



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

Ratings for C M Tucker Jr Nursing Care Center Roddey Pavilio (425360) 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 March 31, 2021. The health inspection rating incorporates data reported through February 28, 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 third calendar quarter of 2020.

Helpline

The Five-Star Helpline will operate Monday - Friday **March 29 - April 2, 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 **April 26 - April 30, 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

Quality Measures (QMs)

With the April 2021 refresh the QM data will return to the previous update schedule (prior to the COVID-19 Public Health Emergency). The MDS-based QMs will use data from Q1, Q2, Q3, and Q4 of 2020. Four of the claims-based QMs will use data based on the data collection period ending September 30, 2020. The two QMs that are part of the Skilled Nursing Facility Quality Reporting Program (SNF QRP), "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", will continue to be held constant in April 2021.

Important News (continued)

Staffing

The PBJ data for Calendar Quarter 4 (October - December 2020) submitted by the February 14, 2021 deadline will be reported on Care Compare and used to calculate the staffing ratings beginning with the April 2021 refresh. A preview of these data for your facility are included in this report.

January 2021 Changes

On December 4, 2020, CMS released memorandum QSO 21-06-NH providing updates related to the January 2021 changes to the health inspection and quality measure (QM) Five-Star ratings, as well as the transition to the Care Compare website. A link to the memo detailing these changes can be found on the References page of this report.

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 February 28, 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 30, 2020

October 23, 2020

Health Inspection Rating Cycle 2 Survey Dates:

October 4, 2018

Health Inspection Rating Cycle 3 Survey Dates:

August 16, 2017

June 27, 2018

Total weighted health inspection score for your facility: 109.5

State-level Health Inspection Cut Points for South Carolina				
1 Star	2 Stars	3 Stars	4 Stars	5 Stars
>82.00	42.68-82.00	26.01-42.67	10.68-26.00	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

MDS Long-Stay Measures	Provider 425360					Rating Points	SC	US
	2019Q3	2019Q4	2020Q1	2020Q2	4Q avg		4Q avg	4Q avg
<i>Lower percentages are better.</i>								
Percentage of residents experiencing one or more falls with major injury	1.2%	1.8%	2.4%	3.1%	2.1%	80	3.4%	3.4%
Percentage of high-risk residents with pressure sores	10.7%	12.5%	9.5%	7.5%	10.1%	40	9.1%	7.4%
Percentage of residents with a urinary tract infection	1.2%	0.6%	0.6%	0.0%	0.6%	100	3.6%	2.5%
Percentage of residents with a catheter inserted and left in their bladder ¹	3.8%	4.0%	3.3%	3.5%	3.7%	20	1.6%	1.6%
Percentage of residents whose need for help with daily activities has increased	5.9%	9.2%	7.9%	7.3%	7.6%	135	15.4%	15.0%
Percentage of residents who received an antipsychotic medication	30.7%	29.7%	32.4%	31.4%	31.0%	15	13.6%	14.1%
Percentage of residents whose ability to move independently worsened ¹	4.3%	2.5%	4.1%	8.1%	4.7%	150	20.9%	18.5%

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.

Claims-Based Long-Stay Measures	Provider 425360				SC	US
	Observed Rate ³	Expected Rate ³	Risk-Adjusted Rate ³	Rating Points	Risk-Adjusted Rate	Risk-Adjusted Rate
<i>Lower rates are better. The time period for data used in reporting is 7/1/2019 through 6/30/2020.</i>						
Number of hospitalizations per 1,000 long-stay resident days ¹	0.66	1.11	1.06	135	1.87	1.68
Number of emergency department visits per 1,000 long-stay resident days ¹	1.23	2.00	0.84	90	0.89	0.83

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	765
Long-Stay Quality Measure Star Rating	★★★★★

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

MDS Short-Stay Measures	Provider 425360					Rating Points	SC	US
	2019Q3	2019Q4	2020Q1	2020Q2	4Q avg		4Q avg	4Q avg
<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	69.3%	68.8%
<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	1.7%	1.7%
<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.

Claims-Based Short-Stay Measures	Provider 425360				SC	US	
	Observed Rate ³	Expected Rate ³	Risk-Adjusted Rate ³	Rating Points	Risk-Adjusted Rate	Observed Rate	Risk-Adjusted Rate
<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	50.4%	50.1%	50.1% ⁴
<i>Lower percentages are better. The time period for data used in reporting is 7/1/2019 through 6/30/2020.</i>							
Percentage of residents who were re-hospitalized after a nursing home admission ¹	NA	NA	NA	NA	22.3%	22.5%	21.7%
Percentage of residents who had an outpatient emergency department visit ¹	NA	NA	NA	NA	11.3%	9.8%	9.8%

