



**Nursing Home Compare Five-Star Ratings of Nursing Homes
Provider Rating Report for June 2020**

| Ratings for C M Tucker Nursing Care Center / Roddey (425360) Columbia, South Carolina | | | | |
|--------------------------------------------------------------------------------------------------|--------------------------|-------------------------|-----------------|--------------------|
| Overall Quality | Health Inspection | Quality Measures | Staffing | RN Staffing |
| ★★ | ★ | ★★★★★ | ★★★★★ | ★★★★★ |

The June 2020 Five-Star ratings provided above will be displayed for your nursing home on the Nursing Home Compare (NHC) website on or around June 24, 2020. The health inspection rating is based on health inspections occurring prior to March 4, 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 fourth calendar quarter of 2019.

Helpline

The Five-Star Helpline will operate Monday - Friday, **June 22, 2020 - June 26, 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 **July 27, 2020 - July 31, 2020**. During other times, direct inquiries to BetterCare@cms.hhs.gov as Helpline staff help respond to e-mail inquiries when the telephone Helpline is not operational.

Important News

Health Inspection Rating Domain:

In March 2020, CMS announced a new, targeted inspection plan designed to help keep nursing home residents safe in the face of the COVID-19 pandemic. The plan called for focused inspections on urgent patient safety threats (called "immediate jeopardy") and infection control. These targeted inspections allow CMS to focus inspections on the most urgent situations, so the agency can get the information it needs to ensure safety, while not getting in the way of patient care.

Important News (continued)

Health Inspection Rating Domain (continued):

Due to this change, there has been a great shift in the number of nursing homes inspected, and how the inspections are being conducted. Without action, this would have disrupted the inspection domain of the Five-Star Quality Rating System because many nursing homes that would normally be inspected, will not, thereby over-weighting and impacting the ratings of those facilities that are inspected. This could then potentially mislead consumers. **Beginning with the Nursing Home Compare (NHC) refresh in April 2020 and until further notice, the health inspection domain of the rating system is being held constant to include only data from surveys that occurred on or before March 3, 2020. Results of health inspections conducted on or after March 4, 2020, will be posted publicly, but not be used to calculate a nursing home's health inspection star ratings.** These targeted surveys (occurring on or after March 4, 2020) will be posted through a link in the Spotlight section on the front page of the NHC website as the survey data are finalized and uploaded.

Staffing and Quality Measure Rating Domains:

On April 29, 2020, the staffing and quality measure (QM) domains were updated as usual because the underlying data for these domains are based on time periods prior to the COVID-19 crisis. CMS does not yet know the full impact the COVID-19 pandemic will have on these domains and the rating system, but is prepared to make changes when warranted. CMS will continue to monitor the situation closely and will communicate with stakeholders as soon as possible.

PBJ Submission for January 1, 2020 - March 31, 2020 Data:

Due to the COVID-19 public health emergency, CMS waived the requirement to report the 2020 Fiscal Quarter 2 PBJ data (January 1, 2020 - March 31, 2020) by the May 15, 2020 deadline. CMS will provide further information as soon as possible but encourages facilities to report data as they are able to do so. There will be no penalties or negative impacts to staffing ratings for not submitting by the May 15th deadline.

Since the May 15, 2020 deadline for submitting PBJ data was waived, the summary of the PBJ data for the period of January 1 - March 31, 2020 (along with the MDS census data) that would typically be provided in the staffing section of this preview report is not included at this time.

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. Please note that the health inspection rating includes data only from surveys that were conducted on or before March 3, 2020. Surveys conducted on March 4, 2020 or after are not being used to calculate the health inspection rating at this time. Any new surveys or changes to survey results that were conducted on or before March 3, 2020 that enter the national database will be included in the health inspection rating calculation, potentially causing a change in the health inspection rating for an individual facility. Citations from complaint surveys will not be moving between rating cycles (or dropping out of the calculation) while new health inspections are not being included in the health inspection rating calculation.

