



Nursing Home Compare Five-Star Ratings of Nursing Homes

Provider Rating Report Incorporating data reported through 09/30/2017

Ratings for Saint Anthony Rehab And Nursing Center (155604) Lafayette, Indiana				
Overall Quality	Health Inspection	Quality Measures	Staffing	RN Staffing
★★★★★	★★★★	★★★★★	★★★★★	★★★★★

The October 2017 Five-Star ratings provided above will be displayed for your nursing home on the Nursing Home Compare website on October 25, 2017.

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 2016 and first and second quarters of 2017, and claims-based quality measures using data from 7/1/2015 through 06/30/2016. **The claims-based quality measures will not be updated this month.**

The Five-Star Helpline will operate Monday - Friday, from **October 23, 2017 - October 27, 2017**. 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 **November 27 - December 1, 2017**. During other times, direct inquiries to BetterCare@cms.hhs.gov, as Helpline staff will respond to e-mail inquiries when the telephone Helpline is not operational.

Providers that have not submitted staffing data through the PBJ system for the April 1 to June 30, 2017 reporting period have had their overall, staffing and RN staffing star ratings suppressed. Overall, staffing and RN staffing ratings will appear as "Rating Not Displayed" in the ratings table above AND on the Nursing Home Compare website. When late data are received the suppression will be lifted with the update to Nursing Home Compare the following month. CMS intends to begin using PBJ data to calculate staffing measures for the Five-Star Quality Rating System in 2018 and late submissions will not be used.

Providers that submit no staffing data for the July 1 to September 30, 2017 reporting period by **November 14, 2017** will have their overall, staffing and RN staffing ratings suppressed for the December 2017 update of Nursing Home Compare. In addition, if there are an unusually high number of days for which no nurse aide hours are reported, a gray icon will be displayed.

CMS intends to begin using PBJ data to calculate staffing measures for the Five Star Quality Rating System in spring 2018. Measure specifications are still being finalized but will be posted over the next several months.

Beginning November 1, 2017 CMS will make available a public use file (PUF) with staffing data submitted through the PBJ system. These quarterly data files will 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 will be available for viewing and downloading from data.cms.gov. 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>

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.

Quality Measures that are Included in the QM Rating

	Provider 155604						State	National
	2016Q3	2016Q4	2017Q1	2017Q2	4Q avg	Rating Points ¹	4Q avg	4Q avg
MDS 3.0 Long-Stay Measures								
<i>Lower percentages are better.</i>								
Percentage of residents experiencing one or more falls with major injury	4.5%	4.6%	4.9%	6.0%	5.0%	40.00	3.6%	3.4%
Percentage of residents who self-report moderate to severe pain ²	7.0%	3.5%	3.0%	3.5%	4.3%	80.00	5.3%	5.9%
Percentage of high-risk residents with pressure ulcers	5.9%	3.9%	0.0%	4.0%	3.5%	80.00	6.0%	5.6%
Percentage of residents with a urinary tract infection	9.1%	7.8%	6.9%	4.5%	7.1%	40.00	3.3%	3.8%
Percentage of residents with a catheter inserted and left in their bladder ²	4.6%	3.9%	3.1%	2.9%	3.6%	40.00	1.7%	2.0%
Percentage of residents who were physically restrained	0.0%	0.0%	0.0%	0.0%	0.0%	100.00	0.3%	0.5%
Percentage of residents whose need for help with daily activities has increased	7.8%	8.5%	11.3%	8.9%	9.1%	100.00	16.5%	15.0%
Percentage of residents who received an antipsychotic medication	14.1%	10.9%	13.3%	10.6%	12.2%	80.00	15.6%	15.9%
Percentage of residents whose ability to move independently worsened ^{2,3}	13.6%	6.0%	25.8%	17.2%	15.5%	60.00	17.5%	18.3%
MDS 3.0 Short-Stay Measures								
<i>Higher percentages are better.</i>								
Percentage of residents who made improvements in function ^{2,3}	86.4%	85.3%	89.5%	90.1%	87.8%	100.00	65.3%	66.4%
<i>Lower percentages are better.</i>								
Percentage of residents who self-report moderate to severe pain	15.9%	23.0%	21.3%	23.0%	20.9%	40.00	14.0%	14.0%
Percentage of residents with pressure ulcers that are new or worsened ²	0.9%	0.9%	0.0%	0.0%	0.4%	75.00	1.1%	0.9%
Percentage of residents who newly received an antipsychotic medication	2.7%	1.5%	1.3%	0.0%	1.3%	60.00	2.0%	2.0%

Time period for data used in reporting is 7/1/2015 through 06/30/2016	Provider 155604				State	National
	Observed Rate ⁴	Expected Rate ⁵	Risk-Adjusted Rate ⁶	Rating Points ¹	Risk-Adjusted Rate	Risk-Adjusted Rate
Claims-Based Measures						
<i>A higher percentage is better.</i>						
Percentage of residents who were successfully discharged to the community ^{2,3}	69.5%	64.6%	64.0%	80.00	55.6%	56.1%
<i>Lower percentages are better.</i>						
Percentage of residents who were re-hospitalized after a nursing home admission ^{2,3}	19.8%	19.7%	21.6%	60.00	19.8%	21.1%
Percentage of residents who had an outpatient emergency department visit ^{2,3}	9.9%	10.7%	10.4%	60.00	11.6%	11.9%

Total Quality Measure Points

Total QM points with new quality measures fully weighted for Provider 155604	1095.00
--	---------

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

	Provider 155604					State	National
	2016Q3	2016Q4	2017Q1	2017Q2	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	100%	100%	100%	100%	100%	93.8%	94.8%
Percentage of long-stay residents assessed and appropriately given the pneumococcal vaccine	97.0%	92.3%	98.4%	100%	96.9%	92.7%	94.0%
<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	53.7%	50.0%	58.5%	48.8%	52.7%	51.2%	47.6%
Percentage of long-stay residents who lose too much weight	9.1%	9.4%	13.8%	13.4%	11.4%	7.8%	7.1%
Percentage of long-stay residents who have depressive symptoms	0.0%	0.0%	0.0%	1.6%	0.4%	8.6%	5.0%
Percentage of long-stay residents who received an antianxiety or hypnotic medication	18.8%	21.7%	20.8%	15.8%	19.2%	22.2%	22.9%
<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	97.7%	97.7%	94.6%	94.6%	96.3%	80.3%	80.6%
Percentage of short-stay residents assessed and appropriately given the pneumococcal vaccine	96.1%	98.1%	96.4%	96.2%	96.7%	81.7%	82.8%

The claims-based QMs will update every six months (in April and October), 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.

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

²These measures are risk adjusted.

³This 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.

⁴The observed rate is the actual rate observed for the facility without any risk-adjustment.

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

⁶Risk-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.

⁷This 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.

Nursing Home Statement(s) of Deficiencies (CMS 2567) for your nursing home will be posted for surveys that took place on the following date(s). This includes both standard surveys and complaints. Dates of surveys without deficiencies are not listed.

November 18, 2014

February 28, 2017