

# CareScout Nursing Home Professional Report with Standard Deviation Analysis



**SACRED HART CARE CENTER**  
 687 NORTON AVENUE  
 HART, MN 55544  
 (899) 333-1234

County: FJELSTAD  
 Total Beds: 180  
 Multi-facility Organization: No  
 Prov Num: 315255  
 For-Profit

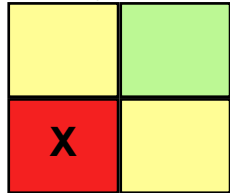
CareScout Compliance Flash	
(reviews all standard, complaint & LSC surveys on this report)	
Was Immediate Jeopardy cited?	NO
Was substandard Quality of Care cited?	NO
Was a "G" level or above deficiency cited?	NO
Was a "G" level or above cited on LSC surveys?	NO
Was any deficiency repeated over time?	YES

## SACRED HART CARE CENTER

(To determine if this is a Special Focus Facility (SFF) visit the [CMS website.\\*](#))

Total Beds	Facility Bed Counts (as self reported by facility to CMS during most recent standard survey)					
Facility 180	Certified Bed: 180	Huntington's Disease: 0	SNF_NF: 180	Facility part of a CCRC: No		
County 2,621	Aids: 0	ICF_MR: 0	Special Rehabilitation: 0	Experimental Research		
State 50,901	Alcohol & Drugs: 0	Medicare SNF: 0	Ventilator Respirator: 0	Conducted: No		
	Alzheimer's: 0	Nursing Facility: 180	Head Trauma: 0			
	Dialysis: 0	Psychiatric: 0	Hospice: 0			

Standard Survey and Life Safety Code Survey Totals (up to 4 surveys if available)					Complaint Survey Totals		
Standard Survey Dates	Deficiencies	Facility Total	State Average	Variance vs. State Average	Complaint Survey Years	Deficiencies	Facility Total
05-19-2009	Standard Survey (F-Tags) QIS* Survey? No	10	5	5	2009	Complaint Survey (F-Tags)	1
	Life Safety Code Survey (K-Tags)	1	1	0			
04-14-2008	Standard Survey (F-Tags) QIS* Survey? No	7	4	3	2008	Complaint Survey (F-Tags)	2
	Life Safety Code Survey (K-Tags)	5	1	4			
01-10-2007	Standard Survey (F-Tags) QIS* Survey? No	8	4	4	2007	Complaint Survey (F-Tags)	3
	Life Safety Code Survey (K-Tags)	3	1	2			
11-18-2005	Standard Survey (F-Tags) QIS* Survey? No	1	4	-3	2006	Complaint Survey (F-Tags)	1
	Life Safety Code Survey (K-Tags)	0	1	-1			

CareScout Repeat Violations Indicator		Survey Performance Snapshot	
<b>Standard Surveys:</b>	Over the course of up to four historical standard surveys, this facility experienced 1 repeat deficiency(ies). F-0329	Current  Historical	(See CareScout Rating/Trends & Indicator Section of This Report)
<b>Life Safety Code Surveys:</b>	Over the course of up to four historical Life Safety Code surveys, this facility experienced 1 repeat deficiency(ies). K-0144		
<b>Complaint Survey Deficiencies:</b>	Over the course of up to four look-back, this facility experienced 0 repeat deficiency(ies) as a result of a complaint survey.		

\* QIS stands for Quality Indicator Survey. To determine if this is a Special Focus Facility (SFF), visit the CMS website at: [http://www.cms.hhs.gov/certificationandcompliance/12\\_NHs.asp](http://www.cms.hhs.gov/certificationandcompliance/12_NHs.asp).

The CMS 5-star rating system can be viewed at: [http://www.cms.hhs.gov/certificationandcompliance/13\\_fsqr.asp](http://www.cms.hhs.gov/certificationandcompliance/13_fsqr.asp).

Previous performance by a facility does not guarantee future performance. It is understood by users of CareScout's services that the information contained herein is intended to serve as a guide and basis for general comparisons and evaluations, but not as the sole basis upon which any material conduct is to be recommended.

**Deficiency Details**

Note: S&S means Scope and Severity Code.

Note: Shaded area represents average amount of deficiencies in the state for the given year. In this manner, you can see in a flash whether the amount of deficiencies is greater than, less than, or equal to the state average.

\* See "Deficiency Description" pages for the descriptions of each Tag.

**Standard Survey**

2009			2008			2007			2006			2005			2001		
Survey Date	Def. * Tag	S&S	Survey Date	Def. * Tag	S&S	Survey Date	Def. * Tag	S&S	Survey Date	Def. * Tag	S&S	Survey Date	Def. * Tag	S&S	Survey Date	Def. * Tag	S&S
05-19-2009	F-0155	D	04-14-2008	F-0246	D	01-10-2007	F-0221	D	No Survey Conducted			11-18-2005	F-0387	D	No Survey Conducted		
05-19-2009	F-0240	D	04-14-2008	F-0250	D	01-10-2007	F-0225	D	-	-	-	-	-	-	-	-	-
05-19-2009	F-0248	E	04-14-2008	F-0279	E	01-10-2007	F-0241	E	-	-	-	-	-	-	-	-	-
05-19-2009	F-0253	B	04-14-2008	F-0315	E	01-10-2007	F-0252	C	-	-	-	-	-	-	-	-	-
05-19-2009	F-0280	D	04-14-2008	F-0385	D	01-10-2007	F-0323	E	-	-	-	-	-	-	-	-	-
05-19-2009	F-0317	E	04-14-2008	F-0454	F	01-10-2007	F-0329	D	-	-	-	-	-	-	-	-	-
05-19-2009	F-0318	E	04-14-2008	F-0456	E	01-10-2007	F-0368	B	-	-	-	-	-	-	-	-	-
05-19-2009	F-0328	D	-	-	-	01-10-2007	F-0371	F	-	-	-	-	-	-	-	-	-
05-19-2009	F-0329	E	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
05-19-2009	F-0406	D	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

**Life Safety Code Survey**

2009			2008			2007			2006			2005			2001		
Survey Date	Def. * Tag	S&S	Survey Date	Def. * Tag	S&S	Survey Date	Def. * Tag	S&S	Survey Date	Def. * Tag	S&S	Survey Date	Def. * Tag	S&S	Survey Date	Def. * Tag	S&S
05-19-2009	K-0029	D	04-14-2008	K-0050	D	01-10-2007	K-0071	D	No Survey Conducted			No Survey Conducted			No Survey Conducted		
-	-	-	04-14-2008	K-0062	D	01-10-2007	K-0104	E	-	-	-	-	-	-	-	-	-
-	-	-	04-14-2008	K-0066	E	01-10-2007	K-0144	C	-	-	-	-	-	-	-	-	-
-	-	-	04-14-2008	K-0072	E	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	04-14-2008	K-0144	F	-	-	-	-	-	-	-	-	-	-	-	-

\* QIS stands for Quality Indicator Survey. To determine if this is a Special Focus Facility (SFF), visit the CMS website at: [http://www.cms.hhs.gov/certificationandcompliance/12\\_NHs.asp](http://www.cms.hhs.gov/certificationandcompliance/12_NHs.asp).

The CMS 5-star rating system can be viewed at: [http://www.cms.hhs.gov/certificationandcompliance/13\\_fsqr.asp](http://www.cms.hhs.gov/certificationandcompliance/13_fsqr.asp).

Previous performance by a facility does not guarantee future performance. It is understood by users of CareScout's services that the information contained herein is intended to serve as a guide and basis for general comparisons and evaluations, but not as the sole basis upon which any material conduct is to be recommended.

<b>Complaint Survey</b>																	
<b>2009</b>			<b>2008</b>			<b>2007</b>			<b>2006</b>			<b>2005</b>			<b>2001</b>		
Survey Date	Def. * Tag	S&S	Survey Date	Def. * Tag	S&S	Survey Date	Def. * Tag	S&S	Survey Date	Def. * Tag	S&S	Survey Date	Def. * Tag	S&S	Survey Date	Def. * Tag	S&S
03-17-2009	F-0333	D	02-13-2008	F-0281	D	02-01-2007	F-0514	B	09-21-2006	F-0493	B	No Survey Conducted			03-16-2001	F-0000	A
05-29-2009	F-0000	A	02-13-2008	F-0325	D	03-09-2007	F-0322	D		-			-		03-28-2001	F-0000	A
	-		04-30-2008	F-0000	A	03-27-2007	F-0000	A		-			-		08-29-2001	F-0698	J
	-			-		04-24-2007	F-0000	A		-			-			-	
	-			-		10-04-2007	F-0000	A		-			-			-	
	-			-		10-31-2007	F-0386	E		-			-			-	
	-			-		11-26-2007	F-0000	A		-			-			-	

\* QIS stands for Quality Indicator Survey. To determine if this is a Special Focus Facility (SFF), visit the CMS website at: [http://www.cms.hhs.gov/certificationandcompliance/12\\_NHs.asp](http://www.cms.hhs.gov/certificationandcompliance/12_NHs.asp).

