



Minnesota Nursing Home Report Card

Technical User Guide

Updated 05-05-2016



In 2006, the Minnesota Departments of Health and Human Services, collaborating with the University of Minnesota, published the state's first-ever Nursing Home Report Card website, providing comprehensive quality information in areas that matter to consumers. In October 2012 these agencies introduced a new and improved version of the report card. New features include:

- An exciting new look
- Bubbles that explain technical terms that open when the user moves their mouse over them
- More options for selecting the facilities that the user is interested in
 - Flexibility in selecting the quality measures that are important to the user
 - Ability to get a list by city
 - Ability to select facilities by looking at a map of the state
- Side-by-side facility displays to allow comparisons
- Ability to print or download an Excel file for any page
- Over two years of performance history shown for each facility
- More detailed information including the exact scores that underlie the star ratings
- Detailed tables showing Quality of Life and clinical Quality Indicators results
- Links from facility report cards to Google maps showing their locations
- Daily cost information for each facility, including private pay charges for private rooms

Please click the **Questions** and **Feedback** links at the top of each page to ask questions or offer suggestions about enhancements to the report card.

This guide is to provide you with a detailed description of how the quality measures contained in the report card are calculated and how a facility's performance is presented on the report card. The guide provides general information and statewide results. Additional information regarding this project may be found in the Nursing Home Report Card Fact Sheet (click link at bottom of any Report Card webpage).

The report card shows how Minnesota nursing homes that are Medicaid-certified scored on seven quality measures. For each nursing home, each quality measure is scored on a five-star scale, with one star representing the lowest possible rating and five stars representing the highest possible rating.

Four of the seven measures have stars assigned based on the distribution of the results for all Minnesota nursing facilities, including:

- Resident quality of life/satisfaction risk-adjusted ratings
- Minnesota risk-adjusted MDS quality indicators
- Direct care staff hours per day
- Direct care staff retention

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The data sets for these four measures generally represent a normal distribution. A normal distribution of data means that most of the results in a set of data are close to the “average,” with a few outliers both higher and lower than the average. If the data were graphed for these four measures, the graphs would look like a bell-shaped curve.

For each of these measures, the mean (average) is determined for the data set. The standard deviation for the data set is then calculated. The standard deviation is a statistic that tells how tightly the results are clustered around the average. When the results are tightly bunched together around the average, the standard deviation is small. When the results are more widespread, the standard deviation becomes larger. A standard deviation may be thought of as the average of the differences from the mean. The thresholds for assigning stars to each facility’s performance are developed as follows:

- 5 Stars Mean plus 1½ standard deviations
- 4 Stars Mean plus ½ to 1½ standard deviations
- 3 Stars Mean plus or minus ½ standard deviations
- 2 Stars Mean minus ½ to 1½ standard deviations
- 1 Star Mean minus 1½ standard deviations

RESIDENT QUALITY OF LIFE RATINGS

Resident satisfaction and quality of life (QOL) interviews are conducted in all nursing facilities. The interviews are planned to continue on an annual basis. Trained interviewers employed by an independent contractor of the State interview a sample of long-stay residents in each facility. The number of interviews completed in each facility will vary based on the number of eligible residents in the facility. A standardized interview is used in all facilities and measures resident satisfaction and quality of life for a variety of topics or domains. These include comfort, environmental adaptations, privacy, dignity, meaningful activity, food enjoyment, autonomy, individuality, security, relationships and mood. (Residents in facilities for short stays, usually following a hospitalization with the goal of returning home in less than 45 days, were included in the QOL interviews until 2015 when DHS pilot-tested a new survey tool mailed to short-stay residents after their discharge and asking questions more relevant to their stays. DHS will begin collecting this survey in summer 2016 for future posting on the Report Card.)

