the long-stay or short-stay QM rating, depending on which is available.

## Quality Measures that are Not Included in the QM Rating

	Provider 425301					SC	US
	2018Q4	2019Q1	2019Q2	2019Q3	4Q avg	4Q avg	4Q avg
<b>MDS Long-Stay Measures</b>							
<i>Higher percentages are better.</i>							
Percentage of residents assessed and appropriately given the seasonal influenza vaccine	99.1%	100%	100%	100%	99.8%	94.1%	95.9%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	100%	99.5%	99.5%	100%	99.8%	93.4%	93.7%
<i>Lower percentages are better.</i>							
Percentage of residents who were physically restrained	0.0%	0.0%	0.5%	0.0%	0.1%	0.6%	0.2%
Percentage of low-risk residents who lose control of their bowels or bladder	74.4%	76.8%	85.1%	88.3%	81.0%	59.1%	48.4%
Percentage of residents who lose too much weight	6.4%	4.2%	5.0%	3.0%	4.6%	7.1%	5.5%
Percentage of residents who have depressive symptoms	1.6%	4.2%	4.0%	2.1%	3.0%	1.3%	4.7%
Percentage of residents who received an antianxiety or hypnotic medication	20.1%	23.0%	22.0%	23.5%	22.1%	21.2%	19.9%
<b>MDS Short-Stay Measures</b>							
<i>Higher percentages are better.</i>							
Percentage of residents assessed and appropriately given the seasonal influenza vaccine	90.6%	92.0%	92.0%	92.0%	91.6%	83.0%	82.7%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	93.6%	88.9%	90.3%	84.6%	89.8%	83.4%	83.7%

### Additional Notes Regarding the Quality Measure Tables

"d<20". For individual quarters for the MDS-based QMs, d<20 means the denominator for the measure (the number of eligible resident assessments) is too small to report. A four quarter average may be displayed if there are at least 20 eligible resident assessments summed across the four quarters.

"NA". "NA" will be reported for quality measures not included in the QM Rating: 1) for which data are not available or 2) for which the total number of eligible resident assessments summed across the four quarters is less than 20.

### SNF Quality Reporting Program (QRP) Measures:

One of the short-stay QMs used in the Five-Star QM rating calculation is a SNF QRP measure: Rate of successful return to home and community from a SNF. There are additional SNF QRP measures that are not included in the Five-Star ratings but are displayed on NHC. Information about these measures can be found on separate provider preview reports that are located in the QIES mailbox. Please watch for communication from CMS on the availability of these reports. Additional information about the SNF QRP measures can be found in the Quality of Resident Care section under References at the end of this report.

## Staffing Information

### Summary of Reported Staffing for July 1, 2019 to September 30, 2019

The data listed below include the reported staffing for your facility, state and for the US, utilizing the PBJ data for **July 1, 2019 to September 30, 2019** (submitted by the **November 14, 2019** deadline) and the average MDS-based resident census for your facility, state and for the US. ***These data will be reported on Nursing Home Compare for three months, starting with the January 2020 update to the website, and will also be used for determining staffing ratings during that time.***

PBJ Nurse Staffing Information for July 1, 2019 to September 30, 2019 for Provider Number 425301				
	Reported Hours per Resident per Day (HRD)	Reported Hours per Resident per Day (HRD) (Decimal)	Case-Mix HRD	Case-Mix Adjusted HRD
Total number of licensed nurse staff hours per resident per day	1 hour and 22 minutes			
RN hours per resident per day	22 minutes	0.360	0.266	<b>0.510<sup>1</sup></b>
LPN/LVN hours per resident per day	1 hour	1.008	0.630	1.203
Nurse aide hours per resident per day	2 hours and 36 minutes	2.603	2.112	2.562
Total number of nurse staff (RN, LPN/LVN, and Nurse Aide) hours per resident per day	3 hours and 58 minutes	3.971	3.008	<b>4.234<sup>1</sup></b>
Physical therapist <sup>2</sup> hours per resident per day	Less than 1 minute			

<sup>1</sup>Please see the staffing tables located in the Technical Users' Guide (link provided below) for the specific cut points utilized with the bold case-mix adjusted values.

