



**Care Compare Five-Star Ratings of Nursing Homes
Provider Rating Report for October 2021**

| Ratings for C M Tucker Jr Nursing Care (425074) Columbia, South Carolina | | | | |
|---|--------------------------|-------------------------|-----------------|--------------------|
| Overall Quality | Health Inspection | Quality Measures | Staffing | RN Staffing |
| ★★★★★ | ★★★ | ★★★★★ | ★★★★★ | ★★★★★ |

The Five-Star ratings provided above will be displayed for your nursing home on the Care Compare website on or around October 27, 2021. The health inspection rating incorporates data reported through September 30, 2021. 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 (PBJ) staffing data reported for the second calendar quarter of 2021.

Helpline

The Five-Star Helpline will operate Monday - Friday **October 25 - 29, 2021**. 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 **December 6 - 10, 2021**. 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

Discharge to Community QM:

CMS discovered an error in measure calculations for the Discharge to Community - Post Acute Care (PAC) Skilled Nursing Facility Quality Reporting Program measure (shown in this report and on the Care Compare website as "Rate of successful return to home and community from a SNF"). CMS is re-releasing the corrected measure data with the October Care Compare refresh (scheduled to occur on or around October 27, 2021). The data are based on Medicare claims data submitted to CMS for the FY2018-2019 reporting period (10/01/2017 - 09/30/2019). Due to this change, the point thresholds (cut-points) for this measure were adjusted to maintain the same distribution of rating points and the new values will be provided in an updated Five-Star Technical Users' Guide with the October Care Compare refresh. Individual providers may see a change in the points associated with this measure due to the update.

Important News (continued)

COVID-19 vaccination data:

NEW! COVID-19 vaccination data is now being posted on the Care Compare website and updated every two weeks. For each provider, Care Compare displays the percentage of residents that are fully vaccinated, the percentage of staff that are fully vaccinated, and the state and US averages for each of the measures. These data and additional vaccination information can also be found at:

<https://www.cdc.gov/nhsn/covid19/ltc-vaccination-dashboard.html>

Health Inspections

The Five-Star health inspection rating listed on the first page of this report is based on three cycles of survey data and three years of complaint and focused infection control inspections and incorporates data reported through September 30, 2021.

Your Health Inspection Rating

Provided below are the survey dates included in the calculation of the health inspection rating for your facility. The dates listed include standard survey dates as well as dates of complaint inspections and focused infection control inspections that resulted in deficiencies. For more detailed information about the deficiencies cited on each survey, please visit: <https://data.cms.gov/provider-data/>. This website updates on the same day as the Care Compare website. Any additional revisit points can be found in the 'Provider Information' table at the link provided above.

Health Inspection Rating Cycle 1 Survey Dates:

January 9, 2020

Health Inspection Rating Cycle 2 Survey Dates:

September 6, 2018

December 5, 2019

September 22, 2020

Health Inspection Rating Cycle 3 Survey Dates:

June 1, 2017

Total weighted health inspection score for your facility: 34.0

| State-level Health Inspection Cut Points for South Carolina | | | | |
|--|----------------|----------------|----------------|----------------|
| 1 Star | 2 Stars | 3 Stars | 4 Stars | 5 Stars |
| >80.17 | 38.68-80.17 | 22.01-38.67 | 10.01-22.00 | 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 425074 | | | | | Rating Points | SC | US |
|---|-----------------|--------|--------|--------|--------|---------------|--------|--------|
| | 2020Q3 | 2020Q4 | 2021Q1 | 2021Q2 | 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 | 1.3% | 1.4% | 1.7% | 3.6% | 1.9% | 80 | 3.5% | 3.4% |
| Percentage of high-risk residents with pressure sores | 10.2% | 11.1% | 16.3% | 12.5% | 12.2% | 20 | 10.0% | 8.3% |
| Percentage of residents with a urinary tract infection | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 100 | 3.3% | 2.5% |
| Percentage of residents with a catheter inserted and left in their bladder ¹ | 3.3% | 4.0% | 1.4% | 2.3% | 2.8% | 40 | 1.4% | 1.6% |
| Percentage of residents whose need for help with daily activities has increased | 8.8% | 23.1% | 15.6% | 7.3% | 13.9% | 90 | 16.9% | 16.1% |
| Percentage of residents who received an antipsychotic medication | 13.2% | 11.8% | 12.1% | 11.5% | 12.2% | 90 | 14.6% | 14.5% |
| Percentage of residents whose ability to move independently worsened ¹ | 12.4% | 32.5% | 21.0% | 13.5% | 19.6% | 60 | 28.2% | 23.7% |

