



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

### Provider Rating Report Incorporating data reported through 10/31/2017

Ratings for <b>Saint Anthony Rehab And Nursing Center (155604)</b> Lafayette, Indiana				
Overall Quality	Health Inspection	Quality Measures	Staffing	RN Staffing
★★★★★	★★★★	★★★★★	★★★★★	★★★★★

The November 2017 Five-Star ratings provided above will be displayed for your nursing home on the Nursing Home Compare website on November 29, 2017.

The Quality Measure (QM) Rating that will be posted is based on MDS 3.0 quality measures using data from the third and fourth quarters of 2016 and first and second quarters of 2017, and claims-based quality measures using data from 7/1/2015 through 06/30/2016.

**The method for calculating the Health Inspection Rating shown above and to be posted on Nursing Home Compare has not changed.**

The Five-Star Helpline will operate Monday - Friday, from **November 27, 2017 - December 1, 2017**. 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 18 - December 22, 2017**. During other times, direct inquiries to [BetterCare@cms.hhs.gov](mailto:BetterCare@cms.hhs.gov), as Helpline staff will respond to e-mail inquiries when the telephone Helpline is not operational.

Providers that did not submit staffing data through the PBJ system for the April 1 to June 30, 2017 reporting period have had their overall, staffing and RN staffing star ratings suppressed. Overall, staffing and RN staffing ratings will appear as "Rating Not Displayed" in the ratings table above AND on the Nursing Home Compare website.

Providers that did not submit staffing data for the July 1 to September 30, 2017 reporting period by **November 14, 2017** will have their overall, staffing and RN staffing ratings suppressed for the December 2017 update of Nursing Home Compare.

**CMS intends to begin using PBJ data to calculate staffing measures for the Five Star Quality Rating System in spring 2018 and late submissions will not be used. Measure specifications are still being finalized but will be posted over the next several months.**

On November 1, 2017 CMS made available a public use file (PUF) with staffing data submitted through the PBJ system. These quarterly data files have daily staff hours for each of the nursing job categories as well as the daily resident census derived from the MDS. The files and detailed documentation about their contents and structure are available for viewing and downloading from [data.cms.gov](http://data.cms.gov). More information on the PUF can be found in a CMS survey and certification memo at the following link:

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

Information about staffing data submission is available on the CMS website. Go to:  
<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).

## MDS-Based Resident Census

This provider preview includes information on a daily resident census. The calendars below report the MDS-based daily census for July 1 to September 30, 2017.

CMS is exploring the feasibility of using the MDS-based census as a replacement for the resident census information currently being reported through the PBJ system. This would allow CMS to use information on daily census for calculation of staffing levels while eliminating the burden to facilities associated with reporting resident census information through PBJ. Note that at this time CMS is not using the MDS census information either to determine regulatory compliance or in the calculation of the staffing measures or ratings posted on Nursing Home Compare. We are providing this information to help facilities improve their submissions for future reporting periods. The method that CMS uses to calculate the daily resident census using MDS data is as follows:

- 1) Identify the reporting period (quarter) for which the census will be calculated (e.g., Q1 FY 2017: October 1, 2016 – December 31, 2016).
- 2) Extract MDS assessment data for all residents of a facility beginning one year prior to the reporting period to identify all residents that **may** reside in the facility (i.e., any resident with an MDS assessment may still reside in the facility). For example, using the example reporting period in #1 above, CMS would extract MDS data from October 1, 2015 through December 31, 2016.
- 3) Identify discharged residents using the following criteria:
  - a. If a resident has a MDS discharge assessment, use the discharge date reported on that assessment and assume that the resident no longer resides in the facility as of that date. If there is a subsequent admission assessment, then assume that the resident re-entered the nursing home on the entry date indicated on the admission assessment.
  - b. For any resident with an interval of 150 days or more with NO assessment, assume the resident no longer resides in the facility as of the 150th day from the last assessment. (This assumption is based on the requirement for facilities to complete MDS assessments on all residents at least quarterly). If no assessment is present, assume the resident was discharged, but the facility did not transmit a discharge assessment.
- 4) For any particular date, residents whose assessments do not meet the criteria in #3 above prior to that date are assumed to reside in the facility. The count of these residents is the census for that particular day.

