



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

Ratings for Richard M Campbell Veterans Nursing Home (425301) Anderson, 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 June 23, 2021. The health inspection rating incorporates data reported through May 31, 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 fourth calendar quarter of 2020.

Helpline

The Five-Star Helpline will operate Monday - Friday **June 21 - 25, 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 **July 26 - 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 returned to the previous update schedule (prior to the COVID-19 Public Health Emergency). The MDS-based QMs use data from Q1, Q2, Q3, and Q4 of 2020. Four of the claims-based QMs 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 at this time.

Important News (continued)

Staffing

The PBJ data for 2021 Calendar Quarter 1 (January - March 2021) submitted by the May 15, 2021 deadline will be reported on Care Compare and used to calculate the staffing ratings beginning with the July 2021 refresh. A preview of these data for your facility are included in 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 May 31, 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:

May 24, 2019

Health Inspection Rating Cycle 2 Survey Dates:

April 19, 2018

Health Inspection Rating Cycle 3 Survey Dates:

January 26, 2017

Total weighted health inspection score for your facility: 29.3

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	25.34-42.67	10.68-25.33	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 425301					Rating Points	SC	US
	2020Q1	2020Q2	2020Q3	2020Q4	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	3.3%	2.3%	3.6%	3.2%	3.1%	60	3.4%	3.4%
Percentage of high-risk residents with pressure sores	3.7%	7.0%	9.1%	9.9%	7.3%	60	9.8%	7.9%
Percentage of residents with a urinary tract infection	4.8%	5.6%	3.2%	4.5%	4.6%	20	3.4%	2.5%
Percentage of residents with a catheter inserted and left in their bladder ¹	0.0%	0.4%	0.0%	0.0%	0.1%	100	1.5%	1.6%
Percentage of residents whose need for help with daily activities has increased	15.0%	12.5%	21.7%	11.9%	15.3%	75	17.2%	16.3%
Percentage of residents who received an antipsychotic medication	26.3%	27.0%	28.4%	24.0%	26.6%	15	14.0%	14.2%
Percentage of residents whose ability to move independently worsened ¹	21.9%	31.9%	43.9%	25.8%	30.5%	15	27.1%	23.0%

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 425301				Risk-Adjusted Rate	US	
	Observed Rate ³	Expected Rate ³	Risk-Adjusted Rate ³	Rating Points		Observed Rate	Risk-Adjusted Rate
Claims-Based Long-Stay Measures							
<i>Lower rates are better. The time period for data used in reporting is 10/1/2019 through 9/30/2020.</i>							
Number of hospitalizations per 1,000 long-stay resident days ¹	1.70	1.55	1.94	60	1.89	1.771	1.63
Number of emergency department visits per 1,000 long-stay resident days ¹	0.99	3.42	0.38	135	0.83	1.318	0.76

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	540
Long-Stay Quality Measure Star Rating	★★

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

	Provider 425301					Rating Points	SC	US
	2020Q1	2020Q2	2020Q3	2020Q4	4Q avg		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	68.4% ²	90	68.4%	70.1%
<i>Lower percentages are better.</i>								
Percentage of residents who newly received an antipsychotic medication	d<20	d<20	d<20	d<20	12.9%	20	1.9%	1.8%
<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	0.0%	100	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 425301				SC	US	
	Observed Rate ³	Expected Rate ³	Risk-Adjusted Rate ³	Rating Points		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	6.8%	NR	18.5%	15	50.4%	50.1%	50.1% ⁴
<i>Lower percentages are better. The time period for data used in reporting is 10/1/2019 through 9/30/2020.</i>							
Percentage of residents who were re-hospitalized after a nursing home admission ¹	16.7%	26.4%	14.3%	150	22.4%	22.6%	21.6%
Percentage of residents who had an outpatient emergency department visit ¹	10.0%	11.7%	8.3%	105	11.2%	9.7%	9.5%

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.

