Care Compare Five-Star Ratings of Nursing Homes

Provider Rating Report for February 2022

Ratings for Saint Anthony Rehab and Nursing Center (155604) Lafayette, Indiana				
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 February 23, 2022. The health inspection rating incorporates data reported through January 31, 2022. 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 third calendar quarter of 2021.

Helpline

The Five-Star Helpline will operate Monday - Friday **February 21 - 25, 2022.** 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 **March 28 - April 1, 2022.** 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

Weekend staffing and staff turnover data were added to the Nursing Home Care Compare website with the January 2022 refresh.

Weekend Staffing: the level of total nurse and registered nurse (RN) staffing on weekends provided by each nursing home over a quarter. This is reported in terms of the average number of RN and total nurse hours worked per resident per day on weekends (Saturdays and Sundays).

Staff Turnover: the following staff turnover measures are reported on Care Compare:
- The percent of RN staff that left the facility over the last year.
- The percent of total nurse staff that have left the facility over the last year.
- The number of administrators that have left the facility over the last year.

These measures will not be used in the calculation of the Five-Star staffing rating at this time. The specific values posted on the Care Compare website can be found later in this report.

The facility-level measures for turnover and weekend staffing have been added to the Provider Information file posted in the Provider Data Catalog (PDC) in the section for "Nursing homes including rehab services".

Important News (continued)

Reminder for Nursing Homes to Link Employee Identifiers when they are changed due to changes in the facility's staffing data systems. Facilities **must** link employee identifiers to ensure their turnover measures are accurate. To view the instructions and templates for linking employee identifiers, please see the PBJ Provider User's Guide (link in the References section of this report). Find the technical submission file template to submit linked identifiers titled "PBJ XSD Admin file V1.00.0 (ZIP)" in the downloads section of the CMS PBJ webpage (link provided on the References page).

Please see the Five-Star Quality Rating Technical Users' Guide or the CMS Memorandum QSO-22-08-NH for additional information about the items listed above. Links to these resources are on the References page.

Skilled Nursing Facility Quality Reporting Program (SNF QRP) Measures
With the January 2022 refresh, the MDS-based SNF QRP measures were calculated using three quarters of MDS assessment data (7/1/2020 – 3/31/2021) due to the temporary exemption to the SNF QRP data submission requirements in response to the COVID-19 Public Health Emergency. Additionally, CMS has decided to continue with the data freeze for SNF QRP claims-based measures for an additional six months.

This decision will allow CMS more time to analyze the calculation of these measures, given the required comprehensive exclusion of claims data that occurred during Q1 2020 and Q2 2020, and the effect of that missing data on such aspects of measure calculation as lookback periods, and risk adjustment. We are targeting the July 2022 refresh of Care Compare for the resumption of the SNF QRP claims-based measure updates on Care Compare. For additional information, please see the SNF QRP COVID-19 Public Reporting Tip Sheet in the downloads section of the SNF Quality Reporting Training webpage and the SNF QRP Section of the FY 2022 SNF Final Rule at the CMS Skilled Nursing Facility Center website. The specific links to these resources are provided on the References page of this report.

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 January 31, 2022.

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:

March 9, 2020

Health Inspection Rating Cycle 2 Survey Dates:

February 15, 2019

Health Inspection Rating Cycle 3 Survey Dates:

March 1, 2018

Total weighted health inspection score for your facility: 28.0

State-level Health Inspection Cut Points for Indiana				
1 Star	**2 Stars**	**3 Stars**	**4 Stars**	**5 Stars**
>88.17	50.01-88.17	32.01-50.00	15.34-32.00	0.00-15.33

