CMS

Nursing Home Compare Five-Star Ratings of Nursing Homes

Provider Rating Report for May 2020

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

The May 2020 Five-Star ratings provided above will be displayed for your nursing home on the Nursing Home Compare (NHC) website on or around May 27, 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 Tuesday - Friday, **May 26, 2020 - May 29, 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 **June 22, 2020 - June 26, 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. Therefore, **beginning with the Nursing Home Compare (NHC) refresh in April 2020, 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 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 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 Deadline of May 15, 2020:

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 May 15, 2020. CMS will provide further information as soon as possible but encourages facilities to report data as they are able to (even after May 15, 2020). There will be no penalties or negative impacts to staffing ratings for not submitting by the May 15th deadline.

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 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
>82.00	45.34-82.00	28.68-45.33	10.68-28.67	0.00-10.67

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						SC	US
	2019Q1	2019Q2	2019Q3	2019Q4	4Q avg	Rating Points	4Q avg	4Q avg
MDS Long-Stay Measures								
Lower percentages are better.								
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%

[1]These measures are risk adjusted.
[2]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 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							
Lower rates are better. The time period for data used in reporting is 10/1/2018 through 9/30/2019.							
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

[1]These measures are risk adjusted.
[2]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.
[3]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	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								
Higher percentages are better.								
Percentage of residents who made improvements in function[1]	d<20	d<20	d<20	d<20	NA	NA	69.1%	67.7%
Lower percentages are better.								
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							
Higher percentages are better. The time period for data used in reporting is 10/1/2016 through 9/30/2018.							
Rate of successful return to home and community from a SNF[1]	11.5%	NR	NA	NA	50.1%	49.2%	49.6%[4]
Lower percentages are better. The time period for data used in reporting is 10/1/2018 through 9/30/2019.							
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%

[1]These measures are risk adjusted.
[2]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.
[3]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.
[4]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	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	★★★★★

[1]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.
[2]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 425360					SC	US
	2019Q1	2019Q2	2019Q3	2019Q4	4Q avg	4Q avg	4Q avg
MDS Long-Stay Measures							
Higher percentages are better.							
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%
Lower percentages are better.							
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 antianxiety or hypnotic medication	39.0%	37.7%	36.1%	35.2%	37.0%	20.7%	19.7%
MDS Short-Stay Measures							
Higher percentages are better.							
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%	83.8%

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

PBJ data for **October 1, 2019 to December 31, 2019** (submitted and accepted by the **February 14, 2020** deadline) are being used to calculate the staffing ratings for three months starting with the **April 2020** website update. The data listed below include the reported, case-mix and adjusted staffing levels for your facility, using the PBJ data reported for **October 1, 2019 to December 31, 2019.** The case-mix 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. Please see the link to the Technical Users' Guide located later in this report.

PBJ Nurse Staffing Information for October 1, 2019 to December 31, 2019 for Provider Number 425360				
	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 57 minutes			
RN hours per resident per day	1 hour and 1 minute	1.015	0.261	**1.465**[1]
LPN/LVN hours per resident per day	56 minutes	0.931	0.606	1.155
Nurse aide hours per resident per day	3 hours and 59 minutes	3.990	1.924	4.310
Total number of nurse staff (RN, LPN/LVN, and Nurse Aide) hours per resident per day	5 hours and 56 minutes	5.936	2.791	**6.821**[1]
Physical therapist[2] hours per resident per day	5 minutes			

[1]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.
[2]Physical therapist staffing is not included in the staffing rating calculation.

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.

The table below shows the reported nurse staffing for your facility as well as the state and national averages. Although only the overall (All Days) staffing levels are displayed on Nursing Home Compare, the table also shows weekday and weekend staffing levels.

PBJ Nurse Staffing Information for October 1, 2019 to December 31, 2019 for Provider Number 425360			
Nursing Hours per Resident per Day	Provider 425360	South Carolina Average	US Average
Total nurse staff[1]			
All Days	5.936	4.113	3.862
Weekday (Monday-Friday)	6.355	4.334	4.044
Weekend (Saturday-Sunday)	4.873	3.550	3.400
Registered Nurse (RN)			
All Days	1.015	0.712	0.690
Weekday (Monday-Friday)	1.173	0.825	0.777
Weekend (Saturday-Sunday)	0.612	0.424	0.468
LPN/LVN			
All Days	0.931	1.047	0.870
Weekday (Monday-Friday)	0.968	1.100	0.914
Weekend (Saturday-Sunday)	0.836	0.913	0.759
Nurse Aide			
All Days	3.990	2.353	2.302
Weekday (Monday-Friday)	4.213	2.409	2.353
Weekend (Saturday-Sunday)	3.425	2.212	2.173

[1]Includes RN, LPN/LVN and nurse aide hours

Census Information for October 1, 2019 to December 31, 2019 for Provider Number 425360			
	Provider 425360	South Carolina Average	US Average
Average Number of Residents	168.4	89.1	85.9

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/CertificationandComplianc/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.

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-17-46.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