A summary score is constructed by calculating an average score for each domain, then finding the average of these domain scores. The summary score is then risk-adjusted to level the playing field among all providers, controlling for resident and facility characteristics that are generally not a result of provider performance. Risk adjustment was calculated using four resident-level variables — age, gender, cognitive performance score (Cognitive Performance Scale or Brief Interview for Mental Status) and Activities of Daily Living score (ADL Long-Form) — and one facility-level variable — located in the Twin Cities metropolitan area (versus other MSA or rural). The average QOL scores of residents who are older, female, and/or more cognitively impaired tend to be higher; whereas, for residents with more ADL dependencies they tend to be lower. In addition, average QOL scores tend to be lower for residents in facilities located in the Twin Cities.



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The variation in the number of interviews per facility presents a challenge in deriving statistically valid estimates of facility QOL rates. Facilities with fewer surveyed residents are more likely than facilities with many surveyed residents to have very high or very low QOL scores due to statistical error rather than real differences in resident quality of life. To deal with this issue, a statistical approach called hierarchical linear modeling was used to develop empirical Bayes (EB) estimated QOL scores. Experts contend that the EB approach results in more accurate estimates when comparing facilities. EB estimation is viewed as more “fair” for facilities with fewer surveyed residents than comparing facilities just on their observed (so-called unadjusted) rates.

Stars are assigned to the QOL/Customer Satisfaction measure using the standard deviation methodology described on Page 2 of this user guide. The thresholds and statewide distribution for the 2015 wave of interviews are as follows:

Resident QOL/Customer Satisfaction: Possible Score Range = 0-12
(Lowest Score = 8.85, Mean = 9.923, Highest Score = 10.59)

| # Stars | QOL/Satisfaction Summary Score Range | | # NFs |
|---------|--------------------------------------|---------|-------|
| 5 | 10.3520 | 12.0000 | 12 |
| 4 | 10.0662 | 10.3519 | 103 |
| 3 | 9.7804 | 10.0661 | 150 |
| 2 | 9.4946 | 9.7803 | 65 |
| 1 | 0 | 9.4945 | 29 |
| N/A | N/A | N/A | 6 |

MN RISK-ADJUSTED MDS QUALITY INDICATORS

During their stay in a nursing home, residents are assessed by the facility staff. This is called a Minimum Data Set assessment (MDS) and is performed at admission, quarterly, annually and whenever the resident experiences a significant change in status. This extensive assessment includes many items such as: diagnoses; the ability to do activities of daily living (ADL) such as getting in and out of bed, walking, eating, bathing, toileting, etc; clinical conditions such as the presence of sores, wounds or cuts on the body; use of certain types of medications; dehydration; mental functioning; and certain cares and treatments provided to the resident.

Selected items from the MDS have been identified as potential indicators of the quality of care provided to the resident. The report card uses 26 quality indicators, listed in Table 1, to calculate the Quality Indicator score. These quality indicators have been risk adjusted to account for differences between the types of residents served in nursing homes. Examples of the adjusters used are, but are not limited to: age, gender, cognitive performance (mental functioning), Alzheimer’s disease, stroke, and ADL ability. For MDS items not available on quarterly assessments, the system automatically looks back to the most-recent available data.

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A clinically updated version of the assessment form, the MDS 3.0, was introduced on October 1, 2010. Because of this change, several exciting new indicators are now included – particularly three that assess the quality of care received during short-term stays after hospitalizations (see Table 1 below) – and more are in development.