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

MDS Long-Stay Measures	Provider 155604						IN	US
	2020Q4	2021Q1	2021Q2	2021Q3	4Q avg	Rating Points	4Q avg	4Q avg
Lower percentages are better.								
Percentage of residents experiencing one or more falls with major injury	3.0%	0.0%	3.8%	5.5%	3.0%	60	3.9%	3.4%
Percentage of high-risk residents with pressure sores	2.0%	0.0%	2.4%	2.3%	1.7%	100	7.8%	8.3%
Percentage of residents with a urinary tract infection	3.3%	0.0%	2.0%	0.0%	1.4%	80	2.0%	2.4%
Percentage of residents with a catheter inserted and left in their bladder[1]	0.0%	1.9%	2.3%	1.8%	1.4%	60	1.1%	1.6%
Percentage of residents whose need for help with daily activities has increased	12.9%	13.1%	14.3%	9.6%	12.5%	105	16.9%	15.6%
Percentage of residents who received an antipsychotic medication	10.8%	9.7%	5.8%	5.6%	8.2%	120	13.5%	14.5%
Percentage of residents whose ability to move independently worsened[1]	19.0%	3.0%	12.1%	5.2%	10.4%	135	20.2%	22.1%

[1]*These measures are risk adjusted.*
[2]*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 Care Compare.*

Claims-Based Long-Stay Measures	Provider 155604				IN	US	
	Observed Rate[3]	Expected Rate[3]	Risk-Adjusted Rate[3]	Rating Points	Risk-Adjusted Rate	Observed Rate	Risk-Adjusted Rate
Lower rates are better. The time period for data used in reporting is 7/1/2020 through 6/30/2021.							
Number of hospitalizations per 1,000 long-stay resident days[1]	2.62	1.92	2.27	45	1.38	1.667	1.44
Number of emergency department visits per 1,000 long-stay resident days[1]	1.40	2.22	0.84	90	0.85	1.338	0.79

[1]*These measures are risk adjusted.*
[2]*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 Care Compare.*
[3]*The 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	795
Long-Stay Quality Measure Star Rating	★★★★★

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

MDS Short-Stay Measures	Provider 155604						IN	US
	2020Q4	2021Q1	2021Q2	2021Q3	4Q avg	Rating Points	4Q avg	4Q avg
Higher percentages are better.								
Percentage of residents who made improvements in function[1]	84.3%	79.8%	91.3%	89.2%	87.1%	150	72.7%	72.9%
Lower percentages are better.								
Percentage of residents who newly received an antipsychotic medication	0.0%	0.0%	0.0%	1.0%	0.4%	80	1.8%	1.8%
The time period for data used in reporting is 7/1/2020 through 3/31/2021.								
Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened[1]					1.0%	80	3.9%	3.7%

Claims-Based Short-Stay Measures	Provider 155604				IN	US	
	Observed Rate[3]	Expected Rate[3]	Risk-Adjusted Rate[3]	Rating Points	Risk-Adjusted Rate	Observed Rate	Risk-Adjusted Rate
Higher percentages are better. The time period for data used in reporting is 10/1/2017 through 9/30/2019.							
Rate of successful return to home and community from a SNF[1]	58.0%	NR	62.2%	135	54.7%	52.9%	52.9%[4]
Lower percentages are better. The time period for data used in reporting is 7/1/2020 through 6/30/2021.							
Percentage of residents who were re-hospitalized after a nursing home admission[1]	18.9%	22.9%	19.4%	120	22.3%	23.4%	22.8%
Percentage of residents who had an outpatient emergency department visit[1]	11.7%	10.0%	11.9%	60	10.5%	10.2%	10.5%

[1]These measures are risk adjusted.
[2]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 Care Compare.
[3]The 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.
[4]For 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	625
Total Short-Stay Quality Measure Score (unadjusted short-stay QM score*1150/800)[1]	898
Short-Stay Quality Measure Star Rating	★★★★★
Total Quality Measure Score[2]	1693
Overall Quality Measure Star Rating	★★★★★

[1]An 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.
[2]The 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