The CMS 5-star rating system can be viewed at: [http://www.cms.hhs.gov/certificationandcompliance/13\\_fsqs.asp](http://www.cms.hhs.gov/certificationandcompliance/13_fsqs.asp).

*Previous performance by a facility does not guarantee future performance. It is understood by users of CareScout's services that the information contained herein is intended to serve as a guide and basis for general comparisons and evaluations, but not as the sole basis upon which any material conduct is to be recommended.*

**Standard Survey Deficiency Descriptions**

Date	Tag	Category	Description	S&S Grade
<b>Current Standard Survey Deficiencies:</b>				
05-19-2009	F-0155	Resident Rights	Right to refuse: treatment; participation in experimental research; to formulate advance directive.	D
05-19-2009	F-0240	Quality of Life	Must care for residents in a manner promoting each resident's Quality of Life.	D
05-19-2009	F-0248	Quality of Life	Facility must provide ongoing program of activities; by qualified professional.	E
05-19-2009	F-0253	Quality of Life	Housekeeping & maintenance to maintain sanitary, orderly, comfortable interior.	B
05-19-2009	F-0280	Resident Assessment	Comprehensive Care Plan to be developed & prepared adequately.	D
05-19-2009	F-0317	Quality of Care	Ensure Range of Motion not reduced unless unavoidable.	E
05-19-2009	F-0318	Quality of Care	Residents w/ limited Range of Motion to receive appropriate services.	E
05-19-2009	F-0328	Quality of Care	Proper care re: injections, enteral fluids, prostheses, tracheal suctioning, respiratory, ostomy, foot care.	D
05-19-2009	F-0329	Quality of Care	Resident's medication to be free of unnecessary drugs.	E
05-19-2009	F-0406	Specialized Rehabilitative Services	Ensure needed Rehabilitative services--Physical, Occupational, Speech therapy etc. provided.	D
<b>Current Life Safety Code Deficiencies:</b>				
05-19-2009	K-0029	Hazardous Areas Separated By Construction	Involves specifications for fire protection in hazardous areas separated by construction	D
<b>Prior Standard Survey Deficiencies:</b>				
04-14-2008	F-0246	Quality of Life	Right to reside & receive services with reasonable accommodations of individual needs & preferences.	D
04-14-2008	F-0250	Quality of Life	Must provide medically-related social services to attain/maintain highest practicable overall well-being of each resident.	D
04-14-2008	F-0279	Resident Assessment	Comprehensive Care Plan developed to meet needs identified in Comprehensive Assessment.	E
04-14-2008	F-0315	Quality of Care	Re: urinary incontinence--no catheterization unless unavoidable.	E
04-14-2008	F-0385	Physician Services	Admission to facility to be recommended by physician; care to be supervised by physician.	D
04-14-2008	F-0454	Physical Environment	Facility to be designed, constructed, equipped & maintained to protect health & safety of residents, staff & public; must comply w/ relevant fire code(s).	F
04-14-2008	F-0456	Physical Environment	Essential mechanical, electrical, patient care equipment to be in safe operating condition.	E
<b>Prior Life Safety Code Deficiencies:</b>				
04-14-2008	K-0050	Fire Drills	Fire drills are mandatory quarterly and must follow certain regulations	D
04-14-2008	K-0062	Automatic Sprinkler Maintenance	Requires the sprinkler system to be continuously maintained, inspected, and tested	D
04-14-2008	K-0066	Smoking Regulations	Sets certain regulations for how and where smoking is allowed in the facility	E
04-14-2008	K-0072	Furnishings And Decorations	Sets regulations for the placement of furnishings and decorations near exits	E
04-14-2008	K-0144	Generators	Sets generator maintenance regulations	F
<b>Third Standard Survey Deficiencies:</b>				

\* QIS stands for Quality Indicator Survey. To determine if this is a Special Focus Facility (SFF), visit the CMS website at: [http://www.cms.hhs.gov/certificationandcompliance/12\\_NHs.asp](http://www.cms.hhs.gov/certificationandcompliance/12_NHs.asp).

The CMS 5-star rating system can be viewed at: [http://www.cms.hhs.gov/certificationandcompliance/13\\_fsqs.asp](http://www.cms.hhs.gov/certificationandcompliance/13_fsqs.asp).

*Previous performance by a facility does not guarantee future performance. It is understood by users of CareScout's services that the information contained herein is intended to serve as a guide and basis for general comparisons and evaluations, but not as the sole basis upon which any material conduct is to be recommended.*

01-10-2007	F-0221	Resident Behavior and Facility Practices	Right to be free from physical restraints.	D
01-10-2007	F-0225	Resident Behavior and Facility Practices	Ensure that allegations of mistreatment, neglect, or abuse are reported, investigated & prevented adequately; must not employ certain staff.	D
01-10-2007	F-0241	Quality of Life	Must promote each resident's Dignity recognizing individuality.	E
01-10-2007	F-0252	Quality of Life	Safe, clean, comfortable, homelike environment to be provided.	C
01-10-2007	F-0323	Quality of Care	Residents' environment to be free of accident hazards.	E
01-10-2007	F-0329	Quality of Care	Resident's medication to be free of unnecessary drugs.	D
01-10-2007	F-0368	Dietary Services	Proper frequency of meals.	B
01-10-2007	F-0371	Dietary Services	Food to be stored, prepared, distributed, served under Sanitary conditions.	F

**Third Life Safety Code Deficiencies:**

01-10-2007	K-0071	Linen And Trash Chutes	Sets regulations for linen and trash chutes	D
01-10-2007	K-0104	Penetration Of Smoke Barriers	(no description)	E
01-10-2007	K-0144	Generators	Sets generator maintenance regulations	C

**Fourth Standard Survey Deficiencies:**

11-18-2005	F-0387	Physician Services	Proper frequency of physician visits.	D
------------	--------	--------------------	---------------------------------------	---

\* QIS stands for Quality Indicator Survey. To determine if this is a Special Focus Facility (SFF), visit the CMS website at: [http://www.cms.hhs.gov/certificationandcompliance/12\\_NHs.asp](http://www.cms.hhs.gov/certificationandcompliance/12_NHs.asp).

The CMS 5-star rating system can be viewed at: [http://www.cms.hhs.gov/certificationandcompliance/13\\_fsqs.asp](http://www.cms.hhs.gov/certificationandcompliance/13_fsqs.asp).

*Previous performance by a facility does not guarantee future performance. It is understood by users of CareScout's services that the information contained herein is intended to serve as a guide and basis for general comparisons and evaluations, but not as the sole basis upon which any material conduct is to be recommended.*

**Complaint Survey Deficiency Descriptions**

Date	Tag	Category	Description	S&S Grade
<b>Current Complaint Survey:</b>				
03-17-2009	F-0333	Quality of Care	Residents to be free of significant medication errors.	D
05-29-2009	F-0000	NoHealthDef	No Violations.	A
<b>Prior Complaint Survey:</b>				
02-13-2008	F-0281	Resident Assessment	Care Plan services provided or arranged by facility must meet professional standards of quality.	D
02-13-2008	F-0325	Quality of Care	Must maintain nutritional status--weight, protein levels-- unless not possible.	D
04-30-2008	F-0000	NoHealthDef	No Violations.	A
<b>Third Complaint Survey:</b>				
02-01-2007	F-0514	Administration	Clinical records to be maintained appropriately.	B
03-09-2007	F-0322	Quality of Care	Naso-Gastric tube feed residents to receive appropriate services.	D
03-27-2007	F-0000	NoHealthDef	No Violations.	A
04-24-2007	F-0000	NoHealthDef	No Violations.	A
10-04-2007	F-0000	NoHealthDef	No Violations.	A
10-31-2007	F-0386	Physician Services	Physician must review total program of care at required visits; write & sign progress notes; sign & date all orders.	E
11-26-2007	F-0000	NoHealthDef	No Violations.	A
<b>Fourth Complaint Survey:</b>				
09-21-2006	F-0493	Administration	Facility to have a governing body.	B

\* QIS stands for Quality Indicator Survey. To determine if this is a Special Focus Facility (SFF), visit the CMS website at: [http://www.cms.hhs.gov/certificationandcompliance/12\\_NHs.asp](http://www.cms.hhs.gov/certificationandcompliance/12_NHs.asp).

The CMS 5-star rating system can be viewed at: [http://www.cms.hhs.gov/certificationandcompliance/13\\_fsqs.asp](http://www.cms.hhs.gov/certificationandcompliance/13_fsqs.asp).