Table 1. Quality Indicators from the MDS Included in Score

| Domain | Name | Description |
|------------------------|--|---|
| Psychosocial | Incidence of Worsening or Serious Resident Behavior Problems (Long Stay) | This is the percent of residents with verbal, physical, or other disruptive behavior symptoms that have worsened or have stayed at the most serious level since the last assessment. |
| | Prevalence of Depressive Symptoms (Long Stay) | This is the percent of long-stay residents who are exhibiting signs of depression. This is determined by a standardized resident mood interview or if interview is not possible, by staff assessment. |
| Quality of Life | Prevalence of Physical Restraints (Long Stay) | This is the percent of long-stay residents who were physically restrained. A physical restraint is any device, material or equipment attached or adjacent to a resident's body, that a resident can't remove easily, which keeps a resident from moving freely or prevents them normal access to their body. Side rails on beds are not included in this calculation. |
| Continence | Incidence of Worsening or Serious Bowel Incontinence (Long Stay) | This is the percent of long-stay residents whose ability to control their bowel has gotten worse or stayed at the most serious level since the last assessment. Residents who need an appliance such as an ostomy for bowel movements are not included in the calculation of this measure. |
| | Incidence of Worsening or Serious Bladder Incontinence (Long Stay) | This is the percent of long stay-residents whose ability to control their bladder has gotten worse or stayed at the most serious level since the last assessment. Residents who need an appliance such as catheter for urination are not included in the calculation of this measure. |
| | Incidence of Improved or Maintained Bowel Continence (Long Stay) | This is the percent of long-stay residents whose ability to control their bowel has improved or stayed at the highest level since the last assessment. |
| | Incidence of Improved or Maintained Bladder Continence (Long Stay) | This is the percent of long-stay residents whose ability to control their bladder has improved or stayed at the highest level since the last assessment. |
| | Prevalence of Occasional to Full Bladder Incontinence Without a Toileting Plan (Long Stay) | This is the percent of long-stay residents who lose control of their bladder and are not on a documented individualized bladder toileting program. |
| | Prevalence of Occasional to Full Bowel Incontinence Without a Toileting Plan (Long Stay) | This is the percent of long-stay residents who lose control of their bowel and are not on a documented individualized bladder toileting program. |
| | Prevalence of Indwelling Catheters (Long Stay) | This is the percent of long-stay residents who had a catheter inserted and left in their bladder for a period of time. |

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Table 1. Quality Indicators from the MDS Included in Score

| Domain | Name | Description |
|---------------------------------|---|--|
| Infections | Prevalence of Urinary Tract Infections (Long Stay) | This is the percent of long-stay residents who had an infection in their urinary tract. |
| | Prevalence of Infections (Long Stay) | This is the percent of long-stay residents who have had an infection. This may include drug-resistant infections, some wound infections, pneumonia, viral hepatitis, and septicemia. |
| Accidents | Prevalence of Falls with Major Injury (Long Stay) | This is the percent of long-stay residents who have experienced one or more falls with major injury (e.g. bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma). |
| Nutrition | Prevalence of Unexplained Weight Loss (Long Stay) | This is the percent of long-stay residents who have lost too much weight and are not on a physician-prescribed weight loss regimen. |
| Skin Care | Prevalence of New or Worsening Pressure Sores (Short Stay) | This is the percent of short-stay residents (recently admitted to the nursing home after a hospitalization) who have developed pressure sores or who had pressure sores that got worse since admission. |
| | Prevalence of Pressure Sores in High-Risk Residents (Long Stay) | This is the percent of long-stay residents with a high risk for getting pressure sores that have one or more pressure sores. Residents are defined as high risk if they are comatose, malnourished, or have an impaired ability to move themselves in bed or transfer from bed to chair, etc. |
| | Incidence of Healed Pressure Ulcers (Long Stay) | This is the percent of residents who had a pressure sore that has healed. Facilities with no pressure sores will show no information for this measure. |
| Psychotropic Medications | Prevalence of Antipsychotics Without a Diagnosis of Psychosis (Long Stay) | This is the percent of long-stay residents who receive an antipsychotic medication. Some residents with a serious mental illness diagnosis such as Schizophrenia are not included in the calculation of this measure. |
| Physical Functioning | Incidence of Improved or Maintained Functional Independence (Long Stay) | This is the percent of long-stay residents whose need for help with basic tasks has decreased or stayed at the lowest level since the last assessment. These tasks include feeding oneself, moving from one chair to another, changing positions in bed, going to the bathroom, moving around the facility, getting dressed and/or personal hygiene. |
| | Incidence of Worsening or Serious Functional Dependence (Long Stay) | This is the percent of long-stay residents whose need for help doing basic tasks has increased or stayed at the highest level since the last assessment. These tasks include feeding oneself, moving from one chair to another, changing positions in bed and/or going to the bathroom. Residents with quadriplegia are not included in the calculation of this measure. |
| | Incidence of Walking as Well or Better than Previous Assessment (Long Stay) | This is the percent of long-stay residents who have the same or improved independence in walking ability since the last assessment. |

