



## Nursing Home Compare Five-Star Ratings of Nursing Homes

### Provider Rating Report Incorporating data reported through 05/31/2018

Ratings for <b>Martha And Mary Health Service (505474)</b> <b>Poulsbo, Washington</b>				
Overall Quality	Health Inspection	Quality Measures	Staffing	RN Staffing
★★★★	★★★★	★★★★★	★	★

The **June 2018** Five-Star ratings provided above will be displayed for your nursing home on the Nursing Home Compare (NHC) website on **June 27, 2018**. The Quality Measure (QM) Rating that will be posted is based on MDS 3.0 quality measures using data from the **first, second, third and fourth quarters of 2017**, and claims-based quality measures using data from **7/1/2015 through 06/30/2016**. The Staffing and RN Staffing Ratings are based on Payroll-based journal staffing data reported for the **fourth calendar quarter of 2017**.

The Five-Star Helpline will operate Monday - Friday, **June 25, 2018 - June 29, 2018**. 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 **July 23 - July 27, 2018**. During other times, direct inquiries to [BetterCare@cms.hhs.gov](mailto:BetterCare@cms.hhs.gov), as Helpline staff help respond to e-mail inquiries when the telephone Helpline is not operational.

#### Important Information about the Staffing Rating Calculation

From April - June 2018, the PBJ staffing data for **October 1, 2017 to December 31, 2017** (submitted by the **February 14, 2018** deadline) are being utilized to calculate the Five-Star overall staffing rating shown above. 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. Please see the link to the Technical Users' Guide located later in this report.

If your facility did not submit PBJ data by the **February 14, 2018** deadline, then both the overall staffing and RN staffing ratings have been set to one star until the next quarterly update, pending on-time and accurate PBJ data submission by **May 15, 2018**. The PBJ data for **January 1, 2018 to March 31, 2018** (submitted and accepted by the **May 15, 2018** deadline) will be used to calculate the staffing ratings for **July 2018** through **September 2018**.

A gray icon will appear on the Nursing Home Compare website for facilities that submitted staffing data with seven or more days with no RN staffing data (on days there were residents in the facility) for the period of **October 1, 2017 to December 31, 2017**.

## Important Information about the Health Inspection Rating

As of February 2018, the Five-Star health inspection rating listed above is based on two cycles of survey data. Cycle 1 (weighted 60%) includes the most recent standard survey that occurred before November 28, 2017 and complaint surveys from November 28, 2016 through November 27, 2017. Cycle 2 (weighted 40%) includes the previous standard survey and complaint surveys from November 28, 2015 through November 27, 2016. Surveys that occurred on or after November 28, 2017 (under the new survey process) will be published on NHC, but will not be incorporated into the calculation of the Five-Star ratings for 12 months. Facilities with only one standard survey prior to November 28, 2017 will not receive a rating on the Nursing Home Compare website. For more detailed information on the health inspection rating calculation, please visit the updated Five-Star Quality Rating Technical Users' Guide located at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/downloads/usersguide.pdf>

For more information about the changes to Nursing Home Compare and Phase 2 of the Requirements for Participation please see S&C memorandum 18-04-NH available at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html>

## 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>

*Health Inspection Rating Cycle 1 Survey Dates:*

August 31, 2017

*Health Inspection Rating Cycle 2 Survey Dates:*

February 10, 2016

July 28, 2016

September 13, 2016

*Total weighted health inspection score for your facility (based on 2 cycles of data): 57.6*

State-level Health Inspection Cut Points for Washington				
1 Star	2 Stars	3 Stars	4 Stars	5 Stars
>182.00	92.81-182.00	60.01-92.80	28.01-60.00	0.00-28.00

Please note, the state level cut points may vary, but the total weighted health inspection score for your facility is only compared to the cut points if there is a change. For most facilities, the last change occurred in February 2018 when the health inspection rating methodology began using only two cycles of survey data.