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	480
Total Short-Stay Quality Measure Score (unadjusted short-stay QM score*1150/800) ¹	690
Short-Stay Quality Measure Star Rating	★★★★
Total Quality Measure Score ²	1230
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 425301					SC	US
	2020Q1	2020Q2	2020Q3	2020Q4	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	99.6%	99.6%	99.6%	99.6%	99.6%	95.0%	96.2%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	98.1%	99.5%	100%	100%	99.4%	93.3%	94.0%
<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	89.4%	93.1%	91.9%	90.2%	91.2%	59.1%	47.5%
Percentage of residents who lose too much weight	5.9%	5.8%	9.4%	9.8%	7.6%	9.1%	7.2%
Percentage of residents who have depressive symptoms	3.1%	4.5%	6.6%	2.0%	4.1%	2.5%	7.1%
Percentage of residents who received an antianxiety or hypnotic medication	20.6%	21.9%	24.1%	24.6%	22.7%	20.4%	19.6%
MDS Short-Stay Measures							
<i>Higher percentages are better.</i>							
Percentage of residents assessed and appropriately given the seasonal influenza vaccine	90.3%	90.3%	90.3%	90.3%	90.3%	83.7%	82.3%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	79.4%	d<20	85.2%	77.1%	78.5%	83.3%	82.5%

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 January 1 to March 31, 2021

The data listed below include the reported staffing for your facility and state, and for the US, using the PBJ data for **January 1 to March 31, 2021** (submitted and accepted by the **May 15, 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 July 2021 update to the website, and will also be used for determining staffing ratings during that time.***

PBJ Nurse Staffing Information for January 1 to March 31, 2021 for Provider Number 425301				
	Provider 425301	Provider 425301 (Decimal)	South Carolina average	US average
Total number of licensed nurse staff hours per resident per day	1 hour and 48 minutes	1.794	1 hour and 53 minutes	1 hour and 44 minutes
RN hours per resident per day	30 minutes	0.493	45 minutes	46 minutes
LPN/LVN hours per resident per day	1 hour and 18 minutes	1.301	1 hour and 7 minutes	57 minutes
Nurse aide hours per resident per day	2 hours and 38 minutes	2.635	2 hours and 22 minutes	2 hours and 22 minutes
Physical therapist ¹ hours per resident per day	2 minutes	0.030	5 minutes	5 minutes

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

Resident Census	Provider 425301	Provider 425301 (Decimal)	South Carolina average	US average
Average Number of Residents	177.0	177.044	76.4	72.1

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 **July through September 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 **January 1 to March 31, 2021**. 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 90) 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 90) 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 January 1 to March 31, 2021

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	464	58
<i>RN with administrative duties</i>	6	6,086	90
<i>RN</i>	7	1,310	64
Total RN	5-7	7,860	90
<i>LPN/LVN with administrative duties</i>	8	1,032	64
<i>LPN/LVN</i>	9	19,696	90
Total LPN/LVN	8-9	20,728	90
<i>Certified Nurse Aide</i>	10	41,385	90
<i>Nurse Aide in Training</i>	11	594	70
<i>Medication Aide/Technician</i>	12	0	0
Total Aide	10-12	41,979	90
Total Nurse Staffing	5-12	70,567	90
Physical Therapist Staffing	21	476	60

MDS Census Calendars for January 1 to March 31, 2021

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 January 2021						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 185	2 185
3 185	4 186	5 186	6 187	7 186	8 183	9 182
10 180	11 177	12 178	13 179	14 178	15 177	16 175
17 175	18 174	19 173	20 172	21 170	22 169	23 168
24 166	25 167	26 168	27 168	28 167	29 170	30 170
31 167						

Daily MDS Census for February 2021						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 167	2 168	3 167	4 167	5 168	6 167
7 167	8 168	9 169	10 171	11 173	12 173	13 172
14 172	15 174	16 173	17 174	18 175	19 174	20 174
21 173	22 175	23 175	24 176	25 179	26 180	27 179
28 179						

Daily MDS Census for March 2021						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 178	2 179	3 179	4 180	5 181	6 180
7 180	8 181	9 182	10 183	11 183	12 182	13 180
14 179	15 181	16 184	17 184	18 183	19 183	20 183
21 183	22 182	23 182	24 185	25 185	26 185	27 183
28 181	29 186	30 187	31 188			

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
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
November 14, 2021	July 1, 2021 - September 30, 2021	January 2022 - March 2022

Listing for Indicator #1: Days in quarter for which no nursing staff hours were reported

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

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