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

MDS Long-Stay Measures	Provider 425360					SC	US
	2019Q3	2019Q4	2020Q1	2020Q2	4Q avg	4Q avg	4Q avg
<i>Higher percentages are better.</i>							
Percentage of residents assessed and appropriately given the seasonal influenza vaccine	100%	100%	100%	100%	100%	94.4%	96.1%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	99.4%	99.4%	99.4%	99.4%	99.4%	93.9%	94.1%
<i>Lower percentages are better.</i>							
Percentage of residents who were physically restrained	10.5%	11.8%	13.2%	11.0%	11.6%	0.5%	0.2%
Percentage of low-risk residents who lose control of their bowels or bladder	33.9%	30.5%	32.1%	30.8%	31.9%	59.3%	48.1%
Percentage of residents who lose too much weight	2.6%	9.5%	5.5%	6.0%	5.7%	7.4%	5.9%
Percentage of residents who have depressive symptoms	1.2%	0.6%	0.6%	1.3%	0.9%	1.8%	6.1%
Percentage of residents who received an antianxiety or hypnotic medication	36.1%	35.2%	34.8%	34.8%	35.2%	20.3%	19.5%
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	81.8%	83.1%	82.7%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	d<20	d<20	d<20	d<20	NA	84.3%	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:

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

Summary of Reported Staffing for October 1 to December 31, 2020

The data listed below include the reported staffing for your facility and state, and for the US, using the PBJ data for **October 1 to December 31, 2020** (submitted and accepted by the **February 14, 2021** deadline) and the average MDS-based resident census for your facility and state, and for the US. **These data will be reported on Care Compare for three months, starting with the April 2021 update to the website, and will also be used for determining staffing ratings during that time.**

PBJ Nurse Staffing Information for October 1 to December 31, 2020 for Provider Number 425360				
	Provider 425360	Provider 425360 (Decimal)	South Carolina average	US average
Total number of licensed nurse staff hours per resident per day	1 hour and 59 minutes	1.980	1 hour and 53 minutes	1 hour and 43 minutes
RN hours per resident per day	1 hour and 12 minutes	1.208	46 minutes	46 minutes
LPN/LVN hours per resident per day	46 minutes	0.772	1 hour and 7 minutes	57 minutes
Nurse aide hours per resident per day	3 hours and 31 minutes	3.516	2 hours and 25 minutes	2 hours and 22 minutes
Physical therapist ¹ hours per resident per day	5 minutes	0.087	5 minutes	5 minutes

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

Resident Census	Provider 425360	Provider 425360 (Decimal)	South Carolina average	US average
Average Number of Residents	149.0	148.957	76.7	73.6

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 for **April through June 2021**. 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.

PBJ staffing data report

The following table summarizes the information that your facility reported for nurse staffing only (PBJ Job codes 5-10 and 12) as listed in the PBJ staffing summary on the next page for **October 1 to December 31, 2020**. We believe these are indicators of the completeness of the data submitted by your facility and the plausibility of the values reported. Indicators 1 and 2 show whether or not a facility has reported nurse staffing information for each day in the quarter. If a facility did not report hours for nursing staff for each day, we believe that may indicate that the facility has not submitted complete data.

For days that no nursing or RN staff hours were reported (indicators 1 and 2), we have included a list of those dates in listings 1 and 2, located at the end of this report.

Indicator	Description	Number
1	Number of days in quarter (out of 92) on which your facility reported no nursing hours (i.e. no aide ¹ , LPN, or RN) but on which there were residents in the facility	0
2	Number of days in quarter (out of 92) on which your facility reported no Registered Nurse (RN) ² hours but on which there were residents in the facility	0

¹Includes the following job codes: Certified nurse aide (job code 10) and medication aide/technician (job code 12). Aides in training are not included.

²Includes the following job codes: RN Director of Nursing (5), RN with administrative duties (6), and RN (7).

PBJ nurse and physical therapist staffing summary for October 1 to December 31, 2020

The following table summarizes the nurse and physical staffing data that your facility reported to the PBJ system for the quarter. The data include both exempt and non-exempt employees, as well as agency staff. Please note that values for hours are rounded to the nearest integer. As with the other information, facilities should review this information to ensure they are reporting complete and accurate data for future submissions.

Staffing Category	Job Code(s)	Total number of hours that your facility reported for the quarter	Number of days in the quarter on which your facility reported ANY hours
<i>RN Director of Nursing</i>	5	1,432	69
<i>RN with administrative duties</i>	6	6,238	92
<i>RN</i>	7	8,889	92
Total RN	5-7	16,558	92
<i>LPN/LVN with administrative duties</i>	8	0	0
<i>LPN/LVN</i>	9	10,577	92
Total LPN/LVN	8-9	10,577	92
<i>Certified Nurse Aide</i>	10	48,179	92
<i>Nurse Aide in Training</i>	11	0	0
<i>Medication Aide/Technician</i>	12	0	0
Total Aide	10-12	48,179	92
Total Nurse Staffing	5-12	75,314	92
Physical Therapist Staffing	21	1,191	60

MDS Census Calendars for October 1 to December 31, 2020

On the following page are calendars with the daily census values for your facility, based on the assessments submitted (for all payer types) and calculated using the method described in the Five-Star Quality Rating System Technical Users' Guide. Days of the month are shown in black in the upper left hand corner, while the daily census value is shown in blue in the lower center of each day.

