



**Care Compare Five-Star Ratings of Nursing Homes
Provider Rating Report for November/December 2021**

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 December 8, 2021. The health inspection rating incorporates data reported through October 31, 2021. 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 second calendar quarter of 2021.

Helpline

The Five-Star Helpline will operate Monday - Friday **December 6 - 10, 2021**. 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 24 - 28, 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

The Nursing Home Care Compare website will refresh on December 8, 2021 and this will be the last refresh in 2021. The next data update will occur on or around January 26, 2022.

Skilled Nursing Facility Quality Reporting Program (SNF QRP) Measures

With the January 2022 refresh, the MDS-based SNF QRP measures will be 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.

Important News (continued)

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.

Discharge to Community QM

CMS discovered an error in measure calculations for the Discharge to Community - Post Acute Care (PAC) Skilled Nursing Facility Quality Reporting Program measure (shown in this report and on the Care Compare website as "Rate of Successful return to home and community from a SNF"). CMS re-released the corrected measure data with the October Care Compare refresh. The data are based on Medicare claims data submitted to CMS for the FY2018-2019 reporting period (10/01/2017 - 09/30/2019). Due to this change, the point thresholds (cut-points) for this measure were adjusted to maintain the same distribution of rating points and the new values were provided in an updated Five-Star Technical Users' Guide with the October Care Compare refresh. Individual providers may have seen a change in the points associated with this measure due to the update. It is anticipated that the discharge to community quality measure will be updated with the July 2022 Care Compare refresh.

COVID-19 vaccination data

NEW! COVID -19 vaccination data are now being posted on the Care Compare website and updated every two weeks. For each provider, Care Compare displays the percentage of residents that are fully vaccinated, the percentage of staff that are fully vaccinated, and the state and US averages for each of the measures. These data and additional vaccination information can also be found at: <https://www.cdc.gov/nhsn/covid19/ltc-vaccination-dashboard.html>

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 October 31, 2021.

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
>83.33	49.34-83.33	32.68-49.33	16.01-32.67	0.00-16.00

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

	Provider 155604					Rating Points	IN	US
	2020Q3	2020Q4	2021Q1	2021Q2	4Q avg		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	4.6%	3.0%	0.0%	3.8%	2.8%	60	3.9%	3.4%
Percentage of high-risk residents with pressure sores	0.0%	2.0%	0.0%	2.4%	1.1%	100	7.7%	8.3%
Percentage of residents with a urinary tract infection	1.5%	3.3%	0.0%	2.0%	1.8%	60	2.0%	2.5%
Percentage of residents with a catheter inserted and left in their bladder ¹	0.0%	0.0%	1.9%	2.3%	0.9%	80	1.1%	1.6%
Percentage of residents whose need for help with daily activities has increased	11.3%	12.9%	13.1%	14.3%	12.8%	105	17.0%	16.1%
Percentage of residents who received an antipsychotic medication	10.9%	10.8%	9.7%	5.8%	9.5%	120	13.5%	14.5%
Percentage of residents whose ability to move independently worsened ¹	8.3%	19.0%	3.0%	12.1%	10.9%	135	21.4%	23.7%

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 Care Compare.

	Provider 155604				Risk-Adjusted Rate	US	
	Observed Rate ³	Expected Rate ³	Risk-Adjusted Rate ³	Rating Points		Observed Rate	Risk-Adjusted Rate
Claims-Based Long-Stay Measures							
<i>Lower rates are better. The time period for data used in reporting is 4/1/2020 through 3/31/2021.</i>							
Number of hospitalizations per 1,000 long-stay resident days ¹	2.30	1.96	2.04	60	1.43	1.739	1.53
Number of emergency department visits per 1,000 long-stay resident days ¹	0.94	2.15	0.56	120	0.72	1.274	0.70

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 Care 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 Care Compare.

Total Long-Stay Quality Measure Score	840
Long-Stay Quality Measure Star Rating	★★★★★

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

	Provider 155604					Rating Points	IN	US
	2020Q3	2020Q4	2021Q1	2021Q2	4Q avg		4Q avg	4Q avg
MDS Short-Stay Measures								
<i>Higher percentages are better.</i>								
Percentage of residents who made improvements in function ¹	91.3%	84.3%	79.8%	91.3%	87.1%	150	72.2%	71.9%
<i>Lower percentages are better.</i>								
Percentage of residents who newly received an antipsychotic medication	1.8%	0.0%	0.0%	0.0%	0.5%	80	1.8%	1.9%
<i>The time period for data used in reporting is 1/1/2019 through 12/31/2019.</i>								
Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened ¹					0.0%	100	4.6%	3.8%

	Provider 155604				IN	US	
	Observed Rate ³	Expected Rate ³	Risk-Adjusted Rate ³	Rating Points	Risk-Adjusted Rate	Observed Rate	Risk-Adjusted Rate
<i>Higher percentages are better. The time period for data used in reporting is 10/1/2017 through 9/30/2019.</i>							
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
<i>Lower percentages are better. The time period for data used in reporting is 4/1/2020 through 3/31/2021.</i>							
Percentage of residents who were re-hospitalized after a nursing home admission ¹	20.4%	23.8%	20.2%	105	22.0%	23.5%	22.6%
Percentage of residents who had an outpatient emergency department visit ¹	13.3%	10.3%	12.6%	60	9.8%	9.8%	9.7%

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 Care 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. 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.

