



Nursing Home Compare Five-Star Ratings of Nursing Homes

Provider Rating Report Incorporating data reported through 03/31/2019

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

The **April 2019** Five-Star ratings provided above will be displayed for your nursing home on the Nursing Home Compare (NHC) website on or around **April 24, 2019**. 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 2018**, re-hospitalization and emergency department claims-based quality measures using data from **10/1/2017 through 9/30/2018**, the community discharge claims-based quality measure using data from **10/1/2016 through 9/30/2017**, and the short-stay pressure ulcer MDS 3.0 quality measure using data from **7/1/2017 through 6/30/2018**. The Staffing and RN Staffing Ratings are based on Payroll-based journal staffing data reported for the **fourth calendar quarter of 2018**.

Helpline

The Five-Star Helpline will operate Monday - Friday, **for two weeks, April 22 - May 3, 2019**. 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 **May 28 - May 31, 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

Provided below is an overview of the changes that are effective as of the April 2019 Nursing Home Compare (NHC) refresh. The changes have been incorporated into the ratings and data preview provided in this report. For specific details please see the April 2019 Five-Star Quality Rating Technical Users' Guide located at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/Five-Star-Users-Guide-April-2019.pdf>

Additionally, 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>

Health Inspection Changes:

The health inspection rating is no longer being held constant and has now incorporated surveys that occurred on or after 11/28/2017. The rating is based on three cycles of survey data. Cycle 1 is weighted 1/2, cycle 2 weighted 1/3, and cycle 3 weighted 1/6.

Important News (continued)

Staffing Changes:

1. The national staffing star rating cut points have been updated.
2. The staffing and RN staffing ratings will be set to one star if there are **four** or more days without RN staffing hours on days when there are residents in a facility (previously this occurred when there were seven or more days without RN staffing hours).
3. Reported staffing hours and staffing ratings are not being suppressed for nursing homes that have five or more days with residents and no nurse staffing hours reported.
4. The term "expected hours" has been replaced with the term "case-mix hours" in the staffing rating calculations. The case-mix hours are based on the RUG-IV levels of the residents using the same methodology previously used for the expected hours calculation.

Quality Measure (QM) Changes:

1. NHC is reporting separate ratings for short-stay residents' quality of care and long-stay residents' quality of care in addition to an overall quality of care rating.
2. There are 17 QMs used in the calculation of the Five-Star QM rating with 10 long-stay and seven short-stay QMs.
3. The scoring rules for the quality measures have changed to give more weight to measures with greater opportunity for improvement. Some measures have a maximum score of 150 points while the maximum number of points for other measures is 100.
4. There are new thresholds for the quality measure rating. The thresholds have been adjusted based on the improvement in QMs that has occurred since July 2016, which is the last time that the measure thresholds were adjusted.
5. The long-stay claims-based QM, *number of hospitalizations per 1,000 long-stay resident days*, has been added to the Five-Star QM rating calculation.
6. A new long-stay claims-based QM, *number of outpatient emergency department visits per 1,000 long-stay resident days*, has been added to the Five-Star QM rating calculation.
7. The short-stay MDS-based QM, *percentage of residents with pressure ulcers that are new or worsened*, has been replaced with the SNF QRP QM, *percentage of SNF residents with pressure ulcers that are new or worsened*, in the Five-Star QM rating calculation.
8. The short-stay claims-based QM, *percentage of residents who were successfully discharged to the community*, has been replaced with the SNF QRP QM, *rate of successful return to home and community from a SNF*, in the Five-Star QM rating calculation.
9. The long-stay QM, *percentage of residents who were physically restrained*, is no longer included in the Five-Star QM calculation. Note that this measure will continue to be displayed on NHC.
10. The long-stay QM, *percentage of high-risk residents with pressure ulcers*, now includes unstageable pressure ulcers.

