



Nursing Home Compare Five-Star Ratings of Nursing Homes

Provider Rating Report Incorporating data reported through 11/30/2018

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

The **December 2018** Five-Star ratings provided above will be displayed for your nursing home on the Nursing Home Compare (NHC) website **December 19, 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 **1/1/2017 through 12/31/2017** and the community discharge claims-based quality measure using data from **10/1/2016 through 9/30/2017**. 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 Monday - Friday, **December 17 - December 21, 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 **January 21 - January 25, 2019**. 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 released a memo on November 30, 2018 that addressed the following new items:

1. State survey agencies will begin to receive a list of facilities with potential staffing issues (based on the PBJ data) including facilities with low weekend staffing or facilities with reported days with no RN hours.
2. The PBJ Policy Manual and Frequently Asked Questions (FAQs) have been revised to include expanded guidance related to billing time for meal breaks and Universal Care Workers.
3. Two new MDS-based census reports are available in the CASPER system: one provides a count of the daily MDS-based resident census, and one lists the residents included in the daily MDS-census.

For additional information about these topics, please visit the memorandum ref: QSO 19-02-NH at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO19-02-NH.pdf>

PBJ Deadlines

The table below shows the PBJ data submissions deadlines for 2019 along with the months when data submitted for each deadline will be reported on Nursing Home Compare (NHC) and used in the calculation of the staffing ratings.

Submission Deadline	PBJ Reporting Period	Posted on NHC and used for Staffing Ratings
February 14, 2019	October 1, 2018 - December 31, 2018	April 2019 - June 2019
May 15, 2019	January 1, 2019 - March 31, 2019	July 2019 - September 2019
August 14, 2019	April 1, 2019 - June 30, 2019	October 2019 - December 2019
November 14, 2019	July 1, 2019 - September 30, 2019	January 2020 - March 2020

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	92.01-182.40	60.01-92.00	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 began reporting a long-stay hospitalization measure (the number of hospitalizations per 1,000 long-stay resident days) on the *Nursing Home Compare* website. The long-stay hospitalization measure is calculated using nursing home stays for which the 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 were added to the Quality of Resident Care section of the *Nursing Home Compare* website. The SNF QRP measures are being 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.

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	0.8%	0.8%	3.1%	4.7%	2.4%	100.00	4.7%	5.6%
Percentage of residents with a urinary tract infection	1.5%	2.1%	1.4%	0.0%	1.2%	100.00	2.9%	3.0%
Percentage of residents with a catheter inserted and left in their bladder ²	0.0%	0.0%	0.0%	0.6%	0.2%	100.00	2.1%	1.8%
Percentage of residents who were physically restrained	1.5%	1.4%	0.7%	1.4%	1.2%	60.00	0.7%	0.3%
Percentage of residents whose need for help with daily activities has increased	10.2%	11.5%	12.3%	6.8%	10.2%	80.00	14.1%	14.9%
Percentage of residents who received an antipsychotic medication	16.3%	16.2%	17.9%	18.4%	17.2%	60.00	14.9%	15.0%
Percentage of residents whose ability to move independently worsened ²	14.4%	27.9%	27.6%	16.4%	21.6%	40.00	18.3%	18.2%
MDS Short-Stay Measures								
<i>Higher percentages are better.</i>								
Percentage of residents who made improvements in function ²	80.1%	66.3%	67.3%	69.9%	70.8%	60.00	70.4%	67.8%
<i>Lower percentages are better.</i>								
Percentage of residents who self-report moderate to severe pain	10.2%	3.8%	4.5%	2.0%	4.5%	100.00	14.5%	12.6%
Percentage of residents with pressure ulcers that are new or worsened ²	0.4%	0.4%	0.5%	0.4%	0.4%	75.00	0.9%	0.8%
Percentage of residents who newly received an antipsychotic medication	0.7%	1.4%	1.5%	1.5%	1.3%	60.00	1.6%	1.9%

	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>Higher percentages are better. The time period for data used in reporting is 10/1/2016 through 9/30/2017.</i>						
Percentage of residents who were successfully discharged to the community ²	67.5%	64.1%	61.6%	80.00	57.6%	52.8%
<i>Lower percentages are better. The time period for data used in reporting is 1/1/2017 through 12/31/2017.</i>						
Percentage of residents who were re-hospitalized after a nursing home admission ²	13.4%	19.5%	15.4%	80.00	18.5%	22.0%
Percentage of residents who had an outpatient emergency department visit ²	14.4%	10.8%	15.9%	20.00	12.3%	12.4%