<sup>2</sup>Physical therapist staffing is not included in the staffing rating calculation.

The average number of residents for your facility (based on the MDS census) is [216.8](#).

## **Availability of Reported Staffing Data**

Some providers will see 'Not Available' for the reported hours per resident per day in the table above and a staffing rating may not be displayed for these facilities. There are several reasons this could occur:

1. No MDS census data were available for the facility.
2. No on-time PBJ staffing data were submitted for the facility. As a result, the staffing ratings will be set to one star (unless the facility is listed as 'Too New to Rate').
3. *Criterion no longer used.*
4. The total reported staffing hours per resident per day (HRD) were excessively low (<1.5 HRD).
5. The total reported staffing HRD were excessively high (>12.0 HRD).
6. The total reported nurse aide HRD were excessively high (>5.25 HRD).
7. A CMS audit identified significant discrepancies between the hours reported and the hours verified, or the nursing home failed to respond to an audit request.
8. Other reason.

## **Scoring Exceptions for the Staffing Rating**

The following criteria have been added to the usual scoring rules for assigning the staffing rating and the RN staffing rating.

1. Providers that fail to submit any staffing data by the required deadline will receive a one-star rating for overall staff and RN staffing for the quarter.
2. Providers that submit staffing data indicating that there were four or more days in the quarter with no RN staffing hours (job codes 5-7) on days when there were one or more residents in the facility, regardless of reported staffing levels, will receive a one-star rating for overall staff and RN staffing for the quarter.
3. CMS conducts audits of nursing homes to verify the data submitted and to ensure accuracy. Facilities for which the audit identifies significant discrepancies between the hours reported and the hours verified or those who fail to respond to an audit request will receive a one-star rating for overall staff and RN staffing for three months.

## References

### Technical Details on Nursing Home Compare and the Five-Star Rating System

The Five-Star Quality Rating System Technical Users' Guide includes detailed methodology for all domains of the rating system and can be found at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/downloads/usersguide.pdf>

All of the data posted on the Nursing Home Compare Website as well as additional details on some domains and measures are available for download on the data.medicare.gov website.

<https://data.medicare.gov/data/nursing-home-compare>

### April 2019 Revisions to the Five-Star Rating System

More detailed information on the April 2019 changes can be found in the CMS memorandum:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO19-08-NH.pdf>

### Staffing

For information on recent Payroll Based Journal (PBJ) Policy Manual Updates, Notification to States regarding staffing levels and New Minimum Data Set (MDS) Census Reports see Memorandum QSO-19-02-NH, at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO19-02-NH.pdf>

More information about the use of PBJ staffing data in the Five-Star Rating system is in the Quality, Safety and Oversight memorandum, QSO-18-17-NH, at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO18-17-NH.pdf>

Information about staffing data submission is available on the CMS website at:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html>

For additional assistance with or questions related to the PBJ registration process, please contact the QTSO Help Desk at 877-201-4721 or via email at [help@qtso.com](mailto:help@qtso.com).

More information on the Staffing PUF can be found in a CMS survey and certification memo at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-45.pdf>

### Health Inspections

More information about Phase 2 of the Requirements for Participation is in the S&C memorandum 18-04-NH at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html>

### Quality of Resident Care

Detailed specifications (including risk-adjustment) for the MDS-based QMs, claims-based QMs and SNF QRP measures can be found under 'User Manuals' in the downloads section at:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html>

Additional information about the SNF QRP measures can be found in the SNF Quality Reporting Program (IMPACT Act 2014) section at:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits>

For questions about the SNF QRP measures please contact:

[SNFQualityQuestions@cms.hhs.gov](mailto:SNFQualityQuestions@cms.hhs.gov)

### PBJ Deadlines

Submission Deadline	PBJ Reporting Period	Posted on NHC and used for Staffing Ratings
February 14, 2020	October 1, 2019 - December 31, 2019	April 2020 - June 2020
May 15, 2020	January 1, 2020 - March 31, 2020	July 2020 - September 2020
August 14, 2020	April 1, 2020 - June 30, 2020	October 2020 - December 2020
November 14, 2020	July 1, 2020 - September 30, 2020	January 2021 - March 2021