MDS Long-Stay Measures	Provider 155604					IN	US
	2020Q4	2021Q1	2021Q2	2021Q3	4Q avg	4Q avg	4Q avg
Higher percentages are better.							
Percentage of residents assessed and appropriately given the seasonal influenza vaccine	98.5%	98.5%	98.5%	98.5%	98.5%	94.3%	95.8%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	100%	100%	100%	100%	100%	91.5%	93.3%
Lower percentages are better.							
Percentage of residents who were physically restrained	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.2%
Percentage of low-risk residents who lose control of their bowels or bladder	37.8%	39.3%	28.6%	32.3%	34.7%	54.3%	47.1%
Percentage of residents who lose too much weight	7.1%	7.7%	6.5%	4.1%	6.4%	7.3%	6.7%
Percentage of residents who have depressive symptoms	4.8%	3.5%	0.0%	0.0%	2.3%	12.1%	7.4%
Percentage of residents who received an antianxiety or hypnotic medication	21.0%	21.3%	20.4%	17.3%	20.1%	21.6%	19.7%
MDS Short-Stay Measures							
Higher percentages are better.							
Percentage of residents assessed and appropriately given the seasonal influenza vaccine	98.7%	92.9%	92.9%	92.9%	95.3%	74.5%	78.8%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	100%	100%	100%	100%	100%	75.6%	80.0%

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 Hours per Resident Day

PBJ data for **July 1, 2021 to September 30, 2021** (submitted and accepted by the November 14, 2021 deadline) are being used to calculate the staffing ratings for three months starting with the January 2022 Care Compare website update. The table below includes the reported, case-mix and adjusted staffing levels for your facility, using the PBJ data for **July 1, 2021 to September 30, 2021.** The case-mix 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. The table also shows the weekend staffing levels (total nurse and RN) for your facility. Below the table is the average resident census for your facility.

Staffing Levels for July 1, 2021 to September 30, 2021 for Provider Number 155604				
	Reported Hours per Resident per Day (HRD)	**Reported Hours per Resident per Day (HRD) (Decimal)**	**Case-Mix HRD**	**Case-Mix Adjusted HRD**
All days				
Total nurse (RN, LPN, LVN, and Nurse Aide) hours	3 hours and 41 minutes	3.685	3.371	**3.451[1]**
RN hours	29 minutes	0.481	0.412	**0.437[1]**
LPN/LVN hours	1 hour and 25 minutes	1.409	0.798	1.299
Nurse aide hours	1 hour and 48 minutes	1.796	2.161	1.701
Physical therapist[2] hours	12 minutes			
Weekend[2] (Saturday and Sunday)				
Total nurse (RN, LPN, LVN, and Nurse Aide) hours	2 hours and 17 minutes	2.287		
RN hours	16 minutes	0.259		

[1]Please 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.
[2]Physical therapist and weekend staffing levels are not included in the staffing rating calculation.

The average number of residents for your facility (based on MDS census) is 72.3.

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:

Note that these codes changed as of January 2022.

1. No MDS census data were available for the facility.
2. No on-time PBJ staffing data were submitted for the facility.
4. No nursing hours were reported (0 HRD).
5. Total reported nurse staffing was excessively high (>12.0 HRD).
6. Total reported nurse aide staffing was 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.
14. No nursing hours were reported on weekends (0 HRD).
15. Total reported nurse staffing on weekends was excessively high (>12.0 HRD).
16. The total reported nurse aide staffing on weekends was excessively high (>5.25 HRD).
18. Other reason.

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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.

Staffing Turnover

PBJ data from April 1, 2020 to September 30, 2021 are used to calculate annual nursing staff and RN turnover measures and to report the number of administrator turnovers among eligible administrators in the 12-month reporting period between July 1, 2020 to June 30, 2021. PBJ does not collect information on employee termination dates; instead a turnover is identified based on gaps in days worked. The turnover measures include employees and agency staff that have worked at least 120 hours at your facility in a 90-day period since the first observed work day between April 1, 2020 to December 31, 2020. Individuals no longer associated with a nursing home are defined as eligible employees who have a period of 60 or more days during which they do not work at all. The data listed below report the nursing, RN, and administrator turnover measures for your facility July 1, 2020 to June 30, 2021. (Note that data from 2020Q2 - 2020Q4 are used to identify individuals who are eligible for the turnover measure, while data from 2021Q3 are used to identify individuals who had a 60-day or more gap in days worked that started within the last 60 days of 2021Q2.)