*Previous performance by a facility does not guarantee future performance. It is understood by users of CareScout's services that the information contained herein is intended to serve as a guide and basis for general comparisons and evaluations, but not as the sole basis upon which any material conduct is to be recommended.*

<b>Minimum Data Set (MDS) Quality Measures</b>			
<b>Long-Stay Residents are people in an extended or permanent nursing home stay</b>	<b>Facility</b>	<b>State Avg.</b>	<b>National Avg.</b>
Percent of long-stay residents whose need for help with daily activities has increased	7%	11%	14%
Percent of long-stay residents who have moderate to severe pain	0%	2%	3%
Percent of high-risk long-stay residents who have pressure sores	12%	15%	11%
Percent of long-stay residents who were physically restrained	1%	3%	3%
Percent of long-stay residents who are more depressed or anxious	6%	9%	14%
Percent of low-risk long-stay residents who lose control of their bowels or bladder	30%	45%	51%
Percent of long-stay residents who spend most of their time in bed or in a chair	2%	3%	4%
Percent of long-stay residents whose ability to move about in and around their room got worse	4%	9%	11%
Percent of long-stay residents who had a urinary tract infection	1%	7%	9%
Percent of long-stay residents who lose too much weight	8%	8%	8%
Percent of long-stay residents given influenza vaccination during the flu season	90%	86%	85%
Percent of long-stay residents who have/had a catheter inserted and left in their bladder	2%	4%	5%
Percent of long-stay residents who were assessed and given pneumococcal vaccination	90%	86%	84%
Percent of low-risk long-stay residents who have pressure sores	1%	2%	2%
<b>Short-Stay Residents are people needing short-term skilled nursing care or rehabilitation services following a hospital stay, who are expected to return home</b>	<b>Facility</b>	<b>State Avg.</b>	<b>National Avg.</b>
Percent of short-stay residents who have pressure sores	18%	18%	13%
Percent of short-stay residents who have delirium	2%	1%	1%
Percent of short-stay residents who had moderate to severe pain	11%	13%	18%
Percent of short-stay residents given influenza vaccination during the flu season	76%	82%	79%
Percent of short-stay residents who were assessed and given pneumococcal vaccination	72%	83%	78%

\* QIS stands for Quality Indicator Survey. To determine if this is a Special Focus Facility (SFF), visit the CMS website at: [http://www.cms.hhs.gov/certificationandcompliance/12\\_NHs.asp](http://www.cms.hhs.gov/certificationandcompliance/12_NHs.asp).

The CMS 5-star rating system can be viewed at: [http://www.cms.hhs.gov/certificationandcompliance/13\\_fsqs.asp](http://www.cms.hhs.gov/certificationandcompliance/13_fsqs.asp).

*Previous performance by a facility does not guarantee future performance. It is understood by users of CareScout's services that the information contained herein is intended to serve as a guide and basis for general comparisons and evaluations, but not as the sole basis upon which any material conduct is to be recommended.*

**Resident Census & Conditions of Residents (CMS Form 672)**

Note: Within the Facility Variance vs. State and National Averages columns, CareScout provides a comparative color indicator device:

Red	Current Facility % is greater than the State Average by more than 20%
Green	Current Facility % is less than the State Average by more than 20%
Yellow	Current Facility % is within 20% above and below the State Average (i.e. is within the average zone)

	Facility				State		National	
	Current Facility #	Current Facility %	Historical Facility %	Facility Trend	State Average %	Facility Variance vs. State Avg	National Average %	Facility Variance vs. National Avg
<b>ADL Bathing</b>								
F79: Can bathe independently	21	12	13	↘	5	7	4	8
F80: Can bathe with assistance of one or two staff	96	55	54	↗	57	-2	62	-7
F81: Dependent in bathing	57	33	34	↘	38	-5	34	-1
<b>ADL Dressing</b>								
F82: Can dress independently	49	28	23	↗	10	18	10	18
F83: Can dress with assistance of one or two staff	89	51	56	↘	58	-6	66	-15
F84: Dependent in dressing	36	21	21	↘	32	-11	24	-4
<b>ADL Transferring</b>								
F85: Can transfer independently	61	35	32	↗	20	15	19	17
F86: Can transfer with assistance of one or two staff	77	44	48	↘	54	-9	58	-14
F87: Dependent in transferring	36	21	20	↗	26	-5	23	-3
<b>ADL Toileting</b>								
F88: Can toilet independently	59	34	36	↘	17	16	15	19
F89: Can toilet with assistance of one or two staff	58	33	40	↘	50	-17	57	-23
F90: Dependent in toileting	57	33	25	↗	32	0	28	4

\* QIS stands for Quality Indicator Survey. To determine if this is a Special Focus Facility (SFF), visit the CMS website at: [http://www.cms.hhs.gov/certificationandcompliance/12\\_NHs.asp](http://www.cms.hhs.gov/certificationandcompliance/12_NHs.asp).

The CMS 5-star rating system can be viewed at: [http://www.cms.hhs.gov/certificationandcompliance/13\\_fsqs.asp](http://www.cms.hhs.gov/certificationandcompliance/13_fsqs.asp).

*Previous performance by a facility does not guarantee future performance. It is understood by users of CareScout's services that the information contained herein is intended to serve as a guide and basis for general comparisons and evaluations, but not as the sole basis upon which any material conduct is to be recommended.*



<b>ADL Eating</b>	Current Facility #	Current Facility %	Historical Facility %	Facility Trend	State Average %	Facility Variance vs. State Avg	National Average %	Facility Variance vs. National Avg
F91: Can eat independently	120	69	68	↗	51	18	46	23
F92: Can eat with assistance of one or two staff	33	19	19	↗	32	-13	39	-20
F93: Dependent in eating	21	12	14	↘	17	-5	15	-3

<b>Bowel/Bladder Status</b>	Current Facility #	Current Facility %	Historical Facility %	Facility Trend	State Average %	Facility Variance vs. State Avg	National Average %	Facility Variance vs. National Avg
F94: Indwelling or external catheter	5	3	3	↘	5	-2	6	-3
F95: Catheters present on admission	4	2	3	↘	4	-2	4	-2
F96: Occasionally or frequently incontinent of bladder	27	16	32	↘	52	-37	56	-41
F97: Occasionally or frequently incontinent of bowel	26	15	31	↘	44	-29	46	-31
F98: Individually written bladder training program	5	3	2	↗	6	-3	7	-4
F99: Individually written bowel training program	5	3	2	↗	4	-1	3	-1

<b>Mobility</b>	Current Facility #	Current Facility %	Historical Facility %	Facility Trend	State Average %	Facility Variance vs. State Avg	National Average %	Facility Variance vs. National Avg
F100: Bedfast all or most of the time	6	3	2	↗	3	0	4	0
F101: In chair all or most of time	93	53	46	↗	62	-8	59	-6
F102: Independently ambulatory	41	24	27	↘	11	13	10	14
F103: Ambulation with assistance or assistive device	34	20	23	↘	28	-8	29	-10
F104: Physically restrained	2	1	3	↘	3	-2	4	-2
F105: Restraints at time of admission	1	1	1	↗	1	0	1	0
F106: With contractures	18	10	17	↘	16	-6	28	-18
F107: Contractures on admission	17	10	15	↘	12	-2	18	-8

<b>Mental Status</b>	Current Facility #	Current Facility %	Historical Facility %	Facility Trend	State Average %	Facility Variance vs. State Avg	National Average %	Facility Variance vs. National Avg
F108: Mental retardation	9	5	4	↗	3	2	3	2
F109: Documented signs and signals of depression	18	10	18	↘	35	-25	51	-40
F110: Documented psychiatric diagnosis	32	18	20	↘	19	-1	24	-6
F111: Dementia: multi-infract, senile, Alzheimer's, or other	88	51	49	↗	44	7	47	3
F112: Behavioral symptoms	35	20	18	↗	22	-2	28	-8
F113: Resident with behavioral symptoms receiving behavior	4	2	3	↘	11	-9	11	-9
F114: Health rehabilitative services for MI/MR	0	0	0	→	2	-2	7	-7

\* QIS stands for Quality Indicator Survey. To determine if this is a Special Focus Facility (SFF), visit the CMS website at: [http://www.cms.hhs.gov/certificationandcompliance/12\\_NHs.asp](http://www.cms.hhs.gov/certificationandcompliance/12_NHs.asp).

The CMS 5-star rating system can be viewed at: [http://www.cms.hhs.gov/certificationandcompliance/13\\_fsqs.asp](http://www.cms.hhs.gov/certificationandcompliance/13_fsqs.asp).

