



Nursing Home Compare Five-Star Ratings of Nursing Homes

Provider Rating Report Incorporating data reported through 09/30/2018

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

The **October 2018** Five-Star ratings provided above will be displayed for your nursing home on the Nursing Home Compare (NHC) website **by October 31, 2018**. The Quality Measure (QM) Rating that will be posted is based on MDS 3.0 quality measures using data from the **third and fourth quarters of 2017 and first and second quarters of 2018**, re-hospitalization and emergency department claims-based quality measures using data from **10/1/2016 through 9/30/2017** and the community discharge claims-based quality measure using data from **7/1/2016 through 6/30/2017**. The Staffing and RN Staffing Ratings are based on Payroll-based journal staffing data reported for the **second calendar quarter of 2018**.

Helpline

The Five-Star Helpline will operate **for two weeks** Monday - Friday, **October 22, 2018 - November 2, 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 for 2 weeks, **November 26 - November 30, 2018**. 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.

Useful Links

To make this report easier to use, we are consolidating most of the links for more detailed information on a single page at the end of this report.

Important News

Beginning this month, the PBJ staffing data for **April 1, 2018 to June 30, 2018** (submitted and accepted by the **August 14, 2018** deadline) are being utilized to calculate the Five-Star staffing rating shown above. The next PBJ submission deadline is **November 15, 2018**. The data for **October 1, 2018 to December 31, 2018** (submitted and accepted by the **November 2018** deadline) will be used to calculate the staffing ratings for **January through March 2019**.

Reported Staff Data

PBJ data for **April 1, 2018 to June 30, 2018** (submitted and accepted by the **August 14, 2018** deadline) have been used to calculate the staffing ratings for three months starting with the **October 2018** website update. The data listed below include the reported, expected and adjusted staffing levels for your facility, using the PBJ data for **April 1, 2018 to June 30, 2018** 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. Please see the link to the Technical Users' Guide located later in this report.

PBJ Nurse Staffing Information for April 1, 2018 to June 30, 2018 for Provider Number 505474				
	Reported Hours per Resident per Day (HRD)	Reported Hours per Resident per Day (HRD) (Decimal)	Expected HRD	Case-Mix Adjusted HRD
Total number of licensed nurse staff hours per resident per day	1 hour and 39 minutes			
RN hours per resident per day	1 hour and 4 minutes	1.07111	0.34254	1.17276¹
LPN/LVN hours per resident per day	34 minutes	0.57166	0.80065	0.53653
Nurse aide hours per resident per day	2 hours and 16 minutes	2.27369	2.35162	2.01728
Total number of nurse staff (RN, LPN/LVN, and Nurse Aide) hours per resident per	3 hours and 55 minutes	3.91647	3.49481	3.60056¹
Physical therapist ² hours per resident per day	4 minutes			

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 **166.7**.

Availability of Data for the Staffing Rating

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)

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 seven or more days in the quarter with no RN staffing (job codes 5-7) but on which 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.

Staffing Data Public Use Files

Public use files (PUF) with staffing data submitted through the PBJ system are now available. There are two PBJ PUFs, one for nursing staff (RNs, LPN/LVNs and nurse aides) and one for all other categories of non-nursing staff for which PBJ data submission is mandatory. These quarterly data files have daily staff hours for each of the PBJ job categories (displayed separately for employees and contract staff) 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. New files will be added quarterly in January, April, July and October on or around the date of the monthly Nursing Home Compare update.

Health Inspections

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 until early 2019. Facilities with only one standard survey prior to November 28, 2017 will not receive a rating on the Nursing Home Compare website.

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
>182.40	92.81-182.40	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.

Quality of Resident Care

Updates to the Quality of Resident Care Section of Nursing Home Compare

Long-Stay Hospitalization Measure

In October 2018, CMS will begin reporting a long-stay hospitalization measure on the *Nursing Home Compare* website -- the number of hospitalizations per 1,000 long-stay resident days. The long-stay hospitalization measure is calculated using nursing home stays between home episode length is more than 100 days. CMS expects to begin using this measure in the Five-Star Quality Rating System in 2019.

SNF Quality Reporting Program

In October 2018 six SNF Quality Reporting Program (QRP) measures will be added to the Quality of Resident Care section of the *Nursing Home Compare* website. The SNF QRP measures will be displayed on the website but are not currently being used to calculate the Five-Star QM rating. For more information about the SNF QRP measures please see the Quality of Resident Care section at the end of this report.

Claims-Based Measures Used in the Five Star QM Rating

The claims-based quality measures (QMs) were last updated in **July 2018** and will be updated again in **November 2018**. It is not typical for the claims-based QMs to be updated in November, so a given facility may see an unexpected change in the QM star rating and potentially a change in the overall star rating based on this update. Going forward, CMS plans to update the claims-based QMs quarterly (in January, April, July, and October) to correspond with the MDS-based QM updates.

The short-stay hospitalization and emergency department claims-based QMs are currently calculated using nursing home stays between **10/1/2016 through 9/30/2017**, and the successful community discharge measure is calculated for episodes that started between **7/1/2016 through 6/30/2017**. (Note that the successful community discharge measure is more lagged because it has a 130 day observation period vs. 30 days for the re-hospitalization and emergency department visit measures).