Daily MDS Census for October 2020						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 150	2 150	3 150
4 150	5 150	6 151	7 152	8 153	9 153	10 153
11 153	12 153	13 153	14 151	15 151	16 152	17 152
18 152	19 152	20 151	21 152	22 152	23 152	24 150
25 149	26 149	27 149	28 149	29 148	30 148	31 148

Daily MDS Census for November 2020						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 148	2 146	3 147	4 147	5 147	6 148	7 148
8 148	9 148	10 148	11 147	12 147	13 149	14 149
15 149	16 149	17 150	18 150	19 150	20 150	21 150
22 150	23 150	24 150	25 149	26 149	27 149	28 149
29 149	30 150					

Daily MDS Census for December 2020						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 149	2 149	3 148	4 148	5 148
6 148	7 148	8 148	9 149	10 147	11 148	12 148
13 148	14 149	15 149	16 148	17 147	18 147	19 147
20 147	21 148	22 147	23 147	24 147	25 147	26 147
27 146	28 145	29 145	30 144	31 143		

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/NHQIQQualityMeasures.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
November 14, 2020	July 1, 2020 - September 30, 2020	January 2021 - March 2021
February 14, 2021	October 1, 2020 - December 31, 2020	April 2021 - June 2021
May 15, 2021	January 1, 2021 - March 31, 2021	July 2021 - September 2021
August 14, 2021	April 1, 2021 - June 30, 2021	October 2021 - December 2021

Listing for Indicator #1:

Days in quarter for which no nursing staff hours were reported but on which there were residents in the facility

Your facility reported nursing staff hours for all days in the quarter.

Listing for Indicator #2:

Days in quarter for which no RN staff hours were reported but on which there were residents in the facility

Your facility reported RN staff hours for all days in the quarter.



CASPER Report MDS 3.0 Facility Characteristics Report

Facility ID: SC0178
CCN: 425360
Facility Name: C M TUCKER JR NURSING CARE CENTER RODDEY PAVILIO
City/State: COLUMBIA, SC

Report Period: 09/01/2020 - 02/28/2021
Comparison Group: 07/01/2020 - 12/31/2020
Report Run Date: 03/22/2021
Data Calculation Date: 03/22/2021
Report Version Number: 1.01

	Facility			Comparison Group	
	Num	Denom	Observed Percent	State Average	National Average
Gender					
Male	79	154	51.3%	38.9%	39.5%
Female	75	154	48.7%	61.1%	60.5%
Age					
<25 years old	0	154	0.0%	0.0%	0.3%
25-54 years old	12	154	7.8%	3.7%	5.2%
55-64 years old	47	154	30.5%	10.5%	11.3%
65-74 years old	50	154	32.5%	23.6%	21.7%
75-84 years old	31	154	20.1%	30.4%	27.9%
85+ years old	14	154	9.1%	31.8%	33.6%
Diagnostic Characteristics					
Psychiatric diagnosis	130	154	84.4%	56.5%	59.7%
Intellectual or Developmental Disability	0	0	-	1.2%	1.5%
Hospice	4	154	2.6%	7.2%	6.8%
Prognosis					
Life expectancy of less than 6 months	2	154	1.3%	7.0%	6.2%
Discharge Plan					
Not already occurring	153	154	99.4%	58.2%	63.0%
Already occurring	1	154	0.6%	41.8%	37.0%
Referral					
Not needed	151	154	98.1%	87.3%	90.9%
Is or may be needed but not yet made	0	154	0.0%	3.6%	2.9%
Has been made	3	154	1.9%	9.1%	6.3%
Type of Entry					
Admission	44	154	28.6%	68.5%	67.8%
Reentry	110	154	71.4%	31.5%	32.2%
Entered Facility From					
Community	15	154	9.7%	8.1%	9.2%
Another nursing home	2	154	1.3%	5.7%	7.3%
Acute Hospital	111	154	72.1%	84.4%	80.2%
Psychiatric Hospital	19	154	12.3%	0.3%	1.6%
Inpatient Rehabilitation Facility	0	154	0.0%	0.9%	0.6%
ID/DD facility	1	154	0.6%	0.0%	0.0%
Hospice	0	154	0.0%	0.4%	0.3%
Long Term Care Hospital	0	154	0.0%	0.1%	0.3%
Other	6	154	3.9%	0.2%	0.5%

**This report may contain privacy protected data and should not be released to the public.
 Any alteration to this report is strictly prohibited.**



CASPER Report
MDS 3.0 Quality Measure Monthly Comparison Report

Facility ID: SC0178
 CCN: 425360
 Facility Name: C M TUCKER JR NURSING CARE CENTER RODDEY PAVILIO
 City/State: COLUMBIA, SC

Report Period: 07/01/2020 - 12/31/2020
 Report Run Date: 03/22/2021
 Data Calculation Date: 03/22/2021
 Report Version Number: 3.03

Note: S = short stay, L = long stay
 Note: C = complete; data available for all days selected, I = incomplete; data not available for all days selected
 Note: N/A represents a value that could not be computed

Long Stay Measure (Sample size = 158)
 Short Stay Measure (Sample size = 0)

