



**Care Compare Five-Star Ratings of Nursing Homes
Provider Rating Report for January 2025**

Ratings for Katherine Luther Residential Hlth Care & Rehab (335006) Clinton, New York			
Overall Quality	Health Inspection	Quality Measures	Staffing
★	★	★★★★	★★

The Five-Star ratings provided above will be displayed for your nursing home on the Care Compare website on or around January 29, 2025. The health inspection rating incorporates data reported through December 31, 2024. 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 rating is based on payroll-based journal (PBJ) staffing data reported through the third calendar quarter of 2024.

Helpline

The Five-Star Helpline will operate Monday - Friday **January 27 - 31, 2025**. 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 **February 24 - 28, 2025**. 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

Adjustments to quality measures.

Effective with the January 2025 refresh, CMS is unfreezing five quality measures (QMs) that were frozen beginning with the April 2024 refresh. These measures were updated to accommodate recent changes to the Minimum Data Set (MDS). Please refer to the CMS Memorandum [QSO-25-01-NH](#) and the Five Star Quality Rating System Technical Users' Guide for more information about these updates. The impacts to these QMs are as follows:

- Percentage of Skilled Nursing Facility (SNF) Residents Who Are At or Above an Expected Ability to Care for Themselves and Move Around at Discharge (Discharge Function Score) is replacing Percentage of Residents Who Made Improvements in Function (short-stay).
- Percentage of Residents Whose Need for Help with Activities of Daily Living has Increased (long-stay) is respecified.
- Percentage of Residents Whose Ability to Walk Independently Worsened (long-stay) is respecified.
- Percentage of Residents with Pressure Ulcers is replacing Percentage of High-Risk Residents with Pressure Ulcers (long-stay).
- Percentage of Residents with New or Worsened Bowel or Bladder Incontinence is replacing Percentage of Low-Risk Residents who Lose Control of their Bowels or Bladder (long-stay; not included in the QM Rating).

To address these changes in measure specifications, the scoring cut points for each of the four measures included in the Five-Star QM rating were recalculated to achieve an even distribution across scores. Also, to minimize the potential disruption associated with these changes, the QM rating cut points were adjusted to maintain the same overall distribution as the October 2024 refresh.

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 December 31, 2024.

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:

May 24, 2024

August 7, 2024

Health Inspection Rating Cycle 2 Survey Dates:

April 19, 2022

Health Inspection Rating Cycle 3 Survey Dates:

October 25, 2019

June 23, 2022

Total weighted health inspection score for your facility: 105.5

State-level Health Inspection Cut Points for New York				
1 Star	2 Stars	3 Stars	4 Stars	5 Stars
>50.00	32.01-50.00	20.68-32.00	10.68-20.67	0.00-10.67

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.

Citations under IDR/IIDR

Below is a listing of health inspection citations for your nursing home that are under IDR or IIDR. These citations are reported on the Care Compare website; however, they are not included in the health inspection rating.

Your nursing home has no health inspection citations under IDR/IIDR.

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

MDS Long-Stay Measures	Provider 335006					Rating Points	NY	US
	2023Q4	2024Q1	2024Q2	2024Q3	4Q avg		4Q avg	4Q avg
<i>Lower percentages are better.</i>								
Percentage of residents experiencing one or more falls with major injury	6.1%	6.0%	2.4%	3.1%	4.3%	40	3.0%	3.3%
Percentage of residents with pressure ulcers	5.8%	7.4%	3.3%	4.6%	5.2%	60	7.5%	5.6%
Percentage of residents with a urinary tract infection	1.2%	2.4%	0.0%	1.1%	1.2%	80	1.5%	1.9%
Percentage of residents with a catheter inserted and left in their bladder ¹	0.9%	2.6%	4.9%	2.5%	2.7%	40	0.8%	1.3%
Percentage of residents whose need for help with daily activities has increased	27.3%	32.8%	35.1%	40.0%	36.0%	15	19.5%	17.7%
Percentage of residents who received an antipsychotic medication	15.9%	15.5%	14.1%	11.3%	14.1%	75	12.5%	14.7%
Percentage of residents whose ability to walk independently worsened ¹	60.0%	40.3%	38.8%	50.2%	44.7%	15	22.4%	22.9%

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.

