

Minnesota Nursing Home Report Card Technical User Guide

Updated January 24, 2025

Since 2006, the Minnesota Departments of Health and Human Services, collaborating with the University of Minnesota, have offered a Nursing Home Report Card website. The Report Card is designed to give people the information they need when looking for a nursing home. It lets them compare nursing home performance in topics that matter to them:

- Long-stay resident quality of life interviews and family satisfaction surveys
- Short-stay resident experience surveys
- Clinical outcomes on ten key quality of care topics
- Rates of hospitalizations and discharges back to the community
- Health and safety inspections
- Measures of the amount, stability and consistency of the workforce
- Availability of single-bed rooms
- Price per day, including any extra charges for private rooms

This information is risk-adjusted, audited and/or collected by professional third parties.

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This guide defines the Report Card quality measures and describes how they are scored. It also provides statewide results. Additional information may be found in the Nursing Home Report Card Fact Sheet at <http://nhreportcard.dhs.mn.gov/nhreportcardfactsheet.pdf>.

The Report Card shows how Minnesota nursing homes that are Medicaid-certified¹ score on key quality measures that matter to the public and policy-makers. **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.**

The quality measures below assign stars by comparing facilities based on their performance:

- Minnesota clinical quality indicators
- Long-stay resident quality of life ratings
- Short-stay resident experience ratings
- Family satisfaction ratings
- Direct care staff hours per day
- Direct care staff retention

¹ Minnesota is interested in adding its Veterans' Homes to the Report Card in the future.

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Facility performance on these measures generally represents a normal distribution. A normal distribution means that most of the results are close to the statewide average, with a few outliers both higher and lower than the average. If the data were graphed for these 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 as follows:

- 5 Stars: Mean plus $1\frac{1}{2}$ standard deviations
- 4 Stars: Mean plus $\frac{1}{2}$ to $1\frac{1}{2}$ standard deviations
- 3 Stars: Mean plus or minus $\frac{1}{2}$ standard deviations
- 2 Stars: Mean minus $\frac{1}{2}$ to $1\frac{1}{2}$ standard deviations
- 1 Star: Mean minus $1\frac{1}{2}$ standard deviations

Three of the measures – long-stay resident quality of life, short-stay resident experience, and family satisfaction – are based on survey information. The variation in the number of surveys collected per facility presents a challenge. Facilities with fewer surveyed residents are more likely than facilities with many surveyed residents to have very high or very low scores due to statistical error rather than real differences in the resident or family experience. To deal with this issue, the Report Card uses a statistical approach called hierarchical linear modeling to develop empirical Bayes (EB) estimated 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 on their observed (so-called unadjusted) rates.

MN CLINICAL QUALITY INDICATORS

During their stay in a nursing home, residents are assessed by the facility staff. This extensive assessment, called the Minimum Data Set (MDS), 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; use of certain types of medications; mental functioning; and treatments provided to the resident in the facility.

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Selected items from the MDS have been identified as indicators of the quality of care provided to the resident. These quality indicators are risk adjusted to account for differences between the types of residents served in nursing homes. Examples of the adjustors 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 the current assessment, the system automatically looks back to the most-recent available data.

The Report Card provides two clinical quality indicator star ratings: one focused on the quality of care during long-term stays, and one focused on the quality of care during short-term stays. The long-stay clinical star rating includes 19 indicators over ten topics important to the long-stay experience. These are shown in the table below:

Long-stay Quality Indicators from the MDS Included in Score		
Domain	Name	Description
Psychosocial	Worsening or Serious Resident Behavior Problems	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	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	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.
Continance	Worsening or Serious Bowel Incontinence	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.
	Worsening or Serious Bladder Incontinence	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.
	Prevalence of Occasional to Full Bladder Incontinence Without a Toileting Plan	This is the percent of long-stay residents who lose control of their bladder and are not on a documented individualized bladder toileting program.

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Long-stay Quality Indicators from the MDS Included in Score		
Domain	Name	Description
	Prevalence of Occasional to Full Bowel Incontinence Without a Toileting Plan	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	This is the percent of long-stay residents who had a catheter inserted and left in their bladder for a period of time.
Infections	Prevalence of Urinary Tract Infections	This is the percent of long-stay residents who had an infection in their urinary tract.
	Prevalence of Infections	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	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	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 Pressure Sores in High-Risk Residents	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.
Psychotropic Drugs	Prevalence of Antipsychotics Without a Diagnosis of Psychosis	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	Worsening or Serious Functional Dependence	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.
	Walking as Well or Better than Previous Assessment	This is the percent of long-stay residents who have the same or improved independence in walking ability since the last assessment.
	Worsening or Serious Mobility Dependence	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.

