NURSING HOME SUMMARY REPORT

Methods

The Nursing Home Summary Report is published on the Department of Health website as part of the Healthcare Quality Reporting Program. The Summary Report summarizes information from the Department of Health and Medicare, among other places. This report is updated to reflect the most recently available data for each column. Reports with more information are available at those websites.

This Methods Report provides additional details about the measures in the Summary Report, including where they come from and why they are important.

Definitions

_Dementia_  
Dementia is a term used to describe a number of cognitive conditions, including Alzheimer’s Disease, which impair memory, language, motor activity, and object recognition. Dementia is generally seen in older adults.

Summary Report Measures

Facility Measures

**Number of Beds**  
Reflects the number of beds a facility has available for residents. A nursing home can only admit as many residents as they have beds, so knowing the size of the facility can be useful when making a decision. This measure is based on the Department of Health’s Licensee List, which is updated weekly.

**Number of Skilled Beds**  
Reflects the number of beds a facility has that are designated for patients who need “skilled” daily nursing and rehabilitative care. These are beds that are only for Medicare patients receiving short-term (less than 100 days) of care. Knowing the number of skilled beds is important for patients seeking to understand a facility’s capacity for skilled care and also because these beds are not available for residents seeking long-term care or without Medicare coverage. This measure is based on the Department of Health’s Licensee List, which is updated weekly.
Secure Dementia Unit

Notes whether a facility has a secure dementia unit. This is an area in the facility that is designed to meet the specialized needs of patients with dementia. Dementia is a chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes and impaired reasoning. If you, or your family member have dementia, you may want to seek facilities who offer this type of care.

This measure is submitted to the Department of Health’s Healthcare Quality Reporting Program by the facility.

Certification

Medicare

This category indicates if a facility is certified by Medicare. Medicare will only pay for services in facilities that are Medicare certified, so knowing if a facility accepts Medicare can be helpful when making a decision.

This information is reported on Medicare’s Care Compare website.

Medicaid

This category indicates if a facility is certified by Medicaid. Medicaid will only pay for services as facilities that are Medicaid certified, so knowing if a facility accepts Medicaid can be helpful when making a decision.

This information is reported on Medicare’s Care Compare website.

Quality and Satisfaction

Staffing

A rating of 1 to 5 stars based on the nursing home’s staffing hours for Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Licensed Vocational Nurses (LVNs), and Certified Nursing Assistants (CNAs). More stars are better.

This measure is based on the amount of time these types of caregivers spend with residents. This information is only available for Medicare-certified facilities.

The information is submitted by the nursing home and reported on Medicare’s Care Compare website.

Note: As of July 2022, CMS revised the methodology for calculating Staffing ratings. In the new methodology, CMS calculates six separate staffing measures, assigns points based on nursing homes’ performance on these six measures, and calculates a total staffing score. CMS then assigns a star rating by comparing a nursing home’s total staffing score to staffing rating point thresholds.
**Health Inspections**

A rating of 1 to 5 stars based on the nursing home’s health inspection results. More stars are better. This reflects the results of formal inspections, as well as inspections made in response to formal complaints. It is important to know whether a facility is meeting the standards set for facilities across the state.

Facility ratings are based on the number of, scope and severity of deficiencies identified during the three most recent annual inspection surveys, as well as substantiated findings from the most recent 36 months of complaint investigations. This information is only available for Medicare-certified facilities and is taken from Medicare’s Care Compare website.

**Quality Measures**

A rating of 1 to 5 stars is based on how well the facility performs on certain nationally reported quality measures. Performance is measured based on information from the Minimum Data Set, a clinical assessment that nursing homes complete for every resident at regular intervals, as well as Medicare claims data. More stars are better.

This measure uses 15 of the quality measures on Care Compare, including 9 long-stay measures and 6 short-stay measures. This information is only available for Medicare-certified facilities, and is taken from Medicare’s Care Compare website.

*Note: Effective January 2023, CMS has begun conducting audits of schizophrenia coding in the Minimum Data Set (MDS). Facilities that have coding inaccuracies identified through the MDS audit will have their Quality Measure rating adjusted. The short-stay Quality Measure will be suppressed for 6 months. The long-stay antipsychotic Quality Measure will be suppressed for 12 months. The long stay Quality Measure ratings will be downgraded to one star for 6 months.*

**Overall Rating**

This is an aggregate rating derived from the Health Inspections rating, adjusted by the Staffing and Quality Measure ratings. This information is only available for Medicare-certified facilities, and is reported on Medicare’s Care Compare website.