*Previous performance by a facility does not guarantee future performance. It is understood by users of CareScout's services that the information contained herein is intended to serve as a guide and basis for general comparisons and evaluations, but not as the sole basis upon which any material conduct is to be recommended.*

<b>Skin Integrity</b>	Current Facility #	Current Facility %	Historical Facility %	Facility Trend	State Average %	Facility Variance vs. State Avg	National Average %	Facility Variance vs. National Avg
F115: Pressure sores	17	10	9	↗	8	2	7	3
F116: Pressure sores on admission	8	5	4	↗	5	0	4	1
Inhouse Acquired Pressure Sores	9	5	5	↗	3	2	3	2
F117: Receiving preventive skin care	6	3	5	↘	71	-67	78	-75
F118: Rashes	4	2	2	↗	4	-2	6	-4

<b>Special Care</b>	Current Facility #	Current Facility %	Historical Facility %	Facility Trend	State Average %	Facility Variance vs. State Avg	National Average %	Facility Variance vs. National Avg
F119: Receiving hospice care benefit	10	6	5	↗	4	2	5	1
F120: Receiving radiation therapy	0	0	0	→	0	0	0	0
F121: Receiving chemotherapy	0	0	0	↘	0	0	0	0
F122: Receiving dialysis	2	1	1	↘	2	-1	2	-1
F123: Receiving IV therapy, parenteral nutrition, and/or blood	2	1	0	↗	2	-1	2	-1
F124: Receiving respiratory treatment	11	6	6	↗	13	-6	14	-8
F125: Receiving tracheotomy treatment	2	1	1	↘	1	0	1	0
F126: Receiving ostomy care	1	1	1	↗	5	-4	5	-4
F127: Receiving suctioning	1	1	1	↘	2	-1	1	-1
F128: Receiving injections (excluding vitamin B12)	33	19	14	↗	20	-1	21	-2
F129: Receiving tube feeding	8	5	6	↘	7	-2	6	-1
F130: Receiving mechanically altered diets	67	39	40	↘	34	4	33	5
F131: Receiving specialized rehabilitative services	12	7	10	↘	23	-16	24	-18
F132: Assistive devices while eating	5	3	4	↘	4	-1	8	-5

<b>Medications</b>	Current Facility #	Current Facility %	Historical Facility %	Facility Trend	State Average %	Facility Variance vs. State Avg	National Average %	Facility Variance vs. National Avg
F133: Receiving any psychoactive medication	104	60	64	↘	57	3	65	-5
F134: Receiving antipsychotic medications	30	17	22	↘	22	-4	25	-8
F135: Receiving antianxiety medications	21	12	9	↗	17	-5	20	-8
F136: Receiving antidepressant medications	47	27	29	↘	39	-12	48	-21
F137: Receiving hypnotic medications	6	3	4	↘	8	-5	8	-4
F138: Receiving antibiotics	9	5	6	↘	7	-2	8	-3
F139: On pain management program	14	8	12	↘	30	-22	28	-20

\* QIS stands for Quality Indicator Survey. To determine if this is a Special Focus Facility (SFF), visit the CMS website at: [http://www.cms.hhs.gov/certificationandcompliance/12\\_NHs.asp](http://www.cms.hhs.gov/certificationandcompliance/12_NHs.asp).

The CMS 5-star rating system can be viewed at: [http://www.cms.hhs.gov/certificationandcompliance/13\\_fsqs.asp](http://www.cms.hhs.gov/certificationandcompliance/13_fsqs.asp).

*Previous performance by a facility does not guarantee future performance. It is understood by users of CareScout's services that the information contained herein is intended to serve as a guide and basis for general comparisons and evaluations, but not as the sole basis upon which any material conduct is to be recommended.*

<i>Other</i>	Current Facility #	Current Facility %	Historical Facility %	Facility Trend	State Average %	Facility Variance vs. State Avg	National Average %	Facility Variance vs. National Avg
F140: With unplanned significant weight loss/gain	4	2	7	↘	5	-3	8	-5
F141: Do not communicate in the facility's dominant language	13	7	15	↘	6	2	3	4
F142: Use non-oral communication devices	9	5	8	↘	3	2	4	1
F143: With advance directives	68	39	27	↗	43	-4	61	-22
F144: Received influenza immunizations	0	0	0	→	0	0	0	0
F145: Received pneumococcal vaccine	0	0	0	→	0	0	0	0

F146: Was ombudsman office notified prior to survey? Yes

F147: Was ombudsman present during any portion of the survey? No

F148: Facility Medication error rate: 1% (State Average Medication error rate: 2.3%)

\* QIS stands for Quality Indicator Survey. To determine if this is a Special Focus Facility (SFF), visit the CMS website at: [http://www.cms.hhs.gov/certificationandcompliance/12\\_NHs.asp](http://www.cms.hhs.gov/certificationandcompliance/12_NHs.asp).

The CMS 5-star rating system can be viewed at: [http://www.cms.hhs.gov/certificationandcompliance/13\\_fsqs.asp](http://www.cms.hhs.gov/certificationandcompliance/13_fsqs.asp).

*Previous performance by a facility does not guarantee future performance. It is understood by users of CareScout's services that the information contained herein is intended to serve as a guide and basis for general comparisons and evaluations, but not as the sole basis upon which any material conduct is to be recommended.*

**Nursing Staff Hours Per Resident Per Day**

Note: Within the Facility Data row, CareScout provides a comparative color indicator device:

- Green Facility Data is greater than the State Average by more than 20%
- Red Facility Data is less than the State Average by more than 20%
- Yellow Facility Data is within 20% above and below the State Average (i.e. is within the average zone)

	<b>Number of Residents</b>	<b>Licensed RN Hours per Resident per Day</b>	<b>Licensed LPN/LVN Hours per Resident per Day</b>	<b>Total Number of Licensed Nurse Staff Hours per Resident per day</b>	<b>CNA Hours per Resident per Day</b>
<b>National Average</b>	89	36 minutes	49 minutes	85 minutes	142 minutes
<b>State Average</b>	128	43 minutes	45 minutes	88 minutes	131 minutes
<b>Facility Data</b>	<b>174</b>	<b>25 minutes</b>	<b>25 minutes</b>	<b>50 minutes</b>	<b>110 minutes</b>

\* QIS stands for Quality Indicator Survey. To determine if this is a Special Focus Facility (SFF), visit the CMS website at: [http://www.cms.hhs.gov/certificationandcompliance/12\\_NHs.asp](http://www.cms.hhs.gov/certificationandcompliance/12_NHs.asp).

The CMS 5-star rating system can be viewed at: [http://www.cms.hhs.gov/certificationandcompliance/13\\_fsqr.asp](http://www.cms.hhs.gov/certificationandcompliance/13_fsqr.asp).

*Previous performance by a facility does not guarantee future performance. It is understood by users of CareScout's services that the information contained herein is intended to serve as a guide and basis for general comparisons and evaluations, but not as the sole basis upon which any material conduct is to be recommended.*

**Resident Payer Types**

Note: Within the Facility Data row, CareScout provides a comparative color indicator device:

- Red Facility Data is greater than the State Average by more than 20%
- Green Facility Data is less than the State Average by less than 20%
- Yellow Facility Data is within 20% above and below the State Average (i.e, is within the average zone)

	Number of Residents	Percent of Residents Paying with Medicare	Percent of Residents Paying with Medicaid	Percent of Residents Paying with other funding sources (e.g. Private Pay)
<b>National Average</b>	89	15.66%	60.01%	24.33%
<b>State Average</b>	128	20.26%	56.76%	22.98%
<b>Facility Data</b>	<b>174</b>	<b>7.47%</b>	<b>85.63%</b>	<b>6.90%</b>

\* QIS stands for Quality Indicator Survey. To determine if this is a Special Focus Facility (SFF), visit the CMS website at: [http://www.cms.hhs.gov/certificationandcompliance/12\\_NHs.asp](http://www.cms.hhs.gov/certificationandcompliance/12_NHs.asp).

The CMS 5-star rating system can be viewed at: [http://www.cms.hhs.gov/certificationandcompliance/13\\_fsqs.asp](http://www.cms.hhs.gov/certificationandcompliance/13_fsqs.asp).

