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STATE OF MINNESOTA DEPARTMENT OF VETERANS AFFAIRS

★ ★ ★

20 West 12th Street, Room 206 • St. Paul, MN 55155 • (651) 296-2562
Fax (651) 296-3954 • MinnesotaVeteran.org • 1-888-LinkVet

January 15, 2018

The Honorable Mary Kiffmeyer, Chair
Senate State Government Finance
and Policy and Elections
3101 Senate Office Building
95 University Avenue W.
St. Paul, MN 55155

The Honorable Sarah Anderson, Chair
House State Government Finance
583 State Office Building
100 Rev. Dr. Martin Luther King, Jr. Blvd.
St. Paul, MN 55155

The Honorable Jim Carlson
Ranking Minority Member
Senate State Government Finance
and Policy and Elections
2207 Senate Office Building
95 University Avenue W.
St. Paul, MN 55155

The Honorable Sheldon Johnson
Ranking Minority Member
House State Government Finance
259 State Office Building
100 Rev. Dr. Martin Luther King, Jr. Blvd.
St. Paul, MN 55155

The Honorable Bruce Anderson, Chair
Veterans & Military Affairs Finance
and Policy Committee
3209 Senate Office Building
95 University Avenue W.
St. Paul, MN 55155

The Honorable Bob Dettmer, Chair
Veterans Affairs Division (SGF)
565 State Office Building
100 Rev. Dr. Martin Luther King, Jr. Blvd.
St. Paul, MN 55155

The Honorable Jerry Newton
Ranking Minority Member
Veterans & Military Affairs Finance
and Policy Committee
2411 Senate Office Building
95 University Avenue W.
St. Paul, MN 55155

The Honorable Paul Rosenthal
Ranking Minority Member
Veterans Affairs Division (SGF)
209 State Office Building
100 Rev. Dr. Martin Luther King Jr. Blvd.
St. Paul, MN 55155

Dear Chairs and Ranking Members:

Pursuant to 1st Special Session Laws of 2017, Chapter 4, Article 1, Section 38, I am submitting the Minnesota Department of Veterans Affairs' report on reserve amounts maintained in the Veterans Homes special revenue account. Attachments to this letter detail current and historical amounts maintained as a reserve to mitigate against unexpected costs and variations in funding. Please note, any

fluctuations in the reserve fund from historical levels, year-to-year, are generally attributable to increases in staffing, salaries and benefits costs.

The report also includes data reflecting current and historical Minnesota State Veterans Homes' bed capacity and usage, information regarding direct health care workers hours to resident care per day and related state and national standards, metrics and surveys pertaining to the MN State Veterans Homes' quality of care, and MN Veterans Homes Veterans Health Care staffing levels and vacancy rates.

If you have questions, please contact MDVA Legislative Director, Benjamin Johnson, at Ben.Johnson@state.mn.us or 651-201-8226.

Sincerely,

Larry Shellito
Commissioner MDVA

Cc:
Paul Carlson, Committee Administrator, Senate State Government Finance and Policy and Elections
John Hultquist, Committee Administrator, House State Government Finance/Veterans Affairs Division
David Raisanen, Committee Administrator, Senate Veterans and Military Affairs Finance and Policy

Attachment #1: Minnesota Department of Veterans Affairs' Veterans Health Care Reserve Fund & State Veterans Home Staffing Report
Attachment #2: Pinnacle Resident Satisfaction Survey – 2017 composite
Attachment #3: Equip Quality Measures – 2017 – Quarter 1, 2, 3 report
Attachment #4: Equip Staffing Report – 2015-2016
Attachment #5: Equip Staffing Report – 2014-2015
Attachment #6: Medicare website nursing home compare data: Minneapolis, Silver Bay & Luverne.
Attachment #7: CMS User Guide – 5 Star Quality Rating System Technical User Guide

Minnesota Department of Veterans Affairs' Veterans Health Care Reserve Fund & State Veterans Home Staffing Report

1ST SPECIAL SESSION LAWS OF 2017, CHAPTER 4, ARTICLE 1, SECTION 38

Minnesota Department of Veterans Affairs' Veterans Health Care Reserve Fund & State Veterans Home Staffing Report

1st Special Session Laws of 2017, Chapter 4, Article 1, Section 38

Introduction

Pursuant to 1st Special Session Laws of 2017, Chapter 4, Article 1, Section 38, the following report includes data reflecting historical, current and projected amounts maintained as a reserve, current and historical Minnesota State Veterans Homes' bed capacity and usage, information regarding state and national standards for staffing of direct care providers, metrics and surveys pertaining to the MN State Veterans Homes' quality of care, and MN Veterans Homes Veterans Health Care staffing levels and vacancy rates.

Minnesota Veterans Homes Healthcare - Reserve

(*in thousands*)

	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018
Ending Reserve Balance	$11,858	$12,926	$12,702	$8,950	$11,155	$12,270	$11,070

Utilization of Existing Veterans Homes

Current and Historical Bed Capacity

HOME	BEDS						AVERAGE DAILY CENSUS				
	2013	2014	2015	2016	2017		2013	2014	2015	2016	2017
HASTINGS	200	200	200	200	200		155	148	142	140	138
FERGUS FALLS	106	106	106	106	106		104.73	104.21	104.12	102.27	98.87
LUVERNE	85	85	85	85	85		82.21	80.53	82.19	81.58	80.14
MINNEAPOLIS	341	341	341	341	341		333	330	328	320	321
SILVER BAY	83	83	83	83	83		81	78	79	80.42	77.41

MN Veterans Home Staffing Level Analysis

Staffing Data Explanation:

The Centers for Medicare and Medicaid Services (CMS) provides an objective measure of several key factors when reporting and evaluating on the care provided at a CMS certified nursing facility. From amongst the key factors of measurement, CMS has long identified staffing as a strong indicator in evaluating nursing home performance. Effective 2016, Payroll Based Journaling (PBJ) was introduced as a revised reporting system and is now a requirement for all CMS certified homes. This system requires that staffing numbers come from payroll systems rather than being voluntarily reported. The census information is gathered on a regular and more frequent basis which is monthly. It is also auditable to ensure accuracy. The report breaks down the direct care workers hours to resident care per day and established state and national standards based on comparisons of all facilities that are submitting the data.

Under CMS Federal Guideline 483.35, the intent is to ensure that there are sufficient qualified nursing staff available at all times to provide nursing and related services to meet the residents' needs safely and in a manner that promotes each resident's rights, physical, mental and psychosocial well-being.

Current MN Veterans Home Data:

Currently three out of four skilled homes are CMS certified. Luverne and Silver Bay are fully certified and the Minneapolis campus has two out of three one hundred beds facilities certified through CMS. The third and final skilled nursing building on the Minneapolis campus is anticipated to obtain CMS certification at the end of this fiscal year. Fergus Falls is currently awaiting their CMS survey with a goal of attaining certification by the end of this fiscal year.

As the skilled homes all move towards CMS certification, direct care staffing positions are reported to CMS so that stakeholders can pull objective data in a transparent way and then evaluate that data against other measurements and/or facilities. The following is currently reported on the CMS website Nursing Home Compare tool for the MN Veterans Homes:

Silver Bay:

	SILVER BAY	MN AVERAGE	FEDERAL AVERAGE
Total Licensed Nurse staff hours per resident per day	1 hour and 49 minutes	1 hour and 39 minutes	1 hour and 41 minutes
CNA hours per resident per day	2 hours and 36 minutes	2 hours and 36 minutes	2 hours and 27 minutes
RN hours per resident per day	1 hour and 7 minutes	57 minutes	50 minutes

Luverne:

	LUVERNE	MN AVERAGE	FEDERAL AVERAGE
Total Licensed Nurse staff hours per resident per day	1 hour and 30 minutes	1 hour and 39 minutes	1 hour and 41 minutes
CNA hours per resident per day	2 hours and 46 minutes	2 hours and 36 minutes	2 hours and 27 minutes
RN hours per resident per day	1 hour and 1 minutes	57 minutes	50 minutes

Minneapolis: no data is reflected at this time and will not exist until all skilled facilities are fully CMS certified.

Fergus Falls: no data is reflected at this time and will not exist until CMS certified

Prior to the CMS PBJ reporting process, the Skilled Minnesota Veterans Homes contracted with Equip Quality Care to complete a 5 Star Staffing report so we could compare and evaluate our staffing with this national standard.

The 5 Star staffing report looked at the hours per minute per day for total licensed nursing staff, RN's, and the overall rating for both categories.

From 7/2015 to 6/2016 we had either a 4 or a 5 star rating for all 3 categories for all the months evaluated.

From 7/2014 to 6/2015, we had either a 4 or a 5 Star rating for all 3 of the categories for all of the months.

This report verified that the Skilled Homes had met their quality staffing metric for both years to achieve a 4 or 5 Star staffing rating.

Hastings/Minneapolis Domiciliary Care staffing data does not exist in this capacity because they are not CMS certified and will not be under the current licensure that they operate: Board and Care license. The staffing model is much different for domiciliary level of care due to the lack of complexity of care and by virtue of the MDH license, that residents are expected to be independent with activities of daily living. However, we are able to report that currently, the domiciliary program staffs with the following licensed staff-per-day:

Day: 1 licensed nursing staff: 35 residents

Evening: 1 licensed nursing staff: 45 residents

Night: 1 licensed nursing staff: 65 residents

Quality Measurement:

In addition to staffing, CMS also measures quality care of services by tracking survey reports and quality metrics. All of the MN Veterans Homes are closely monitored in a variety of capacities to ensure excellent care is delivered to residents. The following are results:

CMS Quality care and services is also reviewed based on quality indicators that come from the resident information submitted to the state and the federal government in the MDS, which is the minimum data set. We monitor the long term stay metrics as a part of our clinical tracking and management.

The Minnesota Veterans Homes have performance improvement projects to reduce behaviors, falls and the use of antipsychotic medications. Improvements have been made in the quality metrics for residents in the following areas:

Quality Metric:	**Organization Average/National Average:**
Falls with Serious Injuries	3.2/3.4
Complaints of Moderate to Severe Pain:	6.3/6.3
Providing the Influenza Vaccine	99.6/95
Providing the Pneumococcal Vaccine	98.9/94
Occurrences of Urinary Tract Infections	1.1 /4.0
Resident with Weight Loss	5.3/7.1

***Pinnacle Resident Satisfaction Surveys*:**

The Minnesota Veterans Homes use an objective third party contract with Pinnacle to complete monthly resident and family satisfaction surveys. In the latest comprehensive report for all the skilled homes from November, 2017, the Homes achieved a "Best in Class" status for a 12 month average. This classification is above the national averages and is at the top 10% level. This was achieved in the following categories:

Overall Satisfaction, Recommendation to Others, Nursing Care, Dining Services, Cleanliness, Individual Needs, Communication, Responses to problems, Dignity and Respect, and Activities.

***State/Federal Survey Performance*:**

The current state average for survey deficiencies is 6 while the national average is 7.2. All MN Veterans Homes are sitting below the state and federal average for number of deficiencies received during their federal/state survey.

MN Veterans Homes also receive a second survey each year based on our relationship with the federal VA Health Care System. This is unique as other community nursing facilities do not have this additional survey.

	2017 Federal/State Survey	2017 VA Survey
Silver Bay	4 tags	1 tag
Luverne	none	none
Minneapolis Skilled	2 tags	none
Fergus Falls	5 tags	none
Domiciliary Care	Mpls-2 tags and Hastings- 2 tags	none

Staff Vacancy Rate

MDVA does not currently have a technology reporting system to identify the historical vacancy rate data within the organization. However, in order to address this issue, MDVA is in the process of developing a vacancy filling tracking system that will provide this data as well as other robust vacancy data once implemented.

