



Care Compare Five-Star Ratings of Nursing Homes Provider Rating Report for September 2021

Ratings for Veterans Victory House (425386) Walterboro, 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 September 29, 2021. The health inspection rating incorporates data reported through August 31, 2021. 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 first calendar quarter of 2021.

Helpline

The Five-Star Helpline will operate Monday - Friday **September 27 - October 1, 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 **October 25 - 29, 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

Discharge to Community QM:

CMS discovered an error in measure calculations for the Discharge to Community - Post Acute Care (PAC) Skilled Nursing Facility Quality Reporting Program measure, and are re-releasing the corrected measure data in a refresh scheduled for October 27, 2021. The data are based on Medicare claims data submitted to CMS for the FY2018-2019 reporting period (01/01/2017 - 09/30/2019). Due to this change the point thresholds (cut-points) for this measure will be changed to maintain the same distribution of rating points for this measure, and the new values will be provided in the Five-Star Technical Users' Guide, which will be updated at the time of the October 2021 Care Compare refresh.

Health Inspections

The Five-Star health inspection rating listed on the first page of this report is based on three cycles of survey data and three years of complaint and focused infection control inspections and incorporates data reported through August 31, 2021.

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:

November 19, 2020 July 14, 2021

Health Inspection Rating Cycle 2 Survey Dates:

May 31, 2019

Health Inspection Rating Cycle 3 Survey Dates:

March 2, 2018 December 14, 2018 March 22, 2019

Total weighted health inspection score for your facility: 184.0

State-level Health Inspection Cut Points for South Carolina				
1 Star	2 Stars	3 Stars	4 Stars	5 Stars
>82.67	39.34-82.67	22.01-39.33	10.01-22.00	0.00-10.00

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

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

	Provider 425386					Rating Points	SC	US
	2020Q2	2020Q3	2020Q4	2021Q1	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	4.2%	4.8%	2.2%	3.3%	3.7%	40	3.5%	3.4%
Percentage of high-risk residents with pressure sores	5.6%	6.8%	6.2%	9.5%	7.0%	60	10.0%	8.3%
Percentage of residents with a urinary tract infection	1.4%	1.1%	1.6%	2.2%	1.6%	80	3.4%	2.5%
Percentage of residents with a catheter inserted and left in their bladder ¹	1.9%	0.0%	0.0%	0.0%	0.5%	80	1.5%	1.6%
Percentage of residents whose need for help with daily activities has increased	5.0%	5.7%	6.4%	7.4%	6.1%	150	17.8%	16.7%
Percentage of residents who received an antipsychotic medication	17.5%	17.7%	14.2%	14.8%	16.1%	60	14.4%	14.4%
Percentage of residents whose ability to move independently worsened ¹	24.0%	39.2%	16.5%	29.1%	27.7%	15	30.9%	25.4%

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 Care Compare.

	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 Long-Stay Measures							
<i>Lower rates are better. The time period for data used in reporting is 1/1/2020 through 12/31/2020.</i>							
Number of hospitalizations per 1,000 long-stay resident days ¹	0.81	1.22	1.18	120	1.84	1.775	1.63
Number of emergency department visits per 1,000 long-stay resident days ¹	0.68	2.81	0.32	150	0.79	1.302	0.74

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 Care Compare.

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 Care Compare.

Total Long-Stay Quality Measure Score	755
Long-Stay Quality Measure Star Rating	★★★★★

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

	Provider 425386					SC	US	
	2020Q2	2020Q3	2020Q4	2021Q1	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	68.7%	70.7%
<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	2.0%	1.9%
<i>The time period for data used in reporting is 1/1/2019 through 12/31/2019.</i>								
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 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 10/1/2017 through 9/30/2019.</i>							
Rate of successful return to home and community from a SNF ¹	NA	NR	NA	NA	50.3%	50.1%	50.1% ⁴
<i>Lower percentages are better. The time period for data used in reporting is 1/1/2020 through 12/31/2020.</i>							
Percentage of residents who were re-hospitalized after a nursing home admission ¹	NA	NA	NA	NA	22.3%	22.8%	21.6%
Percentage of residents who had an outpatient emergency department visit ¹	NA	NA	NA	NA	11.1%	9.7%	9.4%

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 Care Compare.

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 Care Compare.