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:

January 30, 2020

Health Inspection Rating Cycle 2 Survey Dates:

June 27, 2018

October 4, 2018

Health Inspection Rating Cycle 3 Survey Dates:

August 16, 2017

Total weighted health inspection score for your facility: 116.8

| State-level Health Inspection Cut Points for South Carolina | | | | |
|--------------------------------------------------------------------|----------------|----------------|----------------|----------------|
| 1 Star | 2 Stars | 3 Stars | 4 Stars | 5 Stars |
| >83.50 | 46.34-83.50 | 28.68-46.33 | 11.21-28.67 | 0.00-11.20 |

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 425360 | | | | | Rating Points | SC | US |
|-----------------------------------------------------------------------------------------|-----------------|--------|--------|--------|--------|---------------|--------|--------|
| | 2019Q1 | 2019Q2 | 2019Q3 | 2019Q4 | 4Q avg | | 4Q avg | 4Q avg |
| MDS Long-Stay Measures | | | | | | | | |
| <i>Lower percentages are better.</i> | | | | | | | | |
| Percentage of residents experiencing one or more falls with major injury | 1.2% | 1.2% | 1.2% | 1.8% | 1.3% | 100 | 3.3% | 3.4% |
| Percentage of high-risk residents with pressure sores | 6.0% | 7.1% | 10.7% | 12.5% | 9.1% | 40 | 9.1% | 7.3% |
| Percentage of residents with a urinary tract infection | 0.0% | 0.6% | 1.2% | 0.6% | 0.6% | 100 | 3.6% | 2.6% |
| Percentage of residents with a catheter inserted and left in their bladder ¹ | 3.3% | 3.1% | 3.8% | 4.0% | 3.6% | 20 | 1.6% | 1.8% |
| Percentage of residents whose need for help with daily activities has increased | 8.3% | 4.5% | 5.9% | 9.2% | 7.0% | 150 | 14.6% | 14.5% |
| Percentage of residents who received an antipsychotic medication | 32.9% | 31.5% | 30.7% | 29.7% | 31.2% | 15 | 13.6% | 14.3% |
| Percentage of residents whose ability to move independently worsened ¹ | 7.3% | 3.6% | 4.3% | 2.5% | 4.4% | 150 | 18.8% | 17.1% |

¹These measures are risk adjusted.

²This 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 425360 | | | | SC | US | |
|-----------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|---------------------------------|---------------|--------------------|---------------|--------------------|
| | Observed Rate ³ | Expected Rate ³ | Risk-Adjusted Rate ³ | Rating Points | Risk-Adjusted Rate | Observed Rate | Risk-Adjusted Rate |
| Claims-Based Long-Stay Measures | | | | | | | |
| <i>Lower rates are better. The time period for data used in reporting is 10/1/2018 through 9/30/2019.</i> | | | | | | | |
| Number of hospitalizations per 1,000 long-stay resident days ¹ | 0.67 | 1.13 | 1.03 | 135 | 1.90 | 1.735 | 1.70 |
| Number of emergency department visits per 1,000 long-stay resident days ¹ | 1.92 | 2.00 | 1.38 | 45 | 1.03 | 1.436 | 0.94 |

¹These measures are risk adjusted.

²This 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.

³The 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 | 755 |
| Long-Stay Quality Measure Star Rating | ★★★★★ |

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

| | Provider 425360 | | | | | | SC | US |
|----------------------------------------------------------------------------------------|-----------------|--------|--------|--------|--------|---------------|--------|--------|
| | 2019Q1 | 2019Q2 | 2019Q3 | 2019Q4 | 4Q avg | Rating Points | 4Q avg | 4Q avg |
| MDS Short-Stay Measures | | | | | | | | |
| <i>Higher percentages are better.</i> | | | | | | | | |
| Percentage of residents who made improvements in function ¹ | d<20 | d<20 | d<20 | d<20 | NA | NA | 69.1% | 67.7% |
| <i>Lower percentages are better.</i> | | | | | | | | |
| Percentage of residents who newly received an antipsychotic medication | d<20 | d<20 | d<20 | d<20 | NA | NA | 1.9% | 1.8% |
| Percentage of SNF residents with pressure ulcers that are new or worsened ¹ | NR | NR | NR | NR | NA | NA | 1.6% | 1.4% |