Special Focus Facilities:

As of the April 2019 update to NHC, nursing homes that are part of the SFF program will no longer receive star ratings for any domain on the NHC website or on the provider preview reports. A yellow warning sign will be displayed instead of the overall rating and "Not Available" will be displayed in place of the ratings for all other domains until the nursing home graduates from the SFF program.

User Guides and Manual Updates:

Below is a list of Users' Guides and Manuals that have been updated for the April 2019 NHC refresh (links to each provided in the References section of this report):

1. Five-Star Quality Rating Technical Users' Guide
2. MDS 3.0 Quality Measures User's Manual
3. Nursing Home Compare Claims-Based Quality Measure Technical Specifications

Health Inspections

The Five-Star health inspection rating listed on the first page is once again based on 3 cycles of survey data and 3 years of complaint inspections without regard to whether these surveys took place before or after November 28, 2017.

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:

September 18, 2018

Health Inspection Rating Cycle 2 Survey Dates:

August 31, 2017

Health Inspection Rating Cycle 3 Survey Dates:

July 28, 2016

September 13, 2016

Total weighted health inspection score for your facility: 62.0

State-level Health Inspection Cut Points for Washington				
1 Star	2 Stars	3 Stars	4 Stars	5 Stars
>198.17	117.34-198.17	71.34-117.33	37.34-71.33	0.00-37.33

Please note, the state 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.

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

	Provider 505474					WA	US	
	2018Q1	2018Q2	2018Q3	2018Q4	4Q avg	Rating Points	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	4.9%	2.8%	1.4%	1.9%	2.7%	60	3.0%	3.4%
Percentage of residents who self-report moderate to severe pain ¹	3.8%	5.5%	8.4%	7.0%	6.1%	60	9.3%	6.9%
Percentage of high-risk residents with pressure sores ¹	4.7%	6.2%	4.0%	3.6%	4.6%	80	6.5%	7.4%
Percentage of residents with a urinary tract infection	1.4%	0.0%	2.8%	5.2%	2.4%	60	2.8%	2.8%
Percentage of residents with a catheter inserted and left in their bladder ¹	0.0%	0.8%	0.0%	0.6%	0.4%	100	2.7%	2.1%
Percentage of residents whose need for help with daily activities has increased	12.3%	6.8%	7.9%	12.6%	9.9%	120	14.5%	14.8%
Percentage of residents who received an antipsychotic medication	17.9%	18.4%	19.7%	18.7%	18.7%	45	15.1%	14.7%
Percentage of residents whose ability to move independently worsened ¹	27.5%	16.1%	17.3%	16.2%	19.0%	75	18.9%	18.0%

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 505474				WA	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 10/1/2017 through 9/30/2018.</i>							
Number of hospitalizations per 1,000 long-stay resident days ¹	0.46	2.06	0.40	150	1.25	1.796	1.73
Number of emergency department visits per 1,000 long-stay resident days ¹	0.81	2.24	0.53	120	0.89	1.461	1.02

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	870
Long-Stay Quality Measure Star Rating	★★★★★

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

	Provider 505474					WA	US	
	2018Q1	2018Q2	2018Q3	2018Q4	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	65.5%	68.1%	63.6%	60.0%	64.3%	75	68.4%	66.7%
<i>Lower percentages are better.</i>								
Percentage of residents who self-report moderate to severe pain	4.5%	2.0%	6.7%	14.1%	6.9%	80	14.2%	14.7%
Percentage of residents who newly received an antipsychotic medication	1.5%	1.5%	1.6%	1.7%	1.6%	60	1.5%	1.8%
<i>Lower percentages are better. The time period for data used in reporting is 7/1/2017 through 6/30/2018.</i>								
Percentage of SNF residents with pressure ulcers that are new or worsened ¹	NR	NR	NR	NR	2.0%	40	1.4%	1.7%

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

	Provider 505474				WA	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 10/1/2016 through 9/30/2017.</i>							
Rate of successful return to home and community from a SNF ¹	57.0%	NR	57.6%	120	53.0%	48.6%	48.6%
<i>Lower percentages are better. The time period for data used in reporting is 10/1/2017 through 9/30/2018.</i>							
Percentage of residents who were re-hospitalized after a nursing home admission ¹	12.0%	19.8%	13.8%	150	19.2%	22.9%	22.5%
Percentage of residents who had an outpatient emergency department visit ¹	10.5%	9.4%	11.5%	60	11.6%	10.2%	10.7%

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.