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
	2020Q2	2020Q3	2020Q4	2021Q1	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	98.2%	98.2%	98.2%	98.4%	98.3%	94.8%	96.1%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	100%	100%	100%	100%	100%	93.2%	93.8%
<i>Lower percentages are better.</i>							
Percentage of residents who were physically restrained	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.2%
Percentage of low-risk residents who lose control of their bowels or bladder	51.0%	59.2%	52.1%	54.2%	53.7%	58.0%	47.1%
Percentage of residents who lose too much weight	3.6%	3.4%	4.1%	5.7%	4.1%	9.9%	7.8%
Percentage of residents who have depressive symptoms	14.4%	13.5%	9.1%	7.1%	11.2%	2.7%	7.3%
Percentage of residents who received an antianxiety or hypnotic medication	10.1%	10.0%	8.8%	8.5%	9.4%	20.6%	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	92.9%	90.6%	82.2%	81.1%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	d<20	95.7%	96.6%	96.0%	96.3%	81.6%	81.3%

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

Summary of Reported Staffing for April 1 to June 30, 2021

The data listed below include the reported staffing for your facility and state, and for the US, using the PBJ data for **April 1 to June 30, 2021** (submitted and accepted by the **August 14, 2021** deadline) and the average MDS-based resident census for your facility and state, and for the US. ***These data will be reported on Care Compare for three months, starting with the October 2021 update to the website, and will also be used for determining staffing ratings during that time.***

PBJ Nurse Staffing Information for April 1 to June 30, 2021 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 35 minutes	1.581	1 hour and 45 minutes	1 hour and 38 minutes
RN hours per resident per day	45 minutes	0.750	43 minutes	44 minutes
LPN/LVN hours per resident per day	50 minutes	0.831	1 hour and 3 minutes	54 minutes
Nurse aide hours per resident per day	2 hours and 6 minutes	2.100	2 hours and 16 minutes	2 hours and 15 minutes
Physical therapist ¹ hours per resident per day	2 minutes	0.026	5 minutes	5 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	171.8	171.769	78.5	74.4

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 2021**. 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.

PBJ staffing data report

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 staffing summary on the next page for **April 1 to June 30, 2021**. 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 Director of Nursing (5), RN with administrative duties (6), and RN (7).

PBJ nurse and physical therapist staffing summary for April 1 to June 30, 2021

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.

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	471	59
<i>RN with administrative duties</i>	6	5,715	90
<i>RN</i>	7	5,537	91
Total RN	5-7	11,723	91
<i>LPN/LVN with administrative duties</i>	8	523	62
<i>LPN/LVN</i>	9	12,461	91
Total LPN/LVN	8-9	12,984	91
<i>Certified Nurse Aide</i>	10	29,218	91
<i>Nurse Aide in Training</i>	11	3,602	91
<i>Medication Aide/Technician</i>	12	0	0
Total Aide	10-12	32,820	91
Total Nurse Staffing	5-12	57,527	91
Physical Therapist Staffing	21	400	56

MDS Census Calendars for April 1 to June 30, 2021

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 2021						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 161	2 162	3 161
4 160	5 162	6 162	7 162	8 162	9 164	10 164
11 163	12 162	13 161	14 161	15 164	16 164	17 164
18 164	19 163	20 165	21 165	22 164	23 164	24 164
25 164	26 165	27 168	28 167	29 167	30 166	

Daily MDS Census for May 2021						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1 165
2 165	3 166	4 167	5 167	6 167	7 168	8 168
9 168	10 169	11 169	12 169	13 170	14 171	15 172
16 172	17 174	18 174	19 175	20 175	21 175	22 174
23 174	24 173	25 175	26 176	27 177	28 177	29 176
30 176	31 175					

Daily MDS Census for June 2021						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 176	2 177	3 178	4 178	5 177
6 176	7 177	8 179	9 180	10 181	11 181	12 180
13 180	14 182	15 181	16 180	17 180	18 179	19 178
20 180	21 182	22 182	23 182	24 182	25 183	26 183
27 183	28 183	29 183	30 184			

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/CertificationandCompliance/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
August 14, 2021	April 1, 2021 - June 30, 2021	October 2021 - December 2021
November 14, 2021	July 1, 2021 - September 30, 2021	January 2022 - March 2022
February 14, 2022	October 1, 2021 - December 31, 2021	April 2022 - June 2022
May 15, 2022	January 1, 2022 - March 31, 2022	July 2022 - September 2022

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.