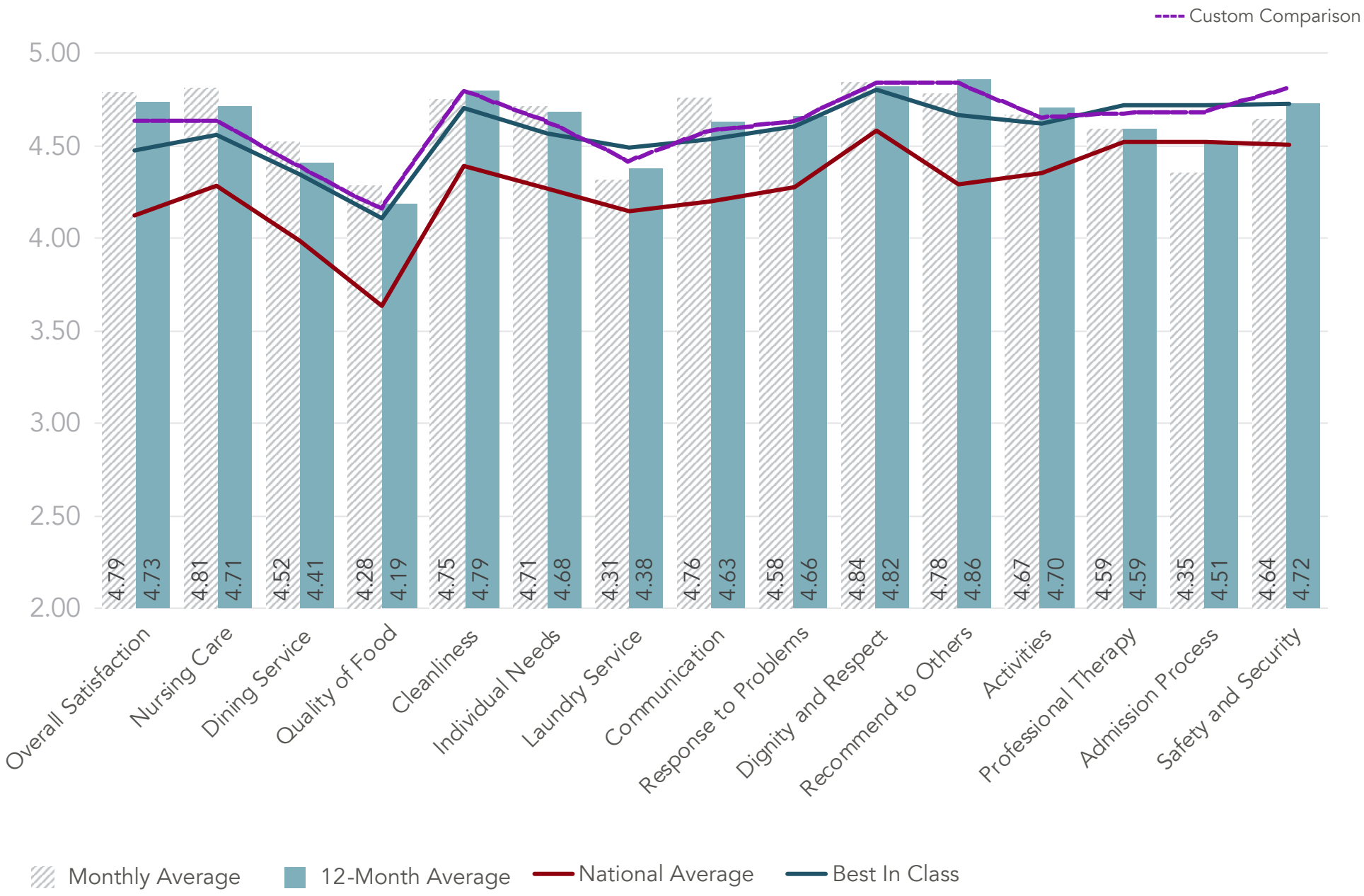
PINNACLE QUALITY INSIGHT

CUSTOMER SATISFACTION

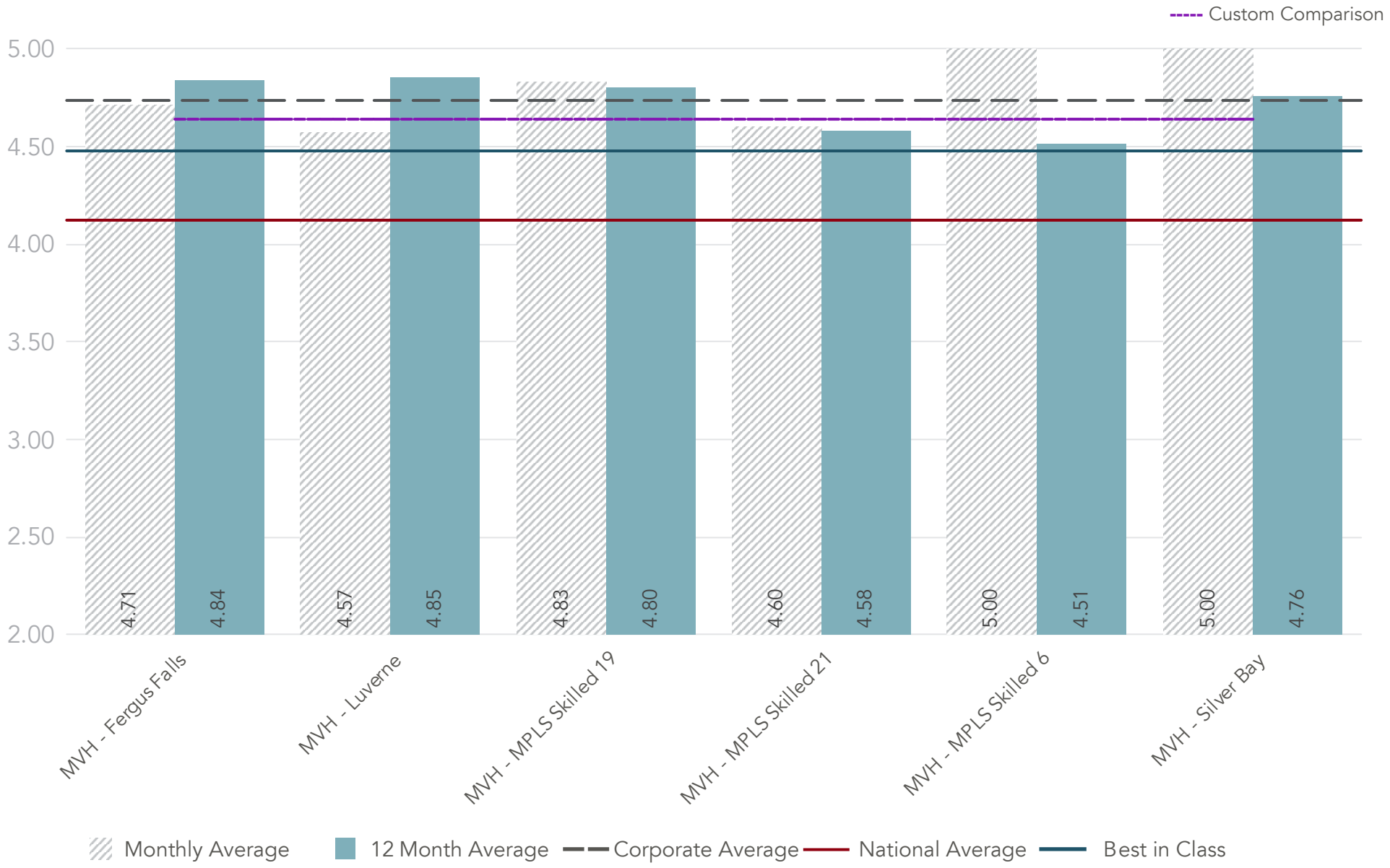
MINNESOTA VETERANS AVERAGE

MINNESOTA VETERANS

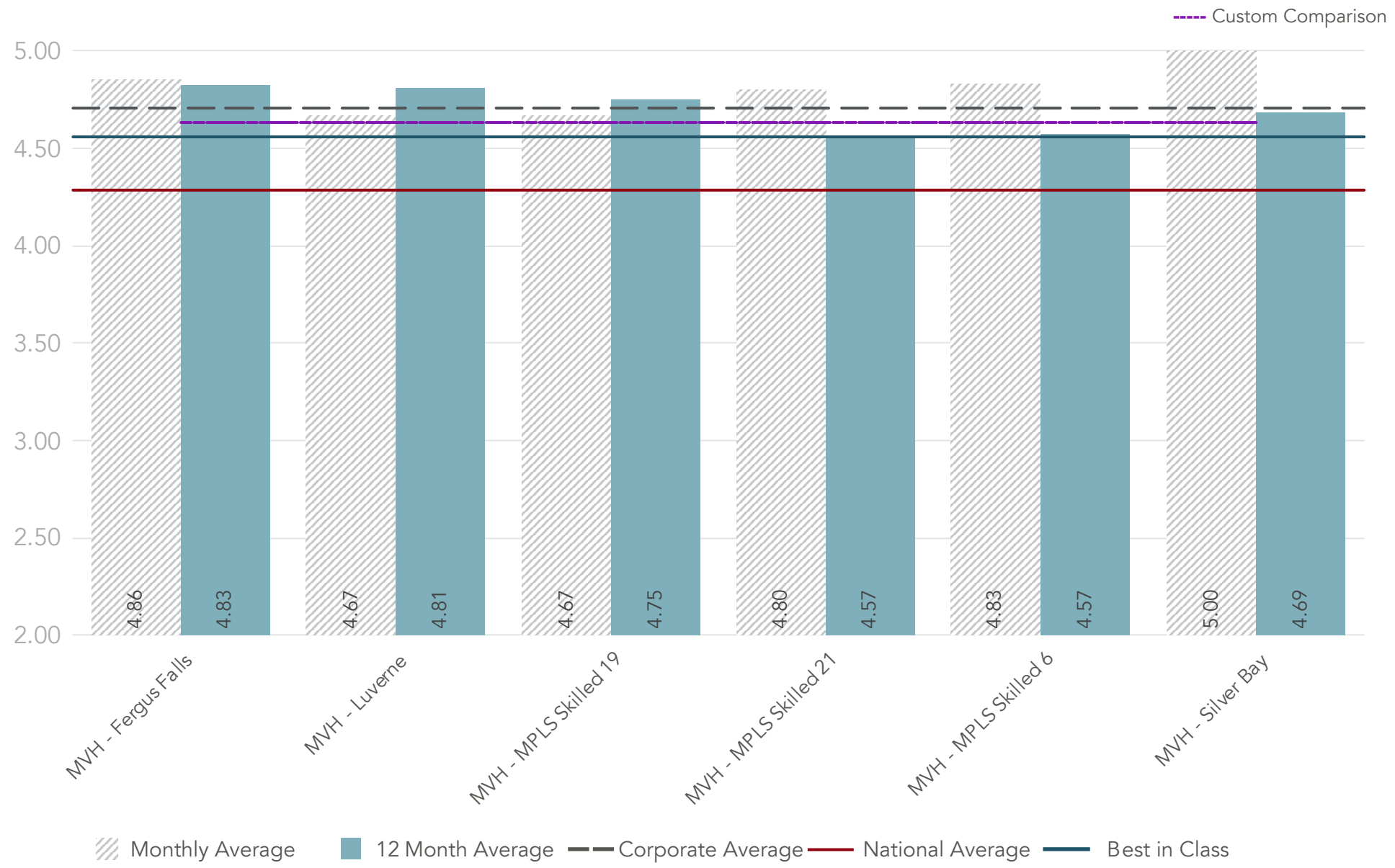
November 2017



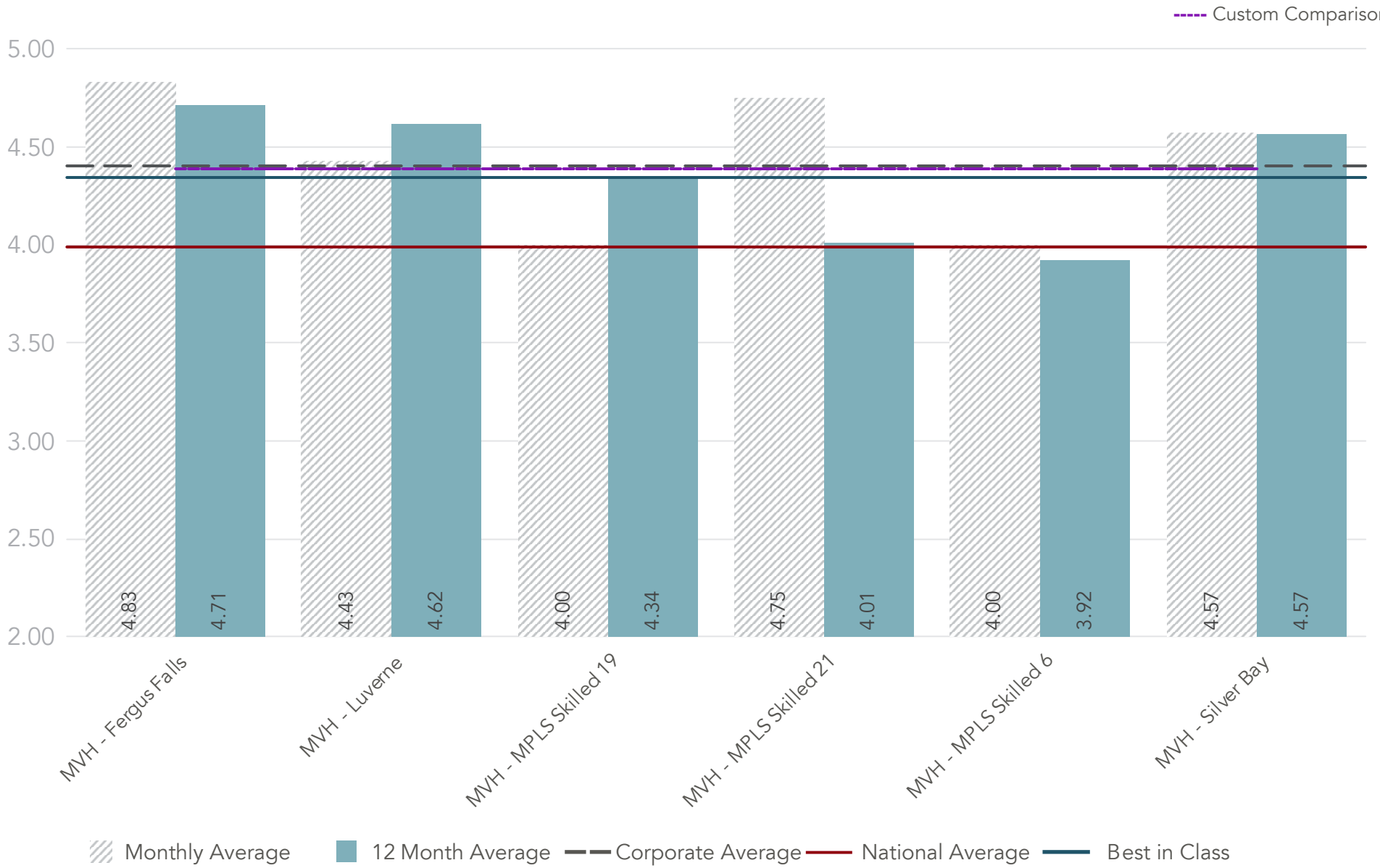
OVERALL SATISFACTION



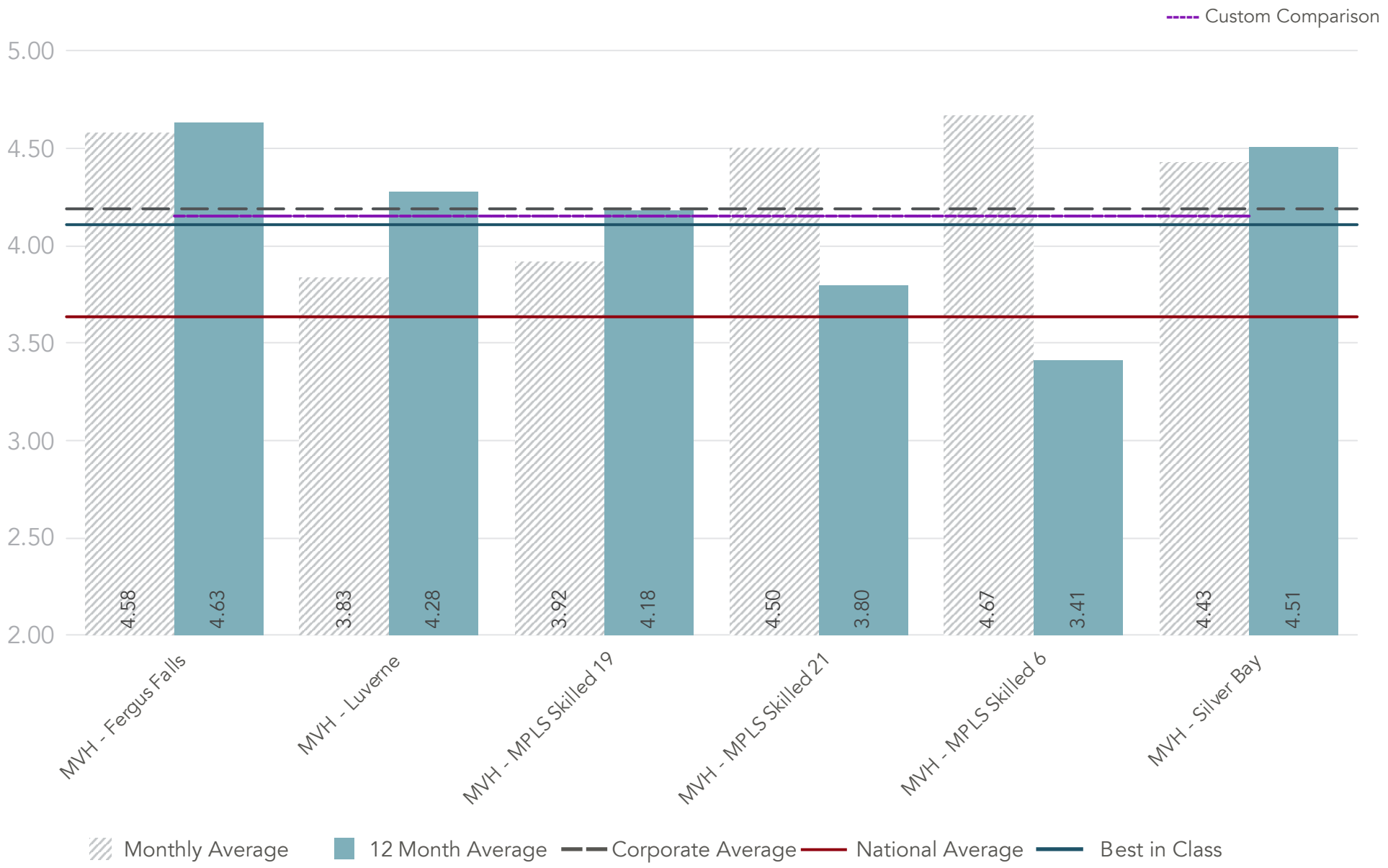
NURSING CARE



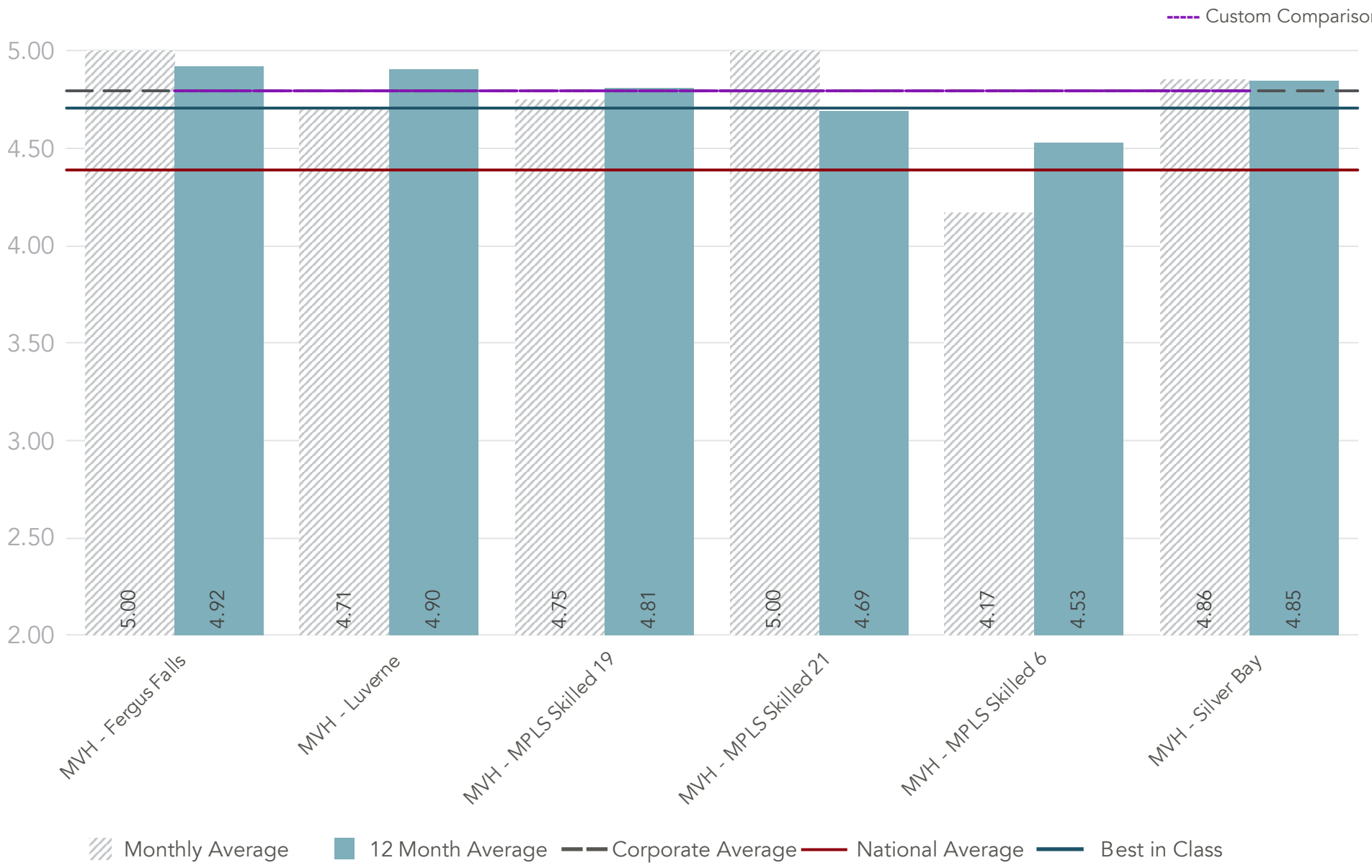
DINING SERVICE



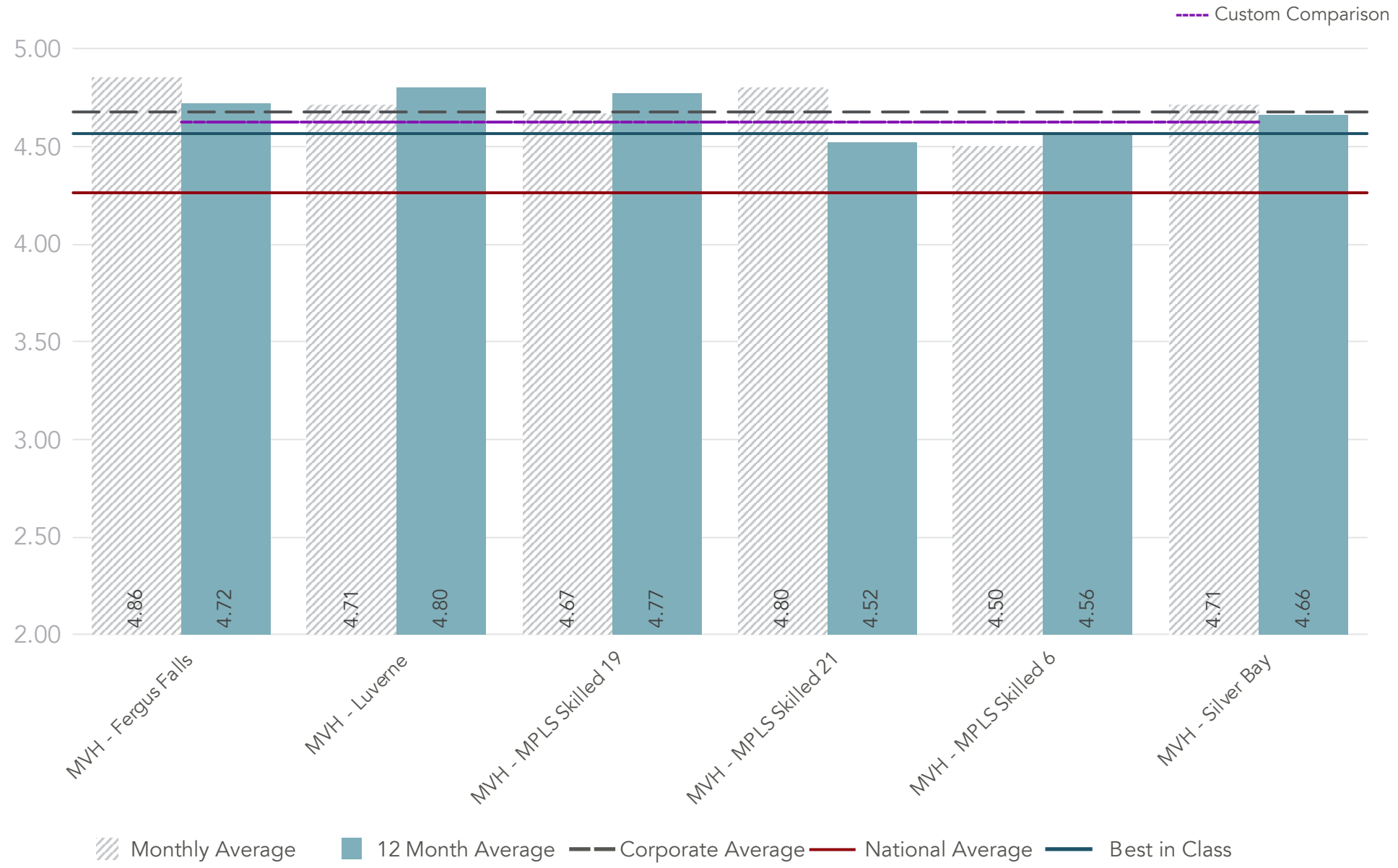
QUALITY OF FOOD



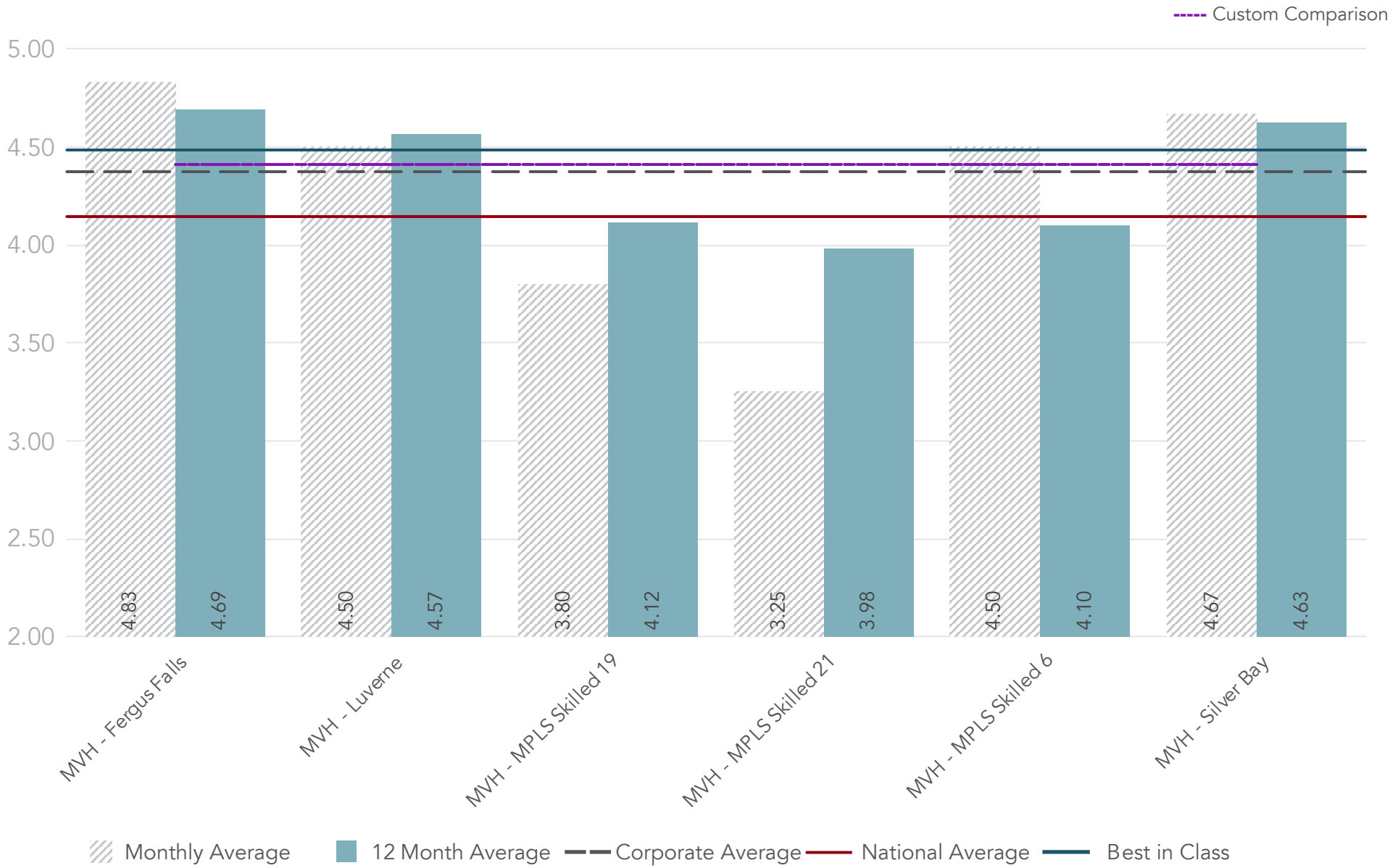
CLEANLINESS



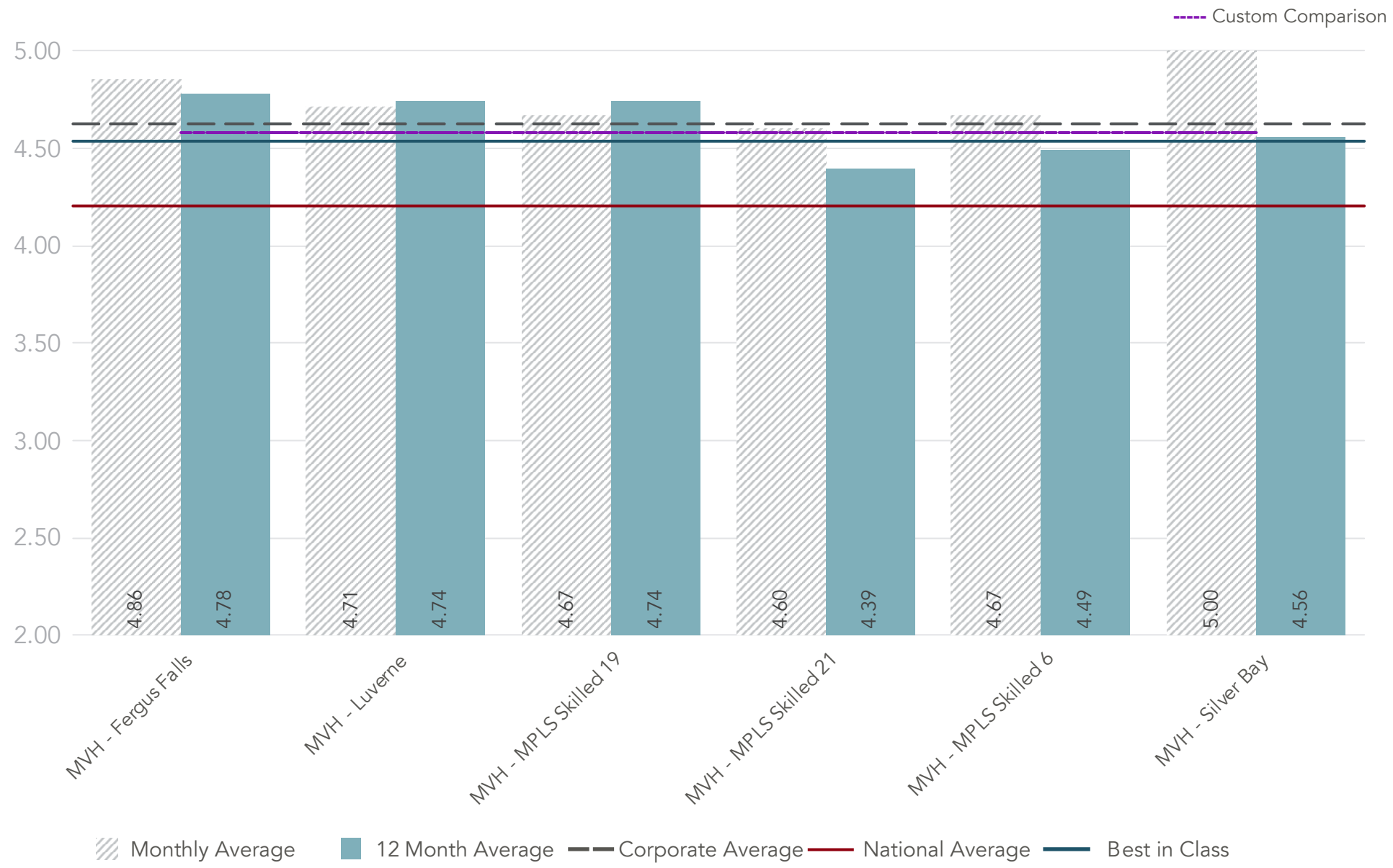
INDIVIDUAL NEEDS



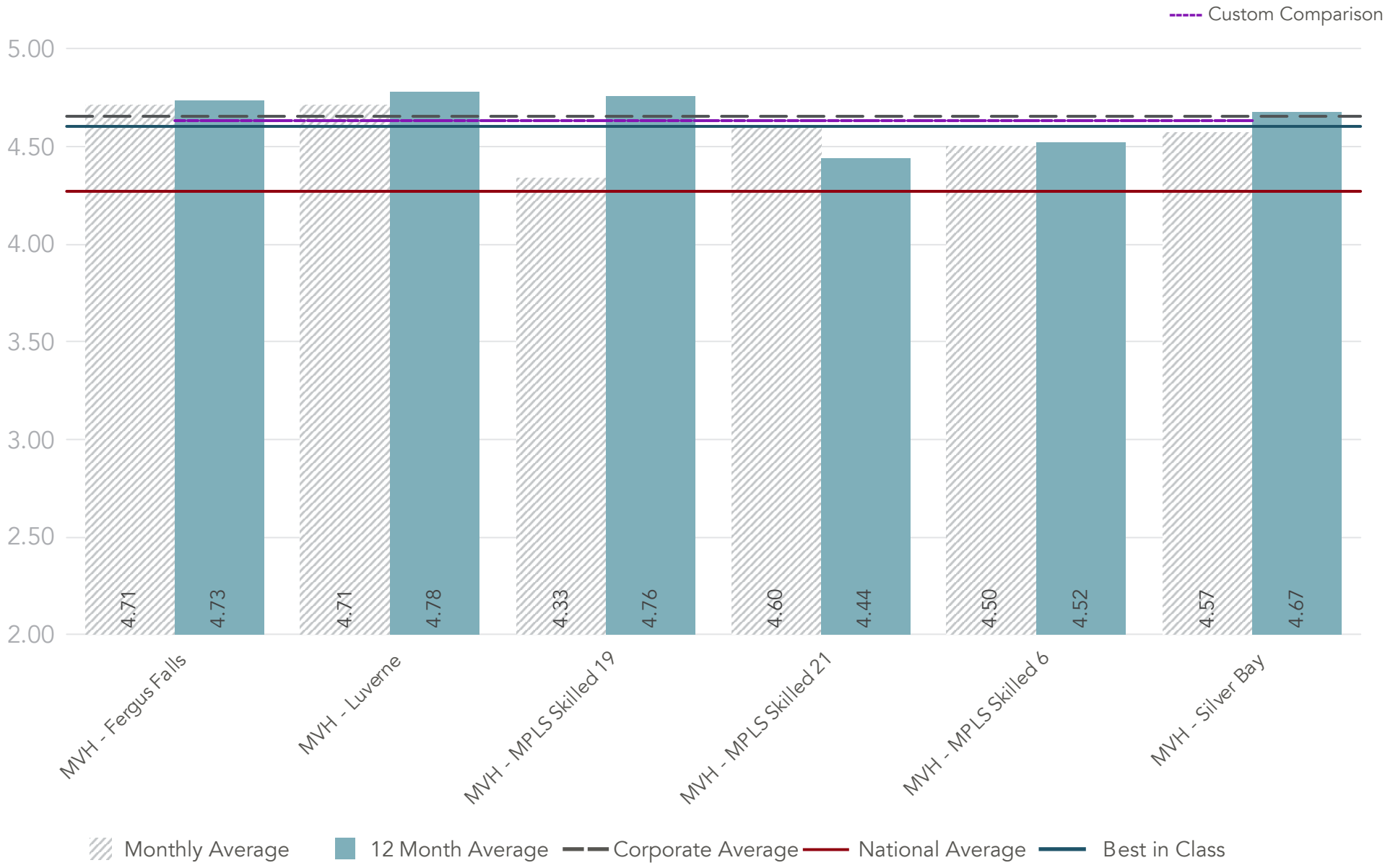
LAUNDRY SERVICE



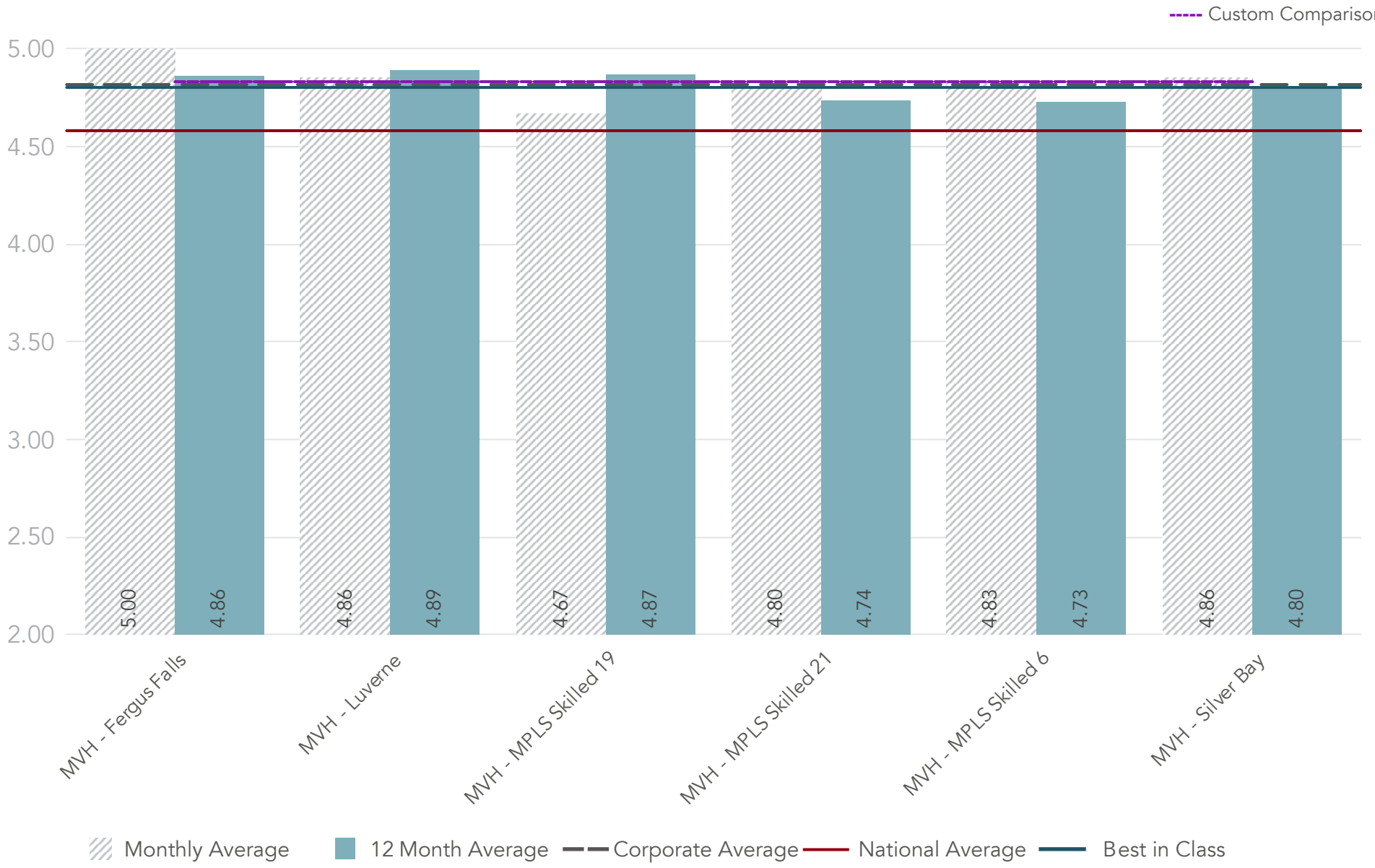
COMMUNICATION



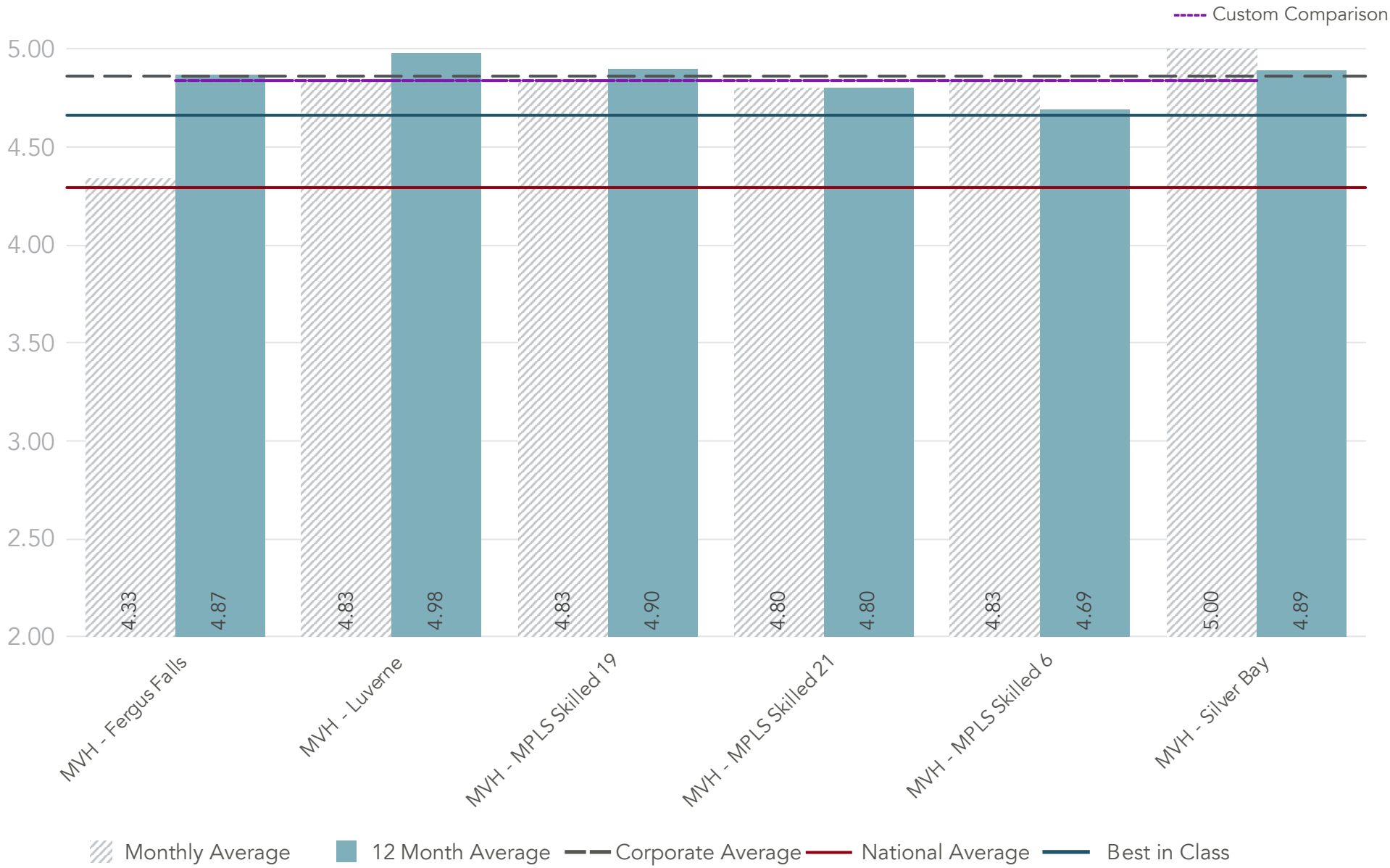
RESPONSE TO PROBLEMS



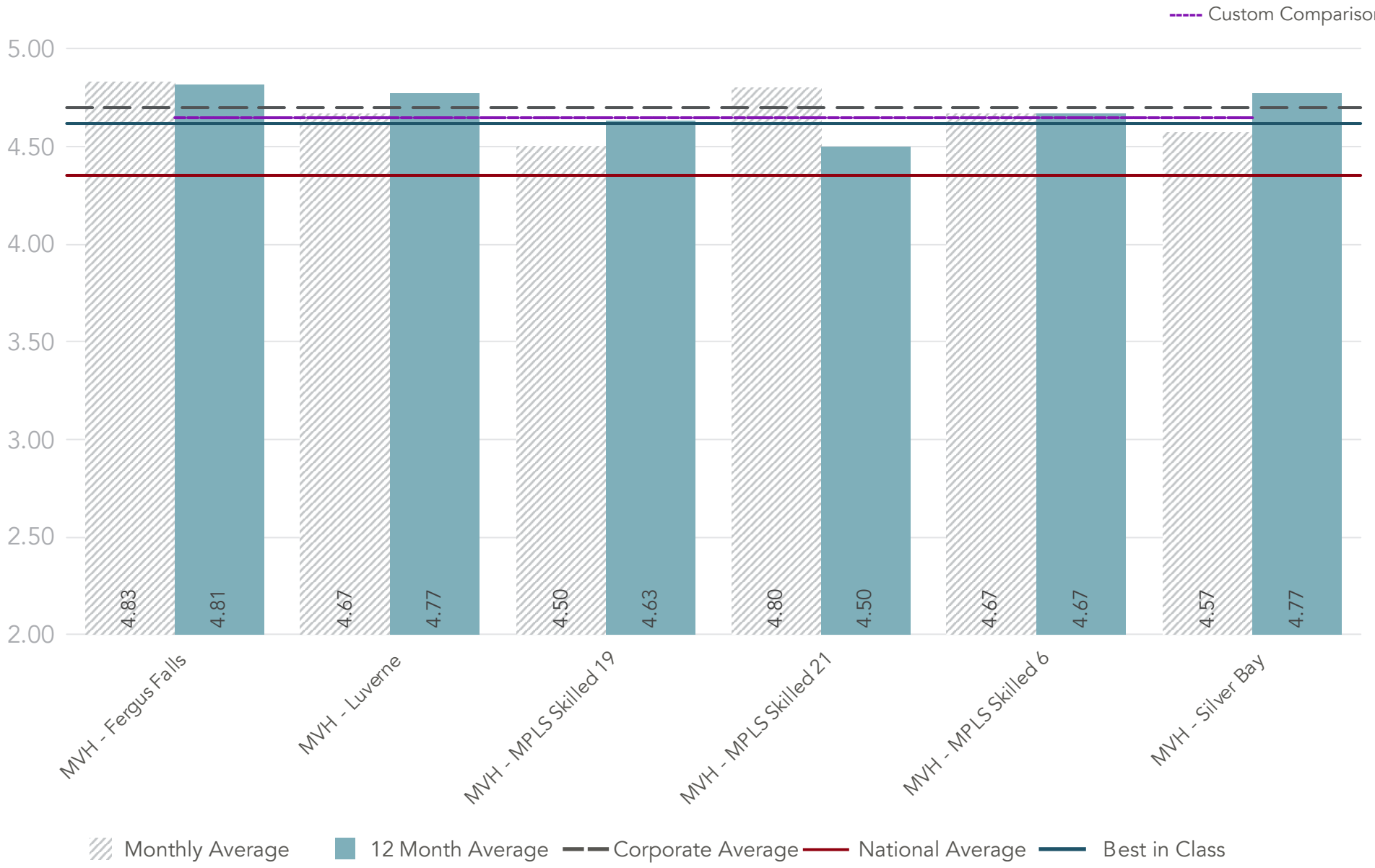
DIGNITY AND RESPECT



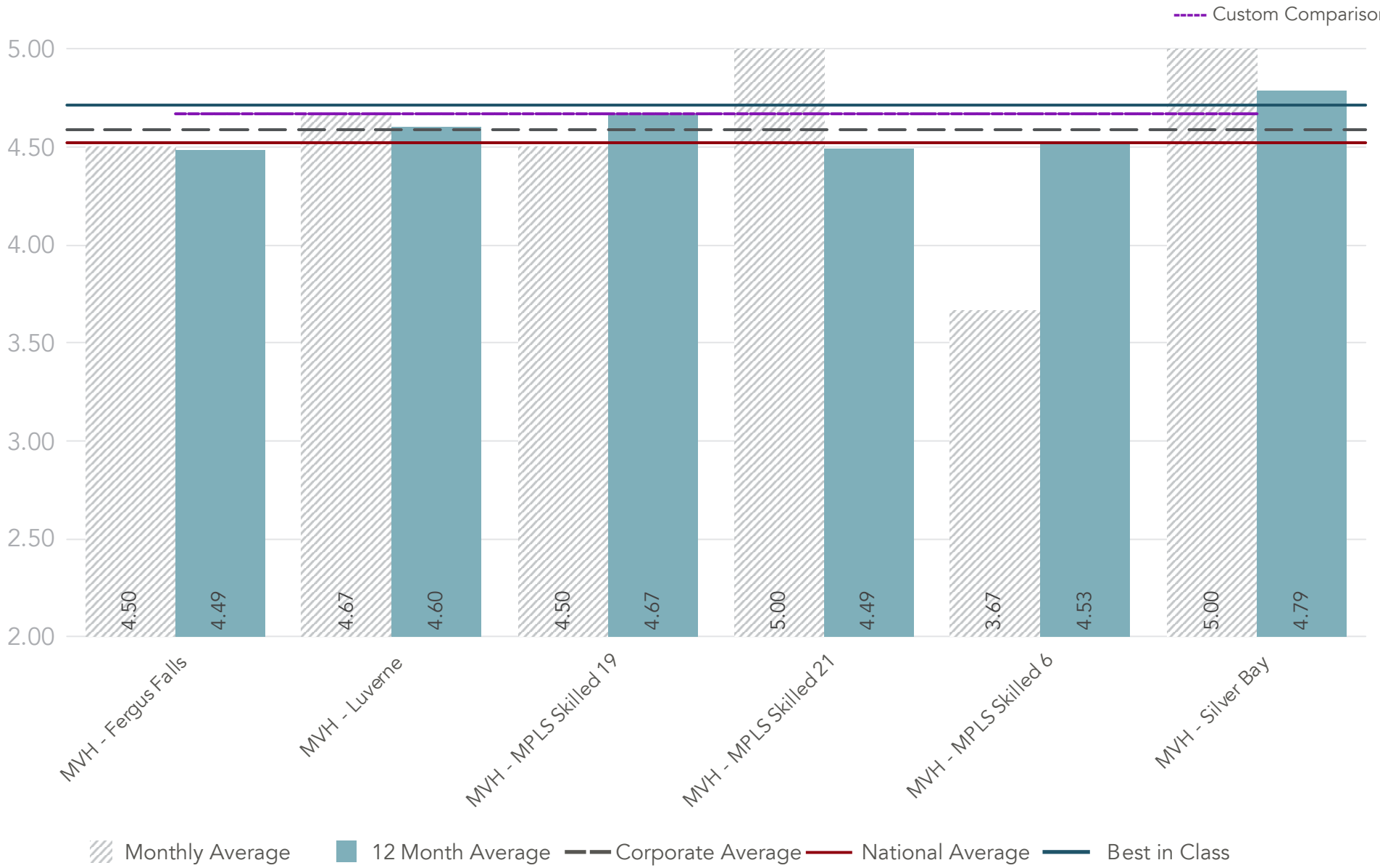
RECOMMEND TO OTHERS



ACTIVITIES


Custom Comparison
5.00
4.50
4.00
3.50
3.00
2.50
2.00
4.83
4.81
4.67
4.77
4.50
4.63
4.80
4.50
4.67
4.67
4.57
4.77
MVH - Fergus Falls
MVH - Luverne
MVH - MPLS Skilled 19
MVH - MPLS Skilled 21
MVH - MPLS Skilled 6
MVH - Silver Bay
Monthly Average
12 Month Average
Corporate Average
National Average
Best in Class

