



Nursing Home Compare Five-Star Ratings of Nursing Homes Provider Rating Report for August 2020

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

The August 2020 Five-Star ratings provided above will be displayed for your nursing home on the Nursing Home Compare (NHC) website on or around August 26, 2020. The health inspection rating is based on health inspections occurring prior to March 4, 2020. The time periods for each of the quality measures that contribute to the Quality Measure (QM) rating can be found in the QM tables located later in this report. The Staffing and RN Staffing Ratings are based on Payroll-based journal staffing data reported for the fourth calendar quarter of 2019.

Helpline

The Five-Star Helpline will operate Monday - Friday, **August 24, 2020 - August 28, 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 **September 28, 2020 - October 2, 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

CMS Memorandum

On June 25, 2020 CMS released memorandum QSO 20-34-NH providing updates related to the staffing and quality measures used on the Nursing Home Compare website and in the Five-Star Rating System. Additional details are listed below in the Quality Measures and Staffing sections of the Important News updates. A link to the full memo can be found in the references section of this report.

Important News (continued)

Quality Measures

CMS waived requirements at 42 CFR 483.20 related to the timelines for completing and submitting resident assessment (minimum data set (MDS)) information. This information provides the underlying data used to calculate quality measures used on the Nursing Home Compare website and in the Five-Star Quality Ratings System. CMS believes that data from resident assessments conducted prior to January 1, 2020, can still be used to calculate quality measures (QMs). However, CMS is concerned that data from resident assessments conducted after January 1, 2020 were impacted by the waiver and the public health emergency. Therefore, beginning July 29, 2020, quality measures based on the data collection period ending December 31, 2019 will be held constant. Quality measures that were based on a data collection period prior to December 31, 2019 (e.g., ending September 30, 2019); however, will continue to be updated until the underlying data reaches December 31, 2019. Please note that CMS is not holding the quality measure ratings constant, as a facility's quality measure rating can still be updated by a quality measure with underlying data that is earlier than December 31, 2019.

The MDS-based QMs will continue to cover 2019Q1 - 2019Q4. Four of the claims-based measures (long-stay and short-stay hospitalizations and ED visits) will be updated and will cover the time period January 1 - December 31, 2019. The short-stay QM, rate of successful return to home and community, will continue to cover October 1, 2016 - September 30, 2018.

Staffing

Under the COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers, CMS waived the requirements at 42 CFR 483.70(q), which required nursing home providers to submit staffing data through the Payroll-Based Journal (PBJ) system. Because of the waiver, many facilities did not submit staffing data by the May 15, 2020 deadline, and thus, CMS was not able to update the PBJ staffing measures and staffing domain star ratings for the July 2020 Nursing Home Compare (NHC) refresh. Therefore, staffing measures and ratings will be held constant, and based on data submitted for Calendar Quarter 4 (October – December) 2019 until the October 2020 NHC refresh.

In addition, CMS recognizes that the waiver of the requirement prevented some facilities from improving their rating from their previous quarter's submission. Specifically, facilities whose staffing rating was automatically downgraded to one-star due to missing the deadline for the previous submission, or for reporting four or more days in the quarter with no registered nurse, now will not have the opportunity to correct and improve their staffing rating since the ratings will be held constant. Therefore, CMS will remove the one-star staffing rating downgrade, and instead, these facilities will have their ratings temporarily suppressed. Their staffing ratings will show "Not Available" with the July, August, and September 2020 refreshes.

PBJ Data Submission

CMS ended the blanket emergency waiver of 42 CFR 483.70(q), and all nursing homes are required to resume submission of staffing data through the PBJ system as required by the regulation. **Specifically, facilities are expected to have submitted the requisite staffing data for Calendar Quarter 2 (April – June) 2020 through the PBJ system by August 14, 2020.** Note: Because the waiver is being lifted, staffing measures and ratings will be updated in October 2020 based on the Calendar Quarter 2 data submitted by August 14, 2020.

Facilities that also submitted data for Calendar Quarter 1 (January – March) 2020 through the PBJ system by August 14, 2020 will have their Calendar Quarter 1 data posted in a public use file on data.cms.gov. Calendar Quarter 1 data will not be used to calculate staffing measures or ratings.

Important News (continued)

Health Inspections

In March 2020, CMS announced a new, targeted inspection plan designed to help keep nursing home residents safe in the face of the COVID-19 pandemic. The plan called for focused inspections on urgent patient safety threats (called "immediate jeopardy") and infection control. These targeted inspections allow CMS to focus inspections on the most urgent situations, so the agency can get the information it needs to ensure safety, while not getting in the way of patient care.