Total Quality Measure Points

Total QM points 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
<i>Note: For the following long-stay MDS measures, 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%	95.3%	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>Note: for the following long-stay MDS measures, lower percentages are better.</i>							
Percentage of low-risk residents who lose control of their bowels or bladder	71.6%	74.4%	74.3%	77.6%	74.5%	52.0%	48.2%
Percentage of long-stay residents who lose too much weight	5.1%	3.6%	4.4%	2.1%	3.8%	6.3%	7.0%
Percentage of long-stay residents who have depressive symptoms	24.4%	22.3%	23.9%	19.6%	22.5%	9.4%	4.6%
Percentage of long-stay residents who received an antianxiety or hypnotic medication	28.9%	27.3%	27.5%	27.6%	27.8%	14.6%	21.6%
<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%	88.5%	88.5%	83.6%	84.5%	81.8%
Percentage of short-stay residents assessed and appropriately given the pneumococcal vaccine	78.7%	81.9%	81.3%	79.7%	80.4%	83.7%	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 1/1/2017 through 12/31/2017					
Claims-Based Measures					
<i>Lower numbers are better.</i>					
Number of hospitalizations per 1,000 long-stay resident days	0.55	2.44	0.39	1.19	1.70

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.

Staffing Information

Summary of Reported Staffing for July 1, 2018 to September 30, 2018

The data listed below include the reported staffing for our facility, state and for the US, utilizing the PBJ data for **July 1, 2018 to September 30, 2018** (submitted by the **November 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 January 2019 update to the website, and will also be used for determining staffing ratings during that time.***

PBJ Nurse Staffing Information for July 1, 2018 to September 30, 2018 for Provider Number 505474				
	Provider 505474	Provider 505474 (Decimal)	Washington average	US average
Total number of licensed nurse staff hours per resident per day	1 hour and 40 minutes	1.65943	1 hour and 46 minutes	1 hour and 33 minutes
RN hours per resident per day	1 hour and 7 minutes	1.11616	1 hour and 1 minute	40 minutes
LPN/LVN hours per resident per day	33 minutes	0.54327	45 minutes	53 minutes
Nurse aide hours per resident per day	2 hours and 19 minutes	2.31482	2 hours and 37 minutes	2 hours and 20 minutes
Physical therapist ¹ hours per resident per day	4 minutes	0.06377	8 minutes	7 minutes

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

Resident Census	Provider 505474	Provider 505474 (Decimal)	Washington average	US average
Average number of residents	166.9	166.8696	74.9	85.9

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 January through March 2019. There are several 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)
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. As a result, the staffing ratings will be set to one star.

Your facility's PBJ staffing data report for July 1, 2018 to September 30, 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 **July 1, 2018 to September 30, 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, located at the end of this report.

Indicator	Description	Number
1	Number of days in quarter (out of 92) 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 92) 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 July 1, 2018 to September 30, 2018

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	504	63
<i>RN with administrative duties</i>	6	3,068	87
<i>RN</i>	7	13,564	92
Total RN	5-7	17,135	92
<i>LPN/LVN with administrative duties</i>	8	2,983	84
<i>LPN/LVN</i>	9	5,357	92
Total LPN/LVN	8-9	8,340	92
<i>Certified Nurse Aide</i>	10	30,351	92
<i>Nurse Aide in Training</i>	11	4,759	92
<i>Medication Aide/Technician</i>	12	427	36
Total Aide	10-12	35,537	92
Total Nurse Staffing	5-12	61,013	92
Physical Therapist Staffing	21	863	81

MDS Census Calendars for July 1, 2018 to September 30, 2018

On the page below 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 July 2018						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 169	2 170	3 167	4 167	5 164	6 163	7 162
8 162	9 162	10 161	11 163	12 162	13 163	14 164
15 163	16 164	17 164	18 162	19 161	20 160	21 159
22 158	23 159	24 157	25 158	26 160	27 160	28 162
29 163	30 165	31 166				

Daily MDS Census for August 2018						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 164	2 163	3 164	4 165
5 166	6 165	7 167	8 166	9 167	10 169	11 171
12 170	13 171	14 167	15 168	16 170	17 171	18 171
19 171	20 171	21 172	22 172	23 172	24 172	25 171
26 171	27 171	28 168	29 167	30 166	31 167	

Daily MDS Census for September 2018						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1 166
2 165	3 166	4 166	5 166	6 169	7 169	8 170
9 168	10 168	11 169	12 168	13 170	14 169	15 170
16 171	17 172	18 173	19 174	20 174	21 172	22 171
23 172	24 172	25 172	26 170	27 169	28 169	29 168
30 168						

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>

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/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

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>

Technical specifications for the MDS-based QMs are available in the MDS 3.0 Quality Measures User's Manual located in the "Downloads" section at:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html>

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.