## Reported Staffing for January 1, 2018 to March 31, 2018

The data listed below include the reported staffing for your facility, state and for the US, utilizing the PBJ data for **January 1, 2018 to March 31, 2018** (submitted by the **May 15, 2018** 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 July update to the website, and will also be used for determining staffing ratings during that time.***

PBJ Nurse Staffing Information for January 1, 2018 to March 31, 2018 for Provider Number 505474				
	Provider 505474	Provider 505474 (Decimal)	Washington average	US average
Average number of residents	163.9	163.8778	75.3	86.5
Total number of licensed nurse staff hours per resident per day	1 hour and 46 minutes	1.77185	1 hour and 45 minutes	1 hour and 33 minutes
RN hours per resident per day	1 hour and 13 minutes	1.21429	1 hour and 1 minute	40 minutes
LPN/LVN hours per resident per day	33 minutes	0.55756	44 minutes	53 minutes
Nurse aide hours per resident per day	2 hours and 18 minutes	2.30810	2 hours and 31 minutes	2 hours and 18 minutes
Physical therapist <sup>1</sup> hours per resident per day	4 minutes	0.06707	8 minutes	7 minutes

<sup>1</sup>Physical therapist staffing is not included in the staffing rating calculation.

Some providers may see 'Not Available' for the reported hours per resident per day in the table above and a staffing rating will not be calculated for these facilities. There are six reasons this could occur:

1. No MDS census data were available for the facility
2. No on-time PBJ nurse staffing data were submitted for the facility. As a result, the staffing ratings will be set to one star (unless the facility is listed as 'Too New to Rate')
3. The facility had 5 or more days with no nurse (RN, LPN, or nurse aide staffing hours (on days when there were residents in the facility)
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)

Please see the Quality, Safety and Oversight memorandum, QSO-18-17-NH, at the following link for more information about the use of the PBJ staffing data in the Five Star Rating System:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions-Items/QSO18-17-NH.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending>

For more detailed information about the staffing rating calculation, please see the Five-Star Quality Rating Technical Users' Guide available at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/downloads/usersguide.pdf>

Information about staffing data submission is available on the CMS website. Go to:  
<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](mailto:help@qtso.com).

Public use files (PUF) with nurse staffing data submitted through the PBJ system are now available. These quarterly data files have daily staff hours for each of the nursing job categories as well as the daily resident census derived from the MDS. The files and detailed documentation about their contents and structure are available for viewing and downloading from [data.cms.gov](https://data.cms.gov). New files will be added quarterly, in January, April, July and October, and will soon include non-nursing staff as well. More information on the PUF can be found in a CMS survey and certification memo at the following link:  
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-45.pdf>

### Your facility's PBJ staffing data report for January 1, 2018 to March 31, 2018

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 **January 1, 2018 to March 31, 2018**. 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 staff hours were reported (indicators 1 and 2), we have included a list of those dates in listings 1 and 2. These listings are all found at the end of this report.

Indicator	Description	Number
1	Number of days in quarter (out of 90) on which your facility reported no nursing hours (i.e. no aide <sup>1</sup> , LPN, or RN) but on which there were residents in the facility	0
2	Number of days in quarter (out of 90) on which your facility reported no Registered Nurse (RN) <sup>2</sup> hours but on which there were residents in the facility	0

<sup>1</sup>Includes the following job codes: Certified nurse aide (job code 10) and medication aide/technician (job code 12). Aides in training are not included.

<sup>2</sup>Includes the following job codes: RN DON (5), RN with administrative duties (6), and RN (7).

Beginning in July 2018, facilities that report seven or more days without RN staffing (on days when there were residents in the facility) for the period of **January 1, 2018 to March 31, 2018** will receive a one star overall staffing rating and a one star RN staffing rating, regardless of the staffing hours submitted for the quarter. Please see the Quality, Safety and Oversight memorandum, QSO-18-17-NH, for more information at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/QSO18-17-NH.pdf>

### Your facility's PBJ nurse staffing summary for January 1, 2018 to March 31, 2018

The following table summarizes the nurse 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.

<b>Nurse Staffing Category</b>	<b>Job Code(s)</b>	<b>Total number of hours that your facility reported for the quarter</b>	<b>Number of days in the quarter on which your facility reported ANY hours</b>
<i>RN Director of Nursing</i>	5	480	60
<i>RN with administrative duties</i>	6	3,647	87
<i>RN</i>	7	13,782	90
<b>Total RN</b>	<b>5-7</b>	<b>17,910</b>	<b>90</b>
<i>LPN/LVN with administrative duties</i>	8	2,441	79
<i>LPN/LVN</i>	9	5,782	90
<b>Total LPN/LVN</b>	<b>8-9</b>	<b>8,224</b>	<b>90</b>
<i>Certified Nurse Aide</i>	10	28,678	90
<i>Nurse Aide in Training</i>	11	4,843	90
<i>Medication Aide/Technician</i>	12	521	55
<b>Total Aide</b>	<b>10-12</b>	<b>34,042</b>	<b>90</b>
<b>Total Nurse Staffing</b>	<b>5-12</b>	<b>60,175</b>	<b>90</b>
<b>Physical Therapist Staffing</b>	<b>21</b>	<b>857</b>	<b>78</b>

### MDS-Based Resident Census

CMS is using the MDS-based census for the calculation of nurse staffing ratios (hours per resident per day). The calendars below report the MDS-based daily census for your facility for **January 1, 2018 to March 31, 2018**.