PROFESSIONAL THERAPY



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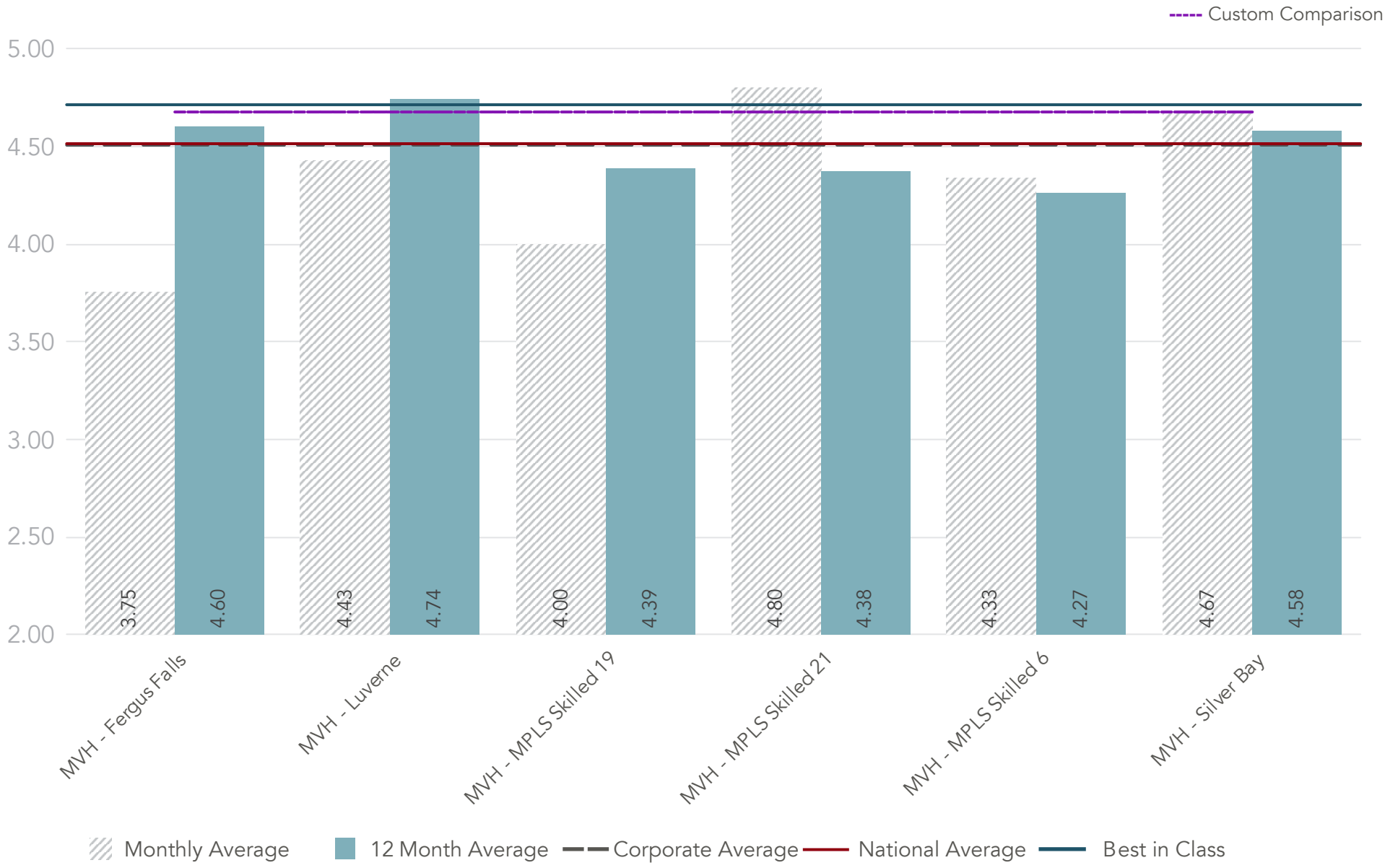
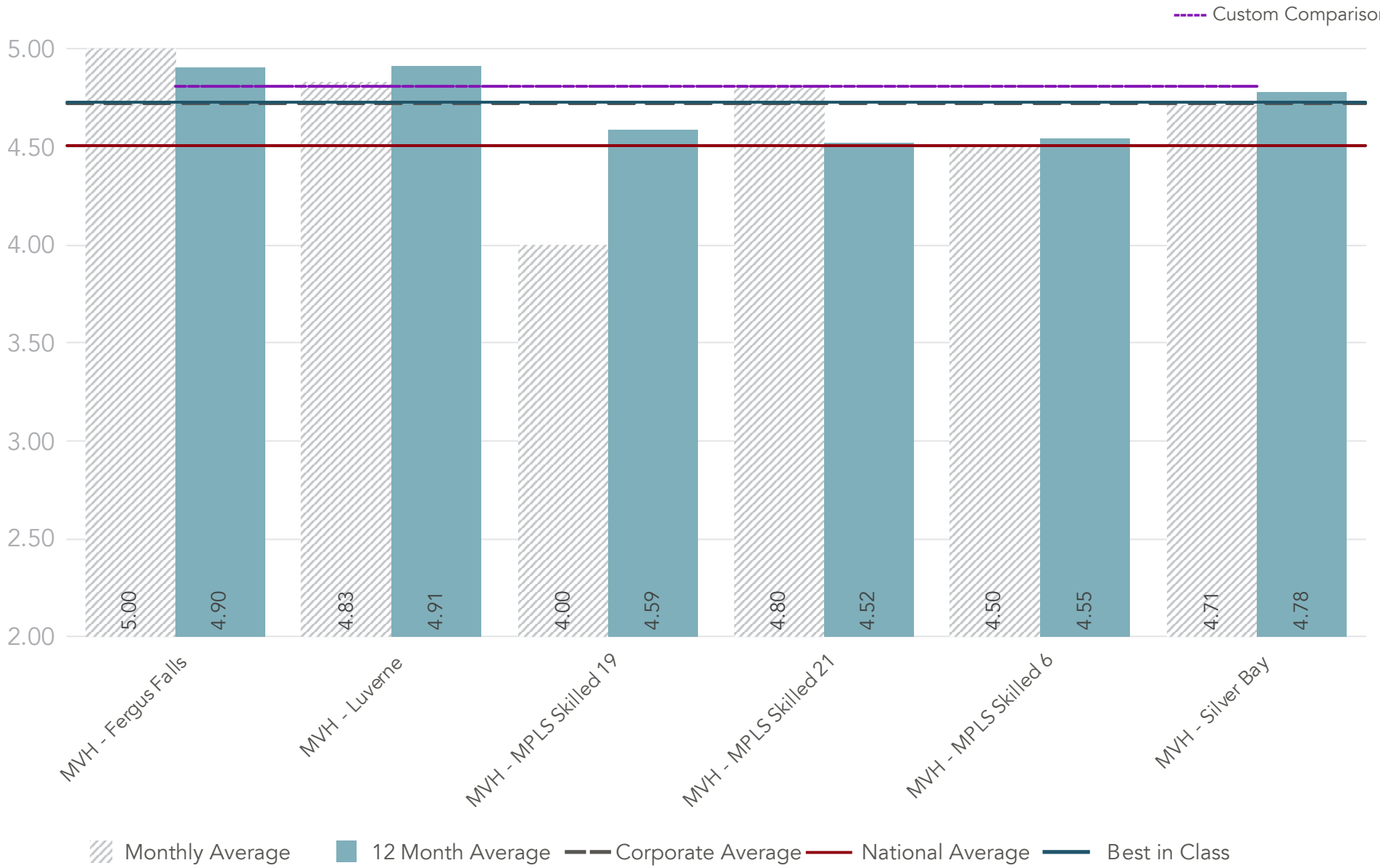
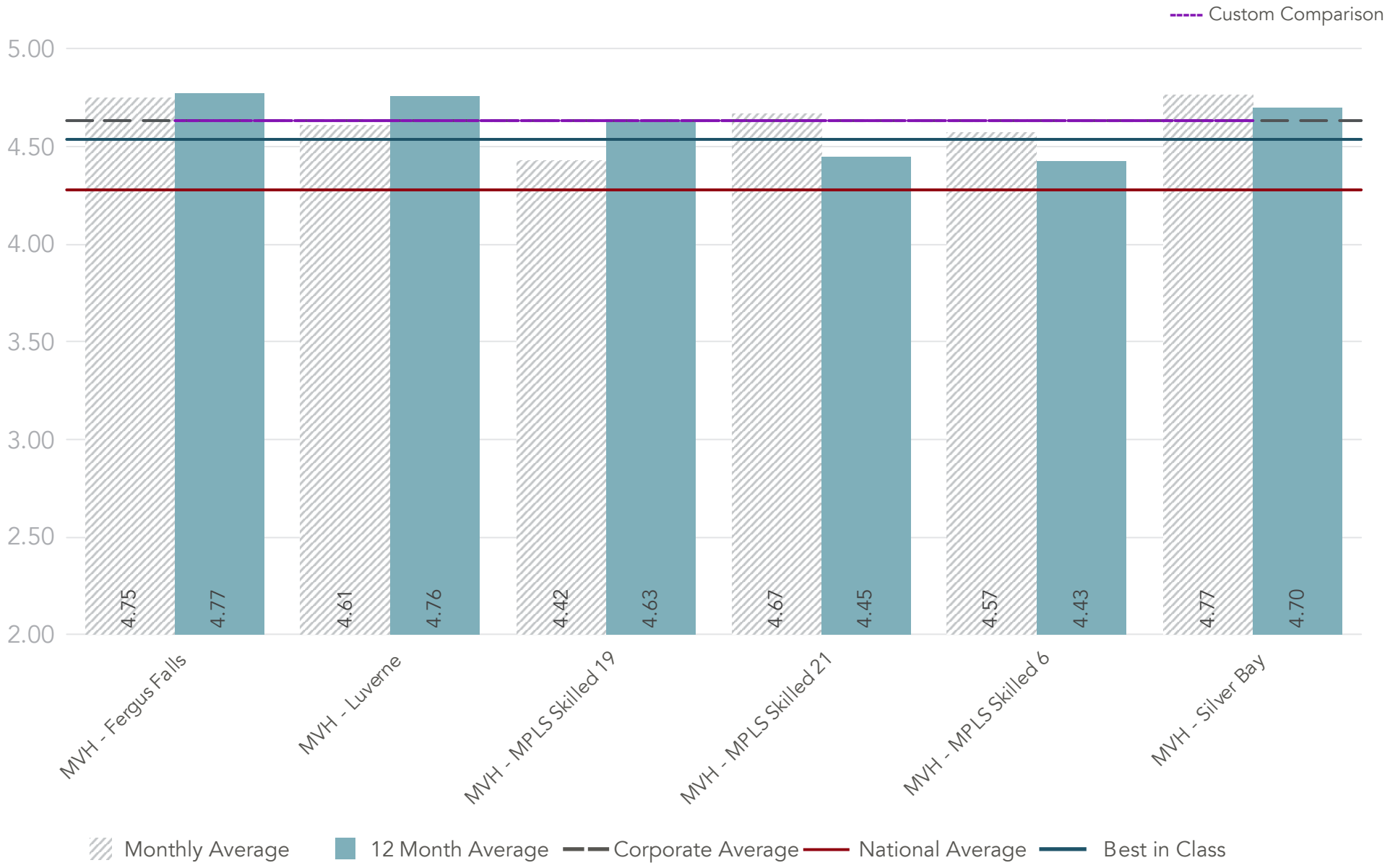


SAFETY AND SECURITY

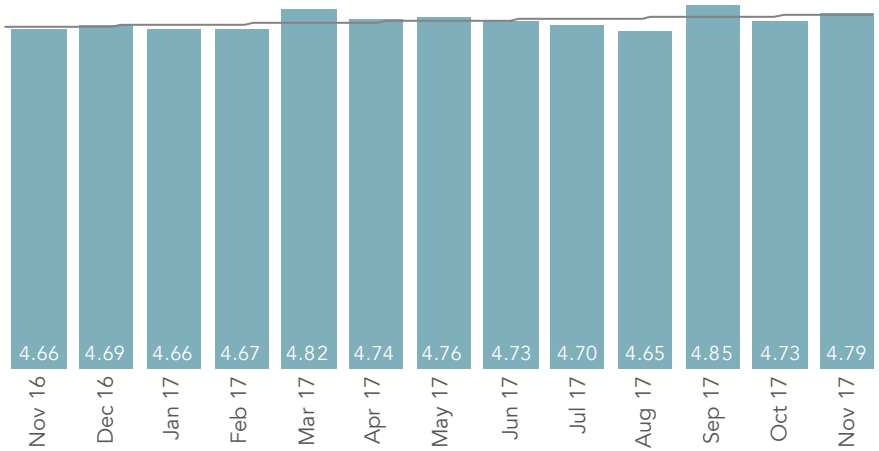


COMBINED AVERAGE

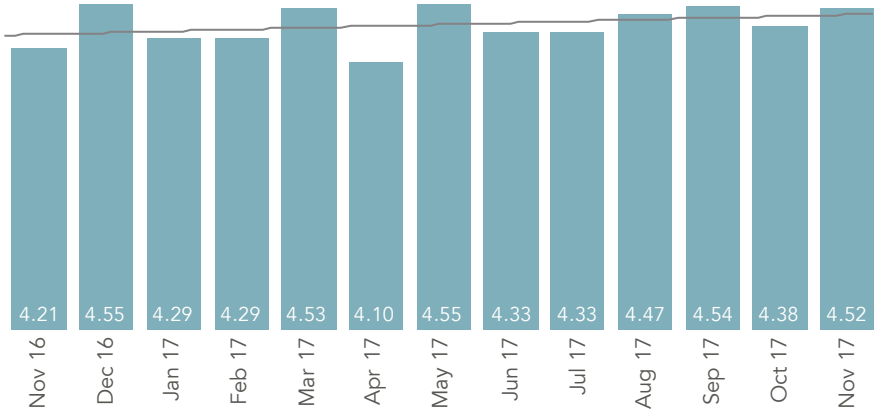


The following shows the average of all facilities from Minnesota Veterans.

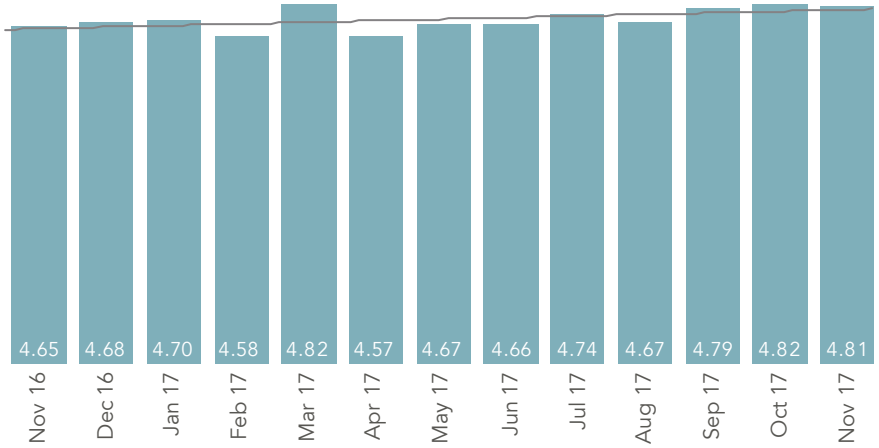
Overall Satisfaction



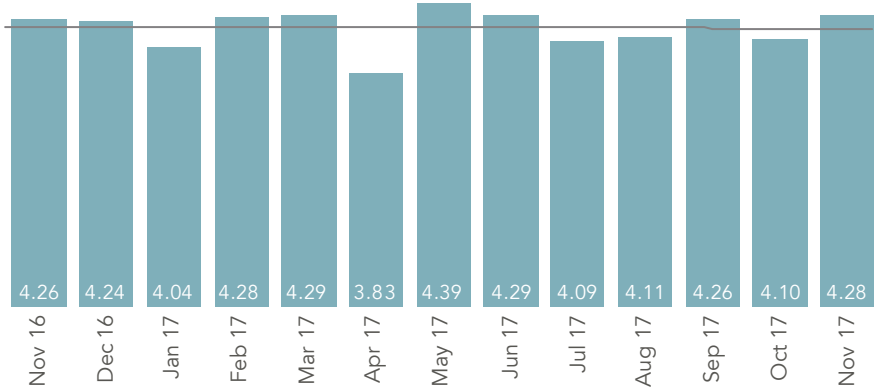
Dining Service



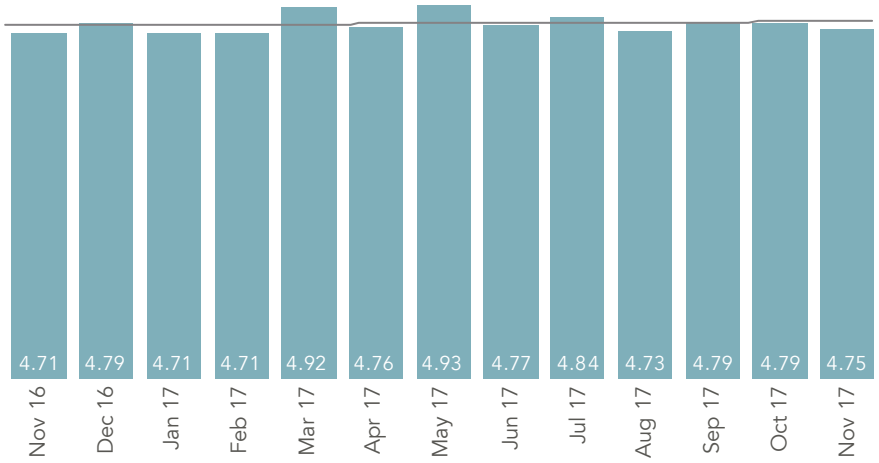
Nursing Care



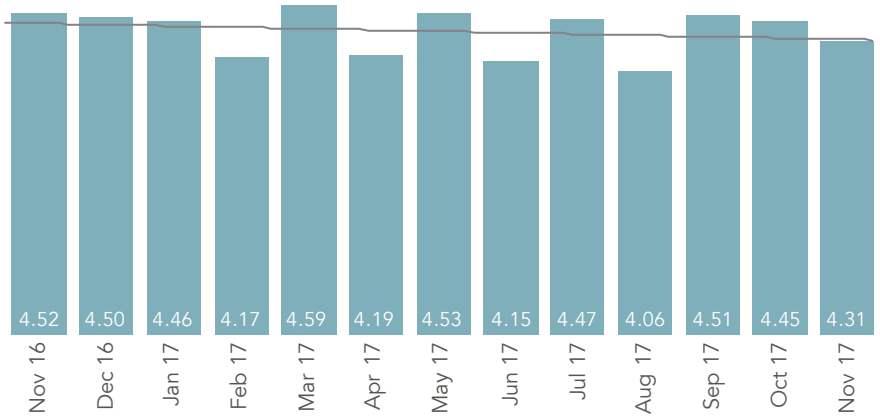
Quality of Food



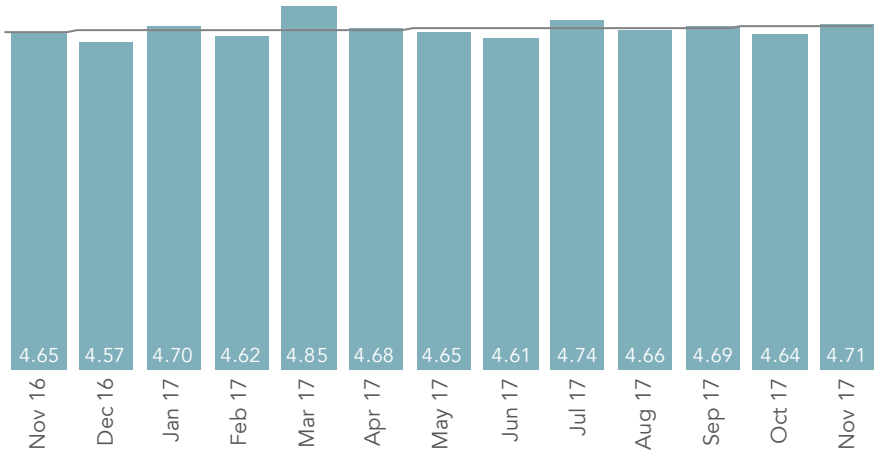
Cleanliness



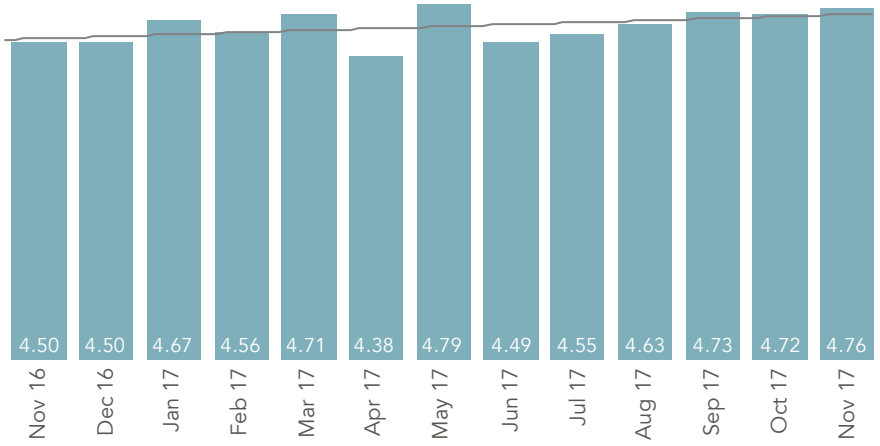
Laundry Service



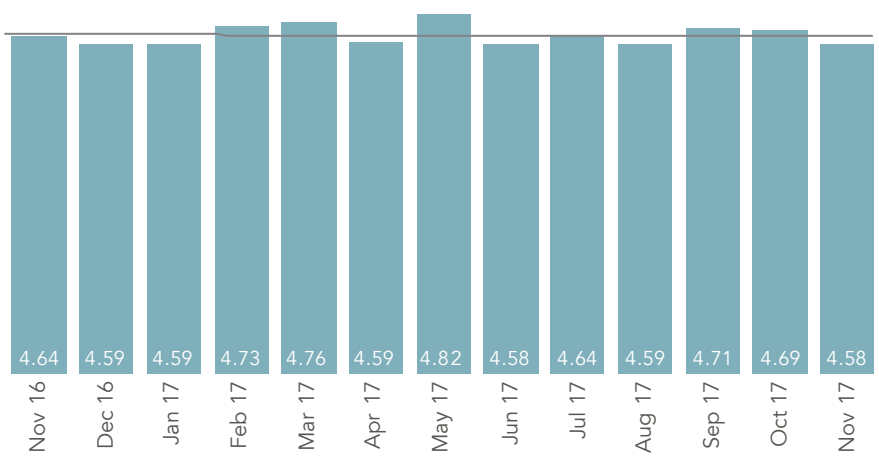
Individual Needs



Communication

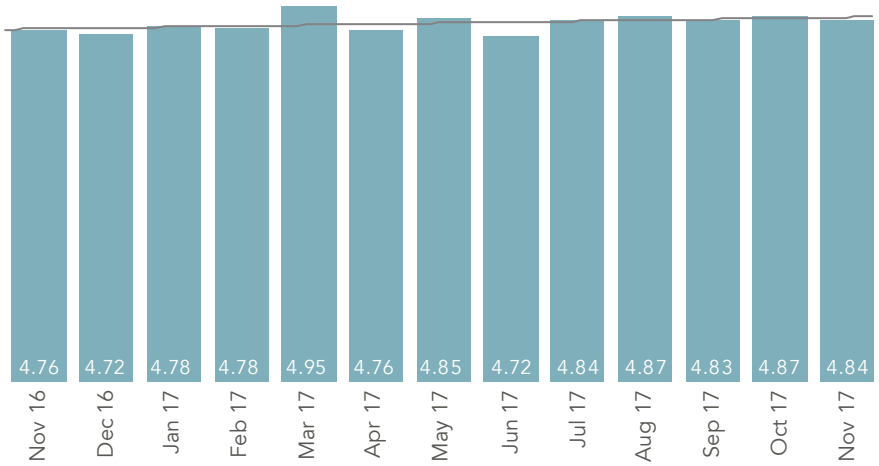


Response to Problems

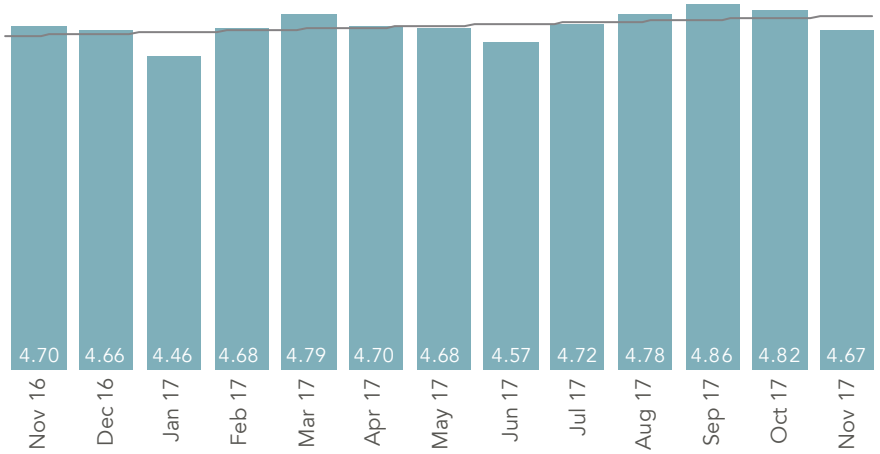


Recommend to Others

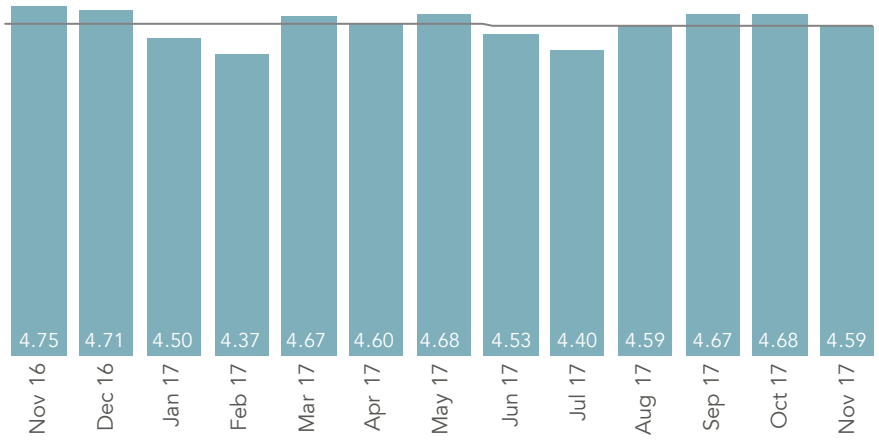
Dignity and Respect



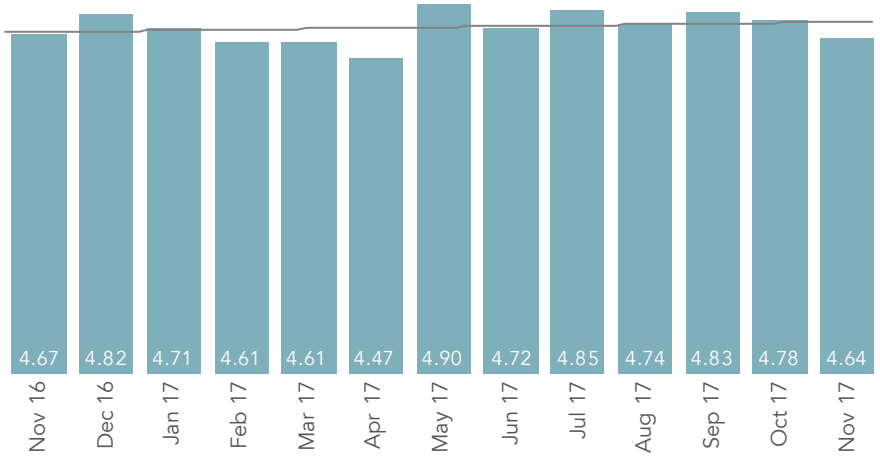
Activities



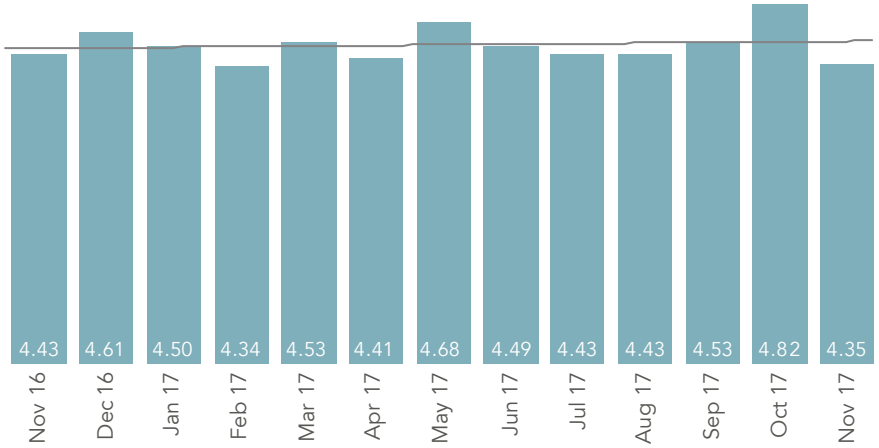
Professional Therapy



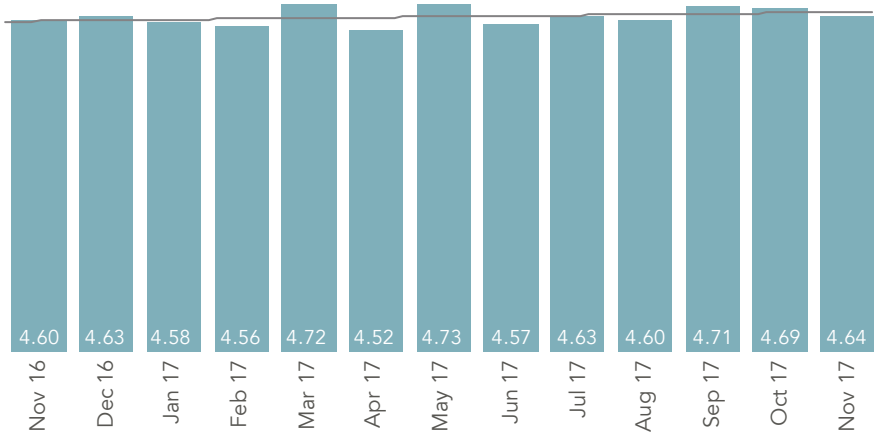
Safety and Security



Admission Process



Combined Average



The following figures show the percentage of respondents that gave 5s and the percentage of respondents that gave either a 4 or a 5.

MINNESOTA VETERANS

	Month		3-Month		12-Month	
	5s	4s & 5s	5s	4s & 5s	5s	4s & 5s
Overall Satisfaction	84.2%	94.7%	81.9%	97.4%	76.9%	96.4%
Nursing Care	81.1%	100.0%	78.9%	100.0%	73.1%	97.0%
Dining Service	55.2%	96.6%	56.1%	92.9%	54.6%	87.4%
Quality of Food	40.6%	87.5%	44.8%	80.2%	44.6%	80.6%
Cleanliness	73.7%	100.0%	80.2%	98.3%	81.2%	98.1%
Individual Needs	73.7%	97.4%	73.3%	95.7%	72.1%	95.5%
Laundry Service	51.7%	82.8%	59.2%	87.8%	56.6%	86.7%
Communication	78.4%	97.3%	74.8%	98.3%	69.8%	93.5%
Response to Problems	63.2%	97.4%	69.0%	97.4%	72.2%	94.3%
Dignity and Respect	83.8%	100.0%	84.3%	100.0%	83.2%	98.5%
Recommend to Others	86.1%	97.2%	90.2%	98.2%	89.1%	97.6%
Activities	75.0%	94.4%	80.0%	98.1%	73.7%	95.9%
Professional Therapy	70.6%	94.1%	72.1%	94.1%	67.1%	92.6%
Admission Process	58.8%	82.4%	70.7%	89.9%	64.7%	89.2%
Safety and Security	75.0%	91.7%	78.8%	96.5%	76.1%	96.2%

LOCATION A

	Month		3-Month		12-Month	
	5s	4s & 5s	5s	4s & 5s	5s	4s & 5s
Overall Satisfaction	85.7%	85.7%	85.7%	90.5%	89.3%	96.4%
Nursing Care	85.7%	100.0%	81.0%	100.0%	82.1%	98.8%
Dining Service	83.3%	100.0%	75.0%	100.0%	72.0%	97.6%
Quality of Food	50.0%	100.0%	70.0%	100.0%	62.0%	98.7%
Cleanliness	100.0%	100.0%	100.0%	100.0%	91.7%	100.0%
Individual Needs	85.7%	100.0%	81.0%	95.2%	73.8%	96.4%
Laundry Service	83.3%	100.0%	78.9%	89.5%	70.9%	94.9%
Communication	85.7%	100.0%	76.2%	100.0%	77.1%	98.8%
Response to Problems	71.4%	100.0%	76.2%	95.2%	75.6%	95.1%
Dignity and Respect	100.0%	100.0%	85.0%	100.0%	84.3%	100.0%
Recommend to Others	83.3%	83.3%	89.5%	94.7%	91.4%	97.5%
Activities	83.3%	100.0%	85.0%	100.0%	81.5%	98.8%
Professional Therapy	50.0%	100.0%	81.8%	90.9%	61.5%	89.7%
Admission Process	50.0%	50.0%	70.6%	82.4%	76.6%	90.9%
Safety and Security	100.0%	100.0%	95.0%	100.0%	91.5%	98.8%

MINNESOTA VETERANS HOME - LUVERNE

	Month		3-Month		12-Month	
	5s	4s & 5s	5s	4s & 5s	5s	4s & 5s
Overall Satisfaction	57.1%	100.0%	81.0%	100.0%	84.5%	100.0%
Nursing Care	66.7%	100.0%	90.0%	100.0%	83.1%	97.6%
Dining Service	42.9%	100.0%	57.1%	95.2%	64.1%	97.4%
Quality of Food	33.3%	50.0%	29.4%	70.6%	47.9%	80.8%
Cleanliness	71.4%	100.0%	85.7%	100.0%	90.4%	100.0%
Individual Needs	71.4%	100.0%	71.4%	95.2%	81.7%	97.6%
Laundry Service	50.0%	100.0%	73.7%	94.7%	64.7%	94.1%
Communication	71.4%	100.0%	71.4%	100.0%	77.1%	96.4%
Response to Problems	71.4%	100.0%	81.0%	100.0%	80.2%	97.5%
Dignity and Respect	85.7%	100.0%	95.2%	100.0%	90.2%	97.6%
Recommend to Others	83.3%	100.0%	95.0%	100.0%	97.6%	100.0%
Activities	66.7%	100.0%	83.3%	100.0%	80.0%	97.3%
Professional Therapy	66.7%	100.0%	75.0%	100.0%	67.3%	96.4%
Admission Process	42.9%	100.0%	75.0%	100.0%	76.3%	97.5%
Safety and Security	83.3%	100.0%	90.0%	100.0%	91.5%	100.0%

MINNEAPOLIS VETERANS HOME - MINNEAPOLIS SKILLED 19

	Month		3-Month		12-Month	
	5s	4s & 5s	5s	4s & 5s	5s	4s & 5s
Overall Satisfaction	83.3%	100.0%	77.8%	100.0%	79.7%	100.0%
Nursing Care	66.7%	100.0%	66.7%	100.0%	73.0%	100.0%
Dining Service	25.0%	75.0%	40.0%	86.7%	46.3%	86.6%
Quality of Food	16.7%	83.3%	29.4%	76.5%	37.5%	82.8%
Cleanliness	66.7%	100.0%	77.8%	100.0%	81.1%	98.6%
Individual Needs	83.3%	83.3%	83.3%	94.4%	79.2%	97.2%
Laundry Service	20.0%	60.0%	37.5%	81.3%	45.8%	74.6%
Communication	66.7%	100.0%	83.3%	100.0%	75.7%	98.6%
Response to Problems	33.3%	100.0%	66.7%	100.0%	77.0%	98.6%
Dignity and Respect	66.7%	100.0%	77.8%	100.0%	86.5%	100.0%
Recommend to Others	83.3%	100.0%	83.3%	94.4%	88.9%	98.6%
Activities	83.3%	83.3%	88.2%	94.1%	72.7%	92.4%
Professional Therapy	50.0%	100.0%	57.1%	85.7%	71.4%	94.3%
Admission Process	50.0%	66.7%	50.0%	83.3%	55.7%	85.7%
Safety and Security	50.0%	66.7%	61.1%	83.3%	71.6%	91.0%

The following figures show the percentage of respondents that gave 5s and the percentage of respondents that gave either a 4 or a 5.