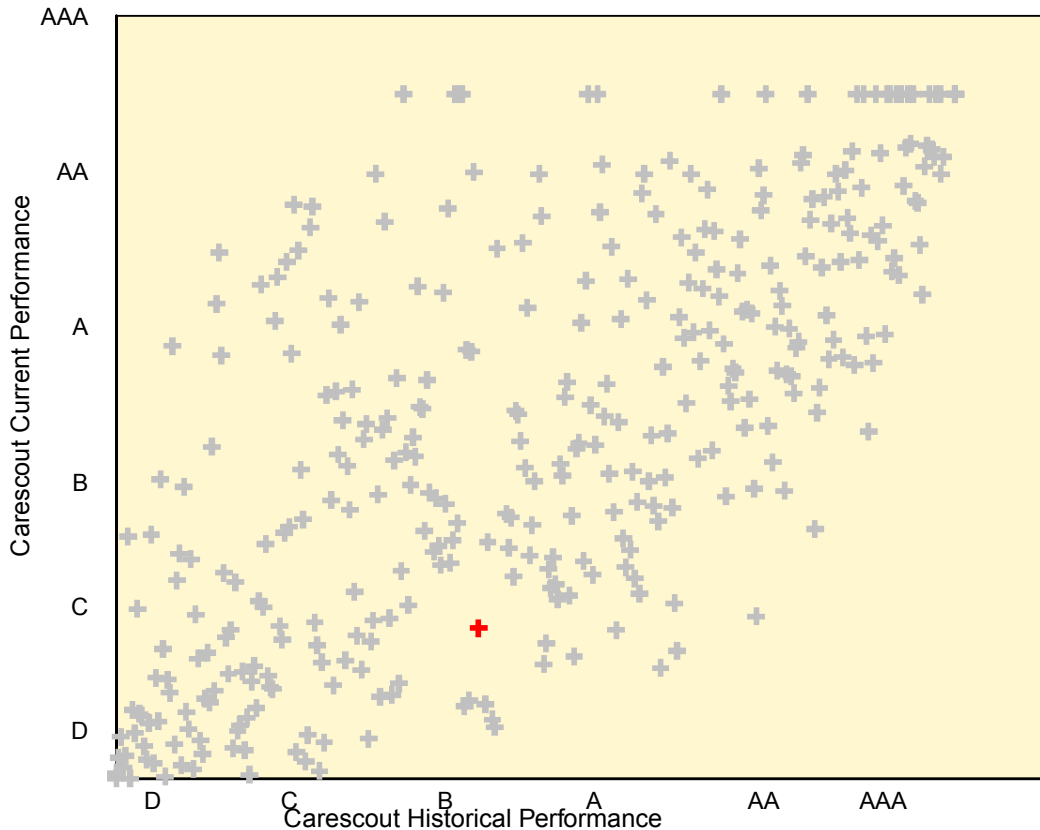
*Previous performance by a facility does not guarantee future performance. It is understood by users of CareScout's services that the information contained herein is intended to serve as a guide and basis for general comparisons and evaluations, but not as the sole basis upon which any material conduct is to be recommended.*

CareScout Quality Ratings						CareScout Ratings® Trends & Indicators			Facility & State Census			
Current County Rank	Current State Rank	Current State Rating	Historical State Rating	National Rating	Fire Safety Rating	CareScout Trends & Indicators			Medicaid & Medicare Information			
11	280	C	B	A	A	Quality of Care Trend: Negative			Facility	Fac. Hist. Avg.	State Avg.	
out of 15	out of 359	out of AAA - D	out of AAA - D	out of AAA - D	out of AA - D	Bed Availability:	Less Likely	97%	Census:	174	177	128
						Medicaid Population:	Above Average	86%	Medicaid%:	86%	87%	62%
						Heavy Care Indicator:	Below Average	7%	Medicare%:	7%	7%	18%
						Facility Size:	Larger					

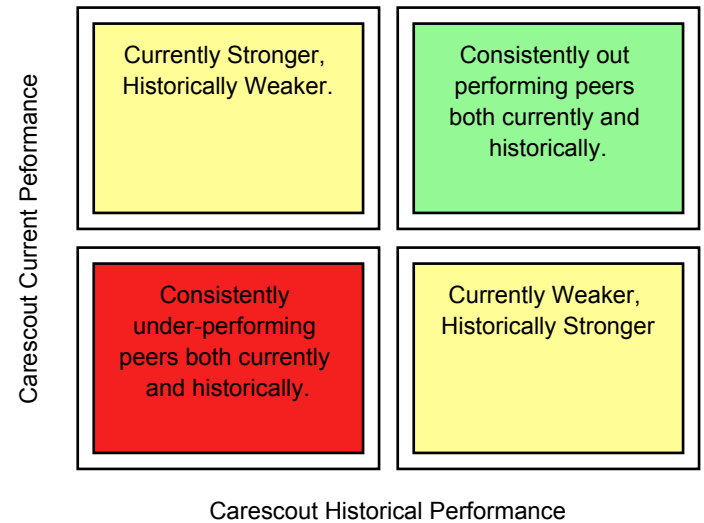
The Center for Medicare & Medicaid Services may apply its [5-star Rating System](#) to this facility \*.

**Survey Performance Comparison Chart**

Based on CareScout Rating Methodology



**Understanding the "Comparison Chart"**



\* QIS stands for Quality Indicator Survey. To determine if this is a Special Focus Facility (SFF), visit the CMS website at: [http://www.cms.hhs.gov/certificationandcompliance/12\\_NHs.asp](http://www.cms.hhs.gov/certificationandcompliance/12_NHs.asp).

The CMS 5-star rating system can be viewed at: [http://www.cms.hhs.gov/certificationandcompliance/13\\_fsqs.asp](http://www.cms.hhs.gov/certificationandcompliance/13_fsqs.asp).

Previous performance by a facility does not guarantee future performance. It is understood by users of CareScout's services that the information contained herein is intended to serve as a guide and basis for general comparisons and evaluations, but not as the sole basis upon which any material conduct is to be recommended.

**CareScout Standard Deviation Analysis: Minimum Data Set (MDS) Quality Measures**

<b>Long-Stay Residents are people in an extended or permanent nursing home stay</b>	<b>Facility</b>	<b>State Avg.</b>	<b>State StdDev.</b>	<b>Facility Variance vs. State</b>
Percent of long-stay residents whose need for help with daily activities has increased	7.00%	10.94%	5.02%	-3.94%
Percent of long-stay residents who have moderate to severe pain	0.00%	1.90%	2.01%	-1.90%
Percent of high-risk long-stay residents who have pressure sores	12.00%	15.19%	6.36%	-3.19%
Percent of long-stay residents who were physically restrained	1.00%	3.03%	4.18%	-2.03%
Percent of long-stay residents who are more depressed or anxious	6.00%	8.69%	4.93%	-2.69%
Percent of low-risk long-stay residents who lose control of their bowels or bladder	30.00%	45.14%	14.10%	-15.14%
Percent of long-stay residents who spend most of their time in bed or in a chair	2.00%	2.93%	3.06%	-0.93%
Percent of long-stay residents whose ability to move about in and around their room got worse	4.00%	9.19%	4.62%	-5.19%
Percent of long-stay residents who had a urinary tract infection	1.00%	6.90%	3.82%	-5.90%
Percent of long-stay residents who lose too much weight	8.00%	8.38%	3.23%	-0.38%
Percent of long-stay residents given influenza vaccination during the flu season	90.00%	86.47%	10.58%	3.53%
Percent of long-stay residents who have/had a catheter inserted and left in their bladder	2.00%	4.01%	3.49%	-2.01%
Percent of long-stay residents who were assessed and given pneumococcal vaccination	90.00%	86.12%	10.21%	3.88%
Percent of low-risk long-stay residents who have pressure sores	1.00%	2.16%	2.16%	-1.16%
<b>Short-Stay Residents are people needing short-term skilled nursing care or rehabilitation services following a hospital stay, who are expected to return home</b>	<b>Facility</b>	<b>State Avg.</b>	<b>State StdDev.</b>	<b>Facility Variance vs. State</b>
Percent of short-stay residents who have pressure sores	18.00%	17.84%	7.61%	0.16%
Percent of short-stay residents who have delirium	2.00%	0.70%	1.51%	1.30%
Percent of short-stay residents who had moderate to severe pain	11.00%	13.45%	10.86%	-2.45%
Percent of short-stay residents given influenza vaccination during the flu season	76.00%	82.46%	14.02%	-6.46%
Percent of short-stay residents who were assessed and given pneumococcal vaccination	72.00%	83.15%	13.88%	-11.15%

\* QIS stands for Quality Indicator Survey. To determine if this is a Special Focus Facility (SFF), visit the CMS website at: [http://www.cms.hhs.gov/certificationandcompliance/12\\_NHs.asp](http://www.cms.hhs.gov/certificationandcompliance/12_NHs.asp).

The CMS 5-star rating system can be viewed at: [http://www.cms.hhs.gov/certificationandcompliance/13\\_fsqs.asp](http://www.cms.hhs.gov/certificationandcompliance/13_fsqs.asp).