<u>CMS ID</u>	<u>Data</u>	<u>Measure Description</u>	<u>Facility Percent</u>	<u>State Percent</u>	<u>National Percent</u>
N015.03	C	Hi-risk/Unstageable Pres Ulcer (L)	7.3%	12.9%	9.5%
N027.02	C	Phys restraints (L)	7.6%	0.4%	0.2%
N032.02	C	Falls (L)	39.2%	44.5%	46.1%
N013.02	C	Falls w/Maj Injury (L)	2.5%	3.6%	3.6%
N011.02	C	Antipsych Med (S)	N/A	2.1%	2.0%
N031.03	C	Antipsych Med (L)	33.8%	14.5%	14.6%
N033.02	C	Antianxiety/Hypnotic Prev (L)	N/A	7.3%	6.3%
N036.02	C	Antianxiety/Hypnotic % (L)	30.5%	20.4%	19.8%
N034.02	C	Behav Sx affect Others (L)	72.7%	18.9%	20.5%
N030.02	C	Depress Sx (L)	1.4%	2.9%	7.8%
N024.02	C	UTI (L)	0.0%	4.0%	2.8%
N026.03	C	Cath Insert/Left Bladder (L)	2.2%	2.6%	2.2%
N025.02	C	Lo-Risk Lose B/B Con (L)	35.3%	58.6%	47.5%
N029.02	C	Excess Wt Loss (L)	5.1%	11.6%	8.5%
N028.02	C	Incr ADL Help (L)	9.4%	19.8%	18.6%
N035.03	C	Move Indep Worsens (L)	10.2%	36.6%	30.7%
N037.03	C	Improvement in Function (S)	N/A	66.6%	69.9%
S038.02	C	Pressure Ulcer/Injury ¹	0.0%	N/A	4.4%

¹ The Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (S038.02) measure is calculated using the SNF QRP measure specifications v3.0 addendum and is based on 12 months of data (01/01/2020 - 12/31/2020).



CASPER Report MDS 3.0 Facility Level Quality Measure Report

Facility ID: SC0178
CCN: 425360
Facility Name: C M TUCKER JR NURSING CARE CENTER RODDEY PAVILIO
City/State: COLUMBIA, SC

Report Period: 09/01/2020 - 02/28/2021
Comparison Group: 07/01/2020 - 12/31/2020
Report Run Date: 03/22/2021
Data Calculation Date: 03/22/2021
Report Version Number: 3.03

Note: Dashes represent a value that could not be computed

Note: S = short stay, L = long stay

Note: C = complete; data available for all days selected, I = incomplete; data not available for all days selected

Note: * is an indicator used to identify that the measure is flagged

Note: For the Improvement in Function (S) Measure, a single * indicates a Percentile of 25 or less (higher Percentile values are better)

Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
Hi-risk/Unstageable Pres Ulcer (L)	N015.03	C	10	85	11.8%	11.8%	12.9%	9.5%	68
Phys restraints (L)	N027.02	C	9	154	5.8%	5.8%	0.4%	0.2%	99 *
Falls (L)	N032.02	C	60	154	39.0%	39.0%	44.5%	46.1%	28
Falls w/Maj Injury (L)	N013.02	C	2	154	1.3%	1.3%	3.6%	3.6%	24
Antipsych Med (S)	N011.02	C	0	0	-	-	2.1%	2.0%	-
Antipsych Med (L)	N031.03	C	21	69	30.4%	30.4%	14.5%	14.6%	94 *
Antianxiety/Hypnotic/Prev (L)	N033.02	C	1	24	4.2%	4.2%	7.3%	6.3%	46
Antianxiety/Hypnotic % (L)	N036.02	C	44	150	29.3%	29.3%	20.4%	19.8%	83 *
Behav Sx affect Others (L)	N034.02	C	94	142	66.2%	66.2%	18.9%	20.5%	97 *
Depress Sx (L)	N030.02	C	1	132	0.8%	0.8%	2.9%	7.8%	39
UTI (L)	N024.02	C	5	153	3.3%	3.3%	4.0%	2.8%	69
Cath Insert/Left Bladder (L)	N026.03	C	3	147	2.0%	2.2%	2.6%	2.2%	62
Lo-Risk Lose B/B Con (L)	N025.02	C	20	50	40.0%	40.0%	58.6%	47.5%	36
Excess Wt Loss (L)	N029.02	C	10	123	8.1%	8.1%	11.6%	8.5%	54
Incr ADL Help (L)	N028.02	C	16	113	14.2%	14.2%	19.8%	18.6%	35
Move Indep Worsens (L)	N035.03	C	13	85	15.3%	19.8%	36.6%	30.7%	25
Improvement in Function (S)	N037.03	C	0	0	-	-	66.6%	69.9%	-

Measure Description	CMS ID	Numerator	Denominator	Facility Observed Percent	Facility Adjusted Percent	National Average
Pressure Ulcer/Injury ¹	S038.02	0	5	0.0%	0.0%	3.1%

¹ The Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (S038.02) measure is calculated using the SNF QRP measure specifications v3.0 addendum and is based on 12 months of data (04/01/2020 - 03/31/2021).