MINNESOTA VETERANS HOME - MINNEAPOLIS SKILLED 21

	Month		3-Month		12-Month	
	5s	4s & 5s	5s	4s & 5s	5s	4s & 5s
Overall Satisfaction	80.0%	80.0%	70.6%	94.1%	59.7%	95.8%
Nursing Care	80.0%	100.0%	81.3%	100.0%	58.8%	97.1%
Dining Service	75.0%	100.0%	54.5%	100.0%	34.5%	77.6%
Quality of Food	50.0%	100.0%	36.4%	63.6%	27.1%	67.8%
Cleanliness	100.0%	100.0%	76.5%	100.0%	73.6%	97.2%
Individual Needs	80.0%	100.0%	64.7%	94.1%	59.2%	91.5%
Laundry Service	25.0%	25.0%	28.6%	71.4%	33.3%	75.0%
Communication	60.0%	100.0%	47.1%	100.0%	52.1%	87.3%
Response to Problems	60.0%	100.0%	47.1%	94.1%	53.6%	91.3%
Dignity and Respect	80.0%	100.0%	70.6%	100.0%	75.0%	98.6%
Recommend to Others	80.0%	100.0%	81.3%	100.0%	80.3%	100.0%
Activities	80.0%	100.0%	57.1%	100.0%	55.1%	92.8%
Professional Therapy	100.0%	100.0%	58.3%	91.7%	55.8%	90.4%
Admission Process	80.0%	100.0%	83.3%	100.0%	52.5%	83.6%
Safety and Security	80.0%	100.0%	58.8%	100.0%	54.3%	94.3%

MINNESOTA VETERANS HOME - SILVER BAY

	Month		3-Month		12-Month	
	5s	4s & 5s	5s	4s & 5s	5s	4s & 5s
Overall Satisfaction	100.0%	100.0%	95.2%	100.0%	83.1%	95.2%
Nursing Care	100.0%	100.0%	85.7%	100.0%	77.1%	92.8%
Dining Service	57.1%	100.0%	71.4%	95.2%	65.0%	91.3%
Quality of Food	42.9%	100.0%	57.9%	94.7%	62.3%	90.9%
Cleanliness	85.7%	100.0%	95.2%	100.0%	88.0%	97.6%
Individual Needs	71.4%	100.0%	81.0%	100.0%	74.4%	95.1%
Laundry Service	66.7%	100.0%	70.6%	100.0%	69.1%	95.6%
Communication	100.0%	100.0%	95.0%	100.0%	69.5%	92.7%
Response to Problems	85.7%	85.7%	81.0%	95.2%	79.0%	93.8%
Dignity and Respect	85.7%	100.0%	90.5%	100.0%	85.4%	97.6%
Recommend to Others	100.0%	100.0%	100.0%	100.0%	92.5%	96.3%
Activities	71.4%	85.7%	81.0%	95.2%	80.0%	96.3%
Professional Therapy	100.0%	100.0%	86.7%	100.0%	83.0%	95.7%
Admission Process	83.3%	83.3%	84.2%	89.5%	72.0%	90.7%
Safety and Security	85.7%	85.7%	90.5%	95.2%	77.8%	98.8%

MINNESOTA VETERANS HOME - MINNEAPOLIS SKILLED 6

	Month		3-Month		12-Month	
	5s	4s & 5s	5s	4s & 5s	5s	4s & 5s
Overall Satisfaction	100.0%	100.0%	77.8%	100.0%	60.6%	90.1%
Nursing Care	83.3%	100.0%	66.7%	100.0%	59.7%	95.8%
Dining Service	0.0%	100.0%	10.0%	70.0%	32.1%	64.3%
Quality of Food	66.7%	100.0%	33.3%	58.3%	17.9%	51.8%
Cleanliness	16.7%	100.0%	38.9%	88.9%	58.3%	94.4%
Individual Needs	50.0%	100.0%	55.6%	94.4%	62.0%	94.4%
Laundry Service	50.0%	100.0%	53.8%	84.6%	48.3%	81.0%
Communication	83.3%	83.3%	72.2%	88.9%	64.8%	85.9%
Response to Problems	50.0%	100.0%	55.6%	100.0%	64.3%	88.6%
Dignity and Respect	83.3%	100.0%	83.3%	100.0%	75.7%	97.1%
Recommend to Others	83.3%	100.0%	88.9%	100.0%	81.7%	93.0%
Activities	66.7%	100.0%	80.0%	100.0%	69.7%	97.0%
Professional Therapy	33.3%	66.7%	63.6%	90.9%	65.5%	89.1%
Admission Process	50.0%	83.3%	61.5%	84.6%	48.4%	83.9%
Safety and Security	50.0%	100.0%	70.6%	100.0%	63.6%	92.4%

PINNACLE QUALITY INSIGHT

CUSTOMER SATISFACTION

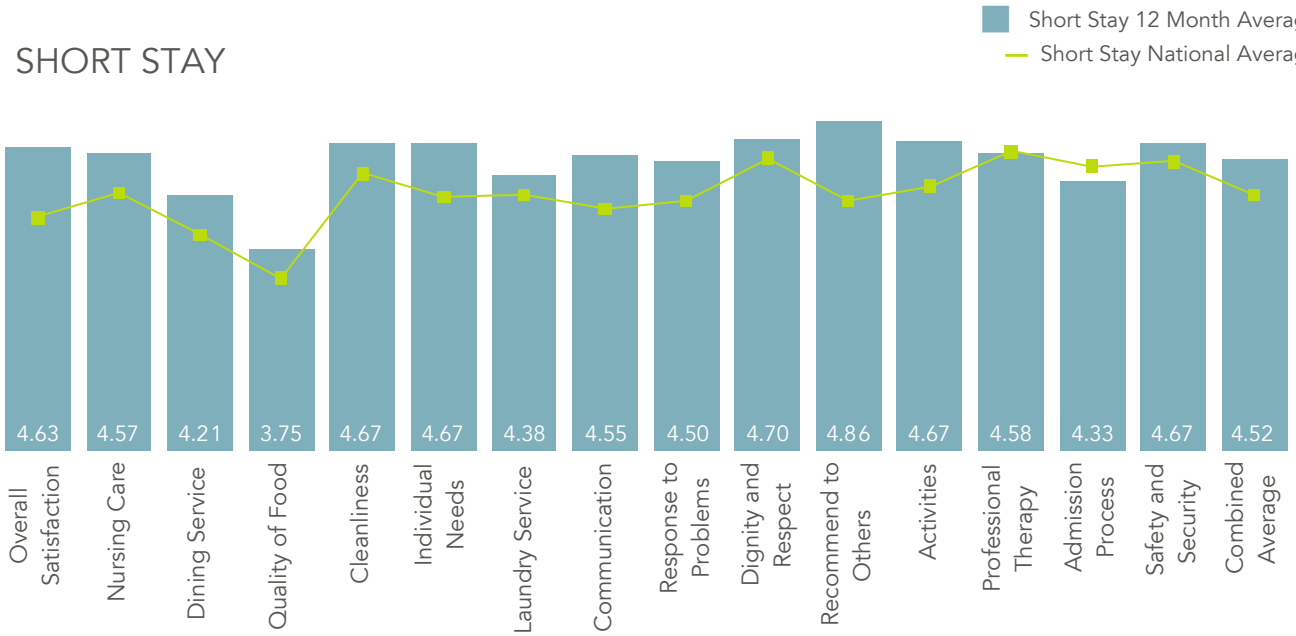
SHORT STAY vs. LONG TERM

MINNESOTA VETERANS HOMES

November 2017

http://pinnacleqi.com/reports/shortstay

SHORT STAY



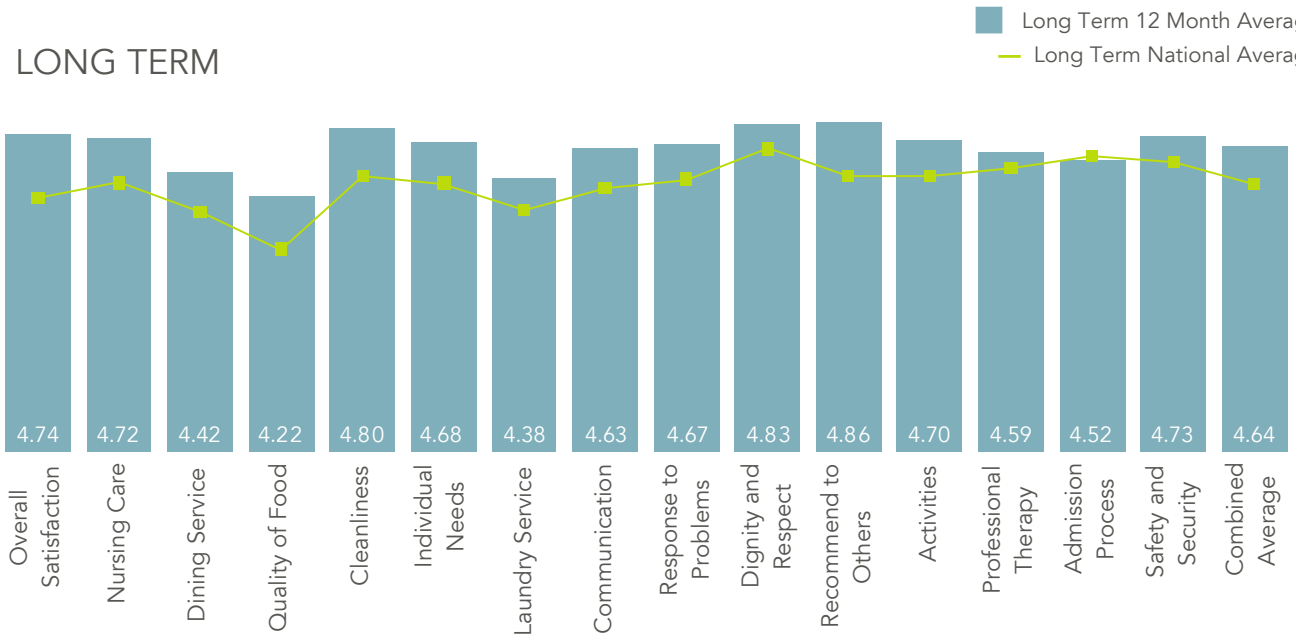
SHORT STAY SATISFACTION RATE

percentage that rated
Recommend to Others as a 4 or 5.

92.9%

78.7% National Average

LONG TERM



LONG TERM SATISFACTION RATE

percentage that rated
Recommend to Others as a 4 or 5.

97.9%

86.8% National Average

PINNACLE QUALITY INSIGHT

CUSTOMER SATISFACTION

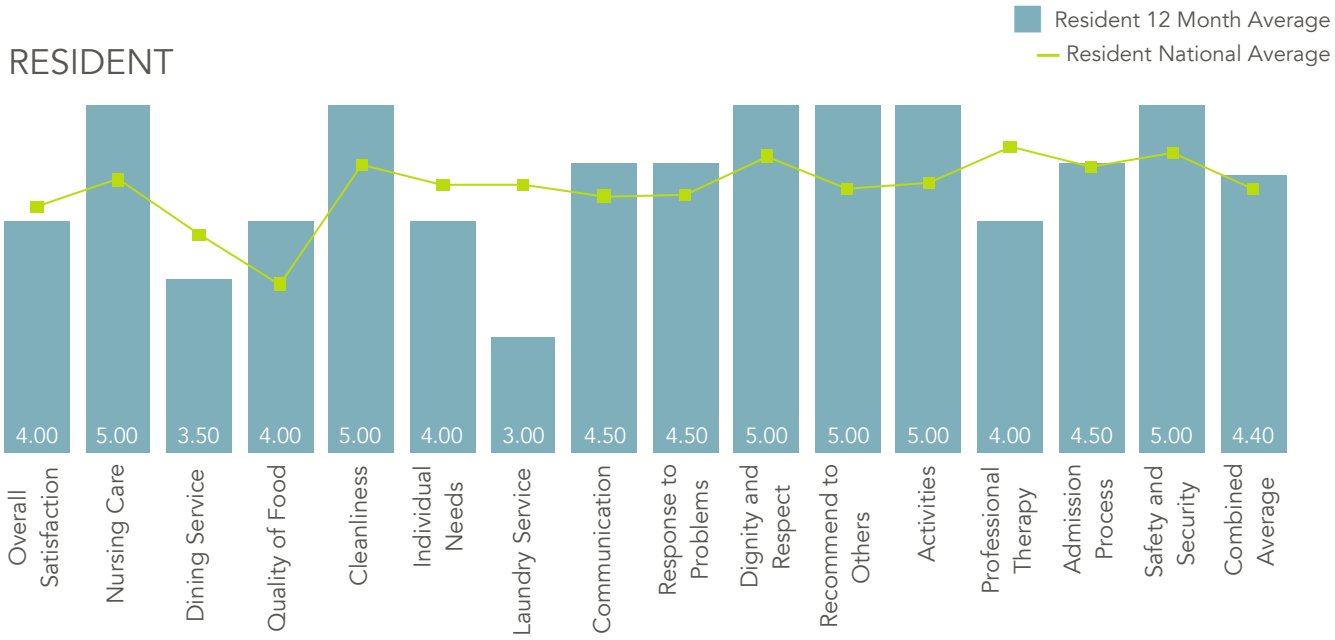
RESIDENT vs. RESPONSIBLE PARTY

MINNESOTA VETERANS HOMES

November 2017

http://pinnacleqi.com/reports/resident

RESIDENT



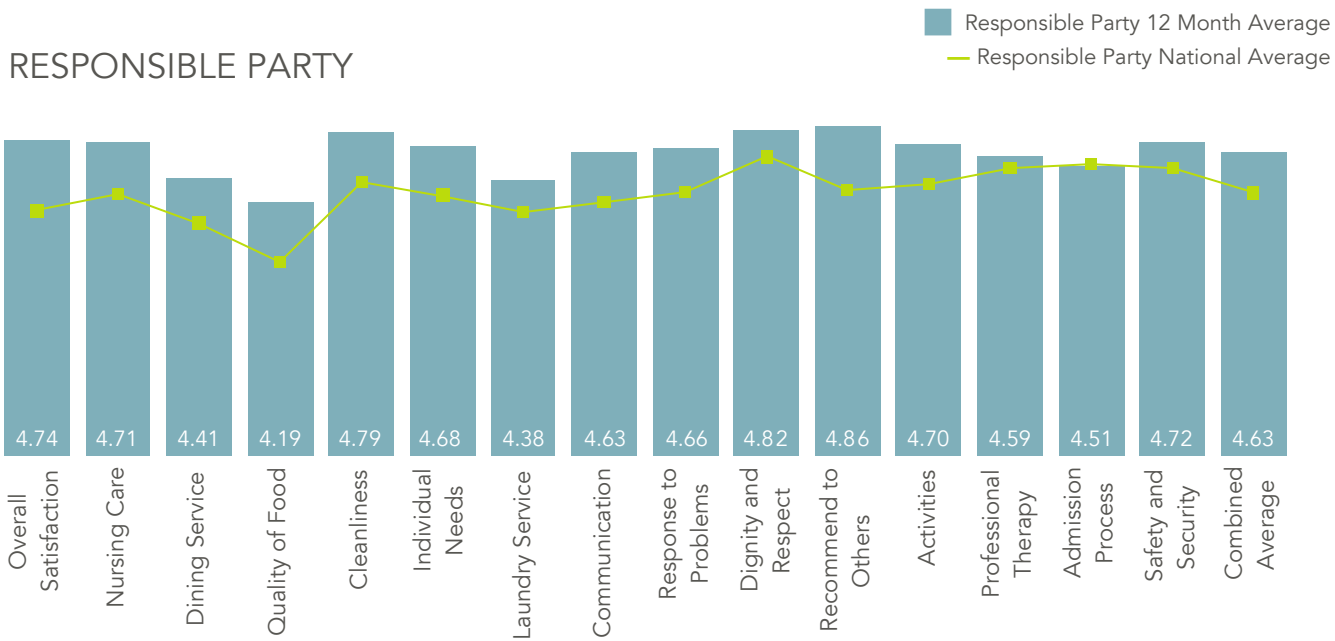
RESIDENT SATISFACTION RATE

percentage that rated
Recommend to Others as a 4 or 5.

100.0%

76.1% National Average

RESPONSIBLE PARTY



RESPONSIBLE PARTY SATISFACTION RATE

percentage that rated
Recommend to Others as a 4 or 5.

97.6%

86.0% National Average

The 1st Quarter of 2017

Minnesota Veterans Homes: Quality Measures

EQUIP FOR QUALITY

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1 Total Number of Residents

Organization Name	2016Q4		2017Q1	
	Long Stay	Short Stay	Long Stay	Short Stay
Minnesota Veterans Home - Fergus Falls	101	5	96	13
Minnesota Veterans Home - Luverne	82	5	79	8
Minnesota Veterans Home - Minneapolis	272	35	277	23
Minnesota Veterans Home - Silver Bay	77	10	78	7

2 List of Quality Measures

2.1 Long Stay Measures

Code	Label	Description
C0674	One or more falls maj inj	Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)
C0677(1)	Mod to severe pain	Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay)
C0679	High risk PUs	Percent of High-Risk Residents with Pressure Ulcers (Long Stay)
C0681(2)	Assessed and given influenza vac	Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)
C0683(2)	Assessed and given pneumococcal vac	Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long Stay)
C0684	UTI	Percent of Residents with a Urinary Tract Infection (Long Stay)
C0685	Loss control of bowel or bladder	Percent of Low Risk Residents Who Lose Control of Their Bowel or Bladder (Long Stay)
C0686(1)	Catheter left in bladder	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay)
C0687	Restraints	Percent of Residents Who Were Physically Restrained (Long Stay)
C0688	Increase in ADLs	Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay)
C0689	Weight loss	Percent of Residents Who Lose Too Much Weight (Long Stay)
C0690	Depressive symptoms	Percent of Residents Who Have Depressive Symptoms (Long Stay)
C1105	Received antipsychotic	Percent of Residents Who Received an Antipsychotic Medication (Long Stay)

Note: (1) These measures are risk adjusted; (2) For these measures, higher percentages are better.

2.2 Survey Quality Measures

Code	Label	Description
C1101	One or more falls	Percent of Residents who have had One or More Falls (Long Stay)
C1103	Received antianxiety meds or hypnotics w/o psychotic	Percent of residents who were receiving antianxiety medications or hypnotics but do not have evidence of psychotic or related conditions (Long Stay)
C1104	Behavior symptoms	Percent of residents who have behavior symptoms affecting others (Long Stay)

2.3 Short Stay Measures

Code	Label	Description
C0676	Mod to severe pain	Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay)
C0678(1)	New or worsening PUs	Percent of Residents with Pressure Ulcers That Are New or Worsened (Short Stay)
C0680(2)	Assessed and given influenza vac	Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)
C0682(2)	Assessed and given pneumococcal vac	Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Short Stay)
C1106	Newly received antipsychotic	Percent of Residents Who Newly Received an Antipsychotic Medication (Short Stay)

Note: (1) These measures are risk adjusted; (2) For these measures, higher percentages are better.

2.4 EQUIP Hospitalization Measures

Code	Label	Description
E001	Short-stay hospitalization	Percent of Residents Who were Hospitalized Since Admission (Short Stay)
E002	Long-stay hospitalization	Percent of Residents Who were Hospitalized in the last 100 days (Long Stay)
E003	Re-hospitalization	Rate of Re-hospitalization Within 30 Days

3 Organization Performance Summary

3.1 Long Stay Measures

Quality Measure	Statistic	EQUIP 10th Percentile	EQUIP Average	EQUIP 90th Percentile	National Average	Organization Average	Fergus Falls	Luverne	Minneapolis	Silver Bay
One or more falls maj inj	%	0	3	5.9	3.3	4.0	**8.3-**	5.1	2.5	2.6
	Den	.	.	.	.	530	96	79	277	78
Mod to severe pain	%	0	4.5	9.7	7.3	**9.8-**	**17.0-**	**15.4-**	6.2	3.7
	Den	.	.	.	.	345	84	52	171	38
High risk PUs	%	1.6	6.1	11	5.7	5.0	**10.0-**	**0.0+**	4.7	7.1
	Den	.	.	.	.	357	50	52	213	42
Assessed and given influenza vac	%	97	99	100	95	**99.4+**	**100.0+**	**100.0+**	**99.3+**	**98.7+**
	Den	.	.	.	.	530	96	79	277	78
Assessed and given pneumococcal vac	%	95	98	100	94	**98.3+**	93.8	**100.0+**	**99.3+**	**98.7+**
	Den	.	.	.	.	530	96	79	277	78
UTI	%	.39	3.3	5.9	4.4	**1.3+**	3.1	2.6	**0.4+**	1.3
	Den	.	.	.	.	526	96	78	274	78
Loss control of bowel or bladder	%	30	52	76	47	49.7	**23.5+**	**20.0+**	**70.0-**	52.6
	Den	.	.	.	.	197	34	35	90	38
Catheter left in bladder	%	0	2	3.8	2.6	**4.6-**	**9.1-**	**5.3-**	3.4	3.2
	Den	.	.	.	.	490	89	76	250	75
Restraints	%	0	.63	2	.7	0.8	**2.1-**	0.0	0.7	0.0
	Den	.	.	.	.	530	96	79	277	78
Increase in ADLs	%	6.1	14	22	15	**17.2-**	14.9	20.0	12.3	**35.2-**
	Den	.	.	.	.	487	94	70	252	71
Weight loss	%	2.3	7.1	10	7	**5.1+**	**3.1+**	6.4	**4.0+**	**10.3-**
	Den	.	.	.	.	526	96	78	274	78
Depressive symptoms	%	0	4.1	7.5	5.3	**3.6+**	6.4	**1.4+**	**3.1+**	4.2
	Den	.	.	.	.	500	94	73	262	71
Received antipsychotic	%	4.9	11	18	17	**20.8-**	17.0	16.7	**25.5-**	13.9
	Den	.	.	.	.	495	94	78	251	72

3.2 Survey Measures

Quality Measure	Statistic	EQUIP 10th Percentile	EQUIP Average	EQUIP 90th Percentile	National Average	Organization Average	Fergus Falls	Luverne	Minneapolis	Silver Bay
One or more falls	%	23	43	61	45	**53.2-**	**51.0-**	43.0	**54.2-**	**62.8-**
	Den	.	.	.	.	530	96	79	277	78
Received antianxiety meds or hypnotics w/o psychotic	%	.81	6	11	8.6	**5.6+**	10.2	8.2	**4.8+**	**0.0+**
	Den	.	.	.	.	360	59	61	189	51
Behavior symptoms	%	4.3	18	32	22	**40.8-**	**43.0-**	**28.8-**	**51.6-**	**11.3+**
	Den	.	.	.	.	495	93	73	258	71

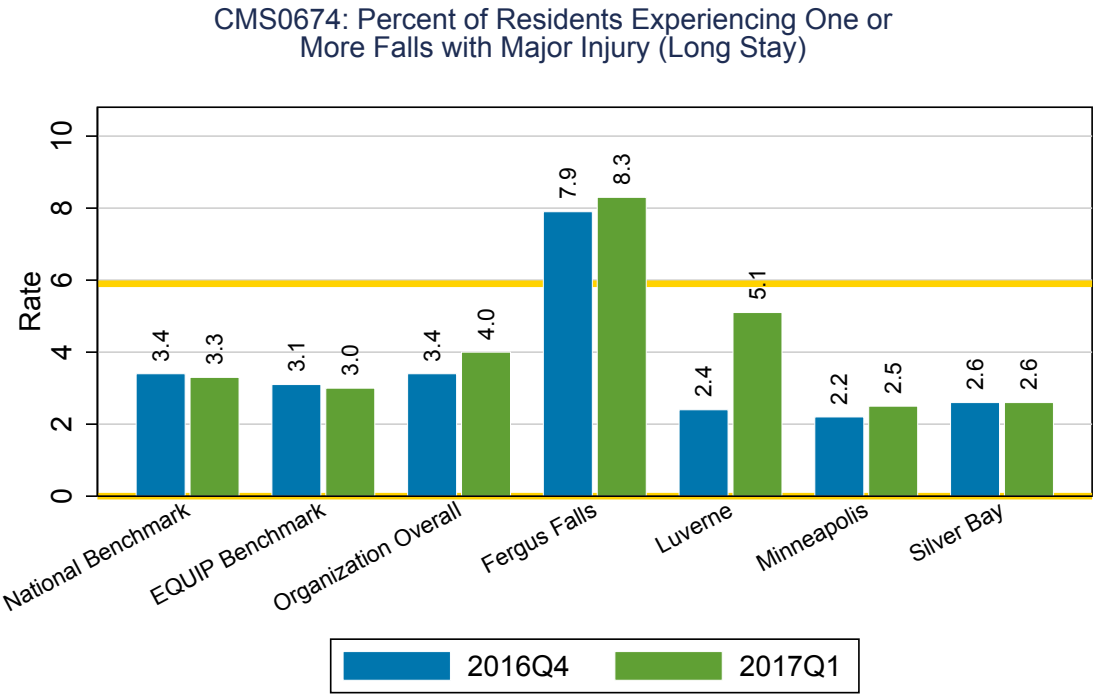
3.3 Short Stay Measures

Quality Measure	Statistic	EQUIP 10th Percentile	EQUIP Average	EQUIP 90th Percentile	National Average	Organization Average	Fergus Falls	Luverne	Minneapolis	Silver Bay
Mod to severe pain	%	0	11	24	16	20.6	**33.3-**	**50.0-**	**0.0+**	20.0
	Den	.	.	.	.	34	9	6	14	5
New or worsening PUs	%	0	.7	2.1	1.1	0.0	0.0	0.0	0.0	0.0
	Den	.	.	.	.	49	12	8	22	7
Assessed and given influenza vac	%	76	91	100	79	**95.9+**	**100.0+**	**100.0+**	**100.0+**	66.7
	Den	.	.	.	.	49	12	8	23	6
Assessed and given pneumococcal vac	%	75	90	100	82	**94.1+**	**92.3+**	**100.0+**	**95.7+**	85.7
	Den	.	.	.	.	51	13	8	23	7
Newly received antipsychotic	%	0	1.6	3.7	2.1	0.0	0.0	0.0	0.0	0.0
	Den	.	.	.	.	7	1	1	4	1

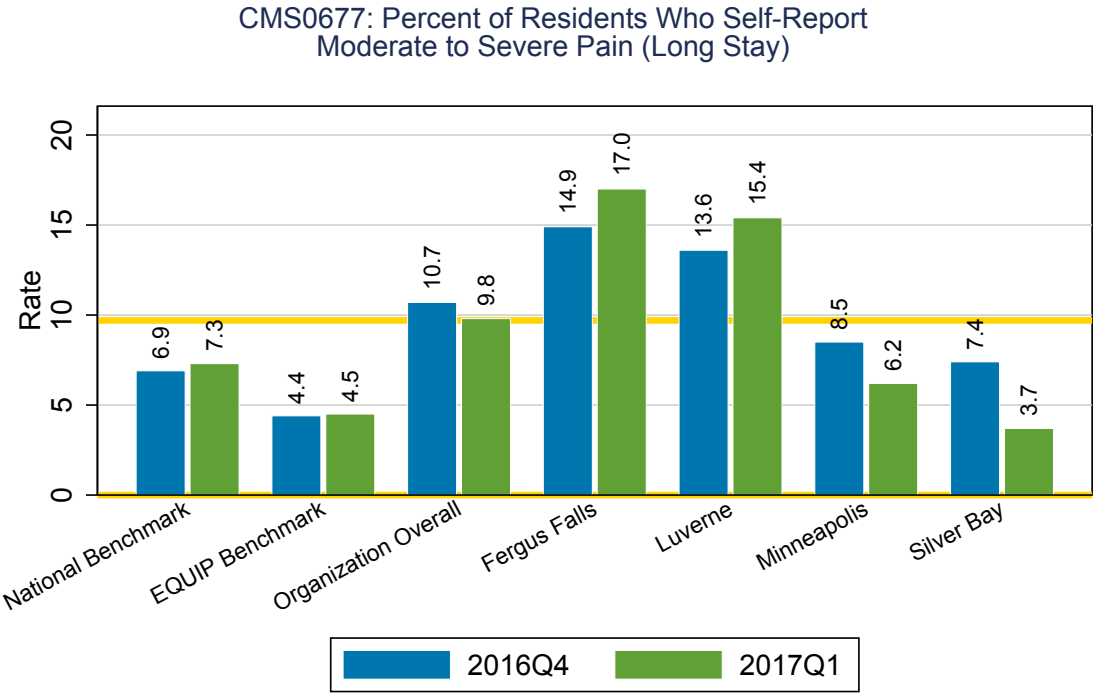
3.4 EQUIP Hospitalization Measures

Quality Measure	Statistic	EQUIP 10th Percentile	EQUIP Average	EQUIP 90th Percentile	National Average	Organization Average	Fergus Falls	Luverne	Minneapolis	Silver Bay
Short-stay hospitalization	%	8.8	17	27	.	9.8	7.7	12.5	8.7	14.3
	Den	.	.	.	.	51	13	8	23	7
Long-stay hospitalization	%	5.9	13	21	.	12.3	9.4	15.2	11.6	15.4
	Den	.	.	.	.	530	96	79	277	78
Re-hospitalization	%	4.5	12	19	.	**21.1-**	13.3	10.0	**20.6-**	**41.7-**
	Den	.	.	.	.	71	15	10	34	12

4 Organization Performance Graphical Comparisons

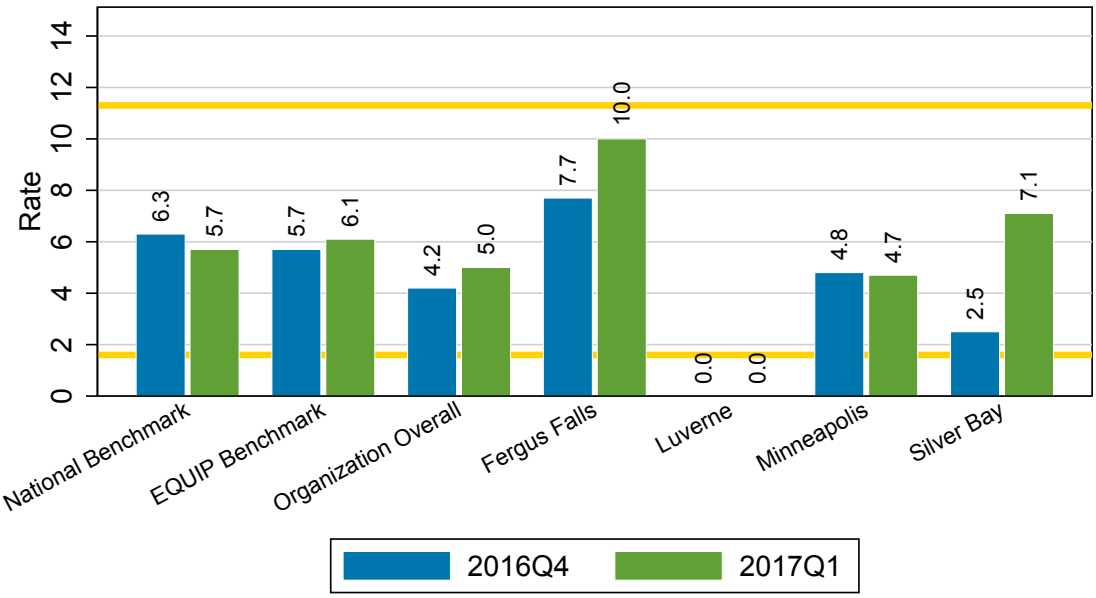


10th percentile (lower yellow line): 0.0; 90th percentile (upper yellow line): 5.9



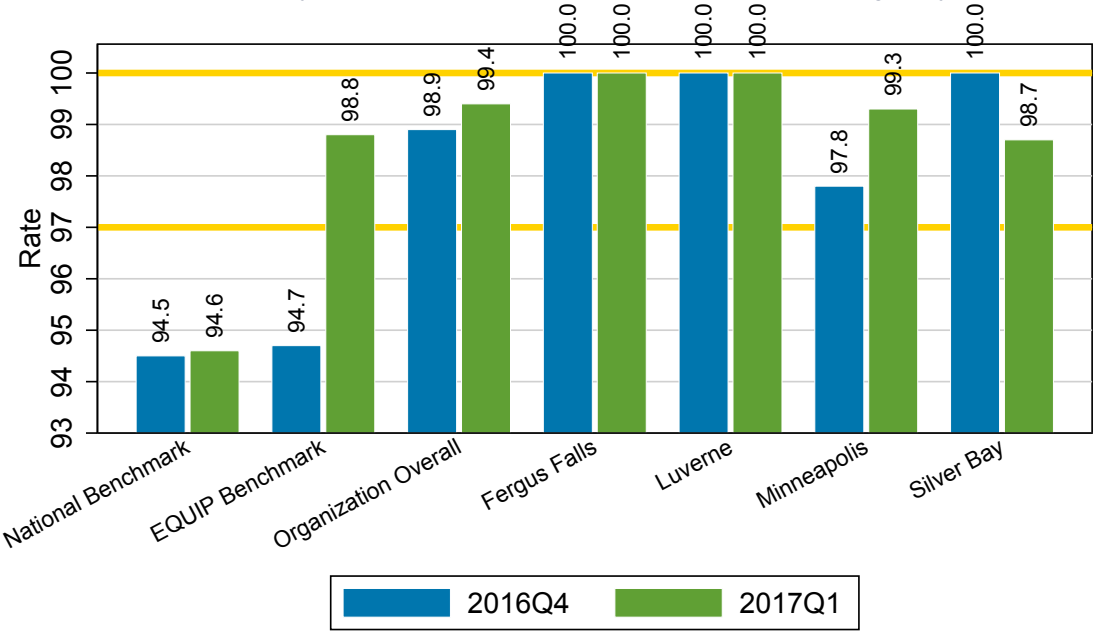
10th percentile (lower yellow line): 0.0; 90th percentile (upper yellow line): 9.7

CMS0679: Percent of High-Risk Residents with Pressure Ulcers (Long Stay)