Claims-Based Long-Stay Measures	Provider 335006				NY	US	
	Observed Rate ³	Expected Rate ³	Risk-Adjusted Rate ³	Rating Points	Risk-Adjusted Rate	Observed Rate	Risk-Adjusted Rate
<i>Lower rates are better. The time period for data used in reporting is 7/1/2023 through 6/30/2024.</i>							
Number of hospitalizations per 1,000 long-stay resident days ¹	1.00	2.14	0.83	135	1.64	1.777	1.79
Number of emergency department visits per 1,000 long-stay resident days ¹	1.87	1.73	1.79	45	1.34	1.655	1.73

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	505
Long-Stay Quality Measure Star Rating	★★

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

	Provider 335006					NY	US
	2023Q4	2024Q1	2024Q2	2024Q3	4Q avg	Rating Points	4Q avg
MDS Short-Stay Measures							
<i>Lower percentages are better.</i>							
Percentage of residents who newly received an antipsychotic medication	0.0%	0.0%	0.0%	0.0%	0.0%	100	1.3%
<i>The time period for data used in reporting is 4/1/2023 through 3/31/2024.</i>							
Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened ¹					3.0%	60	2.6%
<i>Higher percentages are better.</i>							
Percentage of SNF residents who are at or above an expected ability to care for themselves and move around at discharge ¹					75.6%	150	57.2%

	Provider 335006				NY	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 10/1/2021-9/30/2023.</i>							
Rate of successful return to home or community from a SNF ¹	47.7%	NR	52.9%	90	46.2%	49.9%	49.9% ⁴
<i>Lower percentages are better. The time period for data used in reporting is 7/1/2023 through 6/30/2024.</i>							
Percentage of residents who were re-hospitalized after a nursing home admission ¹	14.3%	19.0%	17.2%	120	22.0%	22.9%	24.5%
Percentage of residents who had an outpatient emergency department visit ¹	6.6%	9.6%	7.7%	105	10.3%	11.2%	12.6%

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.

Short-Stay and Overall Quality Measure Scores and Ratings

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	1403
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 335006					NY	US
	2023Q4	2024Q1	2024Q2	2024Q3	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	100%	98.9%	98.9%	98.9%	99.2%	95.4%	95.0%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	93.9%	97.6%	100%	100%	98.0%	91.4%	93.3%
<i>Lower percentages are better.</i>							
Percentage of residents who were physically restrained	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.1%
Percentage of residents with new or worsened bowel or bladder incontinence	15.1%	30.0%	27.2%	36.8%	31.0%	22.4%	21.2%
Percentage of residents who lose too much weight	11.4%	6.1%	3.5%	1.1%	5.3%	6.1%	5.8%
Percentage of residents who have depressive symptoms	3.9%	2.6%	1.2%	1.1%	2.1%	15.3%	9.3%
Percentage of residents who received an antianxiety or hypnotic medication	23.2%	26.5%	28.2%	24.7%	25.6%	13.5%	19.9%
MDS Short-Stay Measures							
<i>Higher percentages are better.</i>							
Percentage of residents assessed and appropriately given the seasonal influenza vaccine	90.8%	87.5%	87.5%	87.5%	88.3%	78.0%	77.7%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	70.9%	76.2%	86.8%	80.3%	78.2%	76.1%	81.4%

Additional Notes Regarding the Quality Measure Tables

"d<20" means the denominator (number of eligible resident assessments) for the measure summed across all four quarters is less than 20. If sufficient data are available for imputation, a four-quarter average is displayed. This value is used in calculating the QM points and used in the QM rating calculation but will not be displayed on Care Compare.

"NA" is reported one of three reasons: 1) data are not available; 2) the denominator (number of eligible resident assessments or stays) summed across the four quarters is less than 20 and there are not sufficient data for imputation; or 3) too few measures have an adequate denominator to calculate a rating.

If the denominator for a measure is less than 20 in an individual quarter, the data may be displayed here, but will not be included in the MDS Quality Measures file on PDC.

SNF Quality Reporting Program (QRP) Measures:

Three 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", "Percentage of SNF residents who are at or above an expected ability to care for themselves and move around at discharge", and "Rate of successful return to home or 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 - September 30, 2024** (submitted and accepted by the November 14, 2024 deadline) are being used to calculate the staffing levels for three months starting with the **January 2025** 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 - September 30, 2024**. The case-mix staffing values are based on resident acuity levels using the nursing Case-mix Groups and corresponding nursing Case-mix Indexes from the Patient-Driven Payment Model (PDPM). 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, as well as details for calculating case-mix and adjusted staffing values.

