Care Compare Five-Star Ratings of Nursing Homes

Provider Rating Report for January 2021

Ratings for C M Tucker Jr Nursing Care (425074) 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 January 27, 2021. The health inspection rating incorporates data reported through December 31, 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 (PBJ) staffing data reported for the third calendar quarter of 2020.

Helpline

The Five-Star Helpline will operate Monday - Friday **for two weeks January 25 - February 5, 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 **February 22 - February 26, 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

Nursing Home Compare was retired, and the new and improved Care Compare website (https://www.medicare.gov/care-compare/) went live on December 1, 2020. The new Provider Data Catalog (PDC) website (https://data.cms.gov/provider-data/) also makes it easier to search and download the publicly reported data. There may be previously published materials or documents that refer to Nursing Home Compare (NHC) and all prior references to NHC will now apply to Care Compare.

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. Additional details can be found in the health inspection and QM sections below. A link to the full memo can be found on the References page of this report.

Important News (continued)

Health Inspections

 The health inspection domain of the rating system has been held constant since the April 2020 refresh. Beginning with the January 2021 refresh, CMS will resume calculating the health inspection rating domain. The health inspection ratings will incorporate survey data that occurred after March 3, 2020. Additionally, findings from focused infection control surveys will be included in the rating calculation, with deficiencies cited on these surveys contributing to the total weighted health inspection score (similar to complaint survey deficiencies).

These actions will also automatically result in updates to the Special Focus Facility (SFF) program, including updates to SFF candidates, and facilities' status for receiving an icon for noncompliance related to abuse.

A detailed explanation of the health inspection rating calculation can be found in the Five-Star Quality Rating System Technical Users' Guide (link located on the References page of this report).

Quality Measures

The quality measures (QMs) posted on the Care Compare website and used in the Five-Star Quality Rating System will be updated on January 27, 2021. To update the QMs, CMS will use data based on the data collection period ending June 30, 2020. These updates do not apply to the two QMs that are part of the Skilled Nursing Facility Quality Reporting Program (SNF QRP). The SNF QRP QMs, 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 not be updated in Jan 2021.

Staffing

The PBJ data for Calendar Quarter 3 (July - September 2020) submitted by the November 14, 2020 deadline will be used to calculate the staffing ratings with the January 2021 refresh.

Health Inspections

The Five-Star health inspection rating listed on the first page of this report is based on 3 cycles of survey data and 3 years of complaint and focused infection control inspections and incorporates data reported through December 31, 2020.

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 9, 2020   September 22, 2020

Health Inspection Rating Cycle 2 Survey Dates:

September 6, 2018   December 5, 2019

Health Inspection Rating Cycle 3 Survey Dates:

June 1, 2017

Total weighted health inspection score for your facility: 36.7

State-level Health Inspection Cut Points for South Carolina				
1 Star	**2 Stars**	**3 Stars**	**4 Stars**	**5 Stars**
>84.67	42.68-84.67	28.01-42.67	10.68-28.00	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

	Provider 425074						SC	US
	2019Q3	2019Q4	2020Q1	2020Q2	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%	0.0%	0.9%	100	3.4%	3.4%
Percentage of high-risk residents with pressure sores	8.5%	6.7%	9.7%	6.1%	7.7%	60	9.0%	7.4%
Percentage of residents with a urinary tract infection	0.0%	0.0%	0.0%	0.0%	0.0%	100	3.6%	2.5%
Percentage of residents with a catheter inserted and left in their bladder[1]	3.5%	2.6%	2.9%	3.3%	3.1%	40	1.5%	1.6%
Percentage of residents whose need for help with daily activities has increased	21.0%	14.8%	16.1%	10.8%	15.6%	75	15.4%	15.0%
Percentage of residents who received an antipsychotic medication	9.6%	11.9%	12.5%	10.8%	11.2%	105	13.6%	14.1%
Percentage of residents whose ability to move independently worsened[1]	6.8%	9.4%	3.8%	9.4%	7.4%	150	20.9%	18.5%

[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 Care 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 7/1/2019 through 6/30/2020.							
Number of hospitalizations per 1,000 long-stay resident days[1]	1.28	1.27	1.79	75	1.87	1.780	1.68
Number of emergency department visits per 1,000 long-stay resident days[1]	0.77	2.60	0.40	135	0.89	1.367	0.83

[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 Care Compare.
[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 Care Compare.

Total Long-Stay Quality Measure Score	840
Long-Stay Quality Measure Star Rating	★★★★★

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

	Provider 425074						SC	US
	2019Q3	2019Q4	2020Q1	2020Q2	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	69.2%	68.8%
Lower percentages are better.								
Percentage of residents who newly received an antipsychotic medication	d<20	d<20	d<20	d<20	NA	NA	1.7%	1.7%
The time period for data used in reporting is 1/1/2019 through 12/31/2019.								
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.

	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 10/1/2017 through 9/30/2019.							
Rate of successful return to home and community from a SNF[1]	NA	NR	NA	NA	50.4%	50.1%	50.1%[4]
Lower percentages are better. The time period for data used in reporting is 7/1/2019 through 6/30/2020.							
Percentage of residents who were re-hospitalized after a nursing home admission[1]	NA	NA	NA	NA	22.2%	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%

[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 Care Compare.
[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 Care Compare.
[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	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
	2019Q3	2019Q4	2020Q1	2020Q2	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%	97.8%	97.8%	98.9%	94.4%	96.1%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	98.8%	98.8%	98.8%	98.8%	98.8%	93.8%	94.1%
Lower percentages are better.							
Percentage of residents who were physically restrained	1.2%	0.0%	0.0%	0.0%	0.3%	0.5%	0.2%
Percentage of low-risk residents who lose control of their bowels or bladder	33.3%	d<20	57.1%	66.7%	49.4%	59.3%	48.1%
Percentage of residents who lose too much weight	7.6%	2.9%	6.5%	10.4%	6.8%	7.3%	5.9%
Percentage of residents who have depressive symptoms	0.0%	0.0%	0.0%	0.0%	0.0%	1.8%	6.1%
Percentage of residents who received an antianxiety or hypnotic medication	3.7%	2.5%	5.1%	4.9%	4.1%	20.4%	19.5%
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	86.7%	83.0%	82.6%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	d<20	d<20	d<20	d<20	96.2%	84.2%	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

PBJ data for **July 1, 2020 to September 30, 2020** (submitted and accepted by the **November 14, 2020** deadline) are being used to calculate the staffing ratings for three months starting with the **January 2021** Care Compare website update. The data listed below include the reported, case-mix, and adjusted staffing levels for your facility, using the PBJ data for **July 1, 2020 to September 30, 2020.** 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.

PBJ Nurse Staffing Information for July 1, 2020 to September 30, 2020 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 16 minutes			
RN hours per resident per day	1 hour and 30 minutes	1.497	0.265	**2.229**[1]
LPN/LVN hours per resident per day	46 minutes	0.771	0.606	0.942
Nurse aide hours per resident per day	3 hours and 3 minutes	3.044	2.089	3.006
Total number of nurse staff (RN, LPN/LVN, and Nurse Aide) hours per resident per day	5 hours and 19 minutes	5.312	2.960	**5.739**[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 on the References page) 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.
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.

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 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/CertificationandComplianc/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
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