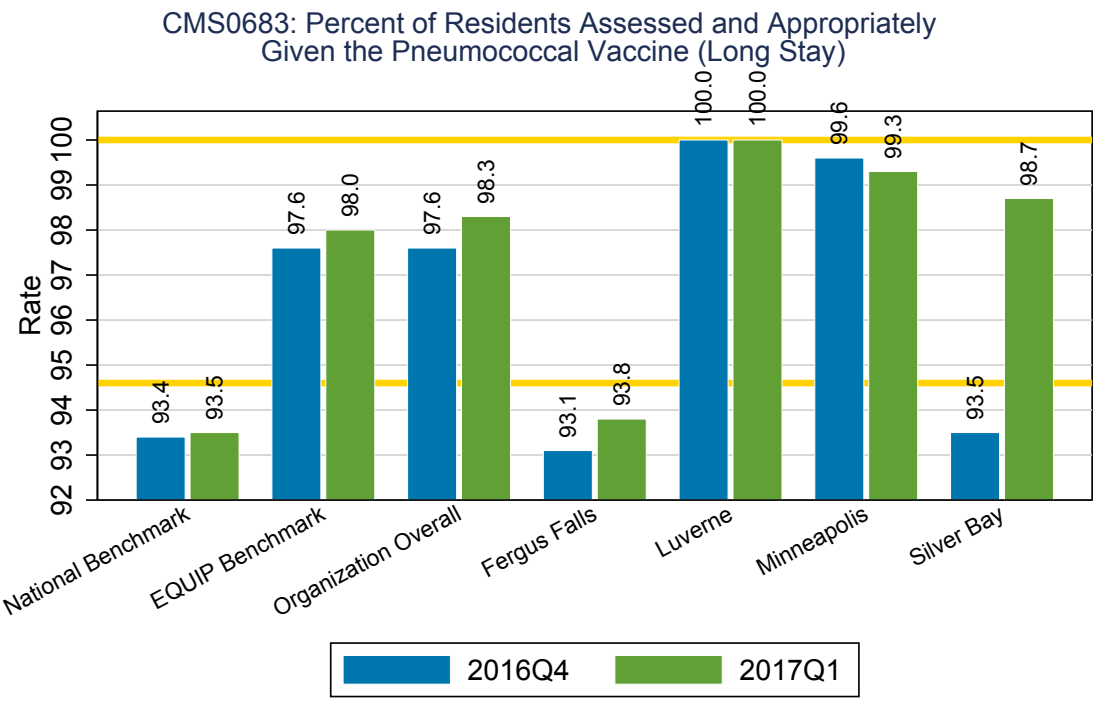


10th percentile (lower yellow line): 1.6; 90th percentile (upper yellow line): 11.3

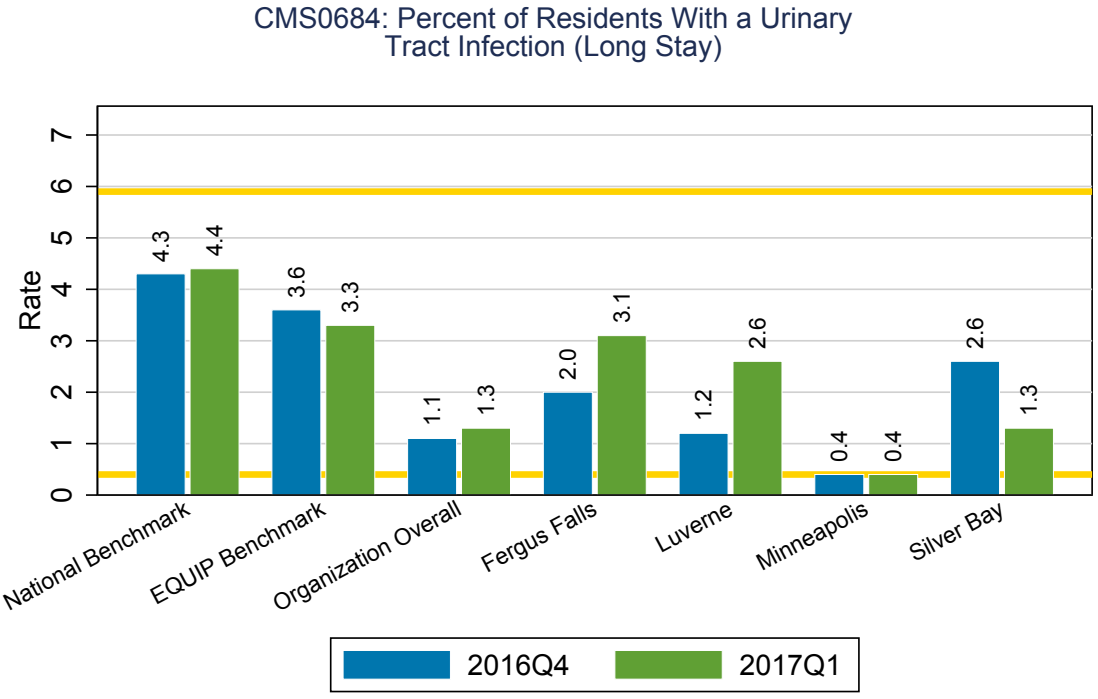
CMS0681: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)



10th percentile (lower yellow line): 97.0; 90th percentile (upper yellow line): 100.0

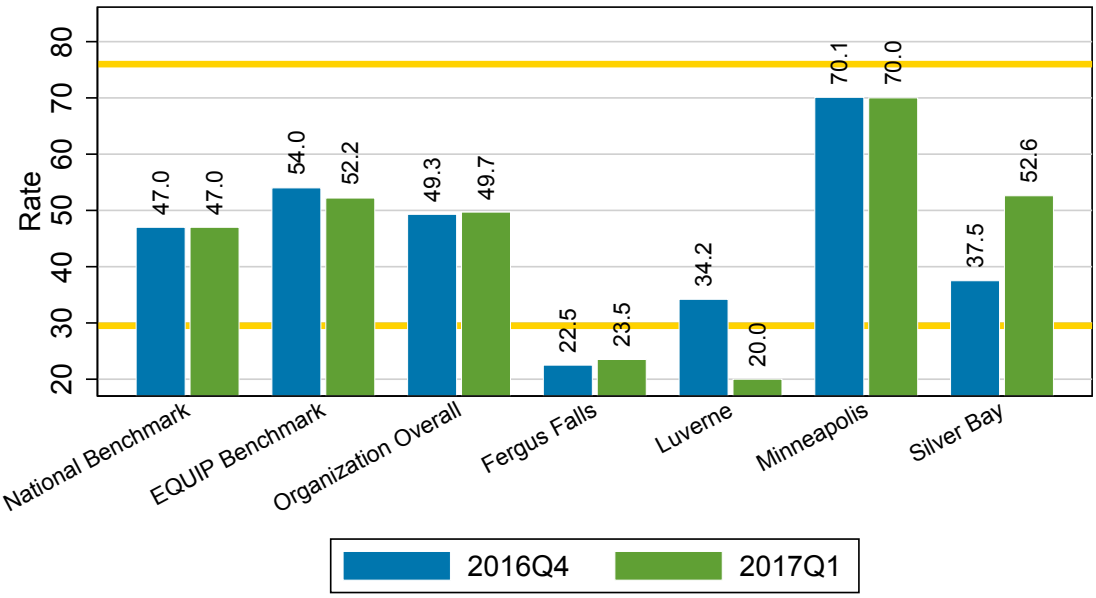


10th percentile (lower yellow line): 94.6; 90th percentile (upper yellow line): 100.0



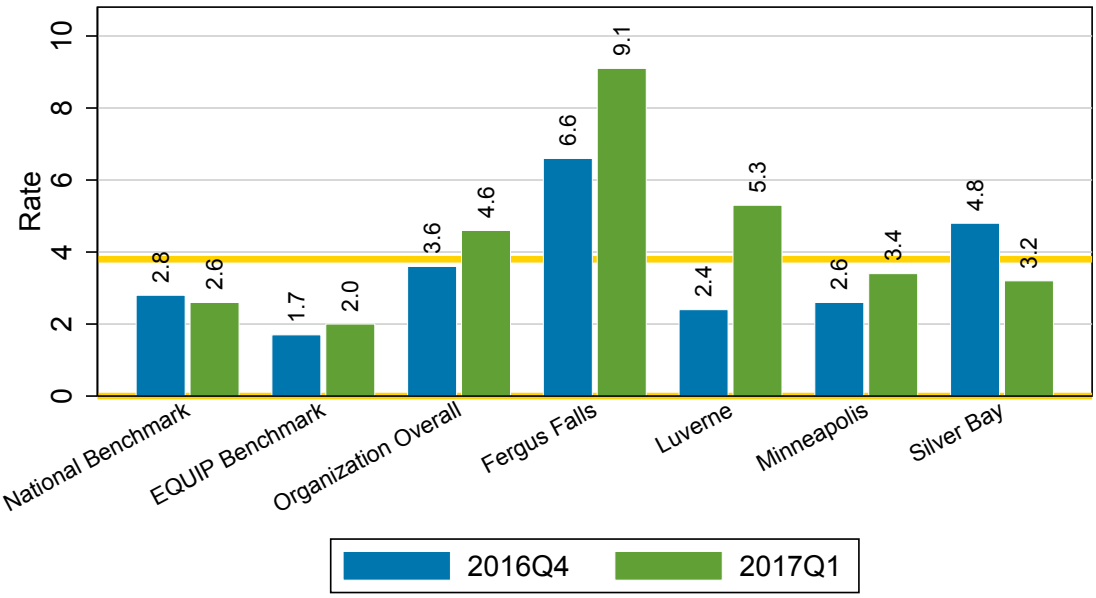
10th percentile (lower yellow line): 0.4; 90th percentile (upper yellow line): 5.9

CMS0685: Percent of Low Risk Residents Who Lose Control of Their Bowel or Bladder (Long Stay)



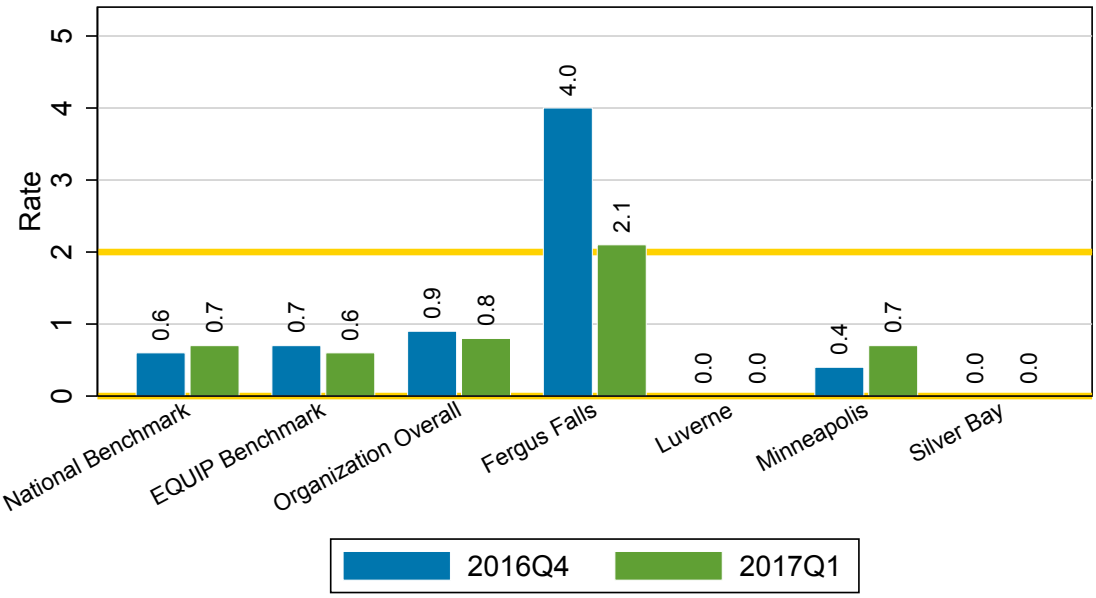
10th percentile (lower yellow line): 29.5; 90th percentile (upper yellow line): 76.0

CMS0686: Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay)



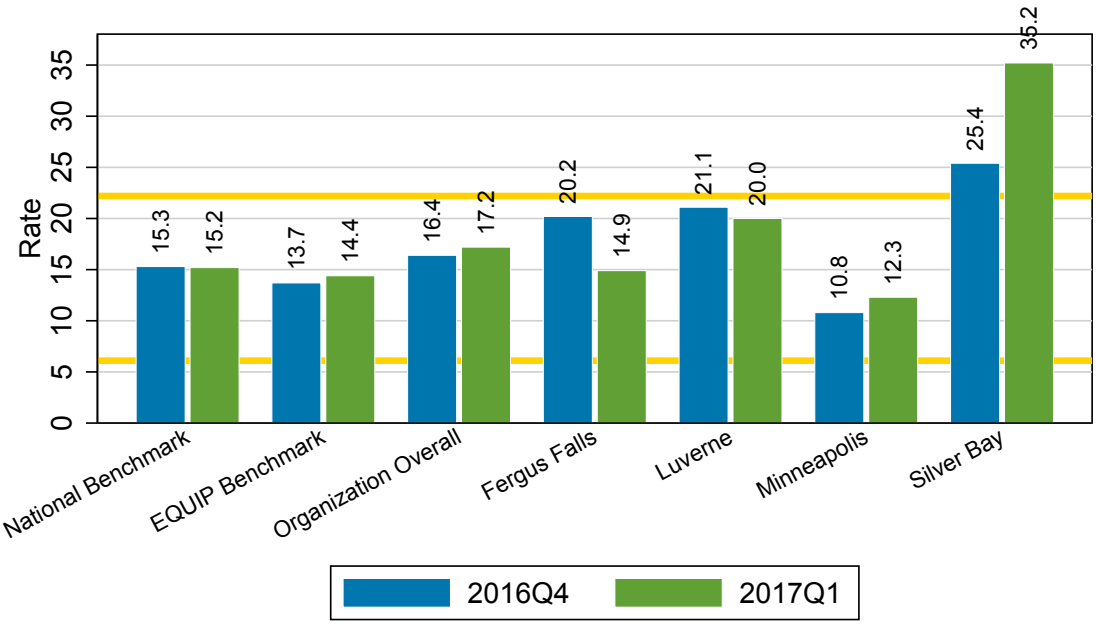
10th percentile (lower yellow line): 0.0; 90th percentile (upper yellow line): 3.8

CMS0687: Percent of Residents Who Were Physically Restrained (Long Stay)



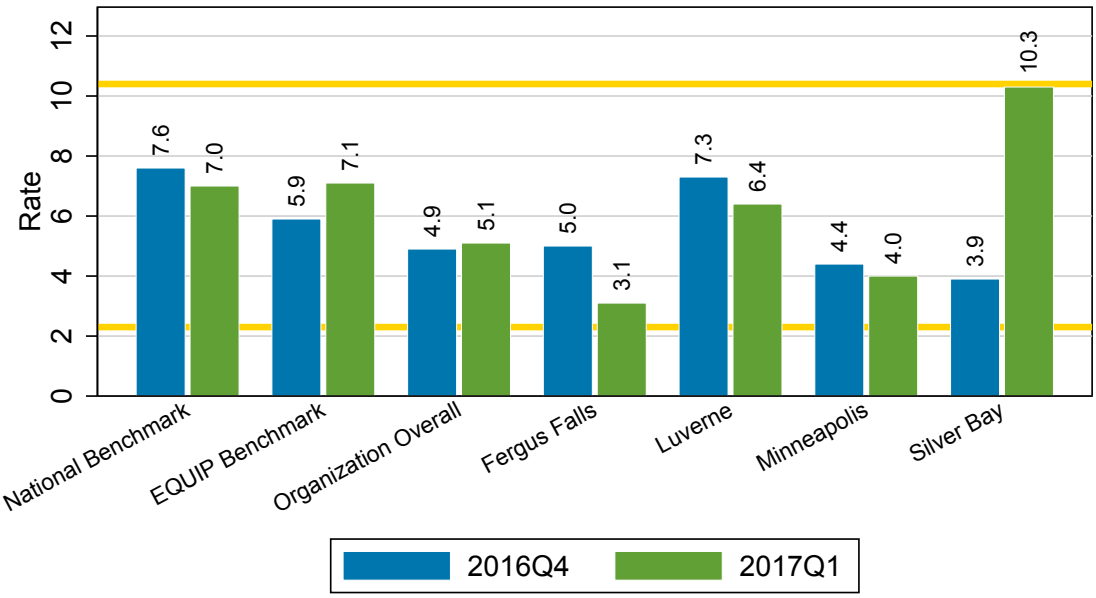
10th percentile (lower yellow line): 0.0; 90th percentile (upper yellow line): 2.0

CMS0688: Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay)



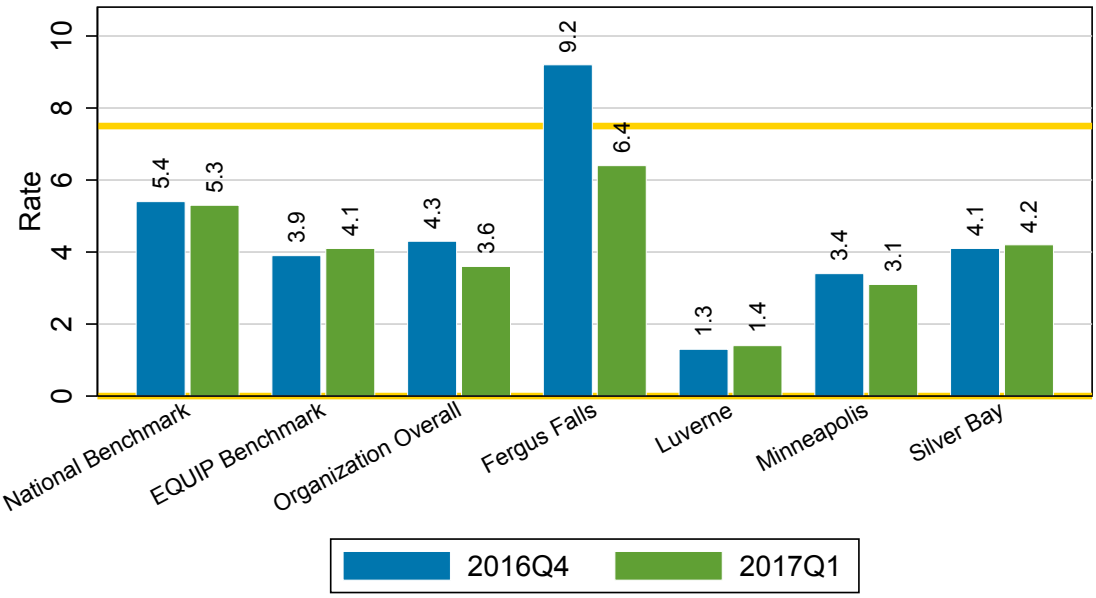
10th percentile (lower yellow line): 6.1; 90th percentile (upper yellow line): 22.2

CMS0689: Percent of Residents Who Lose Too Much Weight (Long Stay)



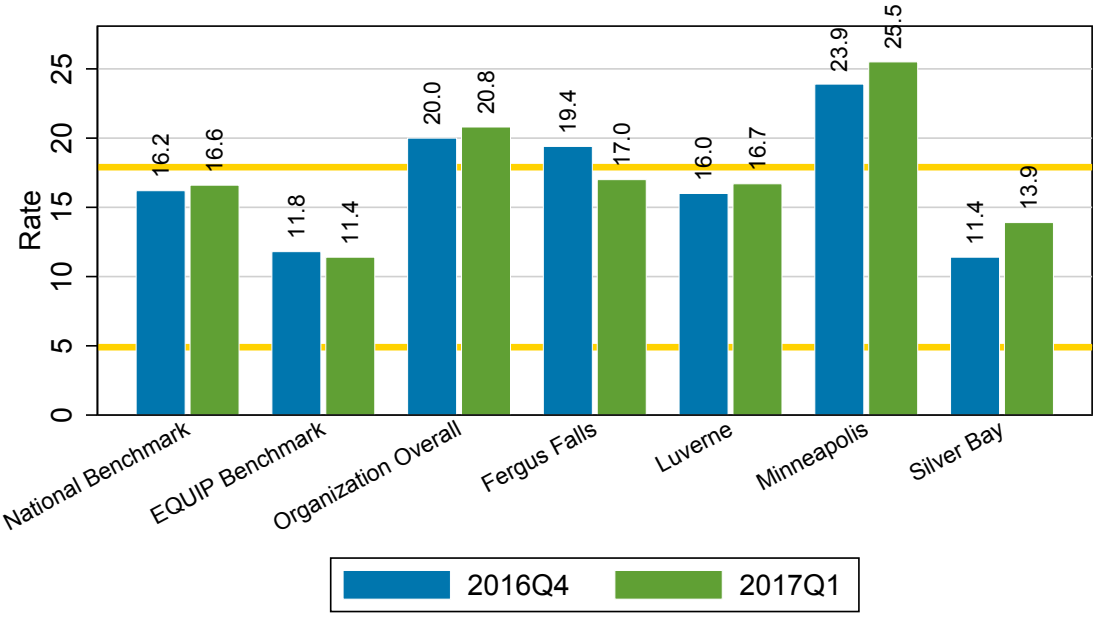
10th percentile (lower yellow line): 2.3; 90th percentile (upper yellow line): 10.4

CMS0690: Percent of Residents Who Have Depressive Symptoms (Long Stay)



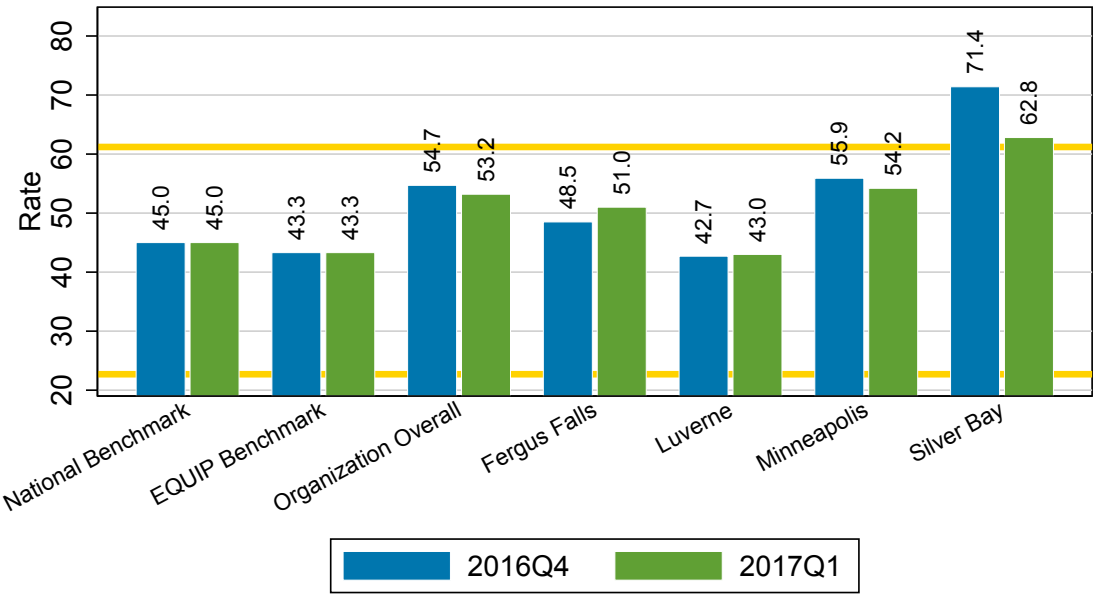
10th percentile (lower yellow line): 0.0; 90th percentile (upper yellow line): 7.5

CMS1105: Percent of Residents Who Received an Antipsychotic Medication (Long Stay)



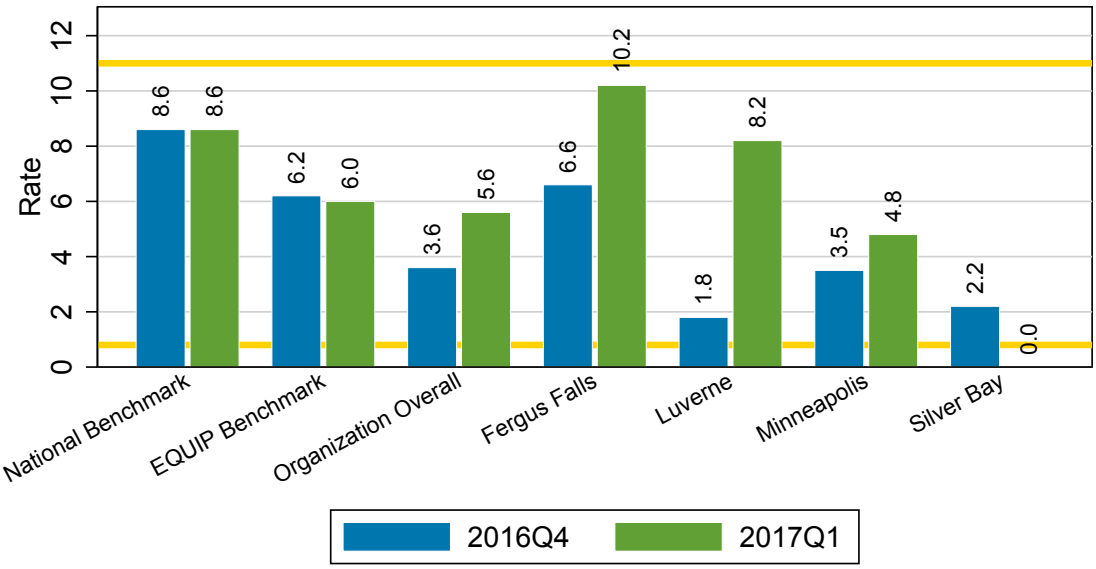
10th percentile (lower yellow line): 4.9; 90th percentile (upper yellow line): 17.9

CMS1101: Percent of Residents Who Have Had One or More Falls (Long Stay)



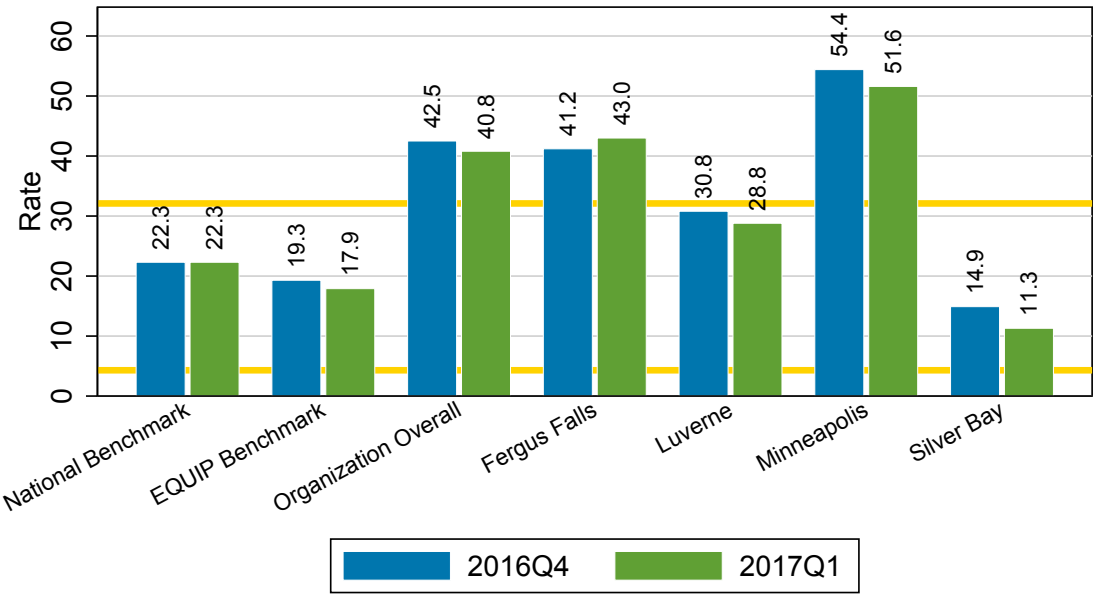
10th percentile (lower yellow line): 22.7; 90th percentile (upper yellow line): 61.2

CMS1103: Percent of Residents Who Were Receiving Antianxiety Medications or Hypnotics But Do Not Have Evidence of Psychotic or Related Conditions (Long Stay)

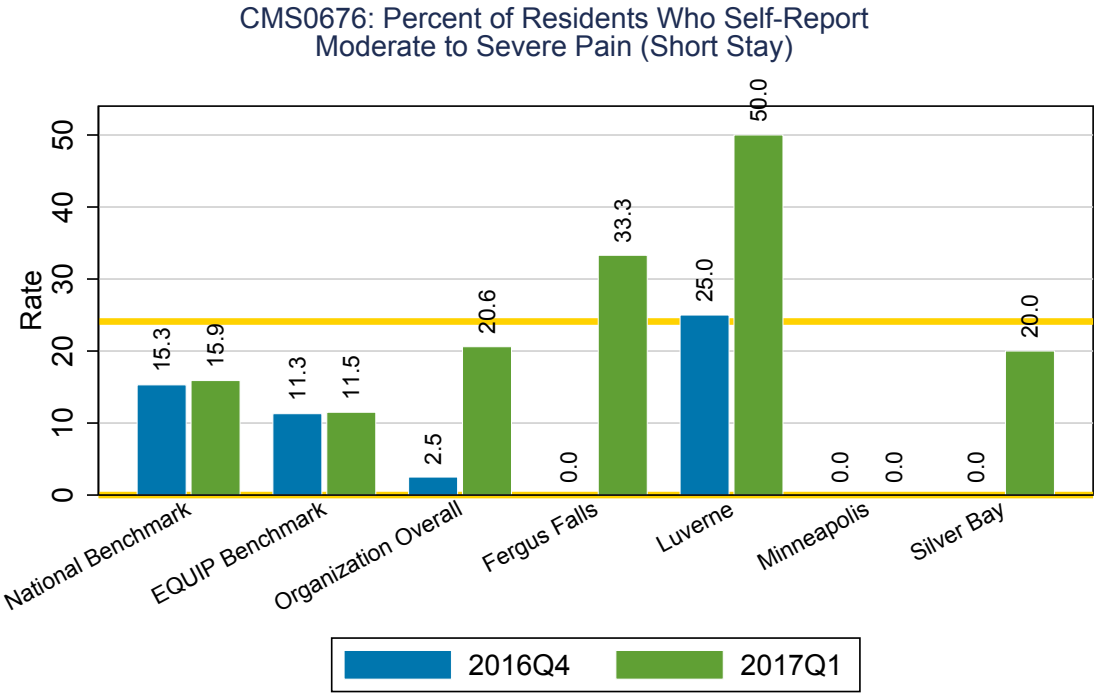


10th percentile (lower yellow line): 0.8; 90th percentile (upper yellow line): 11.0

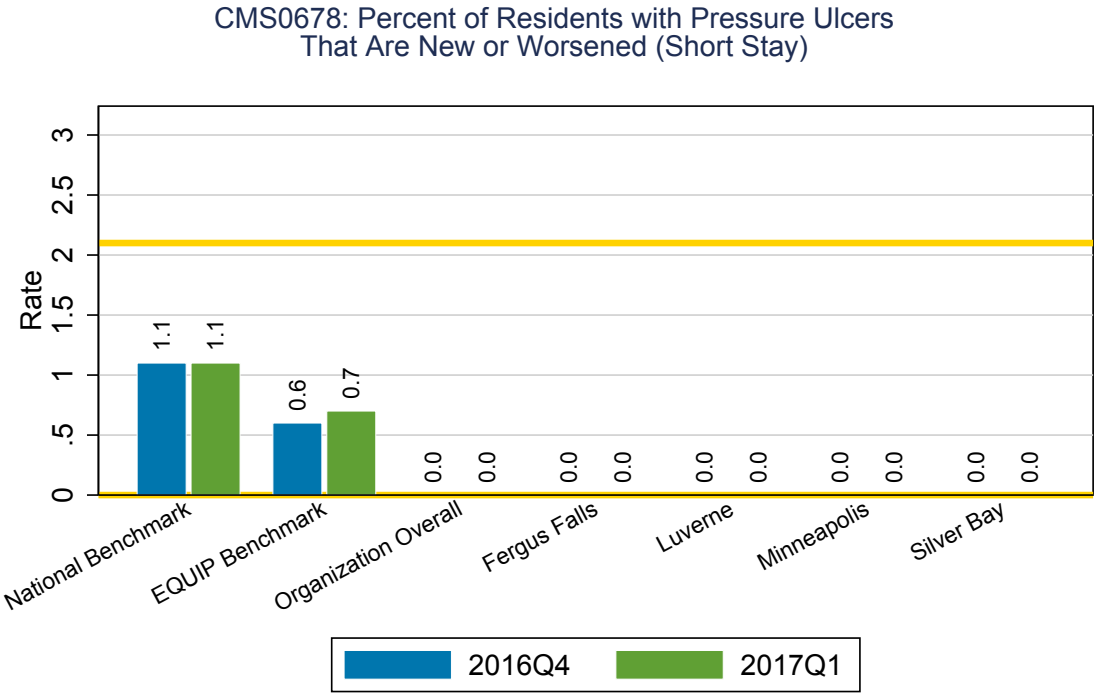
CMS1104: Percent of Residents Who Have Behavior Symptoms Affecting Others (Long Stay)



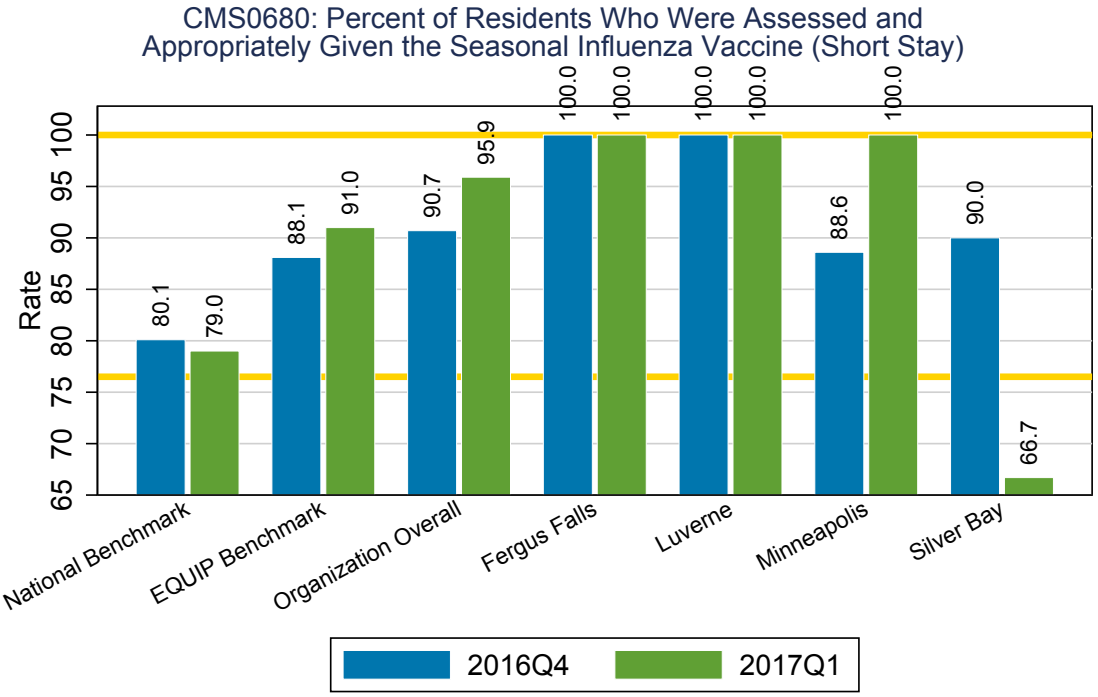
10th percentile (lower yellow line): 4.3; 90th percentile (upper yellow line): 32.1