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Long-stay Quality Indicators from the MDS Included in Score		
Domain	Name	Description
	Worsening or Serious Range of Motion Limitation	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	Prevalence of Residents who Report Moderate to Severe Pain	This is the percent of long-stay residents who reported having moderate to severe pain.

Each long-stay domain is assigned 10 points and within each domain the points are distributed equally. Finally, the domains are added into a total score for a maximum 100 points. Stars are assigned using the standard deviation methodology described on Page 2 of this user guide.

Note: On October 1, 2023, the MDS changed how it collects certain Physical Function information. The Report Card is temporarily removing three long-stay indicators (Functional Dependence, Walking as Well or Better and Mobility Dependence) and will include them on a future update. We have rescaled the total scores below accordingly. **The thresholds and statewide distribution for the period October 1, 2023 through September 30, 2024 are as follows:**

Long-Stay Clinical Quality Indicators
(Lowest = 33.6526, Mean = 64.4590, Highest = 97.2649)

# Stars	Long-Stay Clinical QI Score Range		# NFs
5	82.89880	100	21
4	70.60560	82.89879	80
3	58.31240	70.60559	127
2	46.01920	58.31239	70
1	0	46.01919	27
N/A	N/A	N/A	5

The short-stay clinical quality star rating includes four indicators representing four topics important to the short-stay experience. These are shown in the table below:

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Short-stay Quality Indicators from the MDS Included in Score		
Domain	Name	Description
Hospitalization	Percent of Hospitalizations	This is the number of residents who are sent to the hospital for any reason within 30 days of their admission to the nursing home, divided by the facility's total annual admissions. In addition to resident conditions, it is risk-adjusted for facility size and location.
Skin Care	Prevalence of New or Worsening Pressure Sores	This is the percent of short-stay residents who have developed pressure sores or who had pressure sores that got worse since admission.
Pain	Prevalence of Residents who Report Moderate to Severe Pain	This is the percent of short-stay residents 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.
Going Home	Percent of Community Discharges	This is the number of residents who return to the community within 30 days of their admission to the nursing home, divided by the facility's total annual admissions. This includes any less-restrictive setting such as a private home/apartment, board and care, assisted living, or group home. In addition to resident conditions, it is risk-adjusted for facility size, location and local availability of home and community based services.

Each short-stay domain is assigned 10 points which are then added into a total score and rescaled, for a maximum of 100 points. Stars are assigned using the standard deviation methodology described on Page 2 of this user guide. **The thresholds and statewide distribution for the period October 1, 2023 through September 30, 2024 (for Community Discharges, for the period July 1, 2023 through June 30, 2024) are as follows:**

Short-Stay Clinical Quality Indicators

(Lowest = 5.3266, Mean = 60.4532, Highest = 97.9270)

# Stars	Short-Stay Clinical QI Score Range		# NFs
5	89.12045	100	17
4	70.00895	89.12044	89
3	50.89745	70.00894	120
2	31.78595	50.89744	77
1	0	31.78594	27
N/A	N/A	N/A	0

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LONG-STAY RESIDENT QUALITY OF LIFE SURVEYS

Each year, trained staff employed by an independent contractor of the State interview long-stay residents in every nursing home about their quality of life. Interviewers invite a random sample of residents to participate, unless they are severely cognitively impaired, ill or their guardian refuses on their behalf.

Interviewers use a standardized survey that measures resident quality of life over a variety of topics or domains. These include meaningful activities, food enjoyment, environment, dignity, autonomy, relationships, caregiving and mood. Researchers at the University of Minnesota designed the survey for use by people with memory loss, cognitive impairments, and other disabilities. Visit <https://vitalresearch.com/mnsurvey/resident/nursingdocuments.html> for more information.

The State calculates a quality of life score by averaging each domain, then finding the average of these domain scores. The score is then risk-adjusted to account for resident and facility characteristics that are generally not controlled by facility staff. The score uses four risk adjusters for residents — age, gender, cognitive performance (Cognitive Performance Scale or Brief Interview for Mental Status) and Activities of Daily Living score (ADL Long-Form). It also adjusts for facility location – Twin Cities metropolitan area vs. greater Minnesota. The average scores of residents who are older, female, and/or more cognitively impaired tend to be higher; residents with more ADL dependencies tend to rate their quality of life lower. In addition, average scores tend to be higher for facilities located in greater Minnesota.