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Resident Name	Resident ID	A0310A/B/F	Hi-risk/Unstageable Pres Ulcer (L)	Phys restraints (L)	Falls (L)	Falls w/Maj Injury (L)	Antipsych Med (S)	Antipsych Med (L)	Antianxiety/Hypnotic Prev (L)	Antianxiety/Hypnotic (L)	Behav Sx Affect Others (L)	Depress Sx (L)	UTI (L)	Cath Insert/Left Bladder (L)	Lo-Risk Lose B/B Con (L)	Excess Wt Loss (L)	Incr ADL Help (L)	Move Indep Worsens (L)	Improvement in Function (S)	Quality Measure Count
Data			C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	0
Active Residents																				
AIKEN, INGUS	38104334	03/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
ALEXANDER, MICHAEL	38344554	02/99/99	b	b	X	b	b	X	b	b	X	b	b	b	b	b	b	b	b	3
ALSTON, THELMA	10443355	02/99/99	b	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	b	1
AMECKSON, DAVID	17016828	02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
ARRANTS, BRENDA	33771951	02/99/99	b	b	b	b	b	b	b	X	X	b	b	b	b	b	b	b	b	2
ASKINS, WILLIE	31297060	02/99/99	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	b	b	1
BARBER, ALPHILIA	7959829	02/99/99	b	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	b	1
BLACK, WALTER	45010998	04/99/99	b	b	X	b	b	b	b	b	X	b	b	b	b	b	b	b	b	2
BOLDINE, JOYCE	269690	02/99/99	b	X	X	b	b	b	b	X	X	b	b	b	b	b	b	b	b	4
BOYD, JERRY	30236146	02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
BRYAN, MARY	289674	02/99/99	b	b	X	b	b	b	b	X	X	b	b	b	b	b	b	b	b	3
BURKHOLDER, SHAWN	10866	02/99/99	b	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	b	1
CAMPBELL, MATTIE	260611	02/99/99	b	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	b	1
CAMPBELL, SAMUEL	41542979	02/99/99	b	b	X	b	b	b	b	X	X	b	b	b	b	b	b	b	b	3

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Data			C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	0
Active Residents																				
CAUTHEN, CHARLES	38275124	04/99/99	b	b	X	b	b	b	b	b	X	b	b	b	b	b	X	X	b	4
COWSERT, HAZEL	39590752	04/99/99	b	b	X	b	b	b	b	b	b	b	b	b	b	b	X	X	b	3
CRAWFORD, WILLIE	21305	03/99/99	X	b	b	b	b	b	b	b	X	b	b	b	b	X	b	b	b	3
CREECH, FRANCES	10734056	02/99/99	b	b	X	b	b	b	b	b	X	b	b	b	b	b	X	b	b	3
DIMERY-BARR, LORRAINE	30234592	03/99/99	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	b	b	1
DUPREE, HENRY	129768	03/99/99	b	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	b	1
DYCHES, WILLIE	32473360	04/99/99	b	b	b	b	b	b	b	b	X	b	b	b	b	b	b	X	b	2
EARNEST, MILDRED	36672079	02/99/99	b	b	X	b	b	X	b	b	X	b	b	b	b	b	b	b	b	3
ECKENBRECHT, LOIS	220077	02/99/99	b	b	X	b	b	b	b	b	X	b	b	b	X	b	b	b	b	3
ETHERIDGE, ANTHONY	174070	04/99/99	X	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	1
FOLK, SHARON	43731387	02/99/99	b	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	b	1
FORESTER, SUZANNE	21870409	03/99/99	b	X	X	b	b	b	X	b	b	b	b	b	b	b	X	b	b	4
FOWLER, ALBERTA	238379	02/99/99	b	b	X	b	b	b	b	X	b	b	b	b	X	b	b	b	b	3
FRASIER, OSCAR	269030	02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0

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Data			C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	0
Active Residents																				
GARRETT, MARCELLA	15005601	02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
GARY, LOUISE	26513	02/99/99	X	b	X	b	b	b	b	b	X	b	b	b	b	b	X	b	b	4
GASKIN, SHEILA	48319094	02/99/99	b	b	X	b	b	X	b	b	X	X	b	b	b	b	b	b	b	4
GAUVIN, RICHARD	30663501	02/99/99	b	b	b	b	b	b	b	X	X	b	b	b	b	b	b	b	b	2
GLOVER, ALFEARO	16395012	02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
GLOVER, JOHN	29613336	03/99/99	b	b	b	b	b	X	b	b	X	b	b	b	b	b	b	b	b	2
GOODWIN, ESTELLE	294074	02/99/99	b	b	b	b	b	b	b	X	X	b	b	b	b	b	b	b	b	2
GORDON, HAROLD	138077	02/99/99	b	b	b	b	b	b	b	b	X	b	b	X	b	b	b	b	b	2
GORE, CLYDE	33181242	03/99/99	b	b	X	b	b	b	b	b	X	b	b	b	X	b	b	b	b	3
GRAHAM, ISABEL	47328253	02/99/99	b	b	X	b	b	b	b	X	X	b	b	b	b	X	b	b	b	4
GRANT, ERNEST	194815	99/99/11	b	b	b	b	b	b	b	X	b	b	b	b	b	b	X	b	b	2
GRANT, MICHAEL	49415470	04/99/99	b	b	X	b	b	b	b	b	X	b	b	b	X	b	b	b	b	3
GRAY, LAWRENCE	9762788	02/99/99	b	b	X	b	b	b	b	b	X	b	b	b	b	b	b	b	b	2
HALL, HERSHEL	46741416	02/99/99	b	b	X	b	b	b	b	b	b	b	b	b	b	b	b	b	b	1