Daily MDS Census for January 2018						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 162	2 161	3 161	4 162	5 163	6 163
7 162	8 163	9 164	10 165	11 166	12 167	13 167
14 166	15 165	16 165	17 166	18 168	19 167	20 167
21 167	22 168	23 167	24 168	25 166	26 166	27 164
28 163	29 162	30 163	31 162			

Daily MDS Census for February 2018						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 161	2 163	3 165
4 164	5 166	6 164	7 162	8 163	9 163	10 163
11 164	12 165	13 162	14 162	15 161	16 160	17 158
18 159	19 158	20 161	21 162	22 161	23 162	24 162
25 160	26 162	27 162	28 161			

Daily MDS Census for March 2018						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 163	2 165	3 162
4 164	5 166	6 167	7 167	8 168	9 167	10 166
11 167	12 168	13 166	14 164	15 164	16 164	17 164
18 163	19 163	20 165	21 164	22 165	23 165	24 163
25 163	26 162	27 163	28 164	29 165	30 165	31 165

### Quality Measures that are Included in the QM Rating

	Provider 505474						State	National
	2017Q1	2017Q2	2017Q3	2017Q4	4Q avg	Rating Points <sup>1</sup>	4Q avg	4Q avg
<b>MDS 3.0 Long-Stay Measures</b>								
<i>Lower percentages are better.</i>								
Percentage of residents experiencing one or more falls with major injury	2.3%	4.3%	7.3%	4.2%	4.6%	40.00	2.8%	3.4%
Percentage of residents who self-report moderate to severe pain <sup>2</sup>	5.5%	4.8%	3.8%	6.3%	5.1%	60.00	7.6%	5.6%
Percentage of high-risk residents with pressure ulcers	2.5%	0.8%	0.8%	0.8%	1.2%	100.00	4.7%	5.6%
Percentage of residents with a urinary tract infection	1.6%	2.2%	1.5%	2.1%	1.8%	100.00	3.2%	3.4%
Percentage of residents with a catheter inserted and left in their bladder <sup>2</sup>	0.0%	0.0%	0.0%	0.0%	0.0%	100.00	2.0%	1.8%
Percentage of residents who were physically restrained	0.8%	0.7%	1.5%	1.4%	1.1%	60.00	0.7%	0.4%
Percentage of residents whose need for help with daily activities has increased	17.4%	11.7%	10.2%	11.5%	12.6%	80.00	13.8%	15.0%
Percentage of residents who received an antipsychotic medication	20.0%	17.6%	16.3%	16.2%	17.5%	40.00	15.4%	15.5%
Percentage of residents whose ability to move independently worsened <sup>2,3</sup>	18.9%	12.5%	14.4%	27.9%	18.8%	60.00	18.1%	18.3%
<b>MDS 3.0 Short-Stay Measures</b>								
<i>Higher percentages are better.</i>								
Percentage of residents who made improvements in function <sup>2,3</sup>	82.8%	84.8%	80.1%	66.3%	78.2%	80.00	71.2%	67.6%
<i>Lower percentages are better.</i>								
Percentage of residents who self-report moderate to severe pain	15.3%	17.5%	10.2%	3.8%	11.3%	80.00	15.2%	13.1%
Percentage of residents with pressure ulcers that are new or worsened <sup>2</sup>	0.4%	0.4%	0.4%	0.4%	0.4%	75.00	0.7%	0.8%
Percentage of residents who newly received an antipsychotic medication	1.4%	1.4%	0.7%	1.4%	1.2%	60.00	1.4%	2.0%