Stars are assigned using the standard deviation approach described above. Nursing facilities showing “n/a” did not participate in the survey this year. **Thresholds and the statewide distribution for the October 2023 to January 2024 wave of interviews are as follows:**

Long-Stay Resident Quality of Life: Possible Score Range = 0-100
(Lowest Score = 66.1153, Mean = 80.4558, Highest Score = 89.3799)

# Stars	Long-stay Resident Quality of Life Summary Score Range		# NFs
5	86.29245	100	16
4	82.40135	86.29244	86
3	78.51025	82.40134	131
2	74.61915	78.51024	67
1	0	74.61914	24
N/A	N/A	N/A	6

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SHORT-STAY RESIDENT EXPERIENCE SURVEYS

To learn about the short stay experience, the State mails a survey to people who have been in a nursing home for 30 days or less and have returned home. This survey focuses on key topics people value when they stay in a facility short-term versus permanently. In particular, the survey asks about admission, physical therapy, clinical care, and discharge. It also includes questions on assistance from staff, communication, dining, the environment and safety, and people’s overall satisfaction with the nursing home. For more information, visit <https://vitalresearch.com/mnshortstay/documents.html>.

The State calculates a resident experience score by calculating an average score for each topic or domain, then finding the average of these domain scores. The score is then risk-adjusted to account for selected resident and facility characteristics that are not controlled by facility staff. The score uses two risk adjusters: whether residents report assistance with completing the survey, and facility location in the Twin Cities metropolitan area vs. greater Minnesota. Residents who get help (from a family member, friend or other person) report less satisfaction with their experience than those who complete the survey on their own. In addition, average scores tend to be higher for facilities located in greater Minnesota.

Stars are assigned using the standard deviation approach described above. Nursing facilities showing “n/a” did not participate in the survey this year. **The thresholds and statewide distribution for the June 2023 to April 2024 wave of surveys are as follows:**

Resident Short Stay Experience: Possible Score Range = 0-100
(Lowest Score = 65.4962, Mean = 82.4913, Highest Score = 94.3192)

# Stars	Short-stay Resident Experience Summary Score Range		# NFs
5	92.74755	100	4
4	85.91005	92.74754	32
3	79.07255	85.91004	45
2	72.23505	79.07254	17
1	0	72.23504	11
N/A	N/A	N/A	221

FAMILY SATISFACTION SURVEYS

Family, friends and other people involved in residents’ lives often have different concerns about the stay than their loved ones. Each year, an independent contractor of the State mails a family satisfaction survey to the primary responsible party of every long-stay resident. The number of

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surveys mailed for each facility varies based on the number of residents in the facility with a responsible party. The survey measures family satisfaction over four key topics or domains. These include staff, care, environment and food. For more information, visit <https://vitalresearch.com/mnsurvey/resident/nursingdocuments.html>.

The State calculates a family satisfaction score by calculating an average score for each domain, then finding the average of these domain scores. The summary score is then risk-adjusted to control for family and facility characteristics that are not controlled by facility staff. The scores use six risk adjusters, five for respondents (relationship to the resident, gender, frequency of visits and other communication with the resident, and survey format) and one for nursing homes (Twin Cities metropolitan vs. greater Minnesota).

Respondents who are male, in a less intimate relationship with the resident (e.g. professional guardian vs. spouse), have less frequent contact with the resident, and/or complete the survey on the phone or online vs. on paper tend to be more satisfied. In addition, average scores tend to be higher for nursing homes located in greater Minnesota.

Stars are assigned using the standard deviation approach described above. Nursing facilities showing “n/a” did not participate in the survey this year. **Thresholds and the statewide distribution for the November 2023 to April 2024 wave of surveys are as follows:**

Family Satisfaction: Possible Score Range = 0-100
(Lowest Score = 57.1810, Mean = 76.2152, Highest Score = 91.6934)

# Stars	Family Satisfaction Summary Score Range		# NFs
5	86.48795	100	22
4	79.63945	86.48794	86
3	72.79095	79.63944	116
2	65.94245	72.79094	68
1	0	65.94244	28
N/A	N/A	N/A	10

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STATE INSPECTION RESULTS

At least every 15 months, the Minnesota Department of Health (MDH) conducts a 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.

The statewide distribution of health and safety inspection results determined on December 23, 2024 is as follows:

State Inspection Results

# Stars	State Inspection Results # Points Earned	# NFs
5	10	182
4	7.5	43
3	5	9
2	2.5	90
1	0	5
N/A	N/A	0

The state inspection measure is based on the following five criteria. Key terms used in the measure are defined below.

- 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 a **complaint 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

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The state inspection measure judges a nursing home's performance to be **OK** or **not OK** on each of these five criteria. Finally, the measure combines these criteria for the following star ratings:

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

Prior survey **OK**

One-year complaints investigation record **OK**

Not a Special Focus facility

Not a high number of health deficiencies

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

One-year complaints investigation record **OK**

Not a Special Focus facility

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

One-year complaints investigation record **OK**

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

One-year complaints investigation record **OK**

OR

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

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

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

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

Key Terms

Scope and severity are used to categorize the seriousness of a health or life safety deficiency (see the table 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 immediate jeopardy to resident health or safety.

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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		

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” through “L.”