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

| | Provider 425360 | | | | SC | US | |
|------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|---------------------------------|---------------|--------------------|---------------|--------------------|
| | Observed Rate ³ | Expected Rate ³ | Risk-Adjusted Rate ³ | Rating Points | Risk-Adjusted Rate | Observed Rate | Risk-Adjusted Rate |
| Claims-Based Short-Stay Measures | | | | | | | |
| <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 ¹ | 11.5% | NR | NA | NA | 50.1% | 49.2% | 49.5% ⁴ |
| <i>Lower percentages are better. The time period for data used in reporting is 10/1/2018 through 9/30/2019.</i> | | | | | | | |
| Percentage of residents who were re-hospitalized after a nursing home admission ¹ | NA | NA | NA | NA | 22.4% | 22.6% | 21.9% |
| Percentage of residents who had an outpatient emergency department visit ¹ | NA | NA | NA | NA | 11.8% | 10.1% | 10.6% |

¹These measures are risk adjusted.

²This 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.

³The 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.

⁴For 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 | NA |
| Total Short-Stay Quality Measure Score (unadjusted short-stay QM score*1150/800) ¹ | NA |
| Short-Stay Quality Measure Star Rating | Data Not Available |
| Total Quality Measure Score ² | NA |
| Overall Quality Measure Star Rating | ★★★★★ |

¹An 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.

²The 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 425360 | | | | | SC | US |
|-----------------------------------------------------------------------------------------|-----------------|--------|--------|--------|--------|--------|--------|
| | 2019Q1 | 2019Q2 | 2019Q3 | 2019Q4 | 4Q avg | 4Q avg | 4Q avg |
| MDS Long-Stay Measures | | | | | | | |
| <i>Higher percentages are better.</i> | | | | | | | |
| Percentage of residents assessed and appropriately given the seasonal influenza vaccine | 100% | 100% | 100% | 100% | 100% | 94.1% | 96.0% |
| Percentage of residents assessed and appropriately given the pneumococcal vaccine | 98.8% | 99.4% | 99.4% | 99.4% | 99.3% | 93.6% | 93.9% |
| <i>Lower percentages are better.</i> | | | | | | | |
| Percentage of residents who were physically restrained | 10.3% | 9.5% | 10.5% | 11.8% | 10.5% | 0.5% | 0.2% |
| Percentage of low-risk residents who lose control of their bowels or bladder | 28.8% | 33.9% | 33.9% | 30.5% | 31.9% | 58.9% | 48.4% |
| Percentage of residents who lose too much weight | 5.3% | 6.5% | 2.6% | 9.5% | 5.8% | 7.2% | 5.5% |
| Percentage of residents who have depressive symptoms | 0.6% | 1.3% | 1.2% | 0.6% | 0.9% | 1.4% | 5.1% |
| Percentage of residents who received an anti-anxiety or hypnotic medication | 39.0% | 37.7% | 36.1% | 35.2% | 37.0% | 20.7% | 19.7% |
| MDS Short-Stay Measures | | | | | | | |
| <i>Higher percentages are better.</i> | | | | | | | |
| Percentage of residents assessed and appropriately given the seasonal influenza vaccine | d<20 | d<20 | d<20 | d<20 | 88.9% | 82.5% | 82.9% |
| Percentage of residents assessed and appropriately given the pneumococcal vaccine | d<20 | d<20 | d<20 | d<20 | 84.6% | 83.9% | 83.9% |

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.

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/tersguide.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](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.

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/NHQRQualityMeasures.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