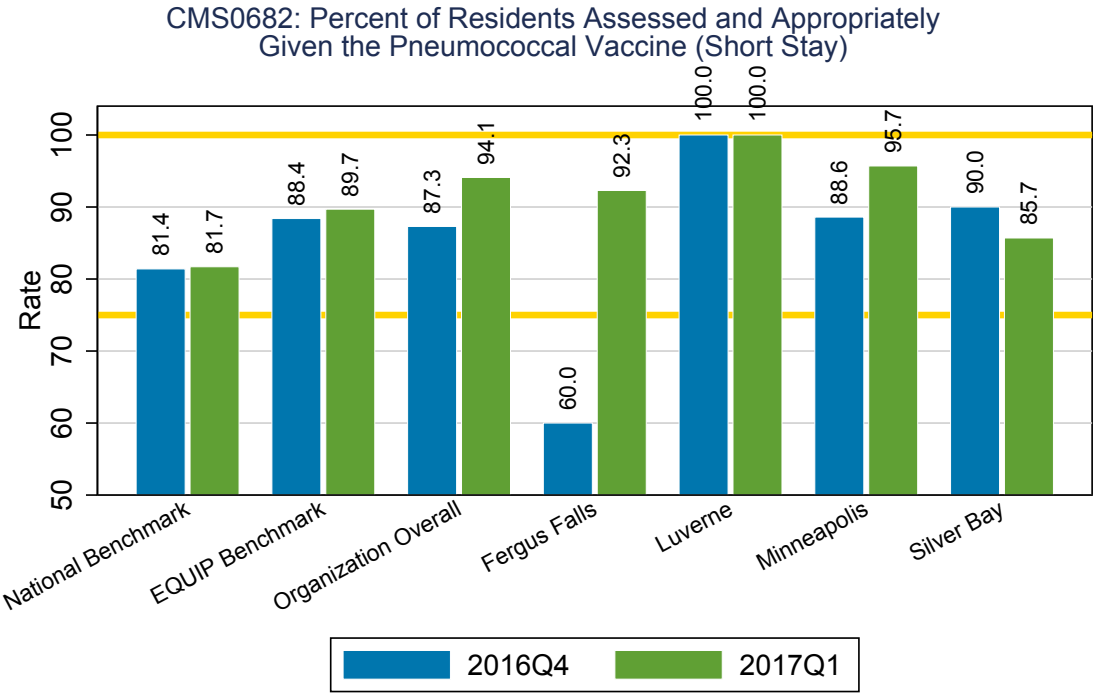
10th percentile (lower yellow line): 0.0; 90th percentile (upper yellow line): 24.1



10th percentile (lower yellow line): 0.0; 90th percentile (upper yellow line): 2.1

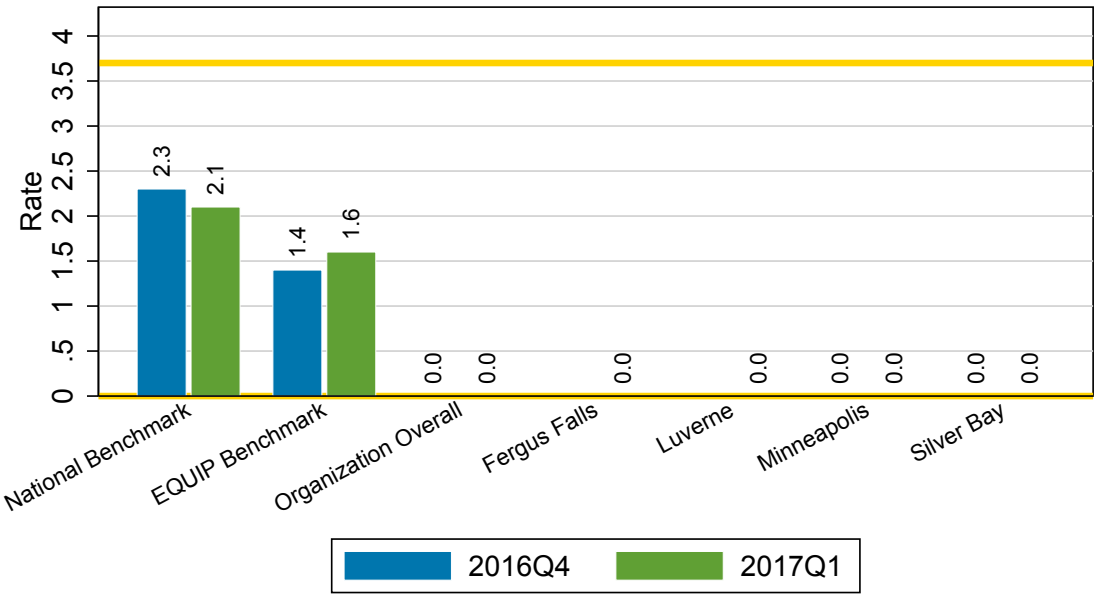


10th percentile (lower yellow line): 76.5; 90th percentile (upper yellow line): 100.0



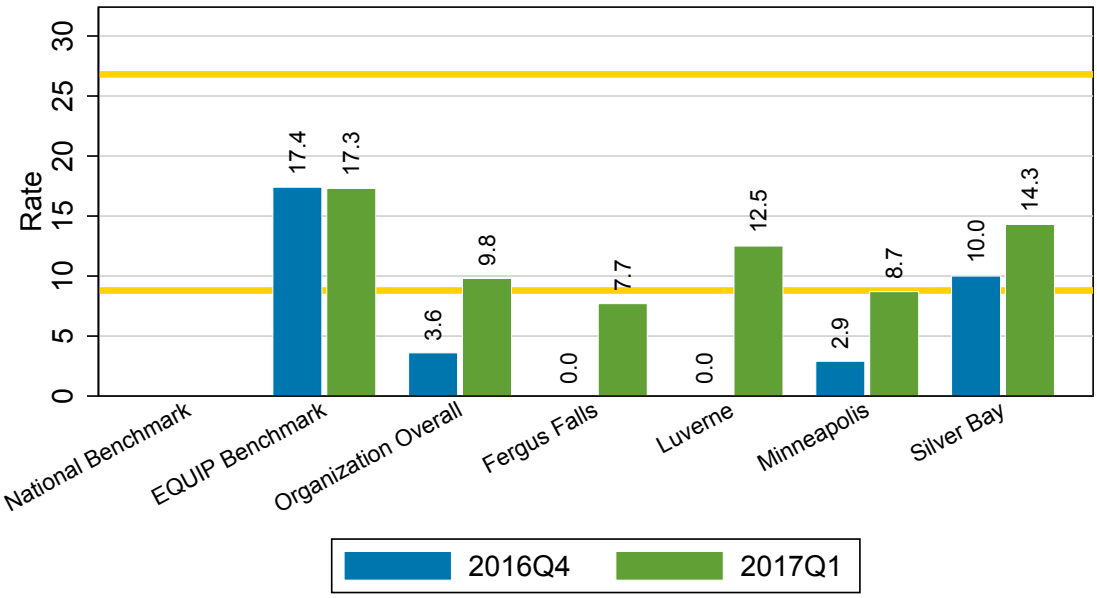
10th percentile (lower yellow line): 75.0; 90th percentile (upper yellow line): 100.0

CMS1106: Percent of Residents Who Newly Received an Antipsychotic Medication (Short Stay)



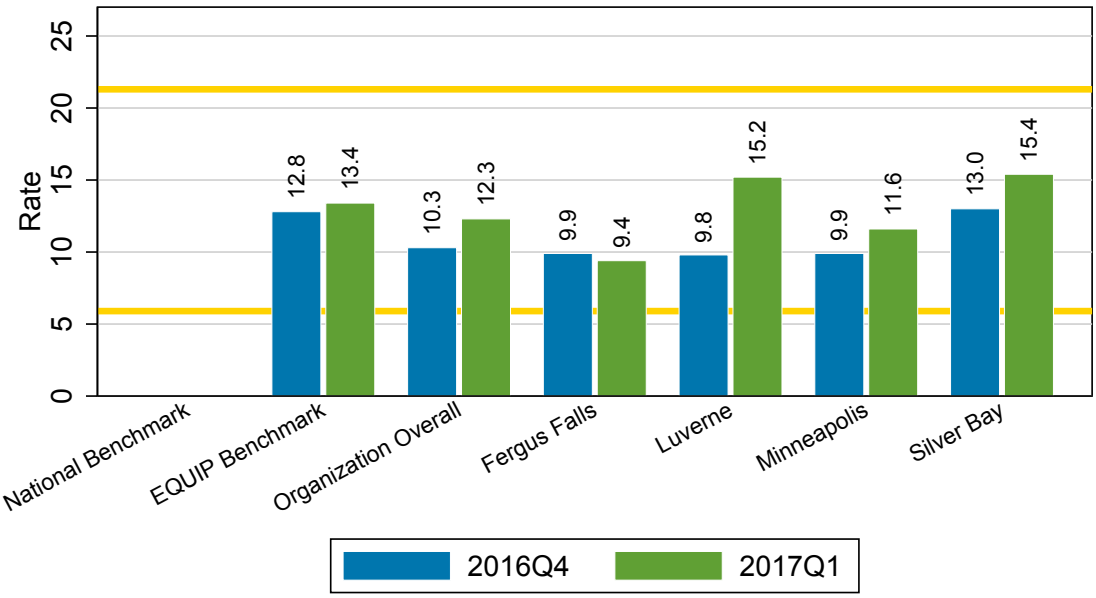
10th percentile (lower yellow line): 0.0; 90th percentile (upper yellow line): 3.7

CMSE001: Percent of Residents Who were Hospitalized Since Admission (Short Stay)



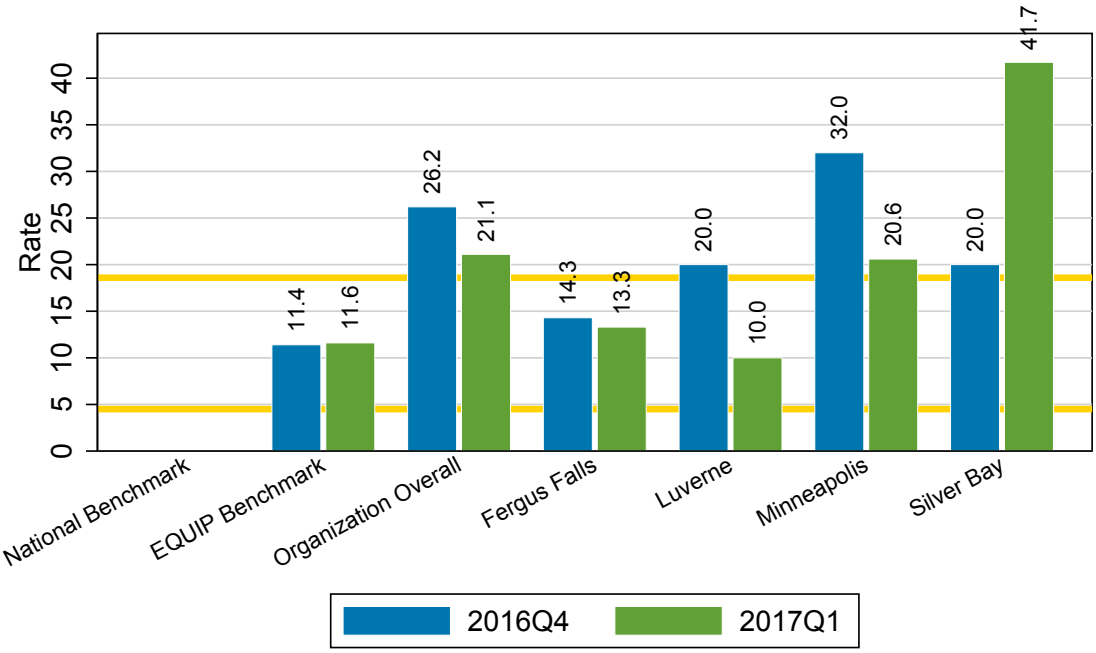
10th percentile (lower yellow line): 8.8; 90th percentile (upper yellow line): 26.8

CMSE002: Percent of Residents Who were Hospitalized in the last 100 days (Long Stay)



10th percentile (lower yellow line): 5.9; 90th percentile (upper yellow line): 21.3

CMSE003: Rate of Re-hospitalization Within 30 Days



10th percentile (lower yellow line): 4.5; 90th percentile (upper yellow line): 18.6

The 2nd Quarter of 2017

Minnesota Veterans Homes: Quality Measures

EQUIP FOR QUALITY

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1 Total Number of Residents

Organization Name	2017Q1		2017Q2	
	Long Stay	Short Stay	Long Stay	Short Stay
Minnesota Veterans Home - Fergus Falls	96	15	101	4
Minnesota Veterans Home - Luverne	78	10	78	9
Minnesota Veterans Home - Minneapolis	277	29	271	33
Minnesota Veterans Home - Silver Bay	78	7	75	11

2 List of Quality Measures

2.1 Long Stay Measures

Code	Label	Description
C0674	One or more falls maj inj	Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)
C0677(1)	Mod to severe pain	Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay)
C0679	High risk PUs	Percent of High-Risk Residents with Pressure Ulcers (Long Stay)
C0681(2)	Assessed and given influenza vac	Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)
C0683(2)	Assessed and given pneumococcal vac	Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long Stay)
C0684	UTI	Percent of Residents with a Urinary Tract Infection (Long Stay)
C0685	Loss control of bowel or bladder	Percent of Low Risk Residents Who Lose Control of Their Bowel or Bladder (Long Stay)
C0686(1)	Catheter left in bladder	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay)
C0687	Restraints	Percent of Residents Who Were Physically Restrained (Long Stay)
C0688	Increase in ADLs	Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay)
C0689	Weight loss	Percent of Residents Who Lose Too Much Weight (Long Stay)
C0690	Depressive symptoms	Percent of Residents Who Have Depressive Symptoms (Long Stay)
C1105	Received antipsychotic	Percent of Residents Who Received an Antipsychotic Medication (Long Stay)

Note: (1) These measures are risk adjusted; (2) For these measures, higher percentages are better.

2.2 Survey Quality Measures

Code	Label	Description
C1101	One or more falls	Percent of Residents who have had One or More Falls (Long Stay)
C1103	Received antianxiety meds or hypnotics w/o psychotic	Percent of residents who were receiving antianxiety medications or hypnotics but do not have evidence of psychotic or related conditions (Long Stay)
C1104	Behavior symptoms	Percent of residents who have behavior symptoms affecting others (Long Stay)

2.3 Short Stay Measures

Code	Label	Description
C0676	Mod to severe pain	Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay)
C0678(1)	New or worsening PUs	Percent of Residents with Pressure Ulcers That Are New or Worsened (Short Stay)
C0680(2)	Assessed and given influenza vac	Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)
C0682(2)	Assessed and given pneumococcal vac	Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Short Stay)
C1106	Newly received antipsychotic	Percent of Residents Who Newly Received an Antipsychotic Medication (Short Stay)

Note: (1) These measures are risk adjusted; (2) For these measures, higher percentages are better.

2.4 EQUIP Hospitalization Measures

Code	Label	Description
E001	Short-stay hospitalization	Percent of Residents Who were Hospitalized Since Admission (Short Stay)
E002	Long-stay hospitalization	Percent of Residents Who were Hospitalized in the last 100 days (Long Stay)
E003	Re-hospitalization	Rate of Re-hospitalization Within 30 Days

3 Organization Performance Summary

3.1 Long Stay Measures

Quality Measure	Statistic	EQUIP 10th Percentile	EQUIP Average	EQUIP 90th Percentile	National Average	Organization Average	Fergus Falls	Luverne	Minneapolis	Silver Bay
One or more falls maj inj	%	.36	3.2	6.8	3.4	3.4	**5.9-**	5.1	2.6	1.3
	Den	.	.	.	.	525	101	78	271	75
Mod to severe pain	%	0	4.3	11	6.3	**8.2-**	6.8	**21.5-**	4.9	6.4
	Den	.	.	.	.	351	80	57	178	36
High risk PUs	%	0	5.6	10	5.7	**2.6+**	5.5	2.0	**2.5+**	**0.0+**
	Den	.	.	.	.	347	55	50	200	42
Assessed and given influenza vac	%	96	99	100	95	**99.8+**	**100.0+**	**100.0+**	**100.0+**	**98.6+**
	Den	.	.	.	.	524	101	78	271	74
Assessed and given pneumococcal vac	%	93	98	100	94	**99.2+**	**100.0+**	**100.0+**	**98.9+**	**98.7+**
	Den	.	.	.	.	525	101	78	271	75
UTI	%	0	3.3	7	4	**1.0+**	2.0	**0.0+**	**1.1+**	**0.0+**
	Den	.	.	.	.	524	101	78	270	75
Loss control of bowel or bladder	%	24	50	76	47	47.0	**25.6+**	**18.4+**	**71.0-**	37.5
	Den	.	.	.	.	202	39	38	93	32
Catheter left in bladder	%	0	1.4	2.9	2.2	**3.9-**	**6.7-**	**3.5-**	3.3	2.9
	Den	.	.	.	.	490	93	76	249	72
Restraints	%	0	.49	1.9	.5	0.6	**2.0-**	0.0	0.4	0.0
	Den	.	.	.	.	525	101	78	271	75
Increase in ADLs	%	7.2	14	22	15	15.7	**22.3-**	13.9	**11.1+**	**26.2-**
	Den	.	.	.	.	483	94	72	252	65
Weight loss	%	2.2	6.8	11	7.1	5.9	7.9	9.0	**3.0+**	**10.7-**
	Den	.	.	.	.	524	101	78	270	75
Depressive symptoms	%	0	4.5	9.6	5.1	**3.2+**	7.2	**1.3+**	**2.7+**	1.4
	Den	.	.	.	.	506	97	75	261	73
Received antipsychotic	%	4.7	11	19	16	**19.3-**	16.2	13.0	**24.2-**	14.1
	Den	.	.	.	.	491	99	77	244	71

3.2 Survey Measures

Quality Measure	Statistic	EQUIP 10th Percentile	EQUIP Average	EQUIP 90th Percentile	National Average	Organization Average	Fergus Falls	Luverne	Minneapolis	Silver Bay
One or more falls	%	25	43	60	45	**54.9-**	**53.5-**	50.0	**54.6-**	**62.7-**
	Den	.	.	.	.	525	101	78	271	75
Received antianxiety meds or hypnotics w/o psychotic	%	0	5	10	8.3	**4.1+**	4.7	5.1	**4.7+**	**0.0+**
	Den	.	.	.	.	367	64	59	193	51
Behavior symptoms	%	4.8	19	34	22	**38.4-**	**44.8-**	21.6	**47.5-**	15.1
	Den	.	.	.	.	502	96	74	259	73

3.3 Short Stay Measures

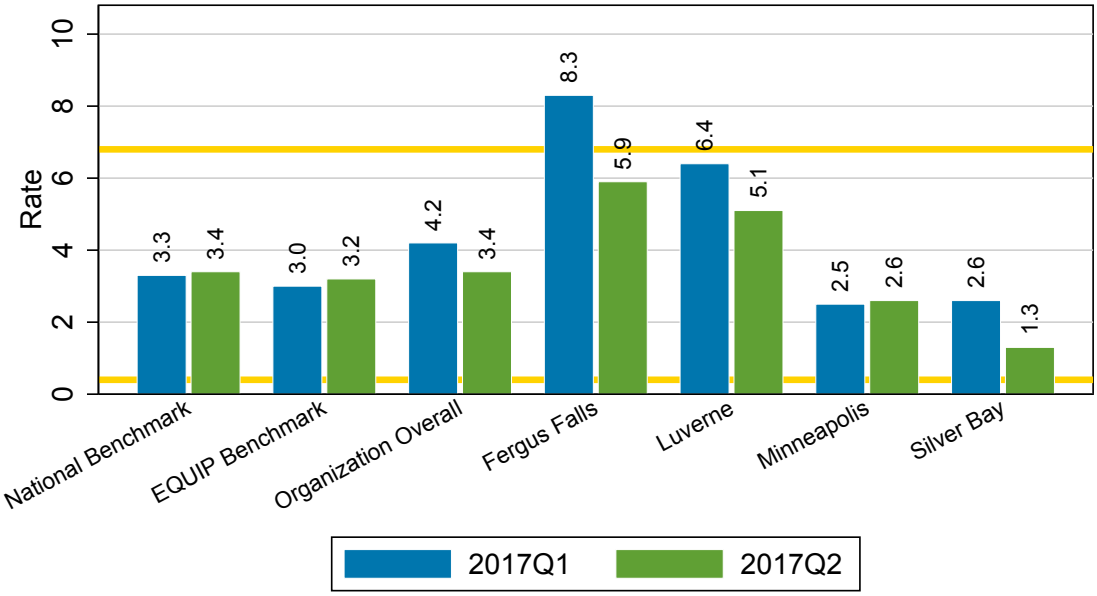
Quality Measure	Statistic	EQUIP 10th Percentile	EQUIP Average	EQUIP 90th Percentile	National Average	Organization Average	Fergus Falls	Luverne	Minneapolis	Silver Bay
Mod to severe pain	%	.66	12	24	15	16.2	0.0	**37.5-**	14.3	0.0
	Den	.	.	.	.	37	2	8	21	6
New or worsening PUs	%	0	.83	1.9	1	0.0	0.0	0.0	0.0	0.0
	Den	.	.	.	.	50	3	9	28	10
Assessed and given influenza vac	%	83	93	100	82	**100.0+**	**100.0+**	**100.0+**	**100.0+**	**100.0+**
	Den	.	.	.	.	52	3	7	33	9
Assessed and given pneumococcal vac	%	73	89	100	83	**89.5+**	75.0	88.9	**97.0+**	72.7
	Den	.	.	.	.	57	4	9	33	11
Newly received antipsychotic	%	0	1.3	2.9	2.2	0.0		0.0	0.0	0.0
	Den	.	.	.	.	10	0	2	6	2

3.4 EQUIP Hospitalization Measures

Quality Measure	Statistic	EQUIP 10th Percentile	EQUIP Average	EQUIP 90th Percentile	National Average	Organization Average	Fergus Falls	Luverne	Minneapolis	Silver Bay
Short-stay hospitalization	%	8.6	19	27	.	12.3	0.0	0.0	12.1	27.3
	Den	.	.	.	.	57	4	9	33	11
Long-stay hospitalization	%	5.1	13	21	.	11.4	11.9	9.0	11.1	14.7
	Den	.	.	.	.	525	101	78	271	75
Re-hospitalization	%	4.8	13	23	.	**18.4-**	0.0	**25.0-**	17.2	**30.0-**
	Den	.	.	.	.	49	6	4	29	10

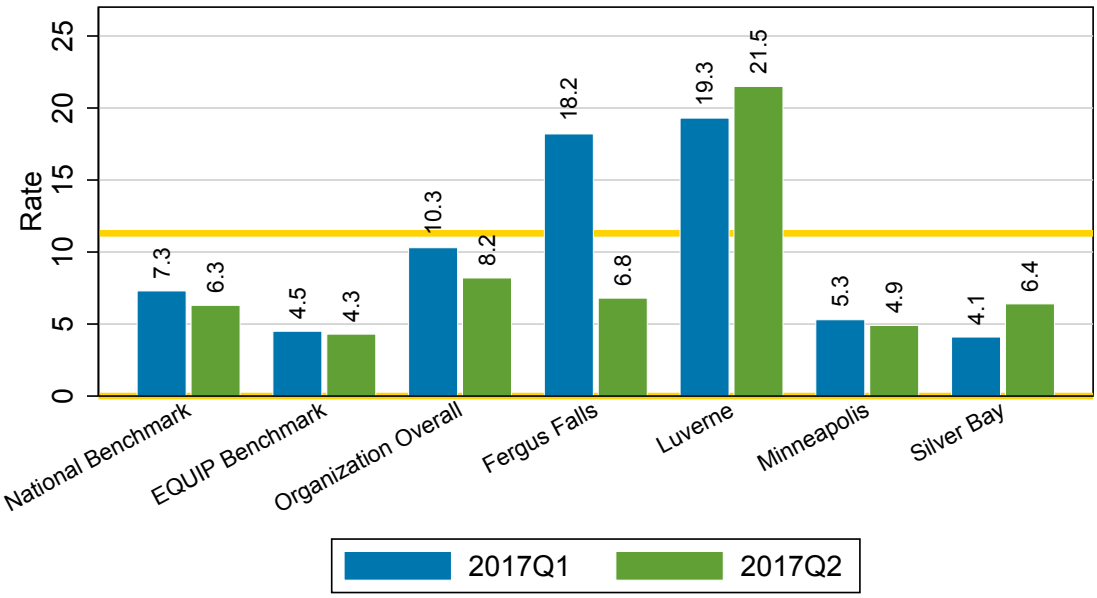
4 Organization Performance Graphical Comparisons

CMS0674: Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)



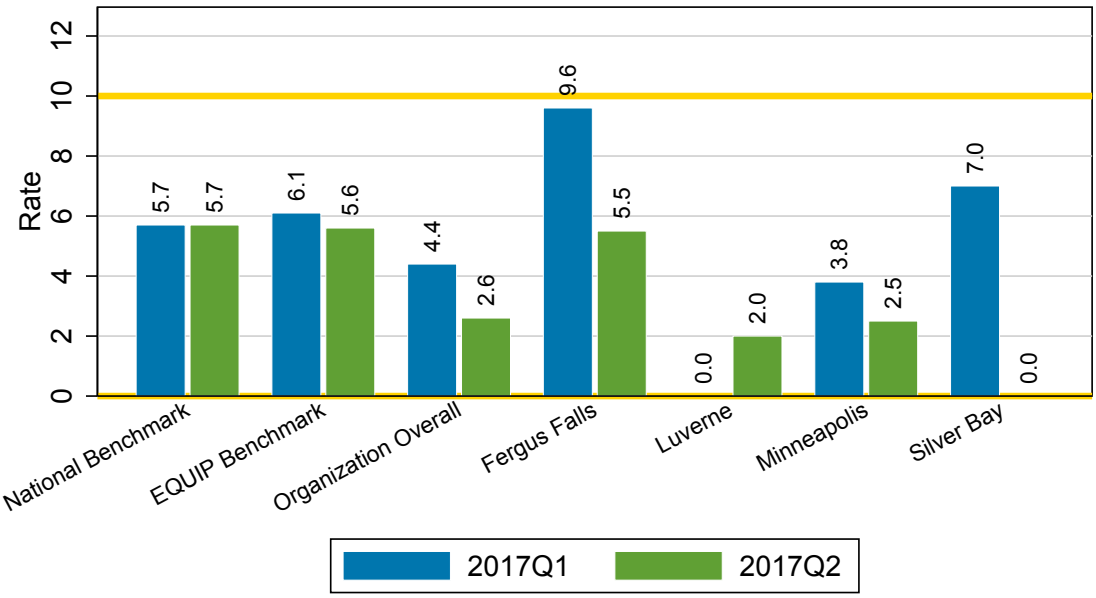
10th percentile (lower yellow line): 0.4; 90th percentile (upper yellow line): 6.8

CMS0677: Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay)



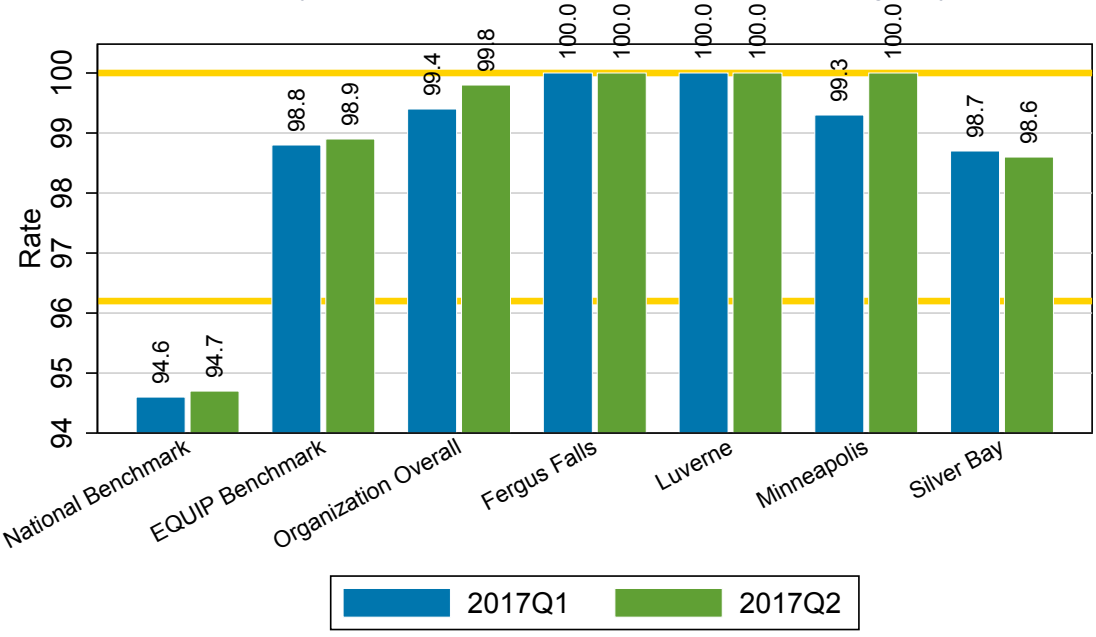
10th percentile (lower yellow line): 0.0; 90th percentile (upper yellow line): 11.3

CMS0679: Percent of High-Risk Residents with Pressure Ulcers (Long Stay)



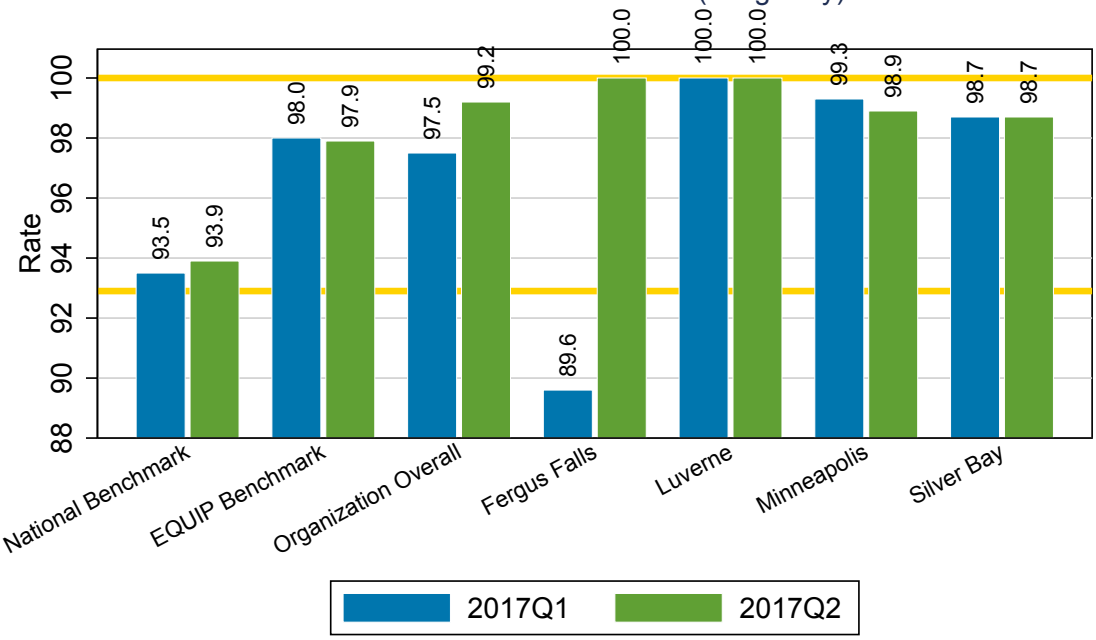
10th percentile (lower yellow line): 0.0; 90th percentile (upper yellow line): 10.0

CMS0681: Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)



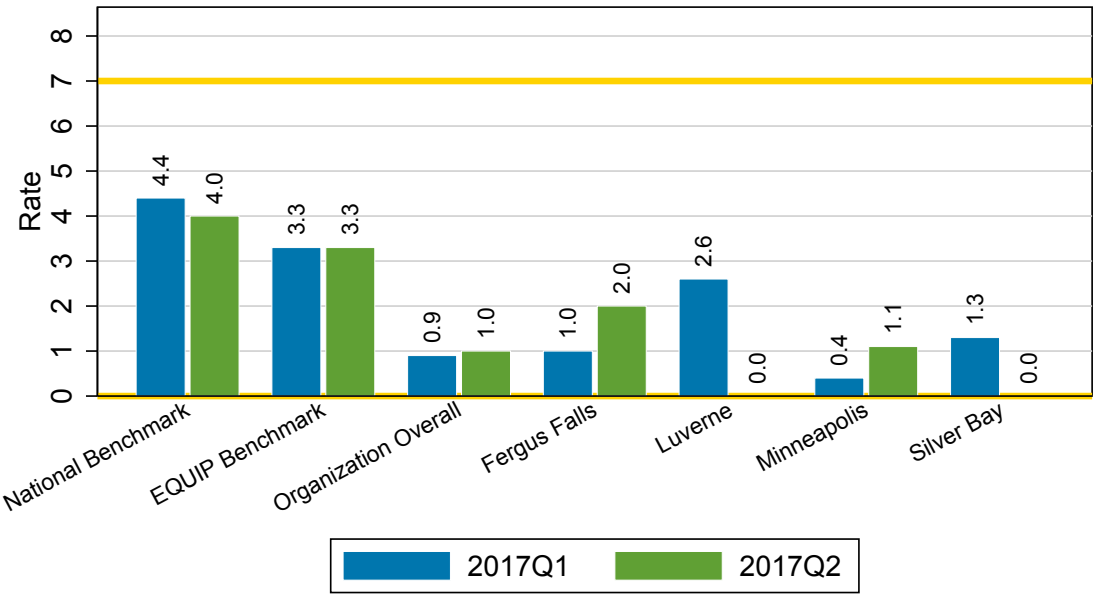
10th percentile (lower yellow line): 96.2; 90th percentile (upper yellow line): 100.0