*Previous performance by a facility does not guarantee future performance. It is understood by users of CareScout's services that the information contained herein is intended to serve as a guide and basis for general comparisons and evaluations, but not as the sole basis upon which any material conduct is to be recommended.*

**CareScout Standard Deviation Analysis: Resident Census & Conditions of Residents (CMS Form 672)**

Note: Within the Facility Variance vs. State column, CareScout provides a comparative color indicator device:

- Red Current Facility % is greater than the State Average by more than one standard deviation
- Green Current Facility % is less than the State Average by more than one standard deviation
- Yellow Current Facility % is within one standard deviation of the State Average (i.e. is within the expected range)

<b>ADL Bathing</b>	Current Facility %	State Average %	State Std. Dev. %	Facility Variance vs. State Avg.
F79: Can bathe independently	12	5	9.36	7%
F80: Can bathe with assistance of one or two staff	55	57	18.33	-2%
F81: Dependent in bathing	33	38	17.78	-5%
<b>ADL Dressing</b>	Current Facility %	State Average %	State Std. Dev. %	Facility Variance vs. State Avg.
F82: Can dress independently	28	10	10.10	18%
F83: Can dress with assistance of one or two staff	51	58	19.09	-6%
F84: Dependent in dressing	21	32	16.75	-11%
<b>ADL Eating</b>	Current Facility %	State Average %	State Std. Dev. %	Facility Variance vs. State Avg.
F91: Can eat independently	69	51	21.20	18%
F92: Can eat with assistance of one or two staff	19	32	19.74	-13%
F93: Dependent in eating	12	17	11.04	-5%
<b>ADL Toileting</b>	Current Facility %	State Average %	State Std. Dev. %	Facility Variance vs. State Avg.
F88: Can toilet independently	34	17	12.03	16%
F89: Can toilet with assistance of one or two staff	33	50	18.33	-17%
F90: Dependent in toileting	33	32	15.42	0%
<b>ADL Transferring</b>	Current Facility %	State Average %	State Std. Dev. %	Facility Variance vs. State Avg.
F85: Can transfer independently	35	20	13.07	15%

\* QIS stands for Quality Indicator Survey. To determine if this is a Special Focus Facility (SFF), visit the CMS website at: [http://www.cms.hhs.gov/certificationandcompliance/12\\_NHs.asp](http://www.cms.hhs.gov/certificationandcompliance/12_NHs.asp).

The CMS 5-star rating system can be viewed at: [http://www.cms.hhs.gov/certificationandcompliance/13\\_fsqs.asp](http://www.cms.hhs.gov/certificationandcompliance/13_fsqs.asp).

*Previous performance by a facility does not guarantee future performance. It is understood by users of CareScout's services that the information contained herein is intended to serve as a guide and basis for general comparisons and evaluations, but not as the sole basis upon which any material conduct is to be recommended.*



F86: Can transfer with assistance of one or two staff	44	54	17.65	-9%
F87: Dependent in transferring	21	26	13.67	-5%
<b>Bowel/Bladder Status</b>				
	Current Facility %	State Average %	State Std. Dev. %	Facility Variance vs. State Avg.
F94: Indwelling or external catheter	3	5	4.84	-2%
F95: Catheters present on admission	2	4	4.41	-2%
F96: Occasionally or frequently incontinent of bladder	16	52	18.30	-37%
F97: Occasionally or frequently incontinent of bowel	15	44	17.26	-29%
F98: Individually written bladder training program	3	6	9.68	-3%
F99: Individually written bowel training program	3	4	7.57	-1%
<b>Medications</b>				
	Current Facility %	State Average %	State Std. Dev. %	Facility Variance vs. State Avg.
F133: Receiving any psychoactive medication	60	57	14.16	3%
F134: Receiving antipsychotic medications	17	22	11.51	-4%
F135: Receiving antianxiety medications	12	17	9.22	-5%
F136: Receiving antidepressant medications	27	39	13.01	-12%
F137: Receiving hypnotic medications	3	8	7.36	-5%
F138: Receiving antibiotics	5	7	8.65	-2%
F139: On pain management program	8	30	18.89	-22%
<b>Mental Status</b>				
	Current Facility %	State Average %	State Std. Dev. %	Facility Variance vs. State Avg.
F108: Mental retardation	5	3	7.60	2%
F109: Documented signs and signals of depression	10	35	17.97	-25%
F110: Documented psychiatric diagnosis	18	19	13.65	-1%
F111: Dementia: multi-infract, senile, Alzheimer's, or other	51	44	18.00	7%
F112: Behavioral symptoms	20	22	13.21	-2%
F113: Resident with behavioral symptoms receiving behavior mgmt program	2	11	13.18	-9%
F114: Health rehabilitative services for MI/MR	0	2	8.54	-2%
<b>Mobility</b>				
	Current Facility %	State Average %	State Std. Dev. %	Facility Variance vs. State Avg.
F100: Bedfast all or most of the time	3	3	3.71	0%
F101: In chair all or most of time	53	62	20.54	-8%
F102: Independently ambulatory	24	11	8.38	13%

\* QIS stands for Quality Indicator Survey. To determine if this is a Special Focus Facility (SFF), visit the CMS website at: [http://www.cms.hhs.gov/certificationandcompliance/12\\_NHs.asp](http://www.cms.hhs.gov/certificationandcompliance/12_NHs.asp).

The CMS 5-star rating system can be viewed at: [http://www.cms.hhs.gov/certificationandcompliance/13\\_fsqs.asp](http://www.cms.hhs.gov/certificationandcompliance/13_fsqs.asp).

*Previous performance by a facility does not guarantee future performance. It is understood by users of CareScout's services that the information contained herein is intended to serve as a guide and basis for general comparisons and evaluations, but not as the sole basis upon which any material conduct is to be recommended.*

F103: Ambulation with assistance or assistive device	20	28	21.03	-8%
F104: Physically restrained	1	3	4.60	-2%
F105: Restraints at time of admission	1	1	1.81	0%
F106: With contractures	10	16	16.03	-6%
F107: Contractures on admission	10	12	13.30	-2%
<b>Other</b>				
	Current Facility %	State Average %	State Std. Dev. %	Facility Variance vs. State Avg.
F140: With unplanned significant weight loss/gain	2	5	4.89	-3%
F141: Do not communicate in the facility's dominant language	7	6	10.05	2%
F142: Use non-oral communication devices	5	3	4.51	2%
F143: With advance directives	39	43	24.05	-4%
F144: Received influenza immunizations	0	0	0.00	0%
F145: Received pneumococcal vaccine	0	0	0.00	0%
<b>Skin Integrity</b>				
	Current Facility %	State Average %	State Std. Dev. %	Facility Variance vs. State Avg.
F115: Pressure sores	10	8	5.65	2%
F116: Pressure sores on admission	5	5	5.67	0%
Inhouse Acquired Pressure Sores	5	3		2%
F117: Receiving preventive skin care	3	71	30.12	-67%
F118: Rashes	2	4	5.19	-2%
<b>Special Care</b>				
	Current Facility %	State Average %	State Std. Dev. %	Facility Variance vs. State Avg.
F119: Receiving hospice care benefit	6	4	3.64	2%
F120: Receiving radiation therapy	0	0	0.68	0%
F121: Receiving chemotherapy	0	0	0.78	0%
F122: Receiving dialysis	1	2	2.24	-1%
F123: Receiving IV therapy, parenteral nutrition, and/or blood transfusion	1	2	6.75	-1%
F124: Receiving respiratory treatment	6	13	10.10	-6%
F125: Receiving tracheotomy treatment	1	1	7.34	0%
F126: Receiving ostomy care	1	5	5.42	-4%
F127: Receiving suctioning	1	2	7.74	-1%
F128: Receiving injections (excluding vitamin B12)	19	20	11.52	-1%
F129: Receiving tube feeding	5	7	9.70	-2%
F130: Receiving mechanically altered diets	39	34	12.79	4%
F131: Receiving specialized rehabilitative services	7	23	20.69	-16%

\* QIS stands for Quality Indicator Survey. To determine if this is a Special Focus Facility (SFF), visit the CMS website at: [http://www.cms.hhs.gov/certificationandcompliance/12\\_NHs.asp](http://www.cms.hhs.gov/certificationandcompliance/12_NHs.asp).

The CMS 5-star rating system can be viewed at: [http://www.cms.hhs.gov/certificationandcompliance/13\\_fsqs.asp](http://www.cms.hhs.gov/certificationandcompliance/13_fsqs.asp).

*Previous performance by a facility does not guarantee future performance. It is understood by users of CareScout's services that the information contained herein is intended to serve as a guide and basis for general comparisons and evaluations, but not as the sole basis upon which any material conduct is to be recommended.*

F132: Assistive devices while eating	3	4	6.68	-1%
--------------------------------------	---	---	------	-----

**CareScout Standard Deviation Analysis: Nursing Staff Hours Per Resident Per Day**

Note: Within the Facility Variance row, CareScout provides a comparative color indicator device:

- Green Facility Data is greater than the State Average by more than one standard deviation
- Red Facility Data is less than the State Average by more than one standard deviation
- Yellow Facility Data is within one standard deviation of the State Average (i.e, is within the expected range)

	Number of Residents	Licensed RN Hours per Resident per Day	Licensed LPN/LVN Hours per Resident per Day	Total Number of Licensed Nurse Staff Hours per Resident per day	CNA Hours per Resident per Day
<b>Facility Data</b>	174	25 minutes	25 minutes	50 minutes	110 minutes
<b>State Average</b>	128	43 minutes	45 minutes	88 minutes	131 minutes
<b>State Std. Dev.</b>	74.96	37 minutes	21 minutes	43 minutes	29 minutes
<b>Facility Variance vs. State Avg.</b>	46	-18 minutes	-20 minutes	-38 minutes	-21 minutes

\* QIS stands for Quality Indicator Survey. To determine if this is a Special Focus Facility (SFF), visit the CMS website at: [http://www.cms.hhs.gov/certificationandcompliance/12\\_NHs.asp](http://www.cms.hhs.gov/certificationandcompliance/12_NHs.asp).