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Data			C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	0
Active Residents																				
HALLUMS, WILLENA	189280	02/99/99	b	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	b	1
HAMMOND, JAMES	18990	02/99/99	b	b	b	b	b	b	b	X	X	b	b	b	b	b	b	X	b	3
HARRELSON, MICHAEL	231125	02/99/99	b	b	b	b	b	b	b	b	X	b	b	b	b	X	b	b	b	2
HARRIS, KELLI	19502483	02/99/99	b	b	X	b	b	b	b	X	X	b	b	b	b	X	b	b	b	4
HAZEWINKEL, RANDY	9908979	02/99/99	b	b	b	b	b	X	b	X	X	b	b	b	b	b	b	b	b	3
HEARD, LUCILLE	28155420	03/99/99	b	b	X	b	b	b	b	X	X	b	b	b	b	b	b	b	b	3
HICKS, DOSHIA	10144	02/99/99	b	b	b	b	b	b	b	X	X	b	b	b	b	b	b	b	b	2
HODGES, HOWARD	48585464	03/99/99	b	b	X	b	b	b	b	X	X	b	b	b	b	b	b	b	b	3
HOLLOWAY, JAMES	180090	03/99/99	b	b	X	b	b	b	b	b	b	b	b	b	X	b	b	b	b	2
HOWARD, DAMON	37443512	02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
HUNT, JOHN	15602166	02/99/99	b	b	X	b	b	b	b	b	X	b	b	b	b	b	X	X	b	4
HUNTER, JAMES	37188969	99/99/11	b	b	X	b	b	b	b	b	b	b	b	b	X	b	b	b	b	2
HYDRICK, CHESTER	46948357	02/99/99	b	b	X	b	b	b	b	X	X	b	b	b	b	b	b	b	b	3
JACKSON, KATHY	210844	02/99/99	b	b	X	b	b	b	b	b	X	b	b	b	X	b	b	b	b	3

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Data			C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	0
Active Residents																				
JACKSON, MICHAEL	170658	02/99/99	b	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	b	1
JOHNSON, DENNIS	32123476	02/99/99	b	b	b	b	b	X	b	b	X	b	b	b	b	b	b	b	b	2
JONES, SHIRLEY	41785497	04/99/99	X	b	b	b	b	b	b	b	b	b	b	b	b	X	b	b	b	2
JORDAN, CHARLIE	38957221	02/99/99	b	b	X	b	b	b	b	b	X	b	b	b	b	b	b	b	b	2
JOYNER, SHIRLEY	77141	02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
KELLY, WILLIAM	35246846	02/99/99	b	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	b	1
KING, GEORGE	38509897	04/99/99	b	b	X	b	b	b	b	b	X	b	b	b	b	b	b	b	b	2
KINNEY, EMMANUEL	11579919	04/99/99	b	b	b	b	b	b	b	X	b	b	b	b	b	X	X	b	b	3
KREGER, PHYLLIS	136165	02/99/99	b	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	b	1
LACHICOTTE, ELTON	45319413	02/99/99	b	b	X	b	b	X	b	b	X	b	b	b	b	b	b	b	b	3
LADSON, PRISCELLA	159233	03/99/99	b	b	X	b	b	X	b	b	X	b	b	b	b	b	b	b	b	3
LAWSON, LEE	35096351	02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
LEAVERTON, JODEE	31252695	03/99/99	b	b	X	b	b	b	b	b	b	b	b	b	b	b	X	X	b	3
LIPSKI, ADRIENNE	46741415	99/99/11	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0

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Data			C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	0
Active Residents																				
LONG, GEORGE	32287359	02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
LONGSHORE, KELLY	28559646	02/99/99	b	b	X	b	b	b	b	b	X	b	b	b	b	b	b	b	b	2
MAINS, KIMBERLY	37367070	02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
MAJOR, RUBY	220078	02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
MARTIN, RUDINE	14231075	02/99/99	b	b	X	b	b	b	b	b	X	b	b	b	b	b	b	b	b	2
MAZYCK, CAROLINE	21518388	02/99/99	b	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	b	1
MCCUTCHEON, JOANNE	274910	99/99/11	b	X	b	b	b	X	b	X	b	b	b	b	b	b	b	b	b	3
MCGEE, TERRI	9932362	03/99/99	b	X	X	b	b	X	b	b	b	b	b	b	b	b	b	b	b	3
MCQUEEN, CYNTHIA	25626459	02/99/99	b	b	X	b	b	b	b	X	X	b	b	b	X	b	b	b	b	4
MILLER, ISIAH	269454	04/99/99	X	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	b	2
MILLER, JOAN	12051648	02/99/99	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	b	b	1
MITCHELL, LYDIA	34895559	04/99/99	b	b	b	b	b	b	b	X	X	b	b	b	b	b	b	b	b	2
MOORER, DANIEL	215300	02/99/99	b	b	X	b	b	X	b	X	X	b	b	b	X	b	b	b	b	5
MURPHY, EMMA	23696976	03/99/99	b	b	b	b	b	b	b	b	X	b	b	b	b	b	b	X	b	2