Substandard quality of care means one or more deficiencies related to participation requirements under 42 CFR 483.10, resident rights, 42 CFR 483.12, freedom from abuse, neglect, and exploitation, 42 CFR 483.24, quality of life, 42 CFR 483.25, quality of care, 42 CFR 483.40, behavioral health services, 42 CFR 483.45, pharmacy services, 42 CFR 483.70, administration, or 42 CFR 483.80, infection control, 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 (that is, a scope and severity of “F” or higher but not equal to “G” as “G” represents isolated and not patterned harm). *Defined in the CMS state operations manual chapter 7, section 7001*

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*

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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:

= [(Minnesota's average deficiencies plus ½ standard deviation for previous calendar year) + (survey district's average deficiencies plus ½ standard deviation for previous calendar year)] / 2

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.
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. *To access a nursing home's detailed survey inspection reports, click the Health Survey Inspection Findings link at the bottom of their Report Card star page.*

STAFF HOURS OF DIRECT CARE 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, 2022. The following list describes the steps taken to determine 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.

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- 4) Hours per Resident Day are weighted for relative cost per staff type (statewide average salary ratios):

Staff type	Ratio
DON/Nurse administrator	1.92
RN	1.83
LPN	1.40
Certified Nursing Assistant	1.00
TMA	1.06
Mental health worker	1.83
Social worker	1.26
Activity staff	0.90
Other direct care worker	1.18

- 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.

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:

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Staffing Levels – Hospital Peer Group

(Lowest Reported = 4.0445, Mean = 6.6118, Highest Reported = 13.3200)

# Stars	Staffing Level – Hrs. Per Day Range		# NFs
5	7.98190	Highest	9
4	6.89330	7.98189	28
3	5.80470	6.89329	30
2	4.71610	5.80469	16
1	0.00000	4.71609	9
N/A	N/A	N/A	0

Staffing Levels – NFII Peer Group

(Lowest Reported = 3.2729, Mean = 5.5992, Highest Reported = 7.5678)

# Stars	Staffing Level – Hrs. Per Day Range		# NFs
5	7.55550	Highest	1
4	6.25130	7.55549	3
3	4.94710	6.25129	2
2	3.64290	4.94709	3
1	0.00000	3.64289	1
N/A	N/A	N/A	0

Staffing Levels – Standard Peer Group

(Lowest Reported = 3.7270, Mean = 6.0300, Highest Reported = 8.8944)

# Stars	Staffing Level – Hrs. Per Day Range		# NFs
5	7.31915	Highest	18
4	6.44365	7.31914	50
3	5.56815	6.44364	92
2	4.69265	5.56814	54
1	0.00000	4.69264	13
N/A	N/A	N/A	0

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DIRECT CARE STAFF RETENTION

The annual report for the reporting period ending September 30, 2022 is also used for this calculation. The staff retention rate calculation is based on the number of direct care employees in the categories above on October 1, 2021 that were still employed on September 30, 2022, divided by the number of direct care employees on October 1, 2021. 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 above.

Staff Retention

(Lowest Reported = 25%, Mean = 64.04%, Highest Reported = 100%)

# Stars	Retention Range		# NFs
5	85.250%	100.00%	16
4	71.110%	85.249%	93
3	56.970%	71.109%	124
2	42.830%	56.969%	62
1	0.0000%	42.829%	34
N/A	N/A	N/A	0

TEMPORARY STAFF AGENCY USE

The annual report for the reporting period ending September 30, 2022 is also used for this calculation. This measure is the percentage of temporary/pool nursing staff (RN, LPN, C.N.A., TMA) productive hours versus total nursing staff (RN, LPN, C.N.A., TMA) productive hours; smaller percentages mean higher use of permanent, in-house nursing staff. The average percentage of temporary/pool hours for facilities reporting any pool use is 11.2%. Listed below are the thresholds and associated stars for all facilities:

Temporary Staff Agency Use

(Lowest Reported = 0%, Mean = 8.86%, Highest Reported = 58.5%)

# Stars	Temporary Staff Agency Use Range		# NFs
5	0.0000%	0.50%	89
4	0.5001%	1.00%	11
3	1.0001%	2.00%	22
2	2.0001%	4.00%	35
1	4.0001%	100%	172
N/A	N/A	N/A	0

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PROPORTION OF BEDS IN SINGLE ROOMS

The number of nursing facility and board and care (NF and NFII) beds in private and single-bed rooms on January 24, 2025 is divided by the number of active licensed and certified beds on January 24, 2025. Thresholds and stars are assigned as follows:

Single Bed Rooms

(Low = 0%, Mean = 66.3%, High = 100%)

# Stars	Single Bed Rooms Range		# NFs
5	90%	100%	102
4	45.01%	89.99%	141
3	30.01%	45.00%	40
2	15.01%	30.00%	26
1	0%	15%	20
N/A	N/A	N/A	0