Note: All data extractions occur after the required deadlines for completing and transmitting MDS assessments to CMS. To ensure a facility's census is calculated accurately, it is critical that facilities comply with the requirements for completing and transmitting assessments. Failure to submit discharge assessments will likely result in an over-estimate of actual resident census since most of these residents likely left the nursing home prior to the 150th day from the last assessment. An over-estimate of resident census will result in the calculation of lower facility staffing levels, since these are measured in terms of nursing hours per resident day. If the census reported below is higher than what your facility's records indicate, this may be because discharge assessments for your facility were not submitted in a timely manner as required. These requirements can be found in Chapter 2 of the MDS Resident Assessment Instrument (RAI) Manual and 42 CFR §483.20.

Daily MDS Census for July 2017						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1 81
2 81	3 81	4 80	5 82	6 81	7 80	8 80
9 81	10 81	11 81	12 82	13 82	14 82	15 82
16 81	17 82	18 80	19 80	20 79	21 79	22 81
23 80	24 81	25 82	26 83	27 84	28 85	29 82
30 81	31 81					

Daily MDS Census for August 2017						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 81	2 81	3 83	4 82	5 80
6 80	7 79	8 80	9 79	10 81	11 80	12 79
13 81	14 83	15 82	16 85	17 85	18 85	19 84
20 83	21 81	22 83	23 83	24 81	25 81	26 81
27 81	28 81	29 81	30 80	31 80		

Daily MDS Census for September 2017						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 83	2 81
3 82	4 82	5 83	6 84	7 84	8 85	9 84
10 83	11 83	12 83	13 83	14 84	15 83	16 81
17 82	18 82	19 83	20 83	21 81	22 81	23 81
24 80	25 82	26 82	27 83	28 83	29 82	30 83

## Quality Measures that are Included in the QM Rating

	Provider 155604						State	National
	2016Q3	2016Q4	2017Q1	2017Q2	4Q avg	Rating Points <sup>1</sup>	4Q avg	4Q avg
<b>MDS 3.0 Long-Stay Measures</b>								
<i>Lower percentages are better.</i>								
Percentage of residents experiencing one or more falls with major injury	4.5%	4.6%	4.9%	6.0%	5.0%	40.00	3.6%	3.4%
Percentage of residents who self-report moderate to severe pain <sup>2</sup>	7.0%	3.5%	3.0%	3.5%	4.3%	80.00	5.3%	5.9%
Percentage of high-risk residents with pressure ulcers	5.9%	3.9%	0.0%	4.0%	3.5%	80.00	6.0%	5.6%
Percentage of residents with a urinary tract infection	9.1%	7.8%	6.9%	4.5%	7.1%	40.00	3.3%	3.8%
Percentage of residents with a catheter inserted and left in their bladder <sup>2</sup>	4.6%	3.9%	3.1%	2.9%	3.6%	40.00	1.7%	2.0%
Percentage of residents who were physically restrained	0.0%	0.0%	0.0%	0.0%	0.0%	100.00	0.3%	0.5%
Percentage of residents whose need for help with daily activities has increased	7.8%	8.5%	11.3%	8.9%	9.1%	100.00	16.5%	15.0%
Percentage of residents who received an antipsychotic medication	14.1%	10.9%	13.3%	10.6%	12.2%	80.00	15.6%	15.9%
Percentage of residents whose ability to move independently worsened <sup>2,3</sup>	13.6%	6.0%	25.8%	17.2%	15.5%	60.00	17.5%	18.3%
<b>MDS 3.0 Short-Stay Measures</b>								
<i>Higher percentages are better.</i>								
Percentage of residents who made improvements in function <sup>2,3</sup>	86.4%	85.3%	89.5%	90.1%	87.8%	100.00	65.3%	66.4%
<i>Lower percentages are better.</i>								
Percentage of residents who self-report moderate to severe pain	15.9%	23.0%	21.3%	23.0%	20.9%	40.00	14.0%	14.0%
Percentage of residents with pressure ulcers that are new or worsened <sup>2</sup>	0.9%	0.9%	0.0%	0.0%	0.4%	75.00	1.1%	0.9%
Percentage of residents who newly received an antipsychotic medication	2.7%	1.5%	1.3%	0.0%	1.3%	60.00	2.0%	2.0%