The CMS 5-star rating system can be viewed at: [http://www.cms.hhs.gov/certificationandcompliance/13\\_fsqs.asp](http://www.cms.hhs.gov/certificationandcompliance/13_fsqs.asp).

*Previous performance by a facility does not guarantee future performance. It is understood by users of CareScout's services that the information contained herein is intended to serve as a guide and basis for general comparisons and evaluations, but not as the sole basis upon which any material conduct is to be recommended.*

**CareScout Standard Deviation Analysis: Resident Payer Types**

Note: Within the Facility Variance row, CareScout provides a comparative color indicator device:

- Red Facility Data is greater than the State Average by more than one standard deviation
- Green Facility Data is less than the State Average by more than one standard deviation
- Yellow Facility Data is within one standard deviation of the State Average (i.e, is within the expected range)

	<b>Number of Residents</b>	<b>Percent of Residents Paying with Medicare</b>	<b>Percent of Residents Paying with Medicaid</b>	<b>Percent of Residents Paying with other funding sources (e.g. Private Pay)</b>
<b>Facility Data</b>	174	7.47%	85.63%	6.90%
<b>State Average</b>	128	20.26%	56.76%	22.98%
<b>State Std. Dev.</b>	74.96	17.37%	25.79%	18.39%
<b>Facility Variance vs. State Avg.</b>	46	-12.79%	28.87%	-16.08%

\* QIS stands for Quality Indicator Survey. To determine if this is a Special Focus Facility (SFF), visit the CMS website at: [http://www.cms.hhs.gov/certificationandcompliance/12\\_NHs.asp](http://www.cms.hhs.gov/certificationandcompliance/12_NHs.asp).

The CMS 5-star rating system can be viewed at: [http://www.cms.hhs.gov/certificationandcompliance/13\\_fsqr.asp](http://www.cms.hhs.gov/certificationandcompliance/13_fsqr.asp).

*Previous performance by a facility does not guarantee future performance. It is understood by users of CareScout's services that the information contained herein is intended to serve as a guide and basis for general comparisons and evaluations, but not as the sole basis upon which any material conduct is to be recommended.*

**APPENDIX: Reader's Guide****CARESCOUT'S NURSING HOME QUALITY  
OF CARE RATINGS & INDICATORS**

Most nursing home residents in America are elderly, frail, and unable to remain completely independent. Federal laws and regulations set minimum standards for nursing home care and conduct to help protect residents nationwide. Certified facilities must undergo regular unannounced inspection surveys that follow procedures enforced by the Department of Health and Human Services to assess a facility's compliance with laws and regulations. Since 1996, CareScout has been interpreting and processing this and other data to produce our proprietary, federally copyrighted Nursing Home Reports. CareScout is proud to have been the first company to create and publish ratings and rankings for every certified nursing home and home care agency in America. Today more than 50% of the long-term care insurance company industry relies on CareScout for accessing information on senior care providers across the country.

**Standard Deviation Formula**

A "Standard Deviation" is a measure of the variability or dispersion of scores within a sample of data. Where the report shows a calculated Standard Deviation, CareScout used the following formula:

$$\sqrt{\frac{\sum (x - \bar{x})^2}{n}}$$

where x-bar is the sample mean (AVERAGE(score1, score2, ...)) and n is the sample size.

**Use of Standard Deviation Analysis Results**

A standard deviation analysis is intended to show how close or distant a facility's performance or metrics are to the performance or metrics of the typical facility in its state. Depending upon your view of the particular factor or metric being analyzed, the result of this deviation analysis may be considered positive, negative, or neutral.

**CareScout Quality Performance Ratings****CareScout Current County Rank**

Current County Rank ranks nursing homes within their county based upon each facility's most recent survey performance (taking into consideration the importance, scope and severity of violations and other factors). It reflects a facility's short-term quality of care performance county-wide. Facilities achieving a "AAA" ranking had no nursing home violations (i.e., no health deficiencies) during their most recent survey: they did the 'best' they could do on their most recent survey. Ties do occur, so do not be surprised to see several "AAA" facilities within a county or facilities tied within the numbered rankings.

**CareScout Current State Rank**

\* QIS stands for Quality Indicator Survey. To determine if this is a Special Focus Facility (SFF), visit the CMS website at: [http://www.cms.hhs.gov/certificationandcompliance/12\\_NHs.asp](http://www.cms.hhs.gov/certificationandcompliance/12_NHs.asp).

The CMS 5-star rating system can be viewed at: [http://www.cms.hhs.gov/certificationandcompliance/13\\_fsqs.asp](http://www.cms.hhs.gov/certificationandcompliance/13_fsqs.asp).

*Previous performance by a facility does not guarantee future performance. It is understood by users of CareScout's services that the information contained herein is intended to serve as a guide and basis for general comparisons and evaluations, but not as the sole basis upon which any material conduct is to be recommended.*

Current State Rank ranks nursing homes within their state based upon each facility’s single most recent survey performance on record. It reflects a facility’s short-term quality of care performance state-wide. Facilities achieving a “AAA” ranking had no nursing home violations during their most recent survey. The Current State Rank methodology parallels the methodology used to determine Current County Rank as shown above. However, instead of grouping and comparing the scores of facilities by county, Current State Rank groups and compares facilities by state.

**CareScout Current State Rating**

Current State Rating indicates whether a nursing home has out-performed or under-performed its peers on its most recent quality of care survey inspection. It reflects a facility’s short term quality of care performance state-wide. The Current State Rating rates nursing homes by comparing facilities in a manner paralleling that used to determine Current State Rankings, but using up to four of each facility’s most recent survey performances instead of just one.

<b>Historical Nursing Home Performance</b> Groupings of facilities based upon CareScout scoring methodology	<b>CareScout Current State Rating</b>
No Health Deficiencies	AAA
Top 15 % * in the state	AA
Next best 20 % *	A
Next best 30 % *	B
Next best 20 % *	C
Worst 15 % * in the state	D
* Excluding “AAA” rated facilities	

**CareScout Historical State Rating**

Historical State Rating, perhaps the best indicator of a facility’s quality of care, indicates whether a nursing home has out-performed or under-performed its peers on quality of care survey inspections over a historical period. It reflects a facility’s long term quality of care performance state-wide. The Historical State Rating rates nursing homes by comparing facilities in a manner paralleling that used to determine Current State Rankings, but using up to four of each facility’s most recent survey performances instead of just one.

\* QIS stands for Quality Indicator Survey. To determine if this is a Special Focus Facility (SFF), visit the CMS website at: [http://www.cms.hhs.gov/certificationandcompliance/12\\_NHs.asp](http://www.cms.hhs.gov/certificationandcompliance/12_NHs.asp).

The CMS 5-star rating system can be viewed at: [http://www.cms.hhs.gov/certificationandcompliance/13\\_fsqs.asp](http://www.cms.hhs.gov/certificationandcompliance/13_fsqs.asp).

*Previous performance by a facility does not guarantee future performance. It is understood by users of CareScout’s services that the information contained herein is intended to serve as a guide and basis for general comparisons and evaluations, but not as the sole basis upon which any material conduct is to be recommended.*

<b>Historical Nursing Home Performance</b> Groupings of facilities based upon CareScout scoring methodology	<b>CareScout Historical State Rating</b>
No Health Deficiencies	AAA
Top 15 % * in the state	AA
Next best 20 % *	A
Next best 30 % *	B
Next best 20 % *	C
Worst 15 % * in the state	D
* Excluding "AAA" rated facilities	

**CareScout National Rating**

National Rating indicates how a nursing home's historical survey performance compares to every certified nursing home in the nation. The National Rating indicator rates nursing homes by comparing facilities within the United States using up to four of each facility's most recent survey performances. Instead of grouping and comparing facilities by state, the National Rating groups and compares facilities across America.

<b>Historical Nursing Home Performance</b> Groupings of facilities based upon CareScout scoring methodology	<b>CareScout National Rating</b>
No Health Deficiencies	AAA
Top 15 % * in the nation	AA
Next best 20 % *	A
Next best 30 % *	B
Next best 20 % *	C
Worst 15 % * in the nation	D
* Excluding "AAA" rated facilities	

**CareScout Fire Safety Rating**

\* QIS stands for Quality Indicator Survey. To determine if this is a Special Focus Facility (SFF), visit the CMS website at: [http://www.cms.hhs.gov/certificationandcompliance/12\\_NHs.asp](http://www.cms.hhs.gov/certificationandcompliance/12_NHs.asp).