CMS0683: Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long Stay)



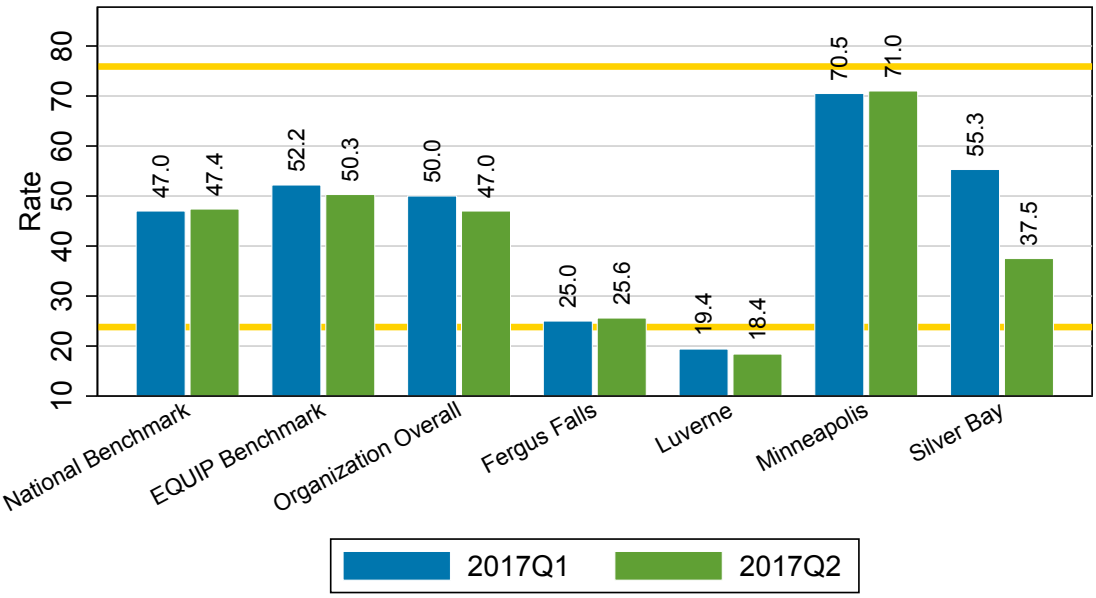
10th percentile (lower yellow line): 92.9; 90th percentile (upper yellow line): 100.0

CMS0684: Percent of Residents With a Urinary Tract Infection (Long Stay)



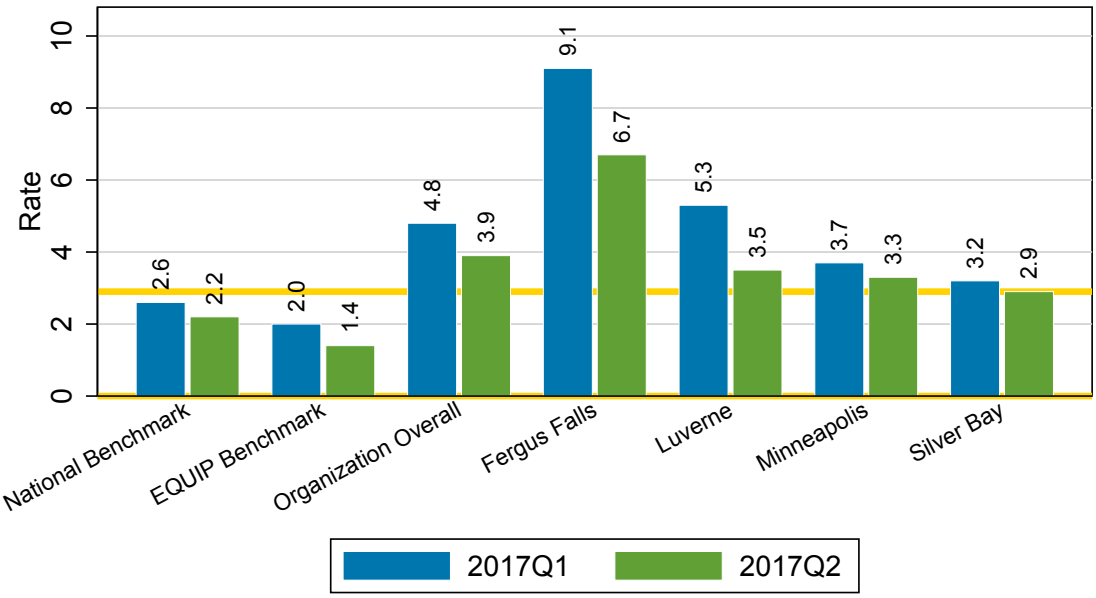
10th percentile (lower yellow line): 0.0; 90th percentile (upper yellow line): 7.0

CMS0685: Percent of Low Risk Residents Who Lose Control of Their Bowel or Bladder (Long Stay)



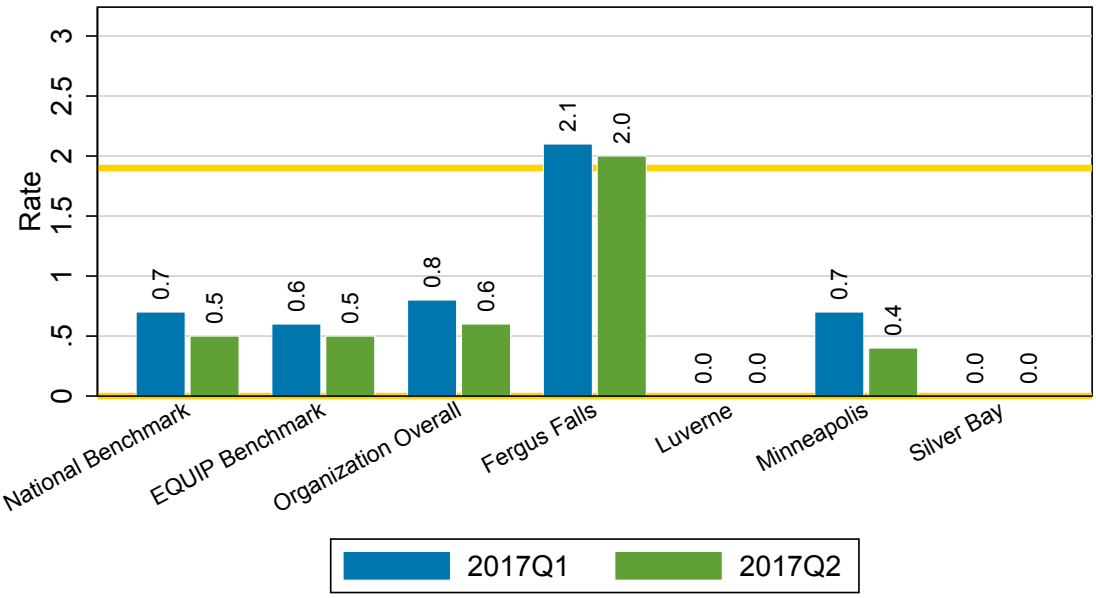
10th percentile (lower yellow line): 23.8; 90th percentile (upper yellow line): 75.9

CMS0686: Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay)



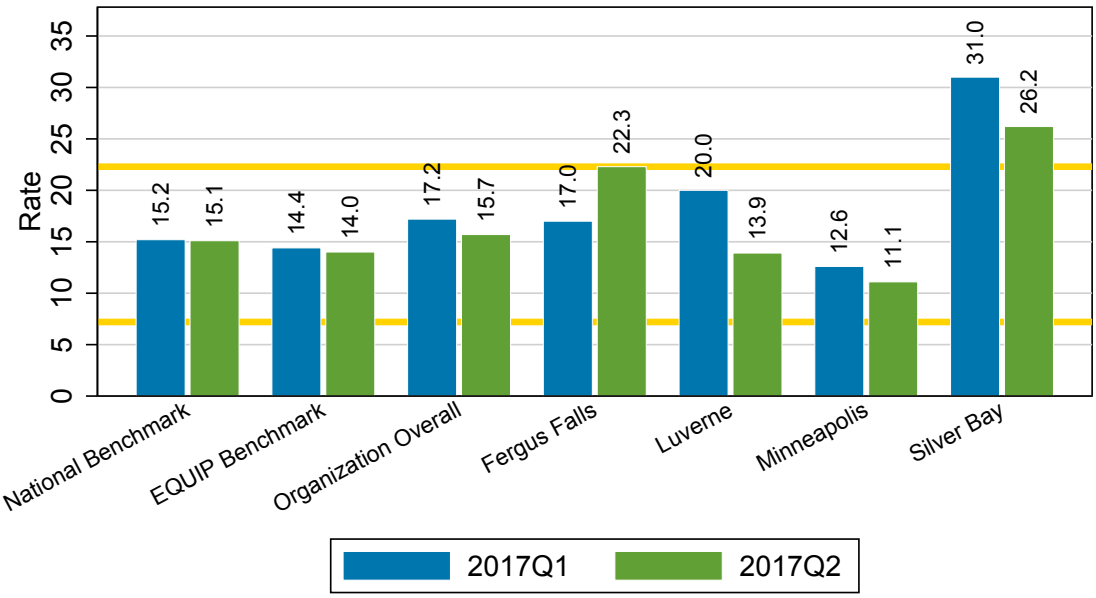
10th percentile (lower yellow line): 0.0; 90th percentile (upper yellow line): 2.9

CMS0687: Percent of Residents Who Were Physically Restrained (Long Stay)



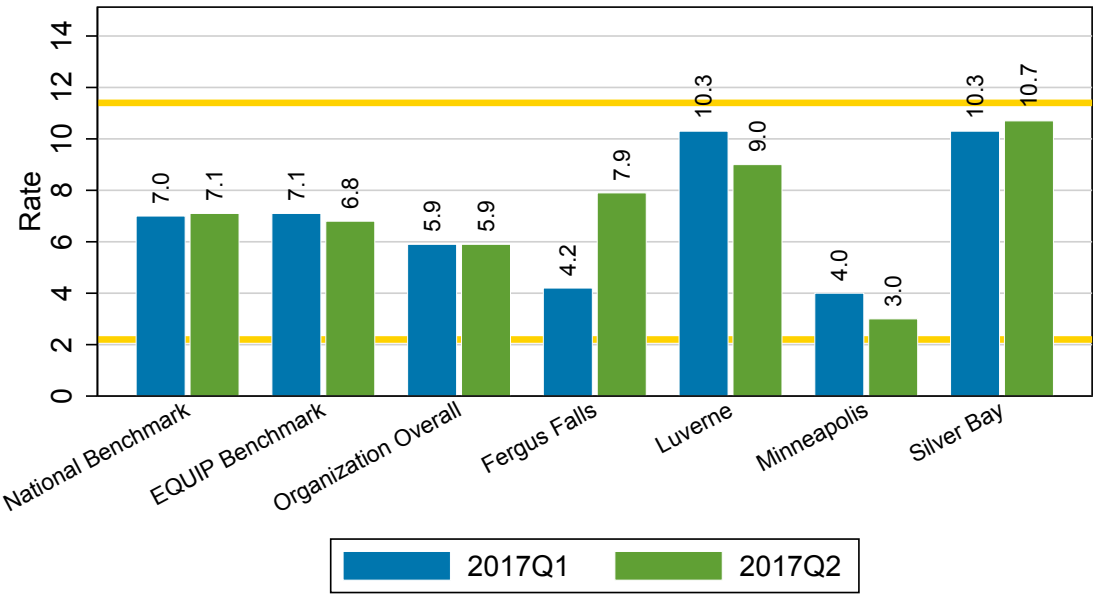
10th percentile (lower yellow line): 0.0; 90th percentile (upper yellow line): 1.9

CMS0688: Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay)



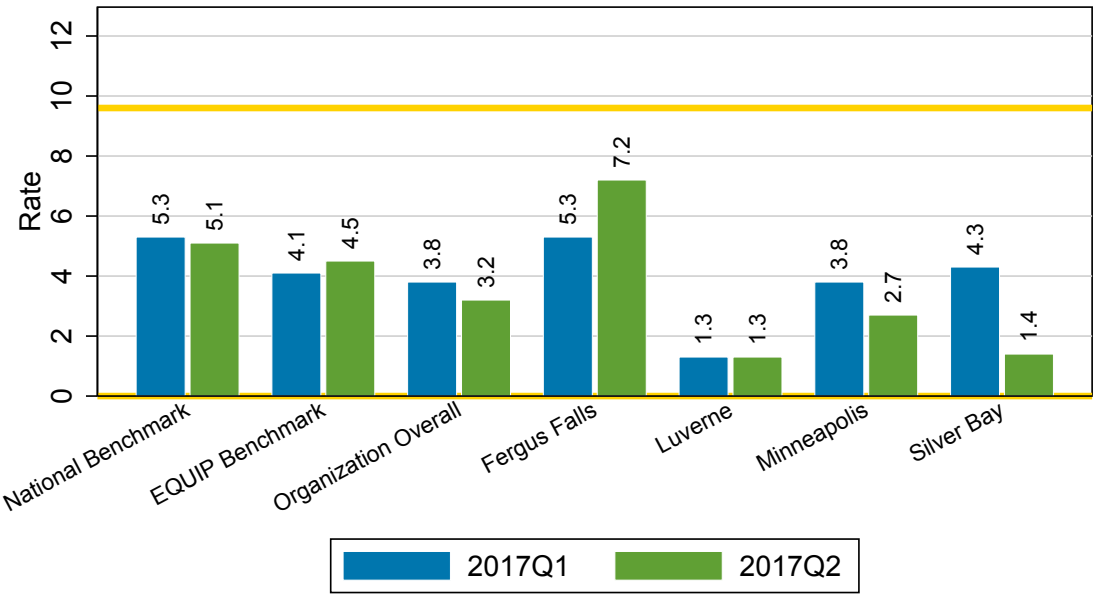
10th percentile (lower yellow line): 7.2; 90th percentile (upper yellow line): 22.3

CMS0689: Percent of Residents Who Lose Too Much Weight (Long Stay)



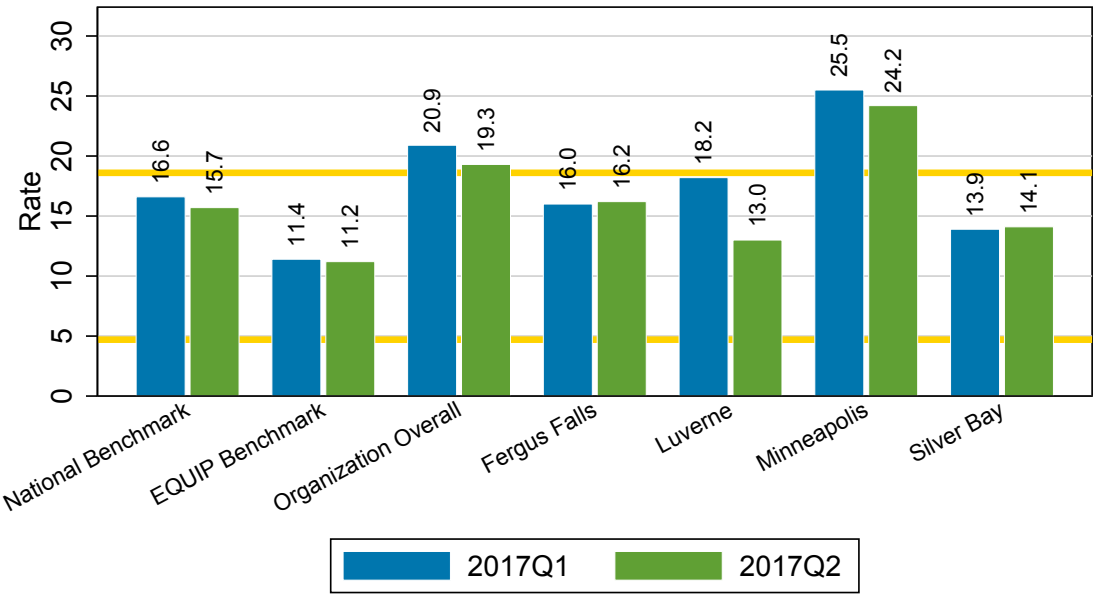
10th percentile (lower yellow line): 2.2; 90th percentile (upper yellow line): 11.4

CMS0690: Percent of Residents Who Have Depressive Symptoms (Long Stay)



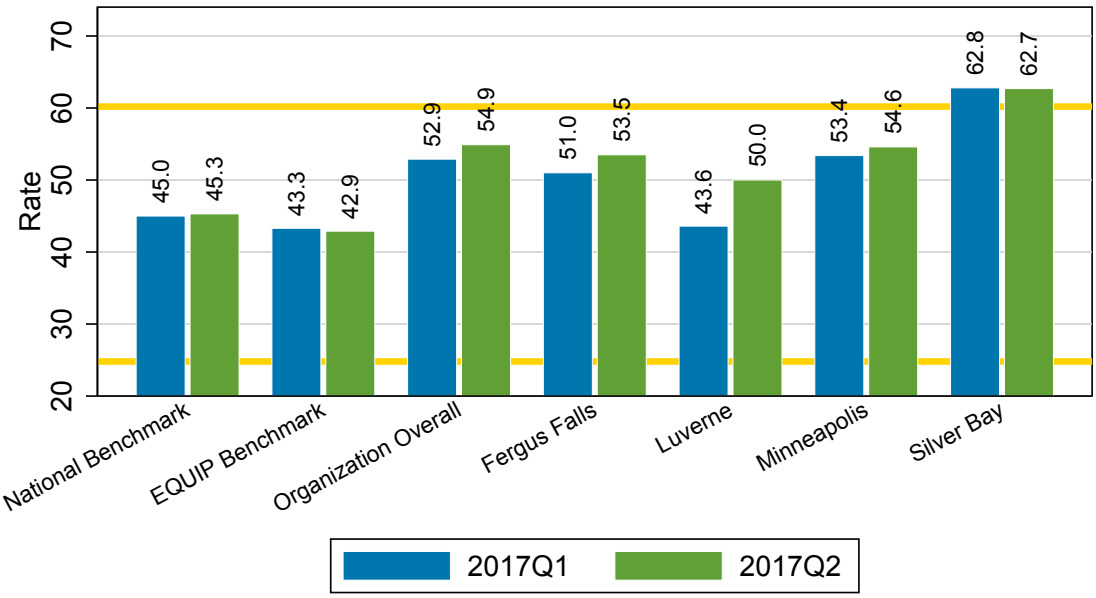
10th percentile (lower yellow line): 0.0; 90th percentile (upper yellow line): 9.6

CMS1105: Percent of Residents Who Received an Antipsychotic Medication (Long Stay)



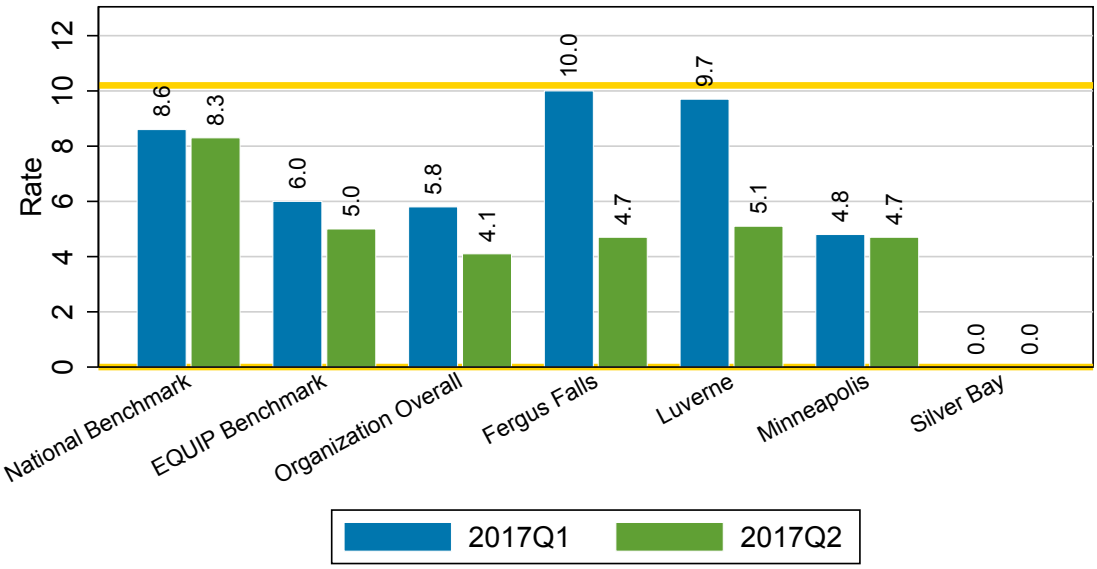
10th percentile (lower yellow line): 4.7; 90th percentile (upper yellow line): 18.6

CMS1101: Percent of Residents Who Have Had One or More Falls (Long Stay)



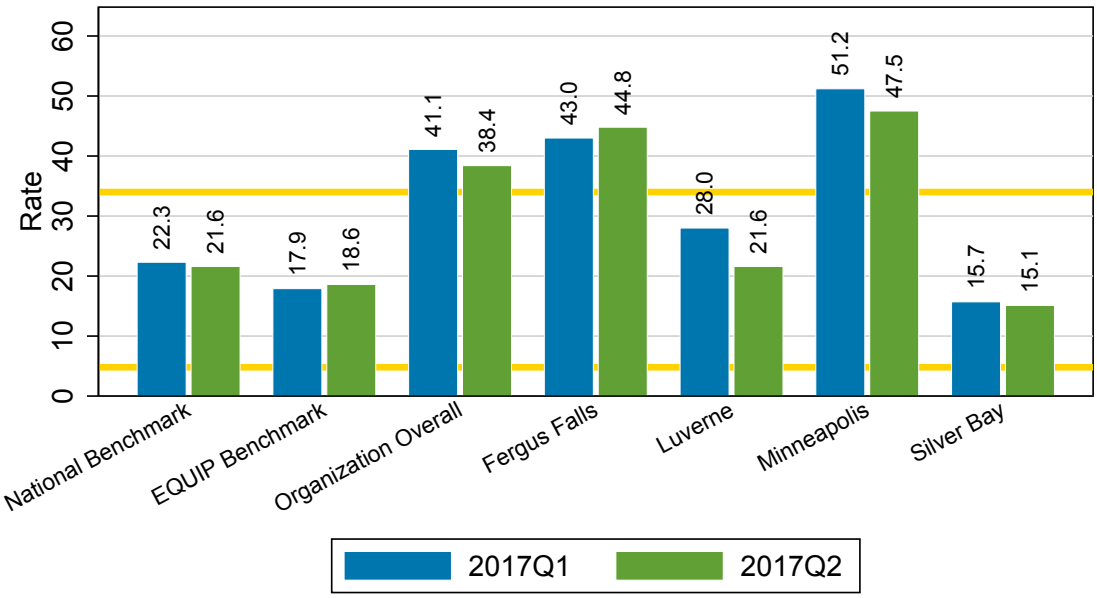
10th percentile (lower yellow line): 24.8; 90th percentile (upper yellow line): 60.2

CMS1103: Percent of Residents Who Were Receiving Antianxiety Medications or Hypnotics But Do Not Have Evidence of Psychotic or Related Conditions (Long Stay)



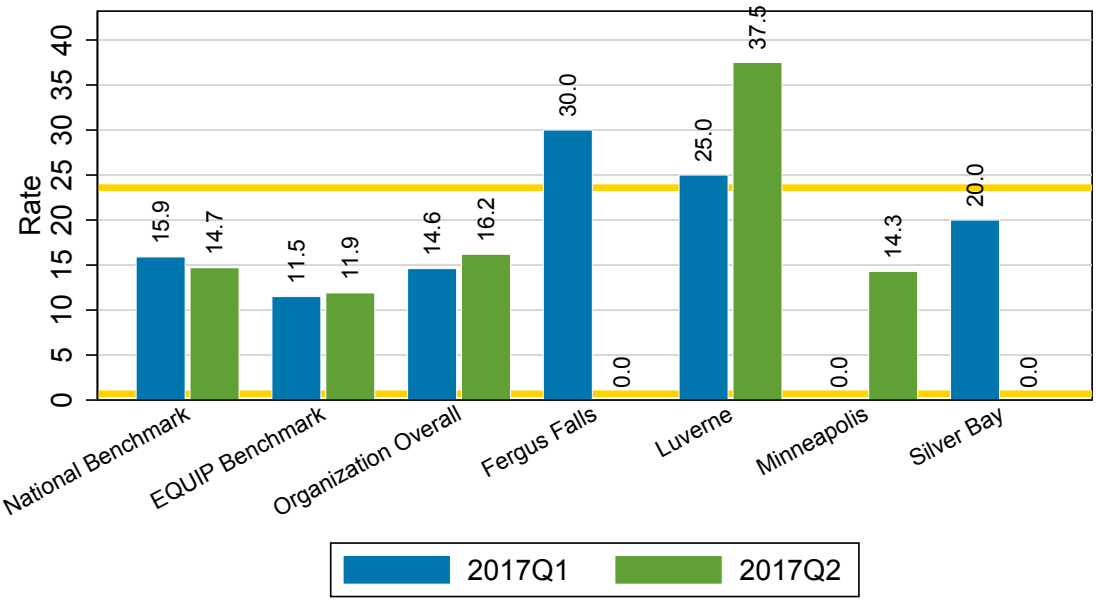
10th percentile (lower yellow line): 0.0; 90th percentile (upper yellow line): 10.2

CMS1104: Percent of Residents Who Have Behavior Symptoms Affecting Others (Long Stay)



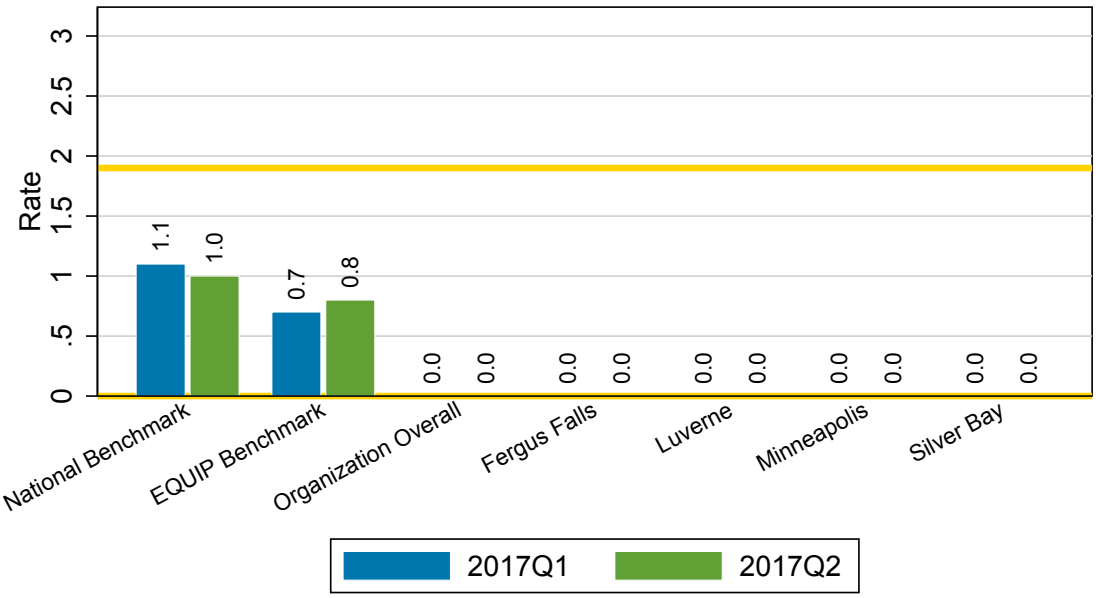
10th percentile (lower yellow line): 4.8; 90th percentile (upper yellow line): 34.0

CMS0676: Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay)

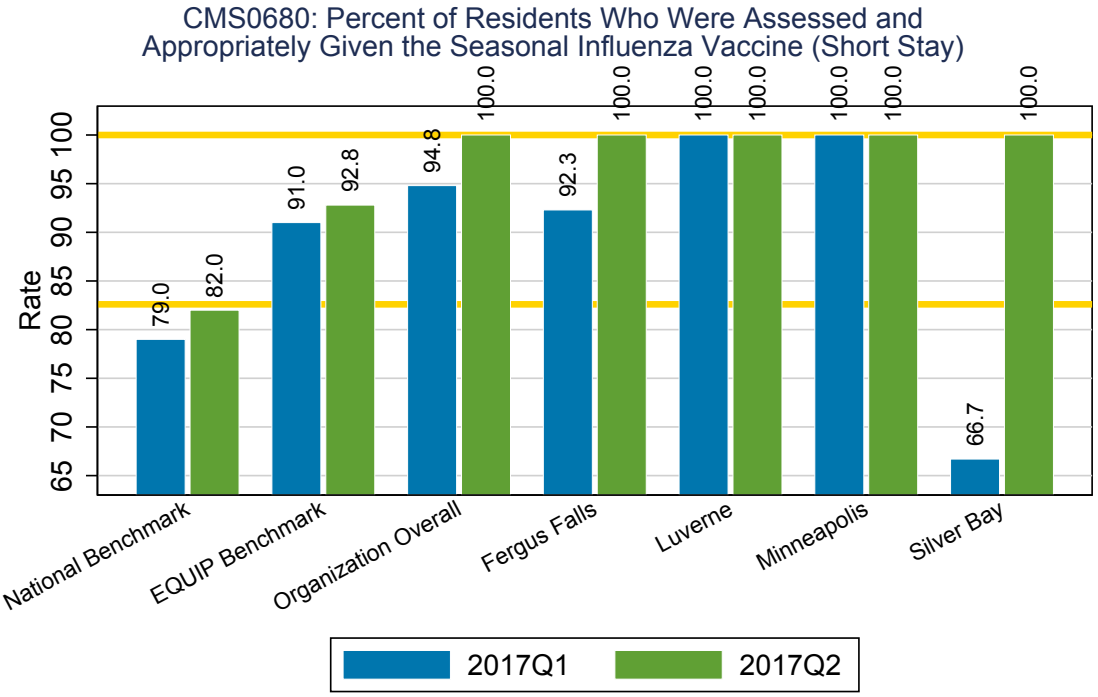


10th percentile (lower yellow line): 0.7; 90th percentile (upper yellow line): 23.6

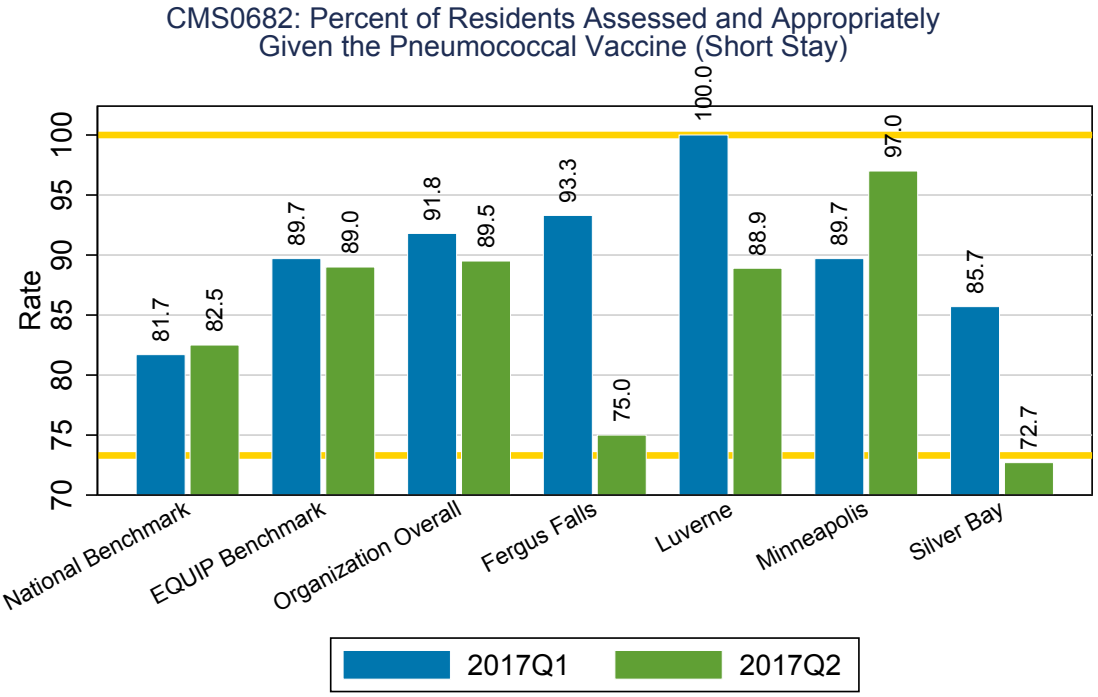
CMS0678: Percent of Residents with Pressure Ulcers That Are New or Worsened (Short Stay)



10th percentile (lower yellow line): 0.0; 90th percentile (upper yellow line): 1.9