These turnover measures are posted on Nursing Home Care Compare starting with the January 2022 update. Initially, the turnover measures will not be used for determining staffing ratings. The turnover measures will be updated quarterly using a rolling 12-month period. Detailed information on how turnover is calculated is available in the Technical Users' Guide. Find the link on the References Page of this report.

PBJ Nurse Staffing Turnover for July 1, 2020 to June 30, 2021 for Provider Number 155604				
	Turnover Rate	Number of Eligible Staff[1]	Number of Eligible Staff Identified as Turned over	Displayed on Care Compare?[2]
Nursing staff turnover	32.9%	85	28	Yes
RN turnover	33.3%	12	4	Yes
Administrator turnover		1	0	Yes

N.A. = Not Available. N.A. in the table above indicates that the value could not be calculated based on the data submitted.
[1]The number of eligible staff is based on a count of the number of eligible 'employment spells.' For more details on the methodology used to calculate nursing staff turnover, please see the measure specifications, available at the location listed in the references below.
[2]Some providers will see "Not Available" on the Care Compare website for one or more turnover measures if there is a "No" along with a code listed in this column of the table.

Availability of Turnover Data

Some providers will see 'Not Available' for one or more of the turnover measures in the table above or on Care Compare. There are several reasons this could occur:

Nursing Staff and RN Turnover Codes
1. No or invalid PBJ data submitted for one of more quarters between April 1, 2020 to September 30, 2021.
2. Fewer than 5 eligible nurse (or RN) employees or agency staff.
3. 100% nurse (or RN) turnover on a single day.If you see this code in the table above, up to two dates on which it appears your nursing home had 100% turnover on a single day are listed below. In this case, you may need to submit data to link employee identifiers. See additional information in the Important News section and on the References page of this report.

Days with 100% turnover for all nursing staff

No Dates with 100% nurse turnover

Availability of Turnover Data (continued)

Administrator Turnover Codes

1. No or invalid PBJ data submitted for one of more quarters between April 1, 2020 to September 30, 2021.
2. No administrator hours were submitted for one or more quarters between April 1, 2020 to September 30, 2021.
3. No eligible administrator employees or agency staff.

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/CertificationandComplianc/downloads/usersguide.pdf

Provider Data Catalog
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/

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 QIES Help Desk at 888-477-7876 or via email at iQIES@cms.hhs.gov.

CMS Memorandum QSO-22-08-NH regarding weekend staffing, staff turnover, and information about linking employee identifiers can be found at:
https://www.cms.gov/files/document/qso-22-08-nh.pdf

Instructions and templates for linking employee identifiers can be found in the **PBJ Provider User's Guide** at: https://qtso.cms.gov/providers/nursing-home-mdsswing-bed-providers/reference-manuals

Detailed Employee level staffing data can be found at:
https://data.cms.gov/quality-of-care/payroll-based-journal-daily-nurse-staffing

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 "MDS_QM_Users_Manual_V15_Effective_01-01-2022" in the downloads section at:
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html

SNF QRP COVID-19 Public Reporting Tip Sheet can be found at:
https://www.cms.gov/files/document/snfqrp-covid19prtipsheet-october2020.pdf

SNF Quality Reporting Training page 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-Training

FY 2022 SNF Final Rule can be found at:
https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/List-of-SNF-Federal-Regulations

CMS Skilled Nursing Facility Center website can be found at:
https://www.cms.gov/Center/Provider-Type/Skilled-Nursing-Facility-Center

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
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
August 14, 2022	April 1, 2022 - June 30, 2022	October 2022 - December 2022