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Table 1. Quality Indicators from the MDS Included in Score

| Domain | Name | Description |
|-------------|--|---|
| | Incidence of Worsening or Serious Mobility Dependence (Long Stay) | This is the percent of long-stay residents whose need for help moving in and around their room has increased or stayed at the highest level since the last assessment. Residents with quadriplegia are not included in the calculation of this measure. |
| | Incidence of Worsening or Serious Range of Motion Limitation (Long Stay) | This is the percent of long-stay residents whose ability to move the joints of their upper or lower extremities has declined or stayed at the lowest level since the last assessment. Residents with quadriplegia are not included in the calculation of this measure. |
| Pain | Decrease in Pain When Admitted on a Pain Medication Regimen (Short Stay) | This is the percent of short-stay residents (recently admitted to the nursing home after a hospitalization) that were admitted on a pain medication regimen and are reporting a decrease in pain intensity or duration. |
| | Prevalence of Residents who Report Moderate to Severe Pain (Short Stay) | This is the percent of short-stay residents (recently admitted to the nursing home following a hospital stay) who report having moderate to severe pain. Although pain is common during recovery and rehabilitation from a major illness or injury, it is still important to identify and treat pain. |
| | Prevalence of Residents who Report Moderate to Severe Pain (Long Stay) | This is the percent of long-stay residents who reported having moderate to severe pain. |

The facility QI scores are based on facility rates for the 26 QIs divided into 10 domains. Each domain is assigned 10 points and within each domain the points are distributed equally. The risk-adjusted total points for each facility are converted from a 100- to a 40-point scale. Additional details regarding the calculation of the QIs may be found by visiting the DHS public quality indicator website at http://www.dhs.state.mn.us/id_051946.

Stars are assigned to the 40-point QI measure using the standard deviation methodology described on Page 2 of this user guide. The thresholds and statewide distribution for the period January 1, 2015 through December 31, 2015 are as follows:

MDS Quality Indicators
(Lowest = 7.2350 Mean = 25.0440 Highest = 37.5727)

| # Stars | QI Score Range | | # NFs |
|------------|----------------|---------|-------|
| 5 | 32.1225 | 40 | 20 |
| 4 | 27.4035 | 32.1224 | 94 |
| 3 | 22.6845 | 27.4034 | 140 |
| 2 | 17.9655 | 22.6844 | 86 |
| 1 | 0 | 17.9654 | 24 |
| N/A | N/A | N/A | 1 |



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DIRECT CARE STAFF HOURS PER RESIDENT DAY

The source of the data to compute the facility average direct care hours per resident day is the annual statistical report filed with DHS for the 12-month period ending September 30, 2015.

The following list describes the steps taken to determine the facility average staffing levels.