Staffing Levels for July 1 - September 30, 2024 for Provider Number 335006						
	Reported Hours per Resident per Day (HRD)	Reported HRD (Decimal)	National Average: Reported HRD (Decimal)	Case-Mix HRD	National Average: Case-Mix HRD	Case-Mix Adjusted HRD
All days						
Total nurse (RN, LPN, LVN, and Nurse Aide) hours	3 hours and 6 minutes	3.093	3.848	3.897	3.827	3.038
RN hours	32 minutes	0.526	0.665	0.673	0.661	0.517
LPN/LVN hours	46 minutes	0.759	0.868	0.879	0.864	0.746
Nurse aide hours	1 hour and 48 minutes	1.807	2.315	2.344	2.302	1.775
Physical therapist ¹ hours	12 minutes					
Weekend (Saturday and Sunday)						
Total nurse (RN, LPN, LVN, and Nurse Aide) hours	2 hours and 40 minutes	2.661	3.383	3.425	3.364	2.613
RN hours	22 minutes	0.365				

¹Physical therapist hours are not included in the staffing rating calculation.

The average number of residents for your facility (based on MDS census) for July 1 - September 30, 2024 is **111.7**.

The Nursing CMI ratio for your facility is **1.013**. This is calculated as your facility's weighted average nursing case-mix index **1.379** divided by the national average nursing case-mix index **1.362**.

The Case-Mix HRD values are calculated as: Nursing CMI Ratio * the national average of reported HRD.

The Case-Mix Adjusted HRD values are calculated as: (Reported HRD/Case-Mix HRD) * the national average of case-mix HRD.

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.
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.

Scoring Exceptions for the Staffing Rating

The following criteria have been added to the usual scoring rules for assigning the staffing rating.

1. Providers that fail to submit any staffing data by the required deadline will receive a one-star 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 staffing rating 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 staffing rating.

PBJ staffing summary for July 1 - September 30, 2024

The following table summarizes the nurse, physical therapist and administrator 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.

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	536	60
<i>RN with administrative duties</i>	6	1,361	67
<i>RN</i>	7	3,511	92
Total RN	5-7	5,408	92
<i>LPN/LVN with administrative duties</i>	8	0	0
<i>LPN/LVN</i>	9	7,803	92
Total LPN/LVN	8-9	7,803	92
<i>Certified Nurse Aide</i>	10	17,237	92
<i>Nurse Aide in Training</i>	11	1,335	46
<i>Medication Aide/Technician</i>	12	0	0
Total Aide	10-12	18,573	92
Total Nurse Staffing	5-12	31,783	92
Physical Therapist Staffing	21	2,081	78
Administrator Staffing	1	855	63

PBJ staffing data report for July 1 - September 30, 2024

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 - September 30, 2024**. 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 or RN 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 of days
1	Number of days in quarter 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 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).

Staffing Turnover

PBJ data from April 1, 2023 to September 30, 2024 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, 2023 to June 30, 2024. 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 the 90-day period starting from the first observed workday between April 1, 2023 to December 31, 2023. Individuals no longer associated with a nursing home are defined as eligible employees who have a period of 90 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, 2023 to June 30, 2024. (Note that data from 2023Q2 - 2023Q4 are used to identify individuals who are eligible for the turnover measure, while data from 2024Q3 are used to identify individuals who had a 90-day or more gap in days worked that started within the last 90 days of 2024Q2.)

These turnover measures will be posted on Nursing Home Care Compare starting with the **January 2025** update. The turnover measures are 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, 2023 to June 30, 2024 for Provider Number 335006				
	Turnover Rate	Number of Eligible Staff¹	Number of Eligible Staff Identified as Turned over	Displayed on Care Compare²
Nursing staff turnover	40.4%	104	42	Yes
RN turnover	23.5%	17	4	Yes
Administrator turnover		2	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 Exclusion Codes

1. No data or invalid PBJ nursing data submitted for one of more quarters between April 1, 2023 to September 30, 2024. See the table below for the quarters with missing or invalid PBJ data.
2. Fewer than 5 eligible nurse (or RN) employees or agency staff.
3. 100% total nurse 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 on the References page of this report.
18. Other reason.