Due to this change, there has been a great shift in the number of nursing homes inspected, and how the inspections are being conducted. Without action, this would have disrupted the inspection domain of the Five-Star Quality Rating System because many nursing homes that would normally be inspected, will not, thereby over-weighting and impacting the ratings of those facilities that are inspected. This could then potentially mislead consumers. **Since the Nursing Home Compare (NHC) refresh in April 2020 and until further notice, the health inspection domain of the rating system is being held constant to include only data from surveys that occurred on or before March 3, 2020. Results of health inspections conducted on or after March 4, 2020, will be posted publicly, but not be used to calculate a nursing home's health inspection star ratings.** These targeted surveys (occurring on or after March 4, 2020) will be posted through a link in the Spotlight section on the front page of the NHC website as the survey data are finalized and uploaded.

CMS will continue to monitor inspections, including the restarting of certain inspections (i.e., surveys) per CMS memorandum QSO-20-31-ALL (<https://www.cms.gov/files/document/qso-20-31-all.pdf>). CMS will restart the inspection ratings as soon as possible and will communicate any changes to stakeholders in advance of updating the Nursing Home Compare website.

Health Inspections

The Five-Star health inspection rating listed on the first page is based on 3 cycles of survey data and 3 years of complaint inspections. Please note that the health inspection rating includes data only from surveys that were conducted on or before March 3, 2020. Surveys conducted on March 4, 2020 or after are not being used to calculate the health inspection rating at this time. Any new surveys or changes to survey results that were conducted on or before March 3, 2020 that enter the national database will be included in the health inspection rating calculation, potentially causing a change in the health inspection rating for an individual facility. Citations from complaint surveys will not be moving between rating cycles (or dropping out of the calculation) while new health inspections are not being included in the health inspection rating calculation.

Your Health Inspection Rating

Provided below are the survey dates included in the calculation of the Five-Star health inspection rating for your facility. For more detailed information about the deficiencies cited on each survey, please visit: <https://data.medicare.gov/data/nursing-home-compare>. This website updates on the same day as the Nursing Home Compare website. Any additional revisit points can be found in the 'Provider Info' table at the link provided above.

Health Inspection Rating Cycle 1 Survey Dates:

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 |
| >84.08 | 46.34-84.08 | 28.68-46.33 | 11.21-28.67 | 0.00-11.20 |

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 | | | | | Rating Points | SC | US |
|---|-----------------|--------|--------|--------|--------|---------------|--------|--------|
| | 2019Q1 | 2019Q2 | 2019Q3 | 2019Q4 | 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 | 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% |

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 Nursing Home Compare.

| | Provider 425074 | | | | 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 1/1/2019 through 12/31/2019.</i> | | | | | | | |
| Number of hospitalizations per 1,000 long-stay resident days ¹ | 1.15 | 1.26 | 1.60 | 90 | 1.87 | 1.753 | 1.68 |
| Number of emergency department visits per 1,000 long-stay resident days ¹ | 1.10 | 2.70 | 0.59 | 120 | 1.03 | 1.460 | 0.95 |

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 NHC.

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 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 | | | | | | | | |
| <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 | 69.1% | 67.7% |
| <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 | 1.9% | 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 | | | | | | | |
| <i>Higher percentages are better. The time period for data used in reporting is 10/1/2016 through 9/30/2018.</i> | | | | | | | |
| Rate of successful return to home and community from a SNF ¹ | NA | NR | NA | NA | 50.0% | 49.2% | 49.5% ⁴ |
| <i>Lower percentages are better. The time period for data used in reporting is 1/1/2019 through 12/31/2019.</i> | | | | | | | |
| Percentage of residents who were re-hospitalized after a nursing home admission ¹ | NA | NA | NA | NA | 21.5% | 21.9% | 20.8% |
| Percentage of residents who had an outpatient emergency department visit ¹ | NA | NA | NA | NA | 11.4% | 10.0% | 10.3% |

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 NHC.

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 NHC.

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 | Data 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

| | Provider 425074 | | | | | SC | US |
|---|-----------------|--------|--------|--------|--------|--------|--------|
| | 2019Q1 | 2019Q2 | 2019Q3 | 2019Q4 | 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 | 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% |
| <i>Lower percentages are better.</i> | | | | | | | |
| 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 | | | | | | | |
| <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 | 83.3% | 82.4% | 82.9% |
| Percentage of residents assessed and appropriately given the pneumococcal vaccine | d<20 | d<20 | d<20 | d<20 | 100% | 83.9% | 83.9% |

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.

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/CertificationandCompliance/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>

June 25, 2020 Memorandum (QSO 20-34-NH)

<https://www.cms.gov/files/document/qso-20-34-nh.pdf>

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