- 1) Figures are for Nursing Facility (NF) days and Nursing Facility-II (NFII) days (Report lines 5001 to 5100).
- 2) Both regular and pool productive hours are included (Report lines 0301 to 0320).
- 3) Productive hours are converted into Hours per Resident Day figures: RN hours / resident days, LPN hours / resident days, etc.
- 4) Hours per Resident Day are weighted for relative cost per staff type (statewide average salary ratios):

| Staff type | Ratio |
|-----------------------------|--------------|
| DON/Nurse administrator | 2.26 |
| RN | 2.01 |
| LPN | 1.50 |
| Certified Nursing Assistant | 1.00 |
| TMA | 1.12 |
| Mental health worker | 1.05 |
| Social worker | 1.55 |
| Activity staff | 1.11 |
| Other direct care worker | 1.45 |

- 5) Sum of cost weighted hours = (DON hrs paid * DON cost wt) + (RN hrs paid * RN cost wt) + (LPN hrs paid * LPN cost wt) + (CNA hrs paid * CNA cost wt) + (TMA hrs paid * TMA cost wt) + (MH hrs paid * MH cost wt) + (SW hrs paid * SW cost wt) + (ACT hrs paid * ACT cost wt) + (OTH hrs paid * OTH cost wt).
- 6) Sum of cost-weighted hours is adjusted for facility acuity: Adjusted Hrs paid = (Sum of cost weighted hours) / Facility average case-mix index.

For purposes of comparing staffing levels, all nursing homes in the state are grouped into three types of facilities:

- 1) Hospital peer group: hospital-attached, Rule 80 and facilities with three or more admissions per bed per year.
- 2) Nursing facility-II peer group: facilities with more than 50 percent of their beds licensed as boarding care homes.
- 3) Standard peer group: all other facilities.

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The mean staffing level and associated standard deviation are calculated separately for each of these three peer groups. Thresholds have been determined for each peer group as follows:

Staffing Levels – Hospital Peer Group
(Lowest Reported = 4.07, Mean = 5.8568 Highest Reported = 18.44)

| # Stars | Staffing Level – Hrs. Per Day Range | | # NFs |
|---------|-------------------------------------|---------|-------|
| 5 | 7.0006 | Highest | 10 |
| 4 | 6.2381 | 7.0005 | 31 |
| 3 | 5.4756 | 6.2380 | 52 |
| 2 | 4.7131 | 5.4755 | 28 |
| 1 | 2.0000 | 4.7130 | 9 |

Staffing Levels – NFII Peer Group
(Lowest Reported = 4.188, Mean = 5.105, Highest Reported = 6.115)

| # Stars | Staffing Level – Hrs. Per Day Range | | # NFs |
|---------|-------------------------------------|--------|-------|
| 5 | 6.0980 | 10.000 | 1 |
| 4 | 5.4360 | 6.0979 | 3 |
| 3 | 4.7740 | 5.4359 | 2 |
| 2 | 4.1120 | 4.7739 | 5 |
| 1 | 2.0000 | 4.1119 | 0 |

Staffing Levels – Standard Peer Group
(Lowest Reported = 4.060, Mean = 5.429, Highest Reported = 19.885)

| # Stars | Staffing Level – Hrs. Per Day Range | | # NFs |
|---------|-------------------------------------|---------|-------|
| 5 | 6.380 | Highest | 12 |
| 4 | 5.746 | 6.379 | 47 |
| 3 | 5.112 | 5.745 | 101 |
| 2 | 4.478 | 5.111 | 53 |
| 1 | 2.000 | 4.477 | 11 |

DIRECT CARE STAFF RETENTION

The source of the data to compute the facility direct care staff retention rate is the annual statistical report filed with DHS for the 12-month period ending September 30, 2015. The staff retention rate calculation is based on the number of direct care employees on October 1, 2014 that were still employed on September 30, 2015 divided by the number of direct care employees

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on October 1, 2014. The mean and standard deviation are then calculated for all facilities. The methodology for determining thresholds and assigning stars follows the standard deviation approach as described on Page 2 of this guide.