Days with 100% turnover for all nursing staff

No Dates with 100% nurse turnover

Availability of Turnover Data (continued)

Administrator Turnover Exclusion Codes

1. No data or invalid PBJ nursing data submitted for one or more quarters between April 1, 2023 to September 30, 2024. See the table below for the quarters with missing or invalid PBJ data.
2. No administrator hours were submitted for one or more quarters between April 1, 2023 to September 30, 2024. See the table below for the quarters with no administrator hours.
3. No eligible administrator employees or agency staff.
4. Too many administrators: there are 4 or more days in one or more quarters between April 1, 2023 to September 30, 2024 with five or more different people reported under job code 1 (administrator) on the same day.
18. Other reason

Your facility's submission of valid PBJ nursing data and administrator hours for quarters used by turnover measures						
	2023Q2	2023Q3	2023Q4	2024Q1	2024Q2	2024Q3
Valid PBJ data submitted	Yes	Yes	Yes	Yes	Yes	Yes
Administrator hours submitted	Yes	Yes	Yes	Yes	Yes	Yes

Note that in rare cases, turnover data may be reported on Care Compare even if one or more of the indicators of valid PBJ data in the table above is "No". This may occur if the data were later verified by a CMS audit.

Staffing Measures that are Used in the Staffing Rating

The table below shows the six specific staffing measures that are used to calculate the staffing rating, along with the measure values and the points assigned for each measure for your facility as well as the maximum number of points possible for each measure. The raw point total is the sum of the points for the individual measures. If the turnover measures are not available due to missing or invalid data, your facility will receive the minimum points for the corresponding turnover measures. If the turnover measures are not available for another reason, then the total score is rescaled so the maximum possible score for your facility is still 380 points. The rescaled score is used to assign the staffing rating. Please see the Technical Users' Guide for additional details including the cut point tables for each of the measures and for the total rescaled score.

Staffing Measure	Data for Provider 335006		Maximum Possible Points
	Measure Value	Points	
Adjusted Total nurse staffing (7 day)	3.038	20	100
Adjusted RN staffing (7 day)	0.517	50	100
Adjusted Total nurse staffing (weekends)	2.613	10	50
Total nursing turnover (%)	40.385	40	50
RN turnover (%)	23.529	45	50
Number of administrator departures	0	30	30
Raw point total		195	
Total points after rescaling (if any)		195	380
Staffing rating	★★		

N.A. = 'Not Available'. Points for individual measures may show as N.A. if the measure value is Not Available. Point values will show as N.A. for all measures for special focus facilities, providers that are too new for a valid rating to be calculated, providers for which nurse staffing levels are not available, and providers that have had their staffing rating reduced to one star (see availability of reported staffing and scoring exceptions above).

MDS Census Calendars for July 1 to September 30, 2024

On the following page 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 2024						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 114	2 111	3 110	4 109	5 107	6 107
7 106	8 107	9 107	10 109	11 108	12 107	13 107
14 107	15 108	16 108	17 110	18 109	19 111	20 111
21 109	22 110	23 110	24 110	25 108	26 109	27 109
28 109	29 109	30 112	31 113			

Daily MDS Census for August 2024						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 111	2 112	3 111
4 111	5 114	6 113	7 112	8 113	9 115	10 115
11 114	12 114	13 115	14 115	15 114	16 114	17 114
18 113	19 114	20 114	21 116	22 115	23 114	24 113
25 112	26 115	27 117	28 117	29 117	30 118	31 117

Daily MDS Census for September 2024						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 117	2 116	3 116	4 116	5 113	6 115	7 114
8 113	9 110	10 110	11 112	12 113	13 112	14 111
15 111	16 111	17 111	18 108	19 108	20 110	21 110
22 110	23 110	24 109	25 108	26 108	27 112	28 114
29 113	30 115					

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>

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 800-339-9313 or email 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 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-covid19pripheet-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 2025 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
November 14, 2024	July 1, 2024 - September 30, 2024	January 2025 - March 2025
February 14, 2025	October 1, 2024 - December 31, 2024	April 2025 - June 2025
May 15, 2025	January 1, 2025 - March 31, 2025	July 2025 - September 2025
August 14, 2025	April 1, 2025 - June 30, 2025	October 2025 - December 2025

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.