



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

Ratings for Veterans Victory House (425386) Walterboro, South Carolina				
Overall Quality	Health Inspection	Quality Measures	Staffing	RN Staffing
★★	★	★★★★★	★★★★	★★★★

The September 2020 Five-Star ratings provided above will be displayed for your nursing home on the Nursing Home Compare (NHC) website on or around September 30, 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.

***** IMPORTANT MESSAGE:** Your health inspection score makes you a candidate for the Special Focus Facility (SFF) program. Please note that being a SFF candidate does not necessarily mean that your nursing home will be selected for the SFF program. For more information about the program, please go to: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/downloads/SFFList.pdf>

Helpline

The Five-Star Helpline will operate Monday - Friday, **September 28, 2020 - October 2, 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 **October 26, 2020 - October 30, 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 Staffing and Quality Measures sections of the Important News updates. A link to the full memo can be found on the References page of this report.

Important News (continued)

Quality Measures

Minimum Data Set (MDS) information

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 with the July refresh CMS was not holding the quality measure ratings constant, as a facility's quality measure rating could have been updated by a quality measure with underlying data that was earlier than December 31, 2019.

Skin Integrity Quality Measure

Beginning with the October 2020 Nursing Home Compare (NHC) refresh a new Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) measure, S038.02 "Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury" measure, will replace the current short-stay SNF pressure ulcer measure on the NHC website and in the Five-Star Quality Rating System. A link for more information about public reporting of the SNF QRP measures can be found on the References page of this report.

Staffing

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. Staffing measures and ratings will be updated in October 2020 based on the **Calendar Quarter 2 data submitted by August 14, 2020. A preview of these data for your facility are included in this report.** Facilities are able to submit data for Calendar Quarter 1 (January – March) 2020 through the PBJ system until November 14, 2020, which is the Calendar Quarter 3 (July – August) 2020 deadline. Though Calendar Quarter 1 data will not be used to calculate staffing measures or ratings, these data will be posted in a public use file on data.cms.gov.

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.

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:

May 31, 2019

Health Inspection Rating Cycle 2 Survey Dates:

March 2, 2018

December 14, 2018

March 22, 2019

Health Inspection Rating Cycle 3 Survey Dates:

November 17, 2016

Total weighted health inspection score for your facility: 324.0

State-level Health Inspection Cut Points for South Carolina				
1 Star	2 Stars	3 Stars	4 Stars	5 Stars
>87.67	48.68-87.67	29.34-48.67	12.01-29.33	0.00-12.00

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 425386					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	3.4%	5.3%	5.7%	4.7%	4.8%	40	3.3%	3.4%
Percentage of high-risk residents with pressure sores	6.5%	4.5%	2.1%	5.4%	4.6%	80	9.1%	7.3%
Percentage of residents with a urinary tract infection	3.4%	1.4%	1.0%	1.9%	1.9%	60	3.6%	2.6%
Percentage of residents with a catheter inserted and left in their bladder ¹	1.6%	1.0%	2.5%	3.2%	2.1%	60	1.6%	1.8%
Percentage of residents whose need for help with daily activities has increased	7.1%	7.8%	11.5%	5.8%	8.1%	135	14.6%	14.5%
Percentage of residents who received an antipsychotic medication	10.3%	10.7%	12.4%	15.3%	12.2%	90	13.6%	14.3%
Percentage of residents whose ability to move independently worsened ¹	9.4%	6.1%	5.7%	9.4%	7.7%	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 425386				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	1.04	1.31	1.39	105	1.87	1.753	1.68
Number of emergency department visits per 1,000 long-stay resident days ¹	0.86	3.07	0.41	135	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	855
Long-Stay Quality Measure Star Rating	★★★★★

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

	Provider 425386					SC	US
	2019Q1	2019Q2	2019Q3	2019Q4	4Q avg	Rating Points	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%
<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%
Percentage of SNF residents with pressure ulcers that are new or worsened ¹	NR	NR	NR	NR	NA	NA	1.6%

NR = Not Reported. This measure is not calculated for individual quarters.