Staff Retention

(Lowest Reported = 26.92%, Mean = 66.76%, Highest Reported = 93.33%)

| # Stars | Retention Range | | # NFs |
|---------|-----------------|---------|-------|
| 5 | 84.681% | 100.00% | 16 |
| 4 | 72.736% | 84.680% | 109 |
| 3 | 60.791% | 72.735% | 130 |
| 2 | 48.846% | 60.790% | 74 |
| 1 | 0.00% | 48.845% | 32 |
| N/A | N/A | N/A | 4 |

USE OF TEMPORARY/POOL STAFF

The annual report for the reporting period ending September 30, 2015 is also used for this calculation. This measure is the percentage of temporary/pool hours versus total staff hours; smaller percentages mean greater use of permanent staff. The average percentage of temporary/pool hours for facilities reporting any pool use is 3.30%. Listed below are the established thresholds and associated stars for all facilities:

Pool Use

(Lowest Reported = 0%, Mean = 1.22%, Highest Reported = 24.35%)

| # Stars | Pool Use Range | | # NFs |
|---------|----------------|-------|-------|
| 5 | 0.00% | 0.50% | 259 |
| 4 | 0.5001% | 1.00% | 23 |
| 3 | 1.0001% | 2.00% | 28 |
| 2 | 2.0001% | 4.00% | 22 |
| 1 | 4.0001% | 100% | 33 |

PROPORTION OF SINGLE BED ROOMS

The number of NF and NFII beds in private and single bed rooms on May 5, 2016 is divided by the number of active licensed and certified beds on May 5, 2016. Thresholds and stars are assigned as follows:

Single Bed Rooms

(Low = 0%, Mean = 52.05%, High = 100%)

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| # Stars | Single Bed Rooms Range | | # NFs |
|---------|------------------------|--------|-------|
| 5 | 90% | 100% | 58 |
| 4 | 45.01% | 89.99% | 143 |
| 3 | 30.01% | 45.00% | 61 |
| 2 | 15.01% | 30.00% | 55 |
| 1 | 0% | 15.00% | 48 |

MDH SURVEY FINDINGS

At least every 15 months, the Minnesota Department of Health (MDH) conducts a health survey of health care and resident safety and the Minnesota Department of Public Safety conducts a life-safety code survey of the physical plant at each nursing home in the State. If necessary, inspectors revisit facilities to ensure that any deficiencies cited during a survey are corrected. Facilities also may be inspected at any time if a resident or advocate makes a complaint, or if facility staff report suspected resident abuse or neglect as required by state law.

All deficiencies cited are issued with reference to a scope and severity (see Table 2 below). Scope refers to how widespread the problem is, and can be isolated, patterned, or widespread. Severity ranges from no actual harm with a potential for minimal harm to situations of actual harm and immediate jeopardy to resident health or safety.

Table 2. Scope and Severity Levels for Health Inspection Deficiency Citations

| | | | |
|-----------------|---|--|---|
| Severity | Scope & Severity = J Isolated Immediate jeopardy to resident health or safety. | Scope & Severity = K Patterned – Immediate jeopardy to resident health or safety. | Scope & Severity = L Widespread – Immediate jeopardy to resident health or safety. |
| | Scope & Severity = G Isolated – Actual Harm that is not immediate jeopardy. | Scope & Severity = H Patterned – Actual Harm that is not immediate jeopardy. | Scope & Severity = I Widespread – Actual Harm that is not immediate jeopardy. |
| | Scope & Severity = D Isolated - No actual harm with potential for more than minimal harm that is not immediate jeopardy. | Scope & Severity = E Patterned - No actual harm with potential for more than minimal harm that is not immediate jeopardy. | Scope & Severity = F Widespread - No actual harm with potential for more than minimal harm that is not immediate jeopardy. |
| | Scope & Severity = A Isolated - No actual harm with potential for minimal harm. | Scope & Severity = B Patterned - No actual harm with potential for minimal harm. | Scope & Severity = C Widespread - No actual harm with potential for minimal harm. |
| | Scope | | |



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The state inspection measure is based on the following five criteria.