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Resident Name	Resident ID	A0310A/B/F	HI-risk/Unstageable Press Ulcer (L)	Phys restraints (L)	Falls (L)	Falls w/Maj Injury (L)	Antipsych Med (S)	Antipsych Med (L)	Antianxiety/Hypnotic Prev (L)	Antianxiety/Hypnotic (L)	Behav Sx Affect Others (L)	Depress Sx (L)	UTI (L)	Cath Insert/Left Bladder (L)	Lo-Risk Lose B/B Con (L)	Excess Wt Loss (L)	Incr ADL Help (L)	Move Indep Worsens (L)	Improvement in Function (S)	Quality Measure Count
Data			C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	0
Active Residents																				
MURRAY, GREGORY	28405923	02/99/99	b	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	b	1
NEVERS, JEAN	16652487	03/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
NIX, DORA	89349	03/99/99	X	b	b	b	b	b	b	b	b	b	b	b	X	b	b	b	b	2
NOLAN, BRENDA	29576	03/99/99	b	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	b	1
PATTERSON, PATRICIA	212351	02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
PONDEXTER, JEROME	28730929	02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
POOLE, CARRIE	44686818	02/99/99	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	b	b	1
PORTEE, REGINALD	28085535	02/99/99	b	b	X	b	b	b	b	X	b	b	b	X	b	b	b	b	b	3
RAIFORD, BENJAMIN	10153014	03/99/99	b	b	b	b	b	b	b	X	b	b	b	X	b	b	b	b	b	2
RAWICKI, BOGDAN	39842808	02/99/99	b	b	X	b	b	X	b	X	b	b	b	b	b	b	b	b	b	3
REAMES, SHARON	44589065	03/99/99	b	b	b	b	b	X	b	X	b	b	b	b	b	b	b	b	b	2
REESE, JOHN	43060346	99/99/11	b	b	b	b	b	b	X	X	b	b	b	b	b	b	b	b	b	2
RHODES, DOUGLAS	26656518	02/99/99	b	b	b	b	b	b	b	X	b	b	b	X	b	b	b	b	b	2
RISH, GWENDOLYN	8578	02/99/99	b	b	X	b	b	b	b	X	b	b	b	X	b	b	b	b	b	3

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Data			C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	0
Active Residents																				
RIVERS, BARBARA	27719250	03/99/99	b	b	b	b	b	b	b	X	X	b	b	b	b	b	b	b	b	2
ROBINSON, SARAH	6390551	02/99/99	b	b	X	b	b	b	b	b	b	b	b	b	b	b	b	b	b	1
ROBINSON, SUGAR	228936	02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
ROMULUS, PETER	29411689	04/99/99	X	b	b	b	b	b	b	b	b	b	X	b	b	b	b	b	b	2
SANDERS, ERNEST	227326	02/99/99	b	b	X	b	b	b	b	b	X	b	b	X	b	b	b	b	b	3
SEASE, WILBUR	16378974	02/99/99	b	X	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	1
SHAW, THOMAS	29411688	02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
SHORT, JOHN	43795563	99/99/11	b	b	b	b	b	b	b	X	X	b	b	b	b	b	b	b	b	2
SMITH, BOBBY	115554	03/99/99	b	b	b	b	b	X	b	b	X	b	b	b	b	b	b	b	b	2
SMITH, BONNIE	35181092	99/99/11	b	b	X	X	b	b	b	b	X	b	X	b	b	b	b	b	b	4
SMITH, DARLA	32662928	02/99/99	b	X	X	b	b	X	b	b	b	b	b	b	X	b	b	b	b	4
SNELL, MICHAEL	20321519	02/99/99	b	b	X	b	b	X	b	X	b	b	b	b	b	b	b	X	b	5
STARR, LINDA	31562516	02/99/99	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	b	b	1
STOCKER, JERRY	196128	03/99/99	b	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	b	1