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 Care Compare.

| | Provider 425074 | | | | 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 4/1/2020 through 3/31/2021.</i> | | | | | | | |
| Number of hospitalizations per 1,000 long-stay resident days ¹ | 1.10 | 1.58 | 1.22 | 120 | 1.82 | 1.739 | 1.53 |
| Number of emergency department visits per 1,000 long-stay resident days ¹ | 0.86 | 3.02 | 0.36 | 135 | 0.78 | 1.274 | 0.70 |

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 Care Compare.

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 Care Compare.

| | |
|---------------------------------------|-------|
| Total Long-Stay Quality Measure Score | 735 |
| Long-Stay Quality Measure Star Rating | ★★★★★ |

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

| | Provider 425074 | | | | | | SC | US |
|--|-----------------|--------|--------|--------|--------|---------------|--------|--------|
| | 2020Q3 | 2020Q4 | 2021Q1 | 2021Q2 | 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 | 70.0% | 71.9% |
| <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 | 2.0% | 1.9% |
| <i>The time period for data used in reporting is 1/1/2019 through 12/31/2019.</i> | | | | | | | | |
| Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened ¹ | NR | NR | NR | NR | NA | NA | 4.4% | 3.8% |

NR = Not Reported. This measure is not calculated for individual quarters. Note that the time period for this measure differs from the other MDS short-stay measures.

| | Provider 425074 | | | | 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 10/1/2017 through 9/30/2019.</i> | | | | | | | |
| Rate of successful return to home and community from a SNF ¹ | NA | NR | NA | NA | 52.3% | 52.9% | 52.9% ⁴ |
| <i>Lower percentages are better. The time period for data used in reporting is 4/1/2020 through 3/31/2021.</i> | | | | | | | |
| Percentage of residents who were re-hospitalized after a nursing home admission ¹ | NA | NA | NA | NA | 23.8% | 23.5% | 22.6% |
| Percentage of residents who had an outpatient emergency department visit ¹ | NA | NA | NA | NA | 11.5% | 9.8% | 9.7% |

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 Care Compare.

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 Care Compare.

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 | 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 425074 | | | | | SC | US |
|---|-----------------|--------|--------|--------|--------|--------|--------|
| | 2020Q3 | 2020Q4 | 2021Q1 | 2021Q2 | 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 | 97.8% | 97.8% | 92.6% | 92.6% | 95.6% | 94.9% | 95.9% |
| Percentage of residents assessed and appropriately given the pneumococcal vaccine | 98.7% | 98.6% | 100% | 100% | 99.2% | 93.0% | 93.6% |
| <i>Lower percentages are better.</i> | | | | | | | |
| Percentage of residents who were physically restrained | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.4% | 0.2% |
| Percentage of low-risk residents who lose control of their bowels or bladder | 60.0% | d<20 | d<20 | d<20 | 64.6% | 57.6% | 47.2% |
| Percentage of residents who lose too much weight | 0.0% | 8.9% | 6.7% | 6.4% | 5.3% | 9.4% | 7.4% |
| Percentage of residents who have depressive symptoms | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 2.7% | 7.3% |
| Percentage of residents who received an antianxiety or hypnotic medication | 4.1% | 4.6% | 3.7% | 3.8% | 4.1% | 20.3% | 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 | 85.7% | 80.8% | 80.0% |
| Percentage of residents assessed and appropriately given the pneumococcal vaccine | d<20 | d<20 | d<20 | d<20 | NA | 80.3% | 80.3% |

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:

Two of the short-stay QMs used in the Five-Star QM rating calculation are SNF QRP measures: "Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened" and "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 Care Compare. Information about these measures can be found on separate provider preview reports 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 on the References page of this report.

