Nursing Home Compare Five-Star Ratings of Nursing Homes

Provider Rating Report
Incorporating data reported through 03/03/2020

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

The April 2020 Five-Star ratings provided above will be displayed for your nursing home on the Nursing Home Compare (NHC) website on or around April 29, 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 Monday - Friday, **April 27, 2020 - May 1, 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 **May 26, 2020 - May 29, 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:

On March 23, 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 action, there is a great shift in the number of nursing homes inspected, and how the inspections are conducted. Without action, this would disrupt 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, we will temporarily maintain and hold constant the health inspection domain of the rating system. Specifically, 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. This action will start with the scheduled update to the Nursing Home Compare website on April 29, 2020. The surveys will be posted through a link on the front page of the Nursing Home Compare website in the upcoming months (as the survey data is finalized and uploaded).

Staffing and Quality Measure Rating Domains:

On April 29, 2020, the staffing and quality measure domains will be updated as expected because the underlying data for these domains are based on time periods that occurred prior to the COVID-19 crisis. We do not yet know the full impact the COVID-19 pandemic will have on these domains and the rating system, but we are prepared to make changes when warranted. We are monitoring the situation closely and will communicate with the stakeholders as soon as possible.

PBJ Submission Deadline of May 15, 2020:

Due to the COVID-19 pandemic, CMS has waived the requirement for PBJ data to be submitted by May 15, 2020. If providers would still like to submit PBJ staffing data for the period of January 1, 2020 - March 31, 2020 by the May 15, 2020 deadline, they may still do so, but it is not required. We will communicate how this will impact what is reported on the Nursing Home Compare website and Five-Star Quality Rating System as soon as possible.

Staffing Case-Mix Hours:

The staffing rating uses the distribution of resident days by RUG-IV group to determine each nursing home's case-mix hours for calculating adjusted staffing levels and staffing ratings. For the Nursing Home Compare refreshes in April, May, and June 2020, staffing ratings will be based on the reported PBJ staffing hours submitted for October 1 - December 31, 2019 and the case-mix hours for July 1 - September 30, 2019. The case-mix hours typically come from the same quarter as the PBJ data; however, the RUG-IV data for October 1 - December 31, 2019 were not available at the time the ratings were calculated; thus, RUG-IV data from the prior quarter will be used.

Quality Measure Recalibration:

The quality measure (QM) cut-point recalibration that was scheduled for April 2020 has been delayed. Please watch for future communication from CMS about when the QM cut-point recalibration will occur.

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.

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:

 December 5, 2019   January 9, 2020

Health Inspection Rating Cycle 2 Survey Dates:

 September 6, 2018

Health Inspection Rating Cycle 3 Survey Dates:

 June 1, 2017

Total weighted health inspection score for your facility: 30.0

State-level Health Inspection Cut Points for South Carolina				
1 Star	**2 Stars**	**3 Stars**	**4 Stars**	**5 Stars**
>79.33	41.34-79.33	28.01-41.33	10.01-28.00	0.00-10.00

Please note that the state cut points are recalculated each month, but the total weighted health inspection score for your facility is compared to the cut points only if there is a change in your score.

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

	Provider 425074						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	1.1%	1.2%	1.2%	1.2%	1.2%	100	3.3%	3.4%
Percentage of high-risk residents with pressure sores	10.2%	5.5%	8.5%	6.7%	7.7%	60	9.1%	7.3%
Percentage of residents with a urinary tract infection	0.0%	0.0%	0.0%	0.0%	0.0%	100	3.6%	2.6%
Percentage of residents with a catheter inserted and left in their bladder[1]	2.2%	3.3%	3.5%	2.6%	2.9%	40	1.6%	1.8%
Percentage of residents whose need for help with daily activities has increased	19.1%	9.8%	21.0%	14.8%	16.3%	60	14.6%	14.5%
Percentage of residents who received an antipsychotic medication	13.1%	11.1%	9.6%	11.9%	11.5%	90	13.6%	14.3%
Percentage of residents whose ability to move independently worsened[1]	10.1%	3.6%	6.8%	9.4%	7.6%	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 425074				SC	US	
	Observed Rate[3]	Expected Rate[3]	Risk-Adjusted Rate[3]	Rating Points	Risk-Adjusted Rate	Observed Rate	Risk-Adjusted Rate
Claims-Based Long-Stay Measures							
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]	1.20	1.31	1.59	90	1.90	1.735	1.70
Number of emergency department visits per 1,000 long-stay resident days[1]	1.05	2.78	0.54	120	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	810
Long-Stay Quality Measure Star Rating	★★★★★

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

	Provider 425074						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 425074				SC	US	
	Observed Rate[3]	Expected Rate[3]	Risk-Adjusted Rate[3]	Rating Points	Risk-Adjusted Rate	Observed Rate	Risk-Adjusted Rate
Claims-Based Short-Stay Measures							
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]	NA	NR	NA	NA	50.3%	49.2%	49.5%[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	11.7%	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 425074					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	98.9%	98.8%	98.8%	98.8%	98.8%	93.6%	93.9%
Lower percentages are better.							
Percentage of residents who were physically restrained	2.3%	1.2%	1.2%	0.0%	1.2%	0.5%	0.2%
Percentage of low-risk residents who lose control of their bowels or bladder	25.0%	d<20	33.3%	d<20	33.3%	58.9%	48.4%
Percentage of residents who lose too much weight	3.8%	6.5%	7.6%	2.9%	5.2%	7.2%	5.5%
Percentage of residents who have depressive symptoms	0.0%	0.0%	0.0%	0.0%	0.0%	1.4%	5.1%
Percentage of residents who received an antianxiety or hypnotic medication	4.8%	2.5%	3.7%	2.5%	3.4%	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	83.3%	82.6%	82.9%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	d<20	d<20	d<20	d<20	100%	84.0%	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 Information

Summary of Reported Staffing for October 1, 2019 to December 31, 2019

The data listed below include the reported staffing for your facility, state and for the US, utilizing the PBJ data for **October 1, 2019 to December 31, 2019** (submitted by the **February 14, 2020** deadline) and the average MDS-based resident census for your facility, state and for the US. ***These data will be reported on Nursing Home Compare for three months, starting with the April 29, 2020 update to the website, and will also be used for determining staffing ratings during that time.***

PBJ Nurse Staffing Information for October 1, 2019 to December 31, 2019 for Provider Number 425074				
	Reported Hours per Resident per Day (HRD)	**Reported Hours per Resident per Day (HRD) (Decimal)**	**Case-Mix HRD**	**Case-Mix Adjusted HRD**
Total number of licensed nurse staff hours per resident per day	2 hours and 12 minutes			
RN hours per resident per day	41 minutes	0.683	0.255	**1.008**[1]
LPN/LVN hours per resident per day	1 hour and 31 minutes	1.518	0.593	1.924
Nurse aide hours per resident per day	3 hours and 24 minutes	3.407	2.020	3.506
Total number of nurse staff (RN, LPN/LVN, and Nurse Aide) hours per resident per day	5 hours and 36 minutes	5.608	2.867	**6.271**[1]
Physical therapist[2] hours per resident per day	0 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.

The average number of residents for your facility (based on the MDS census) is 85.7.

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.

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-17-45.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