*Note: As of July 2022, CMS revised the methodology for assigning overall star ratings. Previously, CMS added a star to facilities’ overall star rating if their staffing rating was 4 or 5 stars. In the new methodology, facilities must obtain a 5-star staffing rating to receive this additional star.*

*Note: Effective January 2023, as a result of the CMS audits of schizophrenia coding, facilities that have coding inaccuracies identified through the MDS audit will have their overall Quality Measure Rating adjusted. The overall Quality Measure Rating will be downgraded to one star for 6 months (this drops the facilities’ overall star rating by one star).*
**Resident Overall Care Rating**

This category reflects the resident’s response to how they would rate the overall care at the nursing home. This measure is collected by the survey vendor, ServiceTrac, and comes from the Department of Health’s Healthcare Quality Reporting Program. The ServiceTrac resident and satisfaction survey is survey is administered annually. All long-term care facilities in Rhode Island are required to survey their residents.

**Family Overall Care Rating**

This category reflects the family’s response to how they would rate the overall care at the nursing home. This measure is collected by the survey vendor, ServiceTrac, and comes from the Department of Health’s Healthcare Quality Reporting Program. The ServiceTrac resident and family satisfaction survey is administered annually. All long-term care facilities in Rhode Island are required to survey their residents’ families.

**Healthcare Workers Who Received Influenza Vaccination**

This measure looks at the percentage of healthcare workers that receive an influenza (flu) vaccination during the influenza season (October-March). Research shows that vaccinating healthcare workers against the flu helps residents to avoid getting the flu. This measure comes from data submitted by healthcare providers to the Department of Health’s Immunization Program and is published by the Department of Health’s Healthcare Quality Reporting Program. This information is updated annually.

**Important Information about the Five-Star Quality Star Rating System**

It is important for consumers to know that the Overall Rating from Care Compare only measures a facility’s performance against other facilities in the same state. It is not based on a uniform national standard, like the “star” ratings you might see used for hotels, restaurants, movies, or the like.

In fact, under the Medicare formula for assigning these star ratings, CMS initially ranks twenty percent of facilities in each state as one star and ten percent as five stars, based on their health inspection ratings. The remaining seventy percent of facilities in the state are divided equally among two, three, or four stars. Once the initial rating is assigned, the facility can move up or down by a single star on the basis of staffing. The facility can then move up or down by a single star based on their quality measure rating.

With this background information, the star ratings can be useful in choosing a nursing home.

**Missing data**

Not all data are available for all facilities. This could be due to the data collection process or because the facility did not submit data for a particular report. It could also be because the facility had an insufficient number of responses for a particular category.

**Capacity and Certification**

This information was submitted by the facilities to the Rhode Island Department of Health. Not all facilities provided information for all categories. Fields with missing data are denoted with a dash (-).
Care Compare Measures
These categories are available for Medicare certified facilities only. There are facilities in Rhode Island that are licensed by the state to provide care, but are not certified to accept payment from Medicare; these data are not reported for these facilities. For facilities who are not certified by Medicare, these fields are denoted (N/A).

Some facilities did not submit enough data for Care Compare to create a star rating for some categories. These fields are denoted with an ‘I’.

Resident/Family Overall Care Ratings
If 10 or fewer people provided responses for an area of performance, the information is withheld because it may not accurately reflect residents’ and families’ care ratings. Information that is withheld is indicated by (N/A).

If a nursing home failed to provide mailing lists for residents, families or both, or if a nursing home failed to distribute the minimum number of surveys, there is insufficient data to calculate a result. Insufficient information is indicated by a capital ‘I’.

Healthcare Workers Who Received Influenza Vaccination
Facilities must provide this information annually to the state Immunization Program. The Public Reporting Program uses this data to determine the percentage of facility healthcare workers who received the seasonal flu vaccine. Data is not available for facilities that did not submit the required data. Fields with missing data are denoted with a dash (-).

Data Collection Period
This report is updated to reflect the most current information for each column. Due to varying data collection methods (see individual measures above for more information) the data in this report were not all collected during the same time period. Current data collection periods are as follows:

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<td>Medicaid Certification</td>
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<td>Quality Measures</td>
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<td>Health Inspections</td>
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<td>Satisfaction Measures</td>
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<td>Healthcare Worker Vaccination</td>
<td>2021 – 2022 flu season</td>
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Additional Information

Additional information is available about the data categories in this report. For more information, please visit the following links:

Care Compare:
https://www.medicare.gov/care-compare/#search
https://www.medicare.gov/care-compare/resources/about-this-tool

Resident Satisfaction/Family Satisfaction
http://www.health.ri.gov/data/nursinghomequality/Satisfaction.pdf

Healthcare Workers Who Received Influenza Vaccination