



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

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

The October 2020 Five-Star ratings provided above will be displayed for your nursing home on the Nursing Home Compare (NHC) website on or around October 28, 2020. The health inspection rating is based on health inspections conducted on or before March 3, 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 second calendar quarter of 2020.

Helpline

The Five-Star Helpline will operate Monday - Friday, **October 26, 2020 - October 30, 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 **November 30, 2020 - December 4, 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 NHC website and in the Five-Star Quality 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 (MDS) information. This information provides the underlying data used to calculate the QMs reported on the NHC website and used in the Five-Star Quality Rating System. CMS believes that data from resident assessments conducted prior to January 1, 2020, can still be used to calculate 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, QMs based on the data collection period ending December 31, 2019 will be held constant. QMs 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. The only measure data updating with the October 2020 refresh are the data used for the short-stay measure, "Rate of Successful Return to Home and Community from a SNF".

Skin Integrity Quality Measure

Beginning with the October 2020 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. The new SNF QRP measure will be listed as "Percentage of SNF Residents with Pressure Ulcers/Injuries that are New or Worsened" on the provider preview reports and on the NHC website.

Links for more information about public reporting of the SNF QRP measures as well as the technical specifications for all of the QMs reported on NHC can be found in the Quality of Resident Care Section on the References page of this report. A link to The Five-Star Quality Rating Technical Users' Guide, which details the rating methodology and includes the scoring cut-points for all of the QMs is also on the References page.

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.

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 (i.e. survey) 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 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 after that date will be posted publicly, but not be used to calculate a nursing home's health inspection star ratings.** These targeted surveys (occurring after March 3, 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 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 NHC website.

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 inspections. Please note that the health inspection rating includes data only from surveys that were conducted on or before March 3, 2020. Surveys conducted after that date 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:

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%	14.2%
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					Rating Points	SC	US
	2019Q1	2019Q2	2019Q3	2019Q4	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	NA	NA	69.1%	67.8%
<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%
NEW: Percentage of SNF residents with pressure ulcers/injuries that are new or worsened ¹	NR	NR	NR	NR	NA	NA	4.4%	3.9%

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

	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 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	NA	NR	NA	NA	50.4%	50.1%	50.1% 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	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 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/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 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

PBJ data for **April 1, 2020 to June 30, 2020** (submitted and accepted by the **August 14, 2020** deadline) are being used to calculate the staffing ratings for three months starting with the **October 2020** NHC website update. The data listed below include the reported, expected and adjusted staffing levels for your facility, using the PBJ data for **April 1, 2020 to June 30, 2020** and the average MDS-based resident census for your facility. The expected 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 April 1, 2020 to June 30, 2020 for Provider Number 425386				
	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	1 hour and 32 minutes			
RN hours per resident per day	36 minutes	0.600	0.258	0.897¹
LPN/LVN hours per resident per day	56 minutes	0.941	0.599	1.159
Nurse aide hours per resident per day	2 hours and 41 minutes	2.675	1.844	2.995
Total number of nurse staff (RN, LPN/LVN, and Nurse Aide) hours per resident per day	4 hours and 13 minutes	4.216	2.701	4.976¹
Physical therapist ² hours per resident per day	1 minute			

¹Please 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.

²Physical therapist staffing is not included in the staffing rating calculation.

The average number of residents for your facility (based on the MDS census) is **201.3**.

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 NHC and 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 NHC 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 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-Public-Reporting>

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