⁴For 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	630
Total Short-Stay Quality Measure Score (unadjusted short-stay QM score*1150/800) ¹	906
Short-Stay Quality Measure Star Rating	★★★★★
Total Quality Measure Score ²	1746
Overall Quality Measure Star Rating	★★★★★

¹An 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.

²The 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

	Provider 155604					IN	US
	2020Q3	2020Q4	2021Q1	2021Q2	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	98.5%	98.5%	98.5%	98.5%	98.5%	94.6%	95.9%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	100%	100%	100%	100%	100%	91.7%	93.6%
<i>Lower percentages are better.</i>							
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	37.0%	37.8%	39.3%	28.6%	36.0%	54.2%	47.2%
Percentage of residents who lose too much weight	16.1%	7.1%	7.7%	6.5%	9.7%	8.1%	7.4%
Percentage of residents who have depressive symptoms	3.3%	4.8%	3.5%	0.0%	3.0%	11.8%	7.3%
Percentage of residents who received an antianxiety or hypnotic medication	17.7%	21.0%	21.3%	20.4%	20.1%	21.6%	19.7%
MDS Short-Stay Measures							
<i>Higher percentages are better.</i>							
Percentage of residents assessed and appropriately given the seasonal influenza vaccine	98.7%	98.7%	92.9%	92.9%	96.8%	76.3%	80.0%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	99.0%	100%	100%	100%	99.7%	75.7%	80.3%

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 Information

PBJ data for **April 1, 2021 to June 30, 2021** (submitted and accepted by the **August 14, 2021** deadline) are being used to calculate the staffing ratings for three months starting with the **October 2021** Care Compare website update. The data listed below include the reported, expected and adjusted staffing levels for your facility, using the PBJ data for **April 1, 2021 to June 30, 2021**. 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.

PBJ Nurse Staffing Information for April 1, 2021 to June 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
Total number of licensed nurse staff hours per resident per day	1 hour and 47 minutes			
RN hours per resident per day	31 minutes	0.518	0.512	0.386¹
LPN/LVN hours per resident per day	1 hour and 16 minutes	1.273	0.823	1.146
Nurse aide hours per resident per day	1 hour and 53 minutes	1.881	2.210	1.751
Total number of nurse staff (RN, LPN/LVN, and Nurse Aide) hours per resident per day	3 hours and 40 minutes	3.673	3.545	3.294¹
Physical therapist ² hours per resident per day	13 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.

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.
3. *Criterion no longer used.*
4. The total reported staffing 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.

The table below shows the reported nurse staffing for your facility as well as the state and national averages. Although only the overall (All Days) staffing levels are displayed on Care Compare, the table also shows weekday and weekend staffing levels.

PBJ Nurse Staffing Information for April 1, 2021 to June 30, 2021 for Provider Number 155604			
Nursing Hours per Resident per Day	Provider 155604	Indiana Average	US Average
Total nurse staff¹			
All Days	3.673	3.599	3.890
Weekday (Monday-Friday)	4.257	3.810	4.102
Weekend (Saturday-Sunday)	2.207	3.070	3.358
Registered Nurse (RN)			
All Days	0.518	0.678	0.727
Weekday (Monday-Friday)	0.617	0.768	0.821
Weekend (Saturday-Sunday)	0.268	0.451	0.490
LPN/LVN			
All Days	1.273	0.874	0.906
Weekday (Monday-Friday)	1.543	0.937	0.958
Weekend (Saturday-Sunday)	0.596	0.716	0.775
Nurse Aide			
All Days	1.881	2.047	2.257
Weekday (Monday-Friday)	2.097	2.105	2.322
Weekend (Saturday-Sunday)	1.342	1.902	2.093

Census Information for April 1, 2021 to June 30, 2021 for Provider Number 155604			
	Provider 155604	Indiana Average	US Average
Average Number of Residents	69.1	62.8	74.5

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/CertificationandCompliance/downloads/usersguide.pdf>

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 QTSO Help Desk at 877-201-4721 or via email at help@qtso.com.

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>

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/SNFPSP/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
August 14, 2021	April 1, 2021 - June 30, 2021	October 2021 - December 2021
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