Staffing Information

PBJ data for **April 1, 2021 to June 30, 2021** (submitted and accepted by the **August 14, 2021** deadline) are being used to calculate the staffing ratings for three months starting with the **October 2021** Care Compare website update. The data listed below include the reported, expected and adjusted staffing levels for your facility, using the PBJ data for **April 1, 2021 to June 30, 2021** and the average MDS-based resident census for your facility. The expected staffing values are based on resident acuity levels using RUG-IV data. The Five-Star Rating Technical Users' Guide contains a detailed explanation of the staffing rating and the case-mix adjustment methodology.

| PBJ Nurse Staffing Information for April 1, 2021 to June 30, 2021 for Provider Number 425074 | | | | |
|---|--|--|---------------------|----------------------------------|
| | 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 | 2 hours and 53 minutes | | | |
| RN hours per resident per day | 2 hours and 8 minutes | 2.129 | 0.255 | 3.183¹ |
| LPN/LVN hours per resident per day | 46 minutes | 0.758 | 0.606 | 0.928 |
| Nurse aide hours per resident per day | 3 hours and 27 minutes | 3.448 | 2.016 | 3.517 |
| Total number of nurse staff (RN, LPN/LVN, and Nurse Aide) hours per resident per day | 6 hours and 20 minutes | 6.336 | 2.877 | 7.002¹ |
| Physical therapist ² hours per resident per day | 0 minutes | | | |

¹Please 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.

²Physical therapist staffing is not included in the staffing rating calculation.

The average number of residents for your facility (based on the MDS census) is **55.9**.

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.
3. *Criterion no longer used.*
4. The total reported staffing 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 the Five-Star Quality 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 Care Compare website as well as additional details on some domains and measures are available for download on the Provider Data Catalog at:

<https://data.cms.gov/provider-data/>

December 4, 2020 Memorandum (QSO 21-06-NH) regarding changes to the health inspection and QM ratings with the January 2021 refresh

<https://www.cms.gov/files/document/qso-21-06-nh.pdf>

June 25, 2020 Memorandum (QSO 20-34-NH) regarding changes in staffing and QMs due to the public health emergency

<https://www.cms.gov/files/document/qso-20-34-nh.pdf>

Staffing

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.

Health Inspections

June 1, 2020 Memorandum (QSO-20-31-All) regarding COVID-19 Survey Activities, CARES Act Funding, Enhanced Enforcement for Infection Control deficiencies, and Quality Improvement Activities in Nursing Homes

<https://www.cms.gov/files/document/qso-20-31-all.pdf>

March 4, 2020 Memorandum (QSO-20-12-All) regarding suspending survey activities

<https://www.cms.gov/files/document/qso-20-12-all.pdf>

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 Public Reporting of the SNF QRP Quality Measures can be found at:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Overview>

For questions about the SNF QRP measures please contact:

SNFQualityQuestions@cms.hhs.gov

PBJ Deadlines

| Submission Deadline | PBJ Reporting Period | Posted on Care Compare and used for Staffing Ratings |
|---------------------|-------------------------------------|--|
| August 14, 2021 | April 1, 2021 - June 30, 2021 | October 2021 - December 2021 |
| November 14, 2021 | July 1, 2021 - September 30, 2021 | January 2022 - March 2022 |
| February 14, 2022 | October 1, 2021 - December 31, 2021 | April 2022 - June 2022 |
| May 15, 2022 | January 1, 2022 - March 31, 2022 | July 2022 - September 2022 |