Quality Measures that are Included in the QM Rating

	Provider 505474						State	National
	2017Q3	2017Q4	2018Q1	2018Q2	4Q avg	Rating Points ¹	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	7.3%	4.2%	4.9%	2.8%	4.8%	40.00	3.0%	3.4%
Percentage of residents who self-report moderate to severe pain ²	3.8%	6.3%	3.0%	4.4%	4.4%	80.00	7.6%	5.8%
Percentage of high-risk residents with pressure sores	1.5%	2.1%	1.4%	0.0%	1.2%	100.00	2.9%	3.0%
Percentage of high-risk residents with a urinary tract infection	0.0%	0.0%	0.0%	0.6%	0.2%	100.00	2.1%	1.8%
Percentage of residents with a catheter inserted and left in their bladder ²	1.5%	1.4%	0.7%	1.4%	1.2%	60.00	0.7%	0.3%
Percentage of residents who were physically restrained.	10.2%	11.5%	12.3%	6.8%	10.2%	80.00	14.1%	14.9%
Percentage of residents whose need for help with daily activities has increased	16.3%	16.2%	17.9%	18.4%	17.2%	60.00	15.1%	15.0%
Percentage of residents who received an antipsychotic medication	14.4%	27.9%	27.6%	16.4%	21.6%	40.00	18.4%	18.2%
Percentage of residents whose ability to move independently worsened ²								
MDS Short-Stay Measures								
<i>Higher percentages are better.</i>	80.1%	66.3%	67.3%	69.9%	70.8%	60.00	70.4%	67.8%
Percentage of residents who made improvements in function ²								
<i>Lower percentages are better.</i>	10.2%	3.8%	4.5%	2.0%	4.5%	100.00	14.5%	12.5%
Percentage of residents who self-report moderate to severe pain	0.4%	0.4%	0.5%	0.4%	0.4%	75.00	0.9%	0.8%
Percentage of residents with pressure ulcers that are new or worsened ²	0.7%	1.4%	1.5%	1.5%	1.3%	60.00	1.6%	1.9%
Percentage of residents who newly received an antipsychotic medication								

	Provider 505474				State	National
	Observed Rate ³	Expected Rate ³	Risk-Adjusted Rate ³	Rating Points ¹	Risk-Adjusted Rate	Risk-Adjusted Rate
Claims-Based Measures (Short-stay)						
<i>A higher percentage is better. The time period used in reporting is 7/1/2016 through 6/30/2017.</i>						
Percentage of residents who were successfully discharged to the community ²	65.6%	59.4%	64.7%	80.00	59.4%	55.3%
<i>Lower percentages are better. The time period used in reporting is 10/1/2016 through 9/30/2017.</i>						
Percentage of residents who were re-hospitalized after a nursing home admission ²	16.0%	20.1%	18.2%	80.00	19.1%	22.4%
Percentage of residents who had an outpatient emergency department visit ²	14.9%	10.9%	16.1%	20.00	12.3%	12.3%

Total Quality Measure Points

Total QM points with new quality measures fully weighted for Provider 505474	1135.00
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MDS3.0 Quality Measures that are Not Included in the QM Rating

	Provider 505474					State	National
	2017Q3	2017Q4	2018Q1	2018Q2	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	97.2%	97.2%	98.7%	98.7%	98.0%	95.4%	95.2%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	98.5%	88.2%	82.4%	87.5%	89.1%	92.6%	93.9%
<i>Lower percentages are better.</i>							
Percentage of long-stay residents who lose control of their bowels or bladder	71.6%	74.4%	74.3%	77.6%	74.5%	52.1%	48.2%
Percentage of residents who lose too much weight	5.1%	3.6%	4.4%	2.1%	3.8%	6.3%	7.0%
Percentage of residents who have depressive symptoms	24.4%	22.3%	23.9%	19.6%	22.5%	9.4%	4.6%
Percentage of residents who received an antianxiety or hypnotic medication	28.9%	27.3%	27.5%	27.6%	27.8%	14.7%	21.6%
MDS Short-Stay Measures							
<i>Higher percentages are better.</i>							
Percentage of residents assessed and appropriately given the seasonal influenza vaccine	79.4%	79.4%	88.5%	88.5%	83.6%	84.4%	81.8%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	78.7%	81.9%	81.3%	79.7%	80.4%	83.6%	83.3%

	Provider 505474			State	National
	Observed Rate ³	Expected Rate ³	Risk-Adjusted Rate ³	Risk-Adjusted Rate	Risk-Adjusted Rate
Time period for data used in reporting is 10/1/2016 through 9/30/2017					
Claims-Based Measures (Long-Stay)					
<i>Lower numbers are better. The time period used in reporting is 10/1/2016 through 9/30/2017.</i>					
Number of hospitalizations per 1,000 long-stay resident days	NA	NA	NA	1.17	1.69

¹If 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.

²These measures are risk adjusted.

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) * national average of observed rate. Only the risk-adjusted rate will appear on Nursing Home Compare.

⁴This 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.

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 including 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.

For measures included in the QM rating, "NA" will be reported if 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 through your facility's data for this measure is reported on Nursing Home Compare.

Useful Links

Technical Details on Nursing Home Compare and the Five-Star Rating System

The Five-Star Quality Rating System Technical Users's 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>

Staffing

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/Policy-and-Memos-to-States-and-Regions-Items/QSO18-17-NH.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending>

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

Additional information, including the technical specifications for the SNF QRP 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-Measures-and-Technical-Information.html>

For questions about the SNF QRP measures please contact:

SNFQualityQuestions@cms.hhs.gov

Detailed specifications, including risk-adjustment, for the claims-based quality measures are in the "Nursing Home Compare Claims-Based Measures Technical Specifications" document at:

<http://www.cms.gov/Medicare/Provider-Enrollment-and-certification/CertificationandCompliance/FSQRS.html>