Time period for data used in reporting is 7/1/2015 through 06/30/2016	Provider 505474				State	National
	Observed Rate <sup>4</sup>	Expected Rate <sup>5</sup>	Risk-Adjusted Rate <sup>6</sup>	Rating Points <sup>1</sup>	Risk-Adjusted Rate	Risk-Adjusted Rate
<b>Claims-Based Measures</b>						
<i>A higher percentage is better.</i>						
Percentage of residents who were successfully discharged to the community <sup>2,3</sup>	71.8%	61.6%	69.3%	100.00	61.8%	56.1%
<i>Lower percentages are better.</i>						
Percentage of residents who were re-hospitalized after a nursing home admission <sup>2,3</sup>	12.7%	22.0%	12.4%	100.00	16.8%	21.1%
Percentage of residents who had an outpatient emergency department visit <sup>2,3</sup>	12.7%	11.1%	13.0%	40.00	11.5%	11.9%

### Total Quality Measure Points

Total QM points with new quality measures fully weighted for Provider 505474	1175.00
--	---------

### MDS3.0 Quality Measures that are Not Included in the QM Rating

	Provider 505474					State	National
	2017Q1	2017Q2	2017Q3	2017Q4	4Q avg	4Q avg	4Q avg
<i>Note: For the following long-stay MDS measures, higher percentages are better.</i>							
Percentage of long-stay residents assessed and appropriately given the seasonal influenza vaccine	97.2%	97.2%	97.2%	97.2%	97.2%	95.4%	95.1%
Percentage of long-stay residents assessed and appropriately given the pneumococcal vaccine	100%	95.7%	98.5%	88.2%	95.4%	93.8%	94.1%
<i>Note: for the following long-stay MDS measures, lower percentages are better.</i>							
Percentage of low-risk long-stay residents who lose control of their bowels or bladder	87.8%	80.5%	71.6%	74.4%	78.5%	51.1%	47.9%
Percentage of long-stay residents who lose too much weight	13.3%	9.4%	5.1%	3.6%	7.8%	6.7%	7.1%
Percentage of long-stay residents who have depressive symptoms	15.0%	25.2%	24.4%	22.3%	21.8%	10.0%	4.8%
Percentage of long-stay residents who received an antianxiety or hypnotic medication	33.6%	28.5%	28.9%	27.3%	29.5%	15.3%	22.4%
<i>Note: For the following short-stay MDS measures, higher percentages are better.</i>							
Percentage of short-stay residents assessed and appropriately given the seasonal influenza vaccine	79.4%	79.4%	79.4%	79.4%	79.4%	85.1%	81.5%
Percentage of short-stay residents assessed and appropriately given the pneumococcal vaccine	78.9%	74.5%	78.7%	81.9%	78.5%	84.8%	83.3%

The claims-based QMs will typically update every six months, while the MDS based QMs continue to update on a quarterly basis.

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. When d<20 is listed for individual quarters, a four quarter average may be displayed if there are at least 20 eligible resident assessments summed across the four quarters.

Quality measures are reported as NA if:

- for measures not included in the QM rating, no data are available, or the total number of eligible resident assessments summed across the four quarters is less than 20;
- for measures included in the QM rating, data on this measure for your facility are not used in the calculation of your QM rating. This will happen if your facility does not have enough short-stay or long-stay measures upon which to base your rating and may occur even though your facility's data for this measure may be reported on Nursing Home Compare.

<sup>1</sup>If the four quarter average for your facility is NA for a given QM, but rating points are provided for the QM, then there were insufficient data to compute a four-quarter average, and the points provided are based on the average points from other measures for which data are available according to the scoring rules described in detail in the Technical Users' Guide. Go to: <http://www.cms.gov/Medicare/Provider-Enrollment-and-certification/CertificationandCompliance/FSQRS.html>

<sup>2</sup>These measures are risk adjusted.

<sup>3</sup>This is one of the new QMs, first reported on Nursing Home Compare in April 2016. As of January 2017 the new QMs that are included in the QM rating contribute the same number of points (20-100 points for each individual QM) as the other QMs included in the QM rating.

<sup>4</sup>The observed rate is the actual rate observed for the facility without any risk-adjustment.

<sup>5</sup>The expected rate is the rate that would be expected for the facility given the risk-adjustment profile of the facility.

<sup>6</sup>Risk-adjusted rate is adjusted for the expected rate of the outcome and is calculated as (observed rate for facility / expected rate for facility) \* national average of observed rate. Only the risk-adjusted rate will appear on Nursing Home Compare.

<sup>7</sup>This measure includes some imputed data because there are fewer than 20 resident assessments or stays across the four quarters. This value is used in calculating the QM points and used in the QM rating calculation but will not be displayed on Nursing Home Compare.

**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.