- 1) If the facility's **most-recent available health and life-safety code survey** had actual harm, substandard quality of care, or immediate jeopardy
- 2) If the facility had an **Office of Health Facility Complaints (OHFC) investigation(s)** that resulted in deficiencies issued at actual harm, substandard quality of care, or immediate jeopardy over the past year
- 3) If the facility's **prior health survey** had substandard quality of care or immediate jeopardy
- 4) If the facility is on the **Special Focus** list of providers judged by MDH and the federal Centers for Medicare and Medicaid Services as needing additional oversight
- 5) If the facility has a **high number** of health deficiencies, defined in the list of key terms below

The state inspection measure judges a nursing home's performance to be **OK** or **not OK** on these criteria, which are combined for the following star ratings:

5 Stars Most-recent available survey **OK**

Prior survey **OK**

One-year OHFC investigation record **OK**

Not a Special Focus facility

Not a high number of health deficiencies

4 Stars Most-recent available survey **OK**

One-year OHFC investigation record **OK**

Not a Special Focus facility

3 Stars Most-recent available survey **OK**, allowing ONE isolated instance of actual harm

One-year OHFC investigation record **OK**

2 Stars Most-recent available survey **not OK**

One-year OHFC investigation record **OK**

OR

Most-recent available survey **OK**, allowing ONE isolated instance of actual harm

One-year OHFC investigation record **not OK**

1 Star Most-recent available survey **not OK**

One-year OHFC investigation record **not OK**

Here are some key terms used in this measure:

Actual harm includes any deficiency citation where actual physical or emotional harm to a resident has been identified. Harm can occur in any citation with a scope and severity level "G"

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through “L.” (*Guidance on scope and severity determination is provided in Appendix P; section IV.B and IV.C of the CMS state operations manual*).

Substandard quality of care means one or more deficiencies related to participation requirements under 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 either immediate jeopardy to resident health or safety, a pattern of or widespread actual harm that is not immediate jeopardy, or a widespread potential for more than minimal harm, but less than immediate jeopardy, with no actual harm (*Defined in the CMS state operations manual chapter 7, section 7001*).

Substandard quality of care includes any health deficiency (called F-tags) in Table 3 below that is of a scope and severity of “F” or higher but not equal to “G” (as “G” represents isolated and not patterned harm).

Table 3. Deficiencies that Indicate Substandard Quality of Care

| Resident Behavior and Facility Practices | Quality of Care |
|---|--|
| F0221 Physical Restraints | F0309 Quality of Care |
| F0222 Chemical Restraints | F0310 Activities of Daily Living (ADL) Maintenance |
| F0223 Abuse | F0311 Appropriate ADL Treatment |
| F0224 Staff Treatment of Residents | F0312 ADL Services |
| F0225 Unemployable Individuals | F0314 Pressure Sores |
| F0226 Policy and Procedures for Staff | F0315 Catheter Prevention |
| Quality of Life | F0317 Range of Motion Maintenance |
| F0240 | F0318 Limited Range of Motion Services |
| F0241 Quality of Life | F0319 Mental and Psychosocial Services |
| F0242 Dignity | F0320 Maintenance of Psychosocial Functioning |
| F0243 Self-Determination/Participation | F0321 Nasogastric Tubes (Tube Feeding) |
| F0244 Resident and Family Groups | F0322 Nasogastric Care |
| F0245 Listen to Group | F0323 Accident Environment |
| F0246 Participate in Other Activities | F0324 Accident Prevention |
| F0247 Accommodate Needs | F0325 Nutrition |
| F0248 Notice Before Room Change | F0326 Therapeutic Diet |
| F0249 Activities Program | F0327 Hydration |
| F0250 Activities Director | F0328 Special Needs |
| F0251 Social Services | F0329 Unnecessary Drugs |
| F0252 Social Work Qualification | F0330 Antipsychotic Drugs |
| F0253 Environment | F0331 Drug Reduction |
| F0254 Housekeeping | F0332 Medication Errors |
| F0255 Clean Linens | F0333 Significant Medication Errors |
| F0256 Private Closet | F0334 Influenza and Pneumococcal Immunizations |

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F0257 Adequate Lighting
F0258 Comfortable Temperatures

Immediate jeopardy means a situation in which the facility's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident (*Defined in the CMS state operations manual chapter 7, section 7001*).