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 Nursing Home Compare.

NR = Not Reported. The expected rate is not reported for this measure.

Unadjusted Short-Stay Quality Measure Score	585
Total Short-Stay Quality Measure Score (unadjusted short-stay QM score*1250/900) ¹	813
Short-Stay Quality Measure Star Rating	★★★★★
Total Quality Measure Score ²	1683
Overall Quality Measure Star Rating	★★★★★

¹So that the long- and short-stay measures can count equally in the calculation of the total QM score, an adjustment factor of 1250/900 is applied to the unadjusted total short-stay score.

²The total quality measure score is calculated as 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 their long-stay or short-stay QM rating, depending on which is available.

Quality Measures that are Not Included in the QM Rating

	Provider 505474					WA	US
	2018Q1	2018Q2	2018Q3	2018Q4	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	99.4%	99.4%	99.4%	99.4%	99.4%	95.1%	95.6%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	82.4%	87.5%	96.6%	92.2%	89.8%	93.2%	93.7%
<i>Lower percentages are better.</i>							
Percentage of residents who were physically restrained	0.7%	1.4%	1.4%	0.6%	1.0%	0.7%	0.3%
Percentage of low-risk residents who lose control of their bowels or bladder	74.3%	77.6%	75.0%	72.0%	74.8%	52.5%	48.4%
Percentage of residents who lose too much weight	4.5%	2.3%	2.2%	4.3%	3.3%	5.2%	5.6%
Percentage of residents who have depressive symptoms	23.2%	19.6%	16.7%	20.0%	19.8%	9.3%	4.6%
Percentage of residents who received an antianxiety or hypnotic medication	27.5%	27.6%	25.2%	24.5%	26.1%	13.6%	20.7%
MDS Short-Stay Measures							
<i>Higher percentages are better.</i>							
Percentage of residents assessed and appropriately given the seasonal influenza vaccine	87.8%	87.8%	87.8%	87.8%	87.8%	84.7%	82.3%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	81.3%	79.7%	78.7%	88.7%	81.7%	84.0%	83.2%

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:

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 under References at the end of this report.

Staffing Information

Summary of Reported Staffing for October 1, 2018 to December 31, 2018

The data listed below include the reported staffing for your facility, state and for the US, utilizing the PBJ data for **October 1, 2018 to December 31, 2018** (submitted by the **February 14, 2019** 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 April 2019 update to the website, and will also be used for determining staffing ratings during that time.**

PBJ Nurse Staffing Information for October 1, 2018 to December 31, 2018 for Provider Number 505474				
	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 42 minutes			
RN hours per resident per day	1 hour and 10 minutes	1.161	0.315	1.380¹
LPN/LVN hours per resident per day	33 minutes	0.543	0.779	0.523
Nurse aide hours per resident per day	2 hours and 11 minutes	2.187	2.337	1.948
Total number of nurse staff (RN, LPN/LVN, and Nurse Aide) hours per resident per day	3 hours and 53 minutes	3.891	3.431	3.636¹
Physical therapist ² hours per resident per day	3 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 **168.2**.

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. As a result, the staffing ratings will be set to one star (unless the facility is listed as 'Too New to Rate').
3. *Criterion no longer used.*
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.
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 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

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 the SNF QRP measures can be found in the SNF Quality Reporting Program (IMPACT Act 2014) section at:

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

For questions about the SNF QRP measures please contact:

SNFQualityQuestions@cms.hhs.gov

2019 PBJ Deadlines

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