Time period for data used in reporting is 7/1/2015 through 06/30/2016	Provider 155604				State	National
	Observed Rate <sup>4</sup>	Expected Rate <sup>5</sup>	Risk-Adjusted Rate <sup>6</sup>	Rating Points <sup>1</sup>	Risk-Adjusted Rate	Risk-Adjusted Rate
<b>Claims-Based Measures</b>						
<i>A higher percentage is better.</i>						
Percentage of residents who were successfully discharged to the community <sup>2,3</sup>	69.5%	64.6%	64.0%	80.00	55.6%	56.1%
<i>Lower percentages are better.</i>						
Percentage of residents who were re-hospitalized after a nursing home admission <sup>2,3</sup>	19.8%	19.7%	21.6%	60.00	19.8%	21.1%
Percentage of residents who had an outpatient emergency department visit <sup>2,3</sup>	9.9%	10.7%	10.4%	60.00	11.6%	11.9%

### Total Quality Measure Points

Total QM points with new quality measures fully weighted for Provider 155604	1095.00
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## MDS3.0 Quality Measures that are Not Included in the QM Rating

	Provider 155604					State	National
	2016Q3	2016Q4	2017Q1	2017Q2	4Q avg	4Q avg	4Q avg
<i>Note: For the following long-stay MDS measures, higher percentages are better.</i>							
Percentage of long-stay residents assessed and appropriately given the seasonal influenza vaccine	100%	100%	100%	100%	100%	93.8%	94.8%
Percentage of long-stay residents assessed and appropriately given the pneumococcal vaccine	97.0%	92.3%	98.4%	100%	96.9%	92.7%	94.0%
<i>Note: for the following long-stay MDS measures, lower percentages are better.</i>							
Percentage of low-risk long-stay residents who lose control of their bowels or bladder	53.7%	50.0%	58.5%	48.8%	52.7%	51.2%	47.6%
Percentage of long-stay residents who lose too much weight	9.1%	9.4%	13.8%	13.4%	11.4%	7.8%	7.1%
Percentage of long-stay residents who have depressive symptoms	0.0%	0.0%	0.0%	1.6%	0.4%	8.6%	5.0%
Percentage of long-stay residents who received an antianxiety or hypnotic medication	18.8%	21.7%	20.8%	15.8%	19.2%	22.2%	22.9%
<i>Note: For the following short-stay MDS measures, higher percentages are better.</i>							
Percentage of short-stay residents assessed and appropriately given the seasonal influenza vaccine	97.7%	97.7%	94.6%	94.6%	96.3%	80.3%	80.6%
Percentage of short-stay residents assessed and appropriately given the pneumococcal vaccine	96.1%	98.1%	96.4%	96.2%	96.7%	81.7%	82.8%

The claims-based QMs will update every six months (in April and October), while the MDS based QMs continue to update on a quarterly basis.

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. When d<20 is listed for individual quarters, a four quarter average may be displayed if there are at least 20 eligible resident assessments summed across the four quarters.

Quality measures are reported as NA if:

- for measures not included in the QM rating, no data are available, or the total number of eligible resident assessments summed across the four quarters is less than 20;
- for measures included in the QM rating, data on this measure for your facility are not used in the calculation of your QM rating. This will happen if your facility does not have enough short-stay or long-stay measures upon which to base your rating and may occur even though your facility's data for this measure may be reported on Nursing Home Compare.

<sup>1</sup>If the four quarter average for your facility is NA for a given QM, but rating points are provided for the QM, then there were insufficient data to compute a four-quarter average, and the points provided are based on the average points from other measures for which data are available according to the scoring rules described in detail in the Technical Users' Guide. Go to: <http://www.cms.gov/Medicare/Provider-Enrollment-and-certification/CertificationandCompliance/FSQRS.html>

<sup>2</sup>These measures are risk adjusted.

<sup>3</sup>This is one of the new QMs, first reported on Nursing Home Compare in April 2016. As of January 2017 the new QMs that are included in the QM rating contribute the same number of points (20-100 points for each individual QM) as the other QMs included in the QM rating.

<sup>4</sup>The observed rate is the actual rate observed for the facility without any risk-adjustment.

<sup>5</sup>The expected rate is the rate that would be expected for the facility given the risk-adjustment profile of the facility.

<sup>6</sup>Risk-adjusted rate is adjusted for the expected rate of the outcome and is calculated as (observed rate for facility / expected rate for facility) \* national average of observed rate. Only the risk-adjusted rate will appear on Nursing Home Compare.

<sup>7</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.

Nursing Home Statement(s) of Deficiencies (CMS 2567) for your nursing home will be posted for surveys that took place on the following date(s). This includes both standard surveys and complaints. Dates of surveys without deficiencies are not listed.

November 18, 2014

February 28, 2017