Special Focus Provider is a nursing home deemed by the Department of Health and the Centers for Medicare and Medicaid Services to be performing at a level where additional oversight is needed to assure compliance with government regulations.

High number of deficiencies means that the total number of deficiency citations issued to a facility on the most-recent available health survey is greater than the average of high statewide and high survey district deficiencies, determined by the following formula:

$$= [(\text{Minnesota's average deficiencies plus } \frac{1}{2} \text{ standard deviation for previous calendar year}) + (\text{survey district's average deficiencies plus } \frac{1}{2} \text{ standard deviation for previous calendar year})] / 2$$

The statewide distribution of survey results as of April 14, 2016 is as follows:

MDH Survey

| # Stars | Survey # Points Earned | # NFs |
|---------|---------------------------|-------|
| 5 | 10 | 230 |
| 4 | 7.5 | 69 |
| 3 | 5 | 23 |
| 2 | 2.5 | 37 |
| 1 | 0 | 3 |
| N/A | N/A | 3 |

Click the "[More Facility Information - Including Health Survey Inspection Findings](#)" link under a facility's report card star table to access their two most-recent survey reports.

Since actual survey results can be technically or medically complex and sometimes difficult to interpret, we have provided some background on the survey process.

State Survey Process

1. Surveys are unannounced and usually conducted during weekdays. However, survey teams can and do conduct inspections at night, on weekends and on holidays.

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2. Surveyors are trained health care professionals in nursing, nutrition, social work, pharmacy and sanitation.
3. A Life Safety Code component of the survey focuses on safety to life from fire in buildings and structures.
4. A report is sent to the facility following each survey.
5. When regulatory requirements have not been met, the nursing facility may be fined for each violation cited and must submit a plan of correction to MDH. MDH must find the plan acceptable before the facility is found to be back in compliance.
6. Survey results must be made available to residents, families and other interested parties.

Deficiency Categories

1. **Administration** - A facility must be run in a manner that enables it to use its resources effectively and efficiently to attain and maintain the highest practicable level of well-being for each resident. The administration category addresses how well the overall administration and management of a nursing home is carried out.
2. **Quality of Care** - The quality of care category addresses how well the facility renders services provided and supervised by nursing staff. It includes the assessment of the resident, development of plan for care, following plan of care and evaluating the results of care. This category evaluates issues such as nutrition, hydration, pressure sores, activities of daily living, infection control practices, range of motion, vision, hearing, urinary incontinence, medications, psychosocial functioning, and ability to care for residents with specialized conditions or treatments such as tube feedings, ostomy care and respiratory care.
3. **Resident Rights** - The resident rights category addresses how well the facility succeeds in ensuring the rights of residents are respected, recognized and upheld. Requirements evaluated in this section include, but are not limited to, the following: dignity and respect and a comfortable living environment; quality care and treatment without discrimination; freedom of choice to make independent decisions; safeguarding residents' property and money; safeguards associated with admission, discharge and transfer; privacy in communication; participation in organizations and activities of choice; an easy to use and responsive complaint procedure; freedom from physical, verbal, sexual and mental abuse, corporal punishment and involuntary seclusion; reasonable accommodation of individual needs; and freedom from restraints.
4. **Dietary Services** - This category addresses how well resident meals are prepared and served. It is concerned with the storage, preparation and serving of food under sanitary conditions. It is also concerned with residents being served meals that meet nutritional needs and are appetizing for residents.
5. **Physical Environment** - This category addresses how well the facility maintains the resident environment to protect the health and safety of its residents, personnel and the public.
6. **Other Services** - Specialized Rehabilitative Services, Dental Services, Pharmacy Services