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Data			C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	0
Active Residents																				
STOCKER, THEODORE	7187680	02/99/99	b	b	X	b	b	b	b	X	X	b	b	b	b	b	b	b	b	3
STONE, LARRY	40634546	03/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
SURRY, ROSAMAE	30413759	02/99/99	b	b	b	b	b	b	b	b	X	b	b	b	X	b	b	b	b	2
SWEET, KIMBERLY	35096350	02/99/99	b	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	b	1
THAMES, MARY	6728	03/99/99	b	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	b	1
TITTLE, FRANCES	14571557	02/99/99	b	b	b	b	b	b	b	b	X	b	X	b	b	b	b	b	b	2
TUCKER, BESSIE	39726739	02/99/99	b	b	X	b	b	X	b	X	X	b	b	b	b	b	b	b	b	4
TURNIPSEED, MICHAEL	23352893	03/99/99	b	b	b	b	b	b	b	b	b	b	b	b	X	b	b	b	b	1
VALDES, AVRIL	34875464	02/99/99	b	b	X	b	b	b	b	b	X	b	b	b	b	b	b	b	b	2
VARGAS, FELIX	43341746	99/99/11	b	b	X	b	b	b	b	b	X	b	b	b	X	b	b	b	b	3
WALKER, TERRY	9574848	02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
WARE, EUGENE	10326	03/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
WILLIAMS, ALBERT	27322983	99/99/11	b	b	b	b	b	b	b	b	b	b	b	b	b	X	X	X	b	3
WILLIAMS, CAROL	17774027	02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0

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Data			C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	0
Active Residents																				
WOODS, ROBERT	45137426	02/99/99	b	b	b	b	b	b	b	X	b	b	b	b	X	b	b	b	b	2
WRIGHT, WILLIAM	41482110	02/99/99	b	X	X	b	b	b	b	X	b	b	b	b	b	b	b	b	b	3
YOUNG, ERNESTINE	272225	03/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
ZIEGENFUS, CHARLES	181585	04/99/99	b	b	X	b	b	b	b	b	b	b	b	b	b	b	b	b	b	1
Discharged Residents																				
ALLEN, LARRY	240588	99/99/11	b	b	X	b	b	b	b	b	b	b	b	b	b	b	X	b	b	2
ANGLEY, MICHAEL	39778653	99/01/99	b	X	b	b	b	X	b	b	X	b	b	b	b	b	b	b	b	3
BROWDER, GLORIA	6184	99/99/11	b	b	X	b	b	X	b	X	b	b	X	X	b	b	b	b	b	5
BROWN, LEVI	44039107	99/99/11	b	b	X	b	b	X	b	b	X	b	X	b	X	b	X	X	S	7
COLE, BOBBY	241201	99/99/11	b	b	b	b	b	b	b	b	X	b	b	b	b	b	X	b	b	2
COLLINS, IRMA	45319414	03/99/99	b	b	X	b	b	b	b	X	b	b	b	b	b	b	b	b	b	2
DAVIS, OLLIE	15403668	02/99/99	b	b	b	b	b	b	b	b	X	b	b	b	b	X	b	b	b	2
FERN, CHARLES	10009	02/99/99	b	b	X	X	b	b	b	b	X	b	b	b	b	b	b	b	b	3
FLOOD, MARIE	267095	02/99/99	X	b	b	b	b	b	X	X	b	b	b	b	b	X	b	b	b	4

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Data			C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	0
Discharged Residents																				
FRICK, THERESA	155735	99/99/11	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
GLOVER, ROSA	234835	02/99/99	b	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	b	1
GUTHRIE, CALVIN	18197	99/99/10	b	b	b	b	b	b	X	b	b	b	b	b	b	b	b	b	b	1
HARPER, HERMAN	37614868	99/99/11	b	b	X	b	b	b	b	X	X	b	b	b	b	b	b	b	b	3
JENNINGS, GAIL	12308837	99/99/11	b	X	b	b	b	b	b	b	X	b	b	b	b	b	b	b	b	2
LOGGINS, GRADY	16102	99/99/10	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
PERRY, SOLOMON	35757973	99/99/11	X	b	X	b	b	b	b	b	b	b	b	b	b	b	X	X	b	4
PITTS, JOHNNIE	13844111	99/99/11	X	b	b	b	b	b	b	b	X	b	b	b	b	b	X	X	b	4
SANDERS, DOUGLAS	32748477	99/99/10	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	b	b	1
SIBLEY, GLEN	17295138	99/99/11	b	b	X	b	b	b	b	X	X	b	b	b	b	b	b	b	b	3
SIMMONS, KATIE	26959	99/99/10	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	b	b	1
THOMAS, NORRIS	26962860	99/99/11	b	b	b	b	b	b	b	X	b	b	b	b	b	b	X	X	b	3
WEILER, KASONDRA	166760	99/99/11	b	b	b	b	b	b	b	X	X	b	b	b	b	b	b	b	b	2
WILSON, ROBERT	45198561	99/99/11	b	b	X	b	b	b	b	b	X	b	b	b	b	b	b	b	b	2

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Resident Name	Resident ID	Admission Date	Discharge Date	Pressure Ulcer/Injury ¹
ANGLEY, MICHAEL	39778653	10/07/2020	10/13/2020	b
JONES, SHIRLEY	41785497	01/22/2021	01/26/2021	b
MURPHY, EMMA	23696976	12/31/2019	04/08/2020	b
RIVERS, BARBARA	27719250	11/09/2020	11/13/2020	b
THOMAS, NORRIS	26962860	01/28/2021	01/31/2021	b

¹ The Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (S038.02) measure is calculated using the SNF QRP measure specifications v3.0 addendum and is based on 12 months of data (04/01/2020 - 03/31/2021).

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