	Provider 425386				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%	49.6% 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 425386					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	100%	100%	100%	100%	100%	93.6%	93.9%
<i>Lower percentages are better.</i>							
Percentage of residents who were physically restrained	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	0.2%
Percentage of low-risk residents who lose control of their bowels or bladder	42.9%	52.8%	55.0%	53.4%	51.0%	58.9%	48.4%
Percentage of residents who lose too much weight	6.9%	5.8%	5.6%	3.1%	5.4%	7.2%	5.5%
Percentage of residents who have depressive symptoms	1.0%	0.0%	1.5%	3.9%	1.6%	1.4%	5.1%
Percentage of residents who received an antianxiety or hypnotic medication	13.8%	12.8%	11.7%	9.9%	12.1%	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	97.0%	97.0%	97.0%	97.0%	97.0%	82.4%	82.9%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	100%	100%	97.3%	100%	99.3%	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 on the References page of this report.

Staffing Information

Summary of Reported Staffing for April 1, 2020 to June 30, 2020

The data listed below include the reported staffing for your facility, state and for the US, utilizing the PBJ data for **April 1, 2020 to June 30, 2020** (submitted by the **August 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 October 2020 update to the website, and will also be used for determining staffing ratings during that time.***

PBJ Nurse Staffing Information for April 1, 2020 to June 30, 2020 for Provider Number 425386				
	Provider 425386	Provider 425386 (Decimal)	South Carolina average	US average
Total number of licensed nurse staff hours per resident per day	1 hour and 32 minutes	1.54024	1 hour and 52 minutes	1 hour and 40 minutes
RN hours per resident per day	36 minutes	0.59951	47 minutes	45 minutes
LPN/LVN hours per resident per day	56 minutes	0.94073	1 hour and 5 minutes	55 minutes
Nurse aide hours per resident per day	2 hours and 41 minutes	2.67526	2 hours and 24 minutes	2 hours and 23 minutes
Physical therapist ¹ hours per resident per day	1 minute	0.02366	5 minutes	4 minutes

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

Resident Census	Provider 425386	Provider 425386 (Decimal)	South Carolina average	US average
Average number of residents	201.3	201.2527	83.7	77.5

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 **October through December 2020**. 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 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.

Your facility's PBJ staffing data report for April 1, 2020 to June 30, 2020

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 nurse staffing summary for **April 1, 2020 to June 30, 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 91) 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 91) 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 DON (5), RN with administrative duties (6), and RN (7).

Your facility's PBJ nurse and physical therapist staffing summary for April 1, 2020 to June 30, 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.

Nurse 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	1,076	68
<i>RN with administrative duties</i>	6	5,297	91
<i>RN</i>	7	4,607	90
Total RN	5-7	10,979	91
<i>LPN/LVN with administrative duties</i>	8	1,760	66
<i>LPN/LVN</i>	9	15,468	91
Total LPN/LVN	8-9	17,229	91
<i>Certified Nurse Aide</i>	10	40,916	91
<i>Nurse Aide in Training</i>	11	8,079	91
<i>Medication Aide/Technician</i>	12	0	0
Total Aide	10-12	48,995	91
Total Nurse Staffing	5-12	77,203	91
Physical Therapist Staffing	21	433	62

MDS Census Calendars for April 1, 2020 to June 30, 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 April 2020						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 215	2 215	3 215	4 216
5 215	6 214	7 213	8 213	9 213	10 213	11 212
12 212	13 211	14 210	15 210	16 211	17 209	18 209
19 209	20 209	21 209	22 209	23 208	24 209	25 208
26 208	27 208	28 209	29 207	30 207		

Daily MDS Census for May 2020						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 208	2 208
3 208	4 208	5 206	6 206	7 206	8 206	9 206
10 206	11 206	12 206	13 205	14 205	15 204	16 204
17 203	18 203	19 203	20 203	21 203	22 202	23 201
24 201	25 201	26 201	27 201	28 200	29 199	30 198
31 198						

Daily MDS Census for June 2020						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 198	2 195	3 194	4 194	5 194	6 193
7 193	8 193	9 192	10 191	11 190	12 191	13 190
14 190	15 190	16 188	17 188	18 186	19 185	20 184
21 184	22 184	23 184	24 184	25 186	26 187	27 187
28 186	29 186	30 186				

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

PBJ Deadlines

Submission Deadline	PBJ Reporting Period	Posted on NHC and used for Staffing Ratings
August 14, 2020	April 1, 2020 - June 30, 2020	October 2020 - December 2020
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 14, 2021	January 1, 2021 – March 31, 2021	July 2021 - September 30 2021

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.