The CMS 5-star rating system can be viewed at: [http://www.cms.hhs.gov/certificationandcompliance/13\\_fsqr.asp](http://www.cms.hhs.gov/certificationandcompliance/13_fsqr.asp).

*Previous performance by a facility does not guarantee future performance. It is understood by users of CareScout's services that the information contained herein is intended to serve as a guide and basis for general comparisons and evaluations, but not as the sole basis upon which any material conduct is to be recommended.*

The Fire Safety Rating indicator reflects the fire and life safety status of a facility’s physical plant. The life safety code (LSC) survey, conducted during the annual inspection survey, assesses a facility’s compliance with the National Fire Protection Association’s Life Safety Code. The Fire Safety Rating score is based on the recent amount of fire and life safety code deficiencies existing in a facility’s physical plant taking into account a facility’s size. Facilities are rated accordingly:

Life Safety Code (LSC) Performance	CareScout Fire Safety Rating
Zero LSC Deficiencies	AA
Top 25%	A
Next best 25%	B
Next best 25%	C
Worst 25%	D

**Trends & Indicators**

---

\* QIS stands for Quality Indicator Survey. To determine if this is a Special Focus Facility (SFF), visit the CMS website at: [http://www.cms.hhs.gov/certificationandcompliance/12\\_NHs.asp](http://www.cms.hhs.gov/certificationandcompliance/12_NHs.asp).

The CMS 5-star rating system can be viewed at: [http://www.cms.hhs.gov/certificationandcompliance/13\\_fsqs.asp](http://www.cms.hhs.gov/certificationandcompliance/13_fsqs.asp).

*Previous performance by a facility does not guarantee future performance. It is understood by users of CareScout's services that the information contained herein is intended to serve as a guide and basis for general comparisons and evaluations, but not as the sole basis upon which any material conduct is to be recommended.*



**CareScout Bed Availability Indicator**

The Bed Availability Indicator demonstrates the likelihood of getting into the facility sooner rather than later. The three indicators are: Very Likely (to find an available bed right away), Somewhat Likely, and Less Likely.

**CareScout Quality of Care Trend Indicator**

The CareScout Quality of Care Trend does not compare the facility to others; rather it demonstrates whether, within this facility alone, the facility is generally performing better, worse, or remaining stable over its historical period. Hence, the three trend indicators are: positive, negative, and stable.

**Heavy Care Indicator**

The Heavy Care Indicator reflects whether a facility's staff cares for a high percentage of residents who have recently arrived from a hospital to address a more acute rather than chronic problem.

Medicare, primarily available to persons age 65 and over, will only pay for all or part of a nursing home resident's care and services if the resident is admitted to the nursing home within 30 days of a 3 day hospital stay and is receiving skilled nursing services. The Heavy Care Indicator compares a facility's current Medicare percentage to the state's average Medicare percentage. The indicators are: *Above*

**Bed Types**

The Facility Size Indicator demonstrates whether a facility is Larger, Average, or Smaller than the state average. Facility size does not reflect on a facility's census or quality of care.

Note: Just because a facility may not have a designated number of specially designated care beds, for example, Alzheimer's beds, does not mean the facility does not care for residents with Alzheimer's -- to see the percentage of the facility's population with dementia (including Alzheimer's Disease) or the percentage receiving rehabilitation see the Resident Information category of the Detail Report.

**CareScout Medicaid Population Indicator**










The Medicaid Population Indicator shows readers the percentage of residents within the facility who relied upon Medicaid to pay for all or part of their nursing home costs and expenses as of the date of the facility's most recent inspection. Medicaid, a shared state and federal program, may pay all or part of a person's nursing home costs for people who cannot afford to pay and who qualify for state Medicaid benefits. A facility with a low Medicaid Population percentage reflects a population whose nursing home costs are primarily paid for with private funds or alternative resources. Conversely, a facility with a high Medicaid Population percentage reflects a population whose nursing home costs are primarily paid for with Medicaid resources. The Medicaid Population Indicator does not reflect


\* QIS stands for Quality Indicator Survey. To determine if this is a Special Focus Facility (SFF), visit the CMS website at: [http://www.cms.hhs.gov/certificationandcompliance/12\\_NHs.asp](http://www.cms.hhs.gov/certificationandcompliance/12_NHs.asp).


The CMS 5-star rating system can be viewed at: [http://www.cms.hhs.gov/certificationandcompliance/13\\_fsqs.asp](http://www.cms.hhs.gov/certificationandcompliance/13_fsqs.asp).

*Previous performance by a facility does not guarantee future performance. It is understood by users of CareScout's services that the information contained herein is intended to serve as a guide and basis for general comparisons and evaluations, but not as the sole basis upon which any material conduct is to be recommended.*

**Scope & Severity  
ASSESSMENT FACTORS USED TO DETERMINE THE SERIOUSNESS OF DEFICIENCIES MATRIX**

Immediate jeopardy to resident health or safety	 <b>J</b> PoC Required: Cat. 3 Optional: Cat. 1 Optional: Cat. 2	 <b>K</b> PoC Required: Cat. 3 Optional: Cat. 1 Optional: Cat. 2	 <b>L</b> PoC Required: Cat. 3 Optional: Cat. 2 Optional: Cat. 1
Actual harm that is not immediate	<b>G</b> PoC Required* Cat. 2 Optional: Cat. 1	 <b>H</b> PoC Required* Cat. 2 Optional: Cat. 1	 <b>I</b> PoC Required* Cat. 2 Optional: Cat. 1 Optional: Temporary Mgmt.
No actual harm with potential for more than minimal harm that is not immediate jeopardy	<b>D</b> PoC Required* Cat. 1 Optional: Cat. 2	<b>E</b> PoC Required* Cat. 1 Optional: Cat. 2	 <b>F</b> PoC Required* Cat. 2 Optional: Cat. 1
No actual harm with potential for minimal harm	 <b>A</b> No PoC No remedies Commitment to Correct Not on CMS-52567	 <b>B</b> PoC	 <b>C</b> PoC
	Isolated	Pattern	Widespread

 Substandard quality of care is any deficiency in 42 CFR 483.13, Resident Behavior and Facility Practices, 42 CFR 483.15 Quality of Life, or 42 CFR 483.25, Quality of Care, that constitutes immediate jeopardy to resident health or safety; or a pattern of or widespread actual harm that is not immediate jeopardy; or a widespread potential for more than minimal harm that is not immediate jeopardy, with no actual harm.

 Substantial compliance

**REMEDY CATEGORIES**

Category 1 (Cat.1)	Category 2 (Cat.2)	Category 3 (Cat.3)
Directed Plan of Correction State Monitor; and/or Directed In-Service Training	Denial of Payment for New Admissions Denial of Payment for All Individuals imposed by CMS; and/or Civil money penalties: \$50 - \$3,000/day \$1,000 - \$10,000/instance	Temp. Mgmt. Termination <b>Optional:</b> Civil money penalties 3,050-\$10,000/day \$1,000 - \$10,000/instance

**Thank you for selecting CareScout as your eldercare information specialist.**

**DISCLAIMER**

CareScout has relied, in part, on the public records maintained and made available by government agencies and private entities pursuant to information requested by CareScout, and therefore disclaims any errors made by such entities. Previous quality of care performance and specific population characteristics of a facility as reflected in the Reports does not guarantee future performance by a facility. It is understood by users that the information contained in a Nursing Home Report is intended to serve as a guide and basis for general comparisons and evaluations, but not as the sole basis upon which conduct is to be recommended or undertaken. CareScout Nursing Home Reports, including quality performance ratings for facilities, are the protected property of National Eldercare Referral Systems, LLC, (CareScout.) The marks "CareScout" and "CareScout Ratings" are registered trademarks of National Eldercare Referral Systems, LLC.

\* QIS stands for Quality Indicator Survey. To determine if this is a Special Focus Facility (SFF), visit the CMS website at: [http://www.cms.hhs.gov/certificationandcompliance/12\\_NHs.asp](http://www.cms.hhs.gov/certificationandcompliance/12_NHs.asp).

The CMS 5-star rating system can be viewed at: [http://www.cms.hhs.gov/certificationandcompliance/13\\_fsqs.asp](http://www.cms.hhs.gov/certificationandcompliance/13_fsqs.asp).

*Previous performance by a facility does not guarantee future performance. It is understood by users of CareScout's services that the information contained herein is intended to serve as a guide and basis for general comparisons and evaluations, but not as the sole basis upon which any material conduct is to be recommended.*