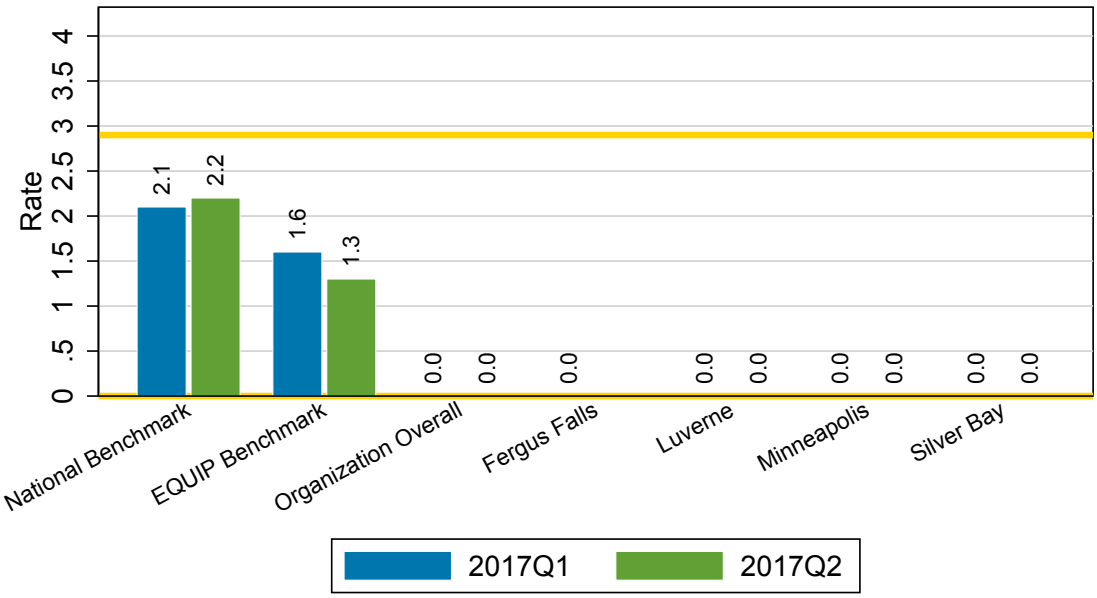


10th percentile (lower yellow line): 82.6; 90th percentile (upper yellow line): 100.0



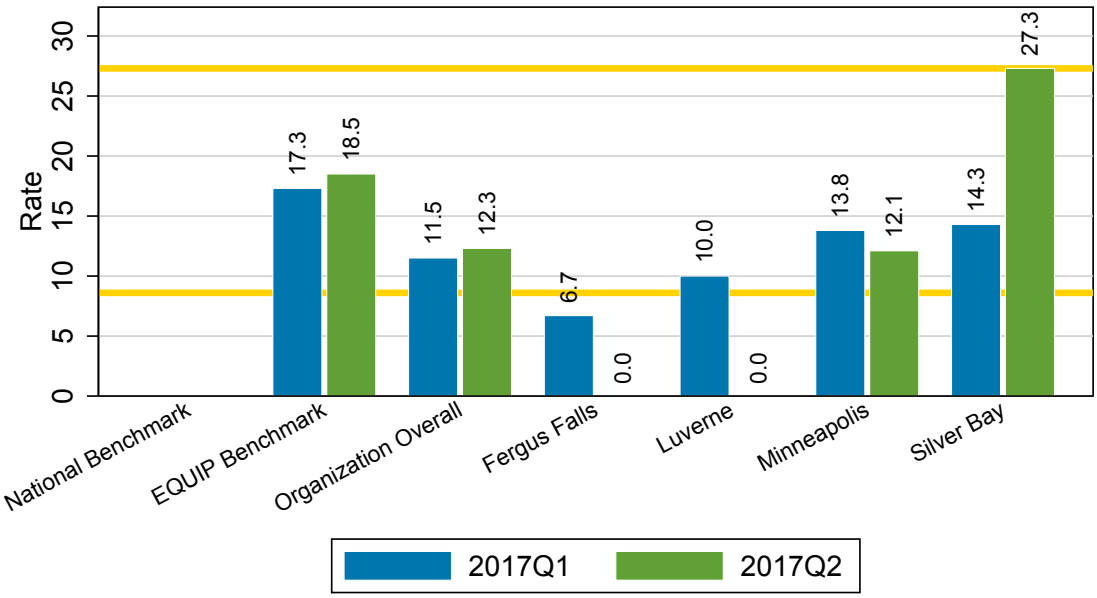
10th percentile (lower yellow line): 73.3; 90th percentile (upper yellow line): 100.0

CMS1106: Percent of Residents Who Newly Received an Antipsychotic Medication (Short Stay)



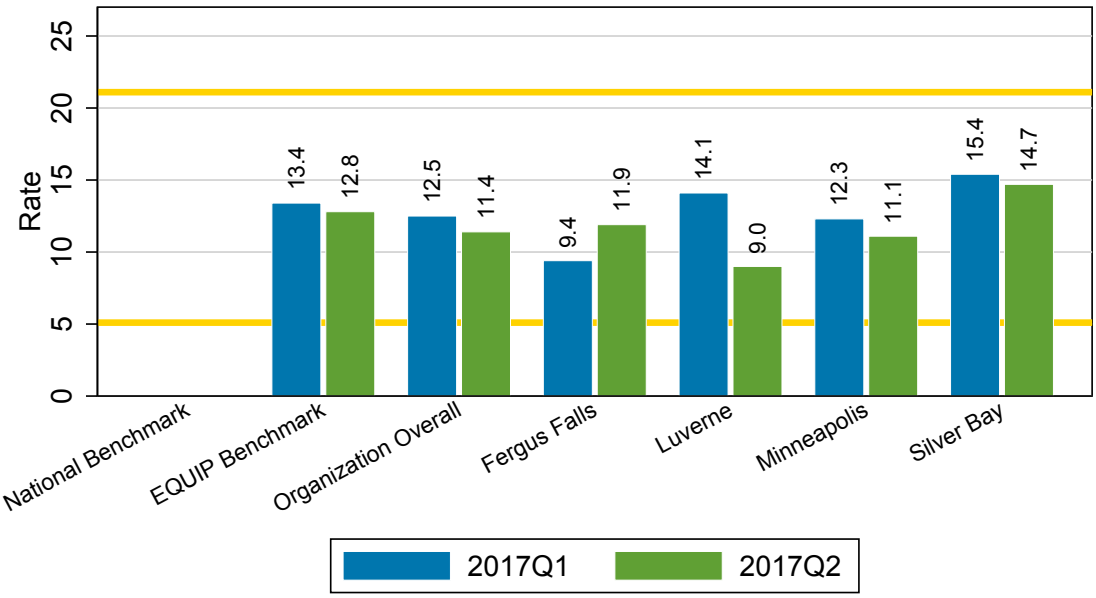
10th percentile (lower yellow line): 0.0; 90th percentile (upper yellow line): 2.9

CMSE001: Percent of Residents Who were Hospitalized Since Admission (Short Stay)



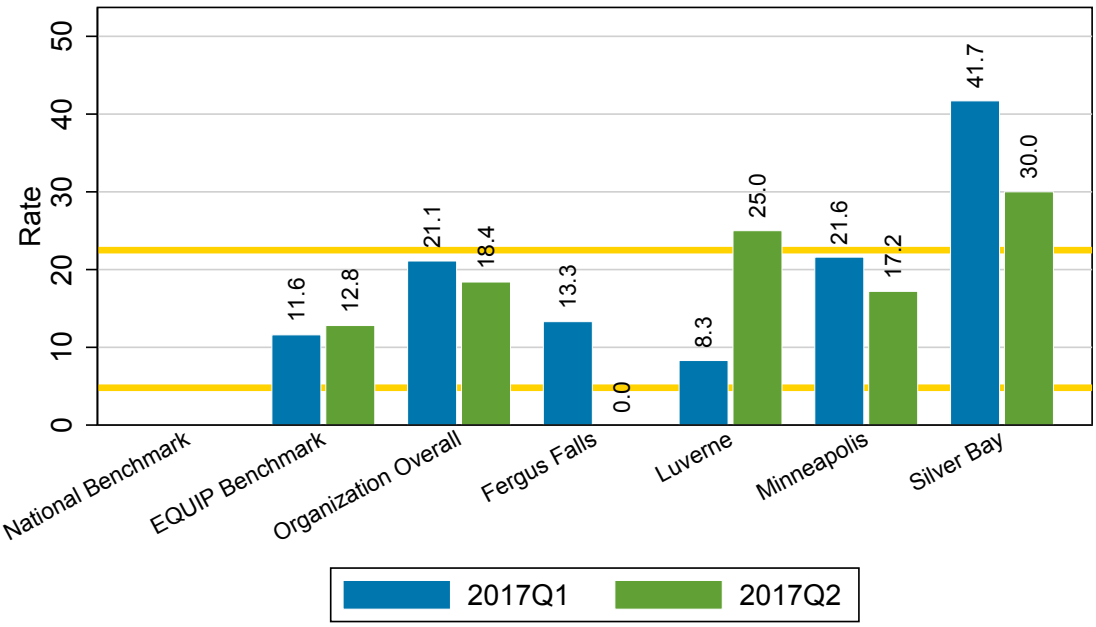
10th percentile (lower yellow line): 8.6; 90th percentile (upper yellow line): 27.3

CMSE002: Percent of Residents Who were Hospitalized in the last 100 days (Long Stay)



10th percentile (lower yellow line): 5.1; 90th percentile (upper yellow line): 21.1

CMSE003: Rate of Re-hospitalization Within 30 Days



10th percentile (lower yellow line): 4.8; 90th percentile (upper yellow line): 22.5

The 3rd Quarter of 2017

Minnesota Veterans Homes: Quality Measures

EQUIP FOR QUALITY

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1 Total Number of Residents

Organization Name	2017Q2		2017Q3	
	Long Stay	Short Stay	Long Stay	Short Stay
Minnesota Veterans Home - Fergus Falls	101	4	95	10
Minnesota Veterans Home - Luverne	78	9	79	5
Minnesota Veterans Home - Minneapolis	271	33	281	22
Minnesota Veterans Home - Silver Bay	75	11	77	7

2 List of Quality Measures

2.1 Long Stay Measures

Code	Label	Description
C0674	One or more falls maj inj	Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)
C0677(1)	Mod to severe pain	Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay)
C0679	High risk PUs	Percent of High-Risk Residents with Pressure Ulcers (Long Stay)
C0681(2)	Assessed and given influenza vac	Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)
C0683(2)	Assessed and given pneumococcal vac	Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long Stay)
C0684	UTI	Percent of Residents with a Urinary Tract Infection (Long Stay)
C0685	Loss control of bowel or bladder	Percent of Low Risk Residents Who Lose Control of Their Bowel or Bladder (Long Stay)
C0686(1)	Catheter left in bladder	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay)
C0687	Restraints	Percent of Residents Who Were Physically Restrained (Long Stay)
C0688	Increase in ADLs	Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay)
C0689	Weight loss	Percent of Residents Who Lose Too Much Weight (Long Stay)
C0690	Depressive symptoms	Percent of Residents Who Have Depressive Symptoms (Long Stay)
C1105	Received antipsychotic	Percent of Residents Who Received an Antipsychotic Medication (Long Stay)

Note: (1) These measures are risk adjusted; (2) For these measures, higher percentages are better.

2.2 Survey Quality Measures

Code	Label	Description
C1101	One or more falls	Percent of Residents who have had One or More Falls (Long Stay)
C1103	Received antianxiety meds or hypnotics w/o psychotic	Percent of residents who were receiving antianxiety medications or hypnotics but do not have evidence of psychotic or related conditions (Long Stay)
C1104	Behavior symptoms	Percent of residents who have behavior symptoms affecting others (Long Stay)

2.3 Short Stay Measures

Code	Label	Description
C0676	Mod to severe pain	Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay)
C0678(1)	New or worsening PUs	Percent of Residents with Pressure Ulcers That Are New or Worsened (Short Stay)
C0680(2)	Assessed and given influenza vac	Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)
C0682(2)	Assessed and given pneumococcal vac	Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Short Stay)
C1106	Newly received antipsychotic	Percent of Residents Who Newly Received an Antipsychotic Medication (Short Stay)

Note: (1) These measures are risk adjusted; (2) For these measures, higher percentages are better.

2.4 EQUIP Hospitalization Measures

Code	Label	Description
E001	Short-stay hospitalization	Percent of Residents Who were Hospitalized Since Admission (Short Stay)
E002	Long-stay hospitalization	Percent of Residents Who were Hospitalized in the last 100 days (Long Stay)
E003	Re-hospitalization	Rate of Re-hospitalization Within 30 Days

3 Organization Performance Summary

3.1 Long Stay Measures

Quality Measure	Statistic	EQUIP 10th Percentile	EQUIP Average	EQUIP 90th Percentile	National Average	Organization Average	Fergus Falls	Luverne	Minneapolis	Silver Bay
One or more falls maj inj	%	.36	3.2	6.8	3.4	3.2	3.2	1.3	3.6	3.9
	Den	.	.	.	.	532	95	79	281	77
Mod to severe pain	%	0	4.3	11	6.3	6.3	7.8	**14.4-**	**3.5+**	6.6
	Den	.	.	.	.	329	67	49	177	36
High risk PUs	%	0	5.6	10	5.7	**55.6-**	**83.3-**	0.0	**50.0-**	**33.3-**
	Den	.	.	.	.	18	6	1	8	3
Assessed and given influenza vac	%	96	99	100	95	**99.6+**	**100.0+**	**100.0+**	**99.6+**	**98.7+**
	Den	.	.	.	.	529	95	78	281	75
Assessed and given pneumococcal vac	%	93	98	100	94	**98.9+**	**100.0+**	**100.0+**	**98.9+**	96.1
	Den	.	.	.	.	532	95	79	281	77
UTI	%	0	3.3	7	4	**1.1+**	3.2	1.3	**0.4+**	1.3
	Den	.	.	.	.	531	95	79	280	77
Loss control of bowel or bladder	%	24	50	75	47	**53.2-**	37.1	42.5	**65.3-**	46.7
	Den	.	.	.	.	203	35	40	98	30
Catheter left in bladder	%	0	1.4	2.9	2.2	**3.5-**	**7.2-**	3.2	2.3	3.3
	Den	.	.	.	.	496	89	77	256	74
Restraints	%	0	.49	1.9	.5	**0.9-**	**4.2-**	0.0	0.4	0.0
	Den	.	.	.	.	532	95	79	281	77
Increase in ADLs	%	7.2	14	22	15					
	Den	.	.	.	.	0	0	0	0	0
Weight loss	%	2.2	6.8	11	7.1	**5.3+**	7.4	7.6	**3.6+**	6.5
	Den	.	.	.	.	531	95	79	280	77
Depressive symptoms	%	0	4.5	9.6	5.1	4.0	**7.8-**	1.4	**2.6+**	7.1
	Den	.	.	.	.	500	90	73	267	70
Received antipsychotic	%	4.7	11	19	16	**19.9-**	18.3	14.1	**23.9-**	13.9
	Den	.	.	.	.	498	93	78	255	72

3.2 Survey Measures

Quality Measure	Statistic	EQUIP 10th Percentile	EQUIP Average	EQUIP 90th Percentile	National Average	Organization Average	Fergus Falls	Luverne	Minneapolis	Silver Bay
One or more falls	%	25	43	60	45	**56.8-**	**64.2-**	**53.2-**	**54.1-**	**61.0-**
	Den	.	.	.	.	532	95	79	281	77
Received antianxiety meds or hypnotics w/o psychotic	%	0	5	10	8.1	**4.5+**	5.0	10.2	**3.9+**	**0.0+**
	Den	.	.	.	.	374	60	59	204	51
Behavior symptoms	%	4.7	19	34	21	**39.7-**	**45.6-**	21.6	**47.2-**	22.9
	Den	.	.	.	.	501	90	74	267	70

3.3 Short Stay Measures

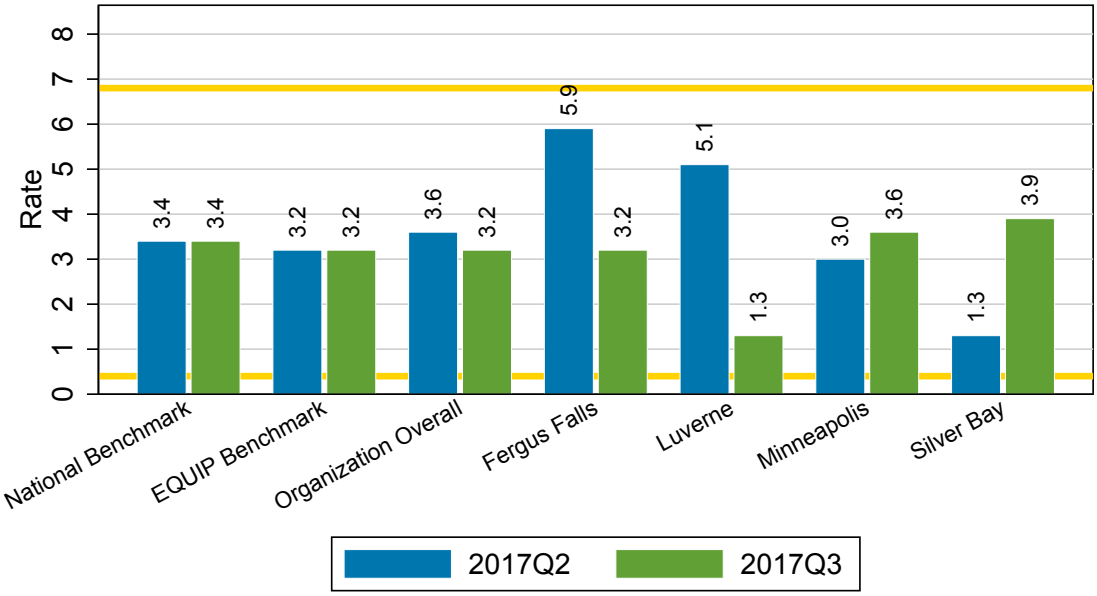
Quality Measure	Statistic	EQUIP 10th Percentile	EQUIP Average	EQUIP 90th Percentile	National Average	Organization Average	Fergus Falls	Luverne	Minneapolis	Silver Bay
Mod to severe pain	%	.66	12	24	15	15.8	0.0	25.0	**26.3-**	0.0
	Den	.	.	.	.	38	10	4	19	5
New or worsening PUs	%	0	.83	1.9	1	0.0	0.0	0.0	0.0	0.0
	Den	.	.	.	.	39	7	5	20	7
Assessed and given influenza vac	%	83	93	100	80	**87.9+**	77.8	**100.0+**	88.9	**100.0+**
	Den	.	.	.	.	33	9	1	18	5
Assessed and given pneumococcal vac	%	73	89	100	83	**95.5+**	**100.0+**	**100.0+**	**100.0+**	71.4
	Den	.	.	.	.	44	10	5	22	7
Newly received antipsychotic	%	0	1.3	2.9	2	**14.3-**		**50.0-**	0.0	0.0
	Den	.	.	.	.	7	0	2	4	1

3.4 EQUIP Hospitalization Measures

Quality Measure	Statistic	EQUIP 10th Percentile	EQUIP Average	EQUIP 90th Percentile	National Average	Organization Average	Fergus Falls	Luverne	Minneapolis	Silver Bay
Short-stay hospitalization	%	8.6	19	27	.	**4.5+**	0.0	20.0	**4.5+**	0.0
	Den	.	.	.	.	44	10	5	22	7
Long-stay hospitalization	%	5.1	13	21	.	**10.7+**	11.6	12.7	**8.9+**	14.3
	Den	.	.	.	.	532	95	79	281	77
Re-hospitalization	%	4.8	13	23	.	**60.0-**	0.0	**50.0-**	**60.0-**	**100.0-**
	Den	.	.	.	.	15	1	2	10	2

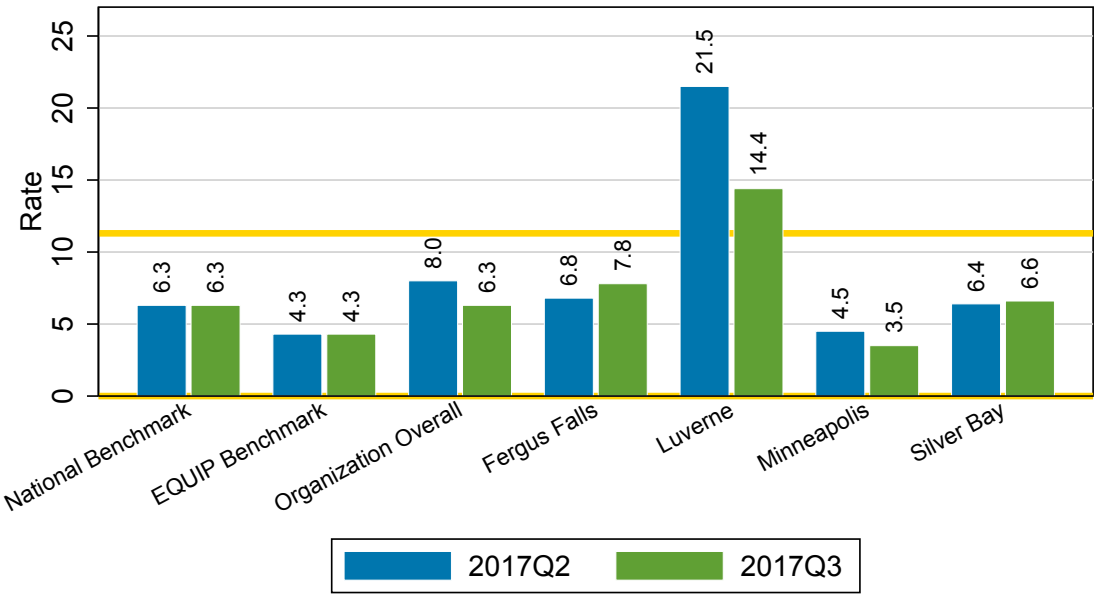
4 Organization Performance Graphical Comparisons

CMS0674: Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)

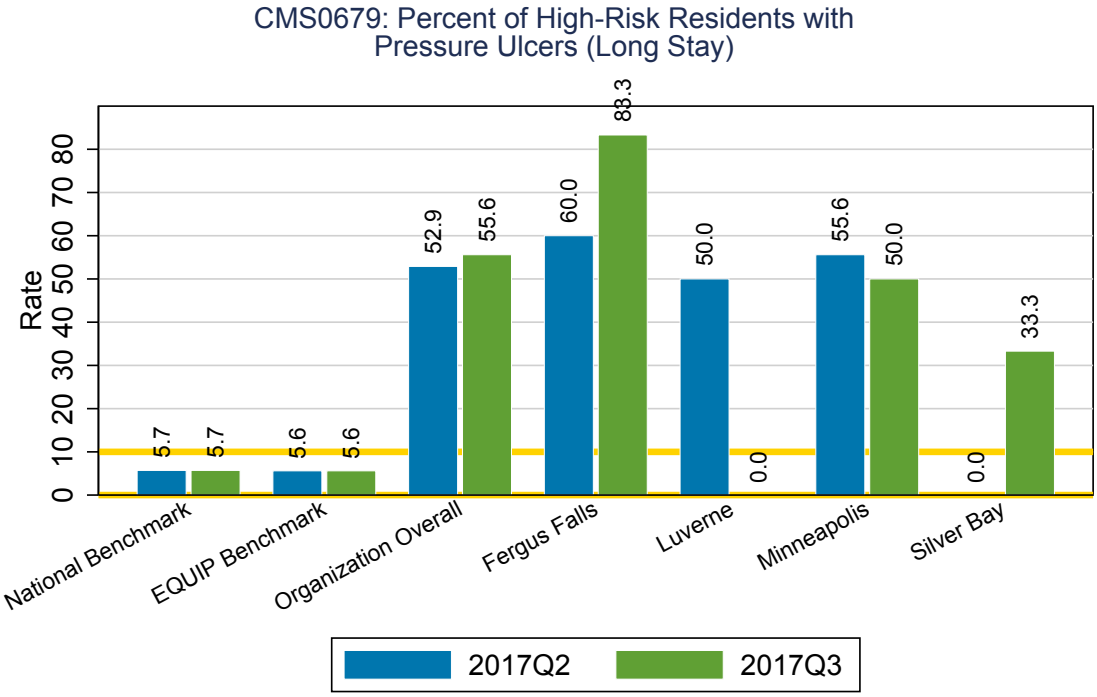


10th percentile (lower yellow line): 0.4; 90th percentile (upper yellow line): 6.8

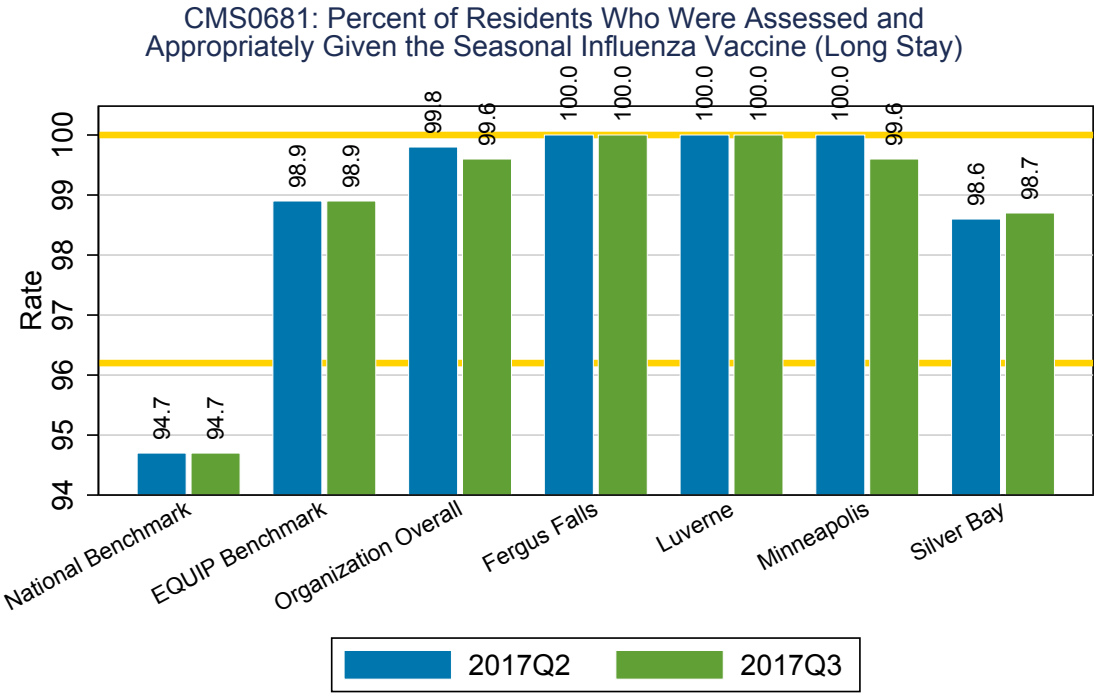
CMS0677: Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay)



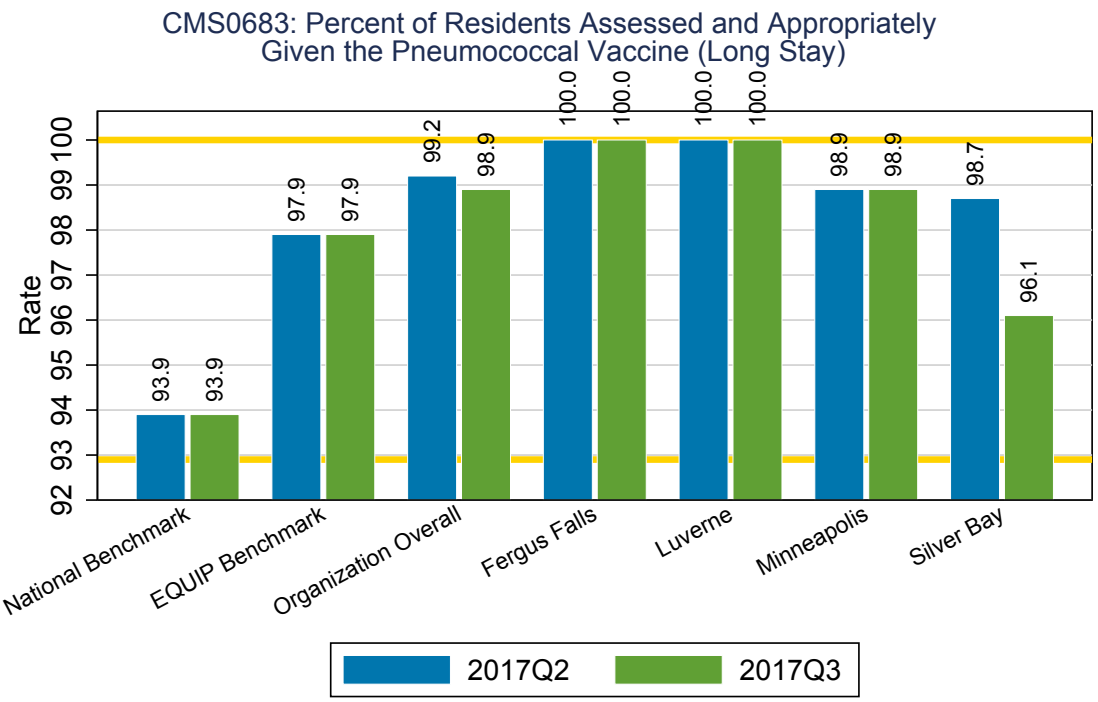
10th percentile (lower yellow line): 0.0; 90th percentile (upper yellow line): 11.3



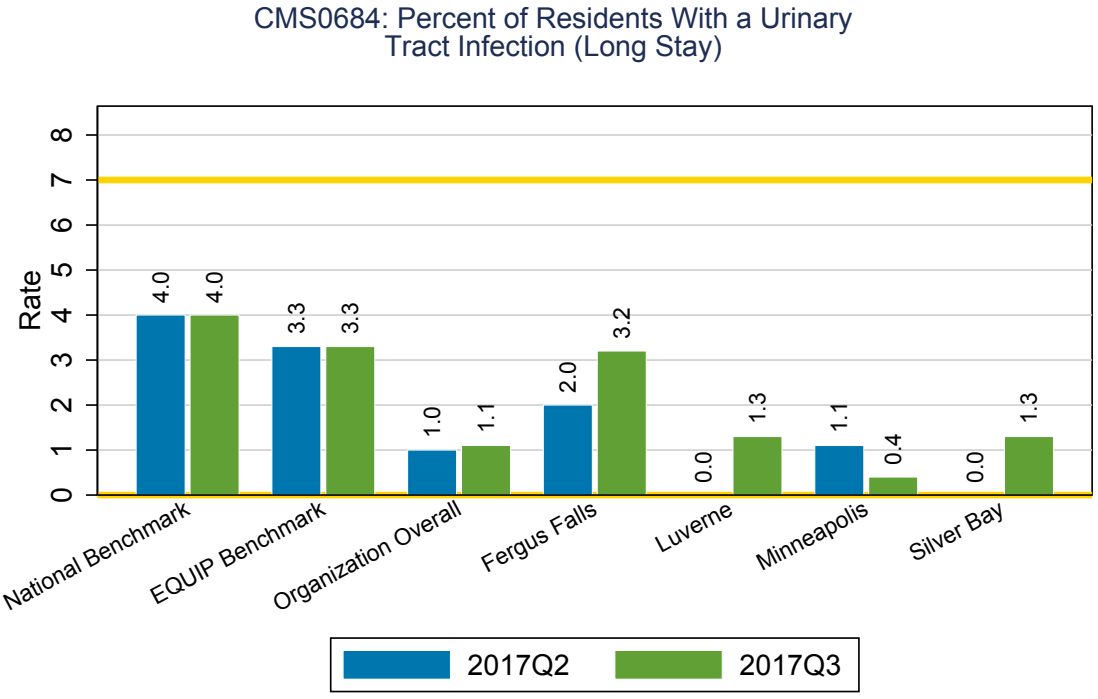
10th percentile (lower yellow line): 0.0; 90th percentile (upper yellow line): 10.0



10th percentile (lower yellow line): 96.2; 90th percentile (upper yellow line): 100.0

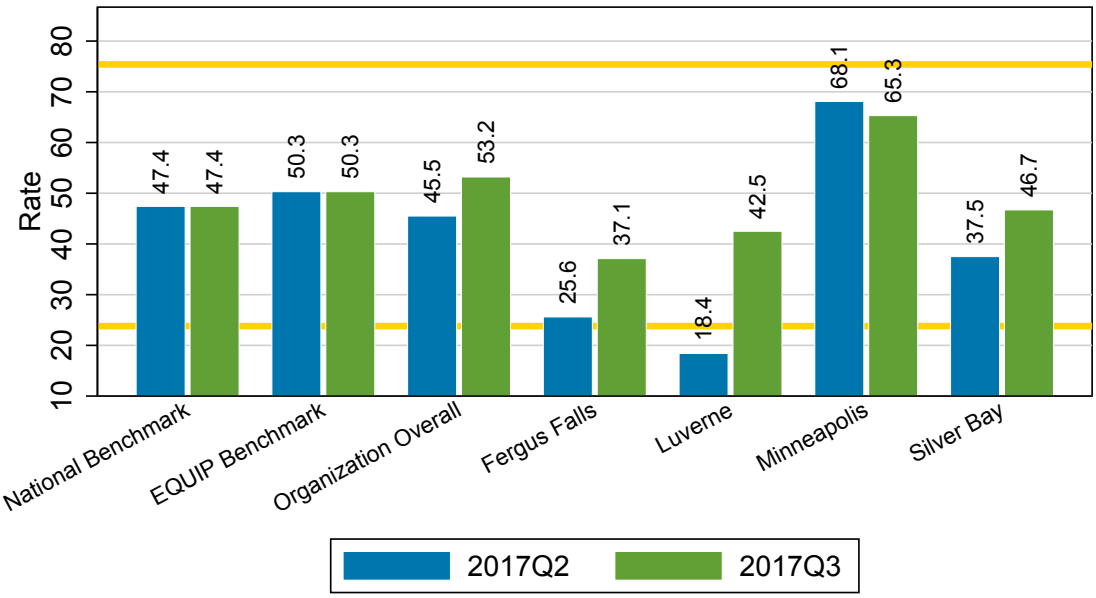


10th percentile (lower yellow line): 92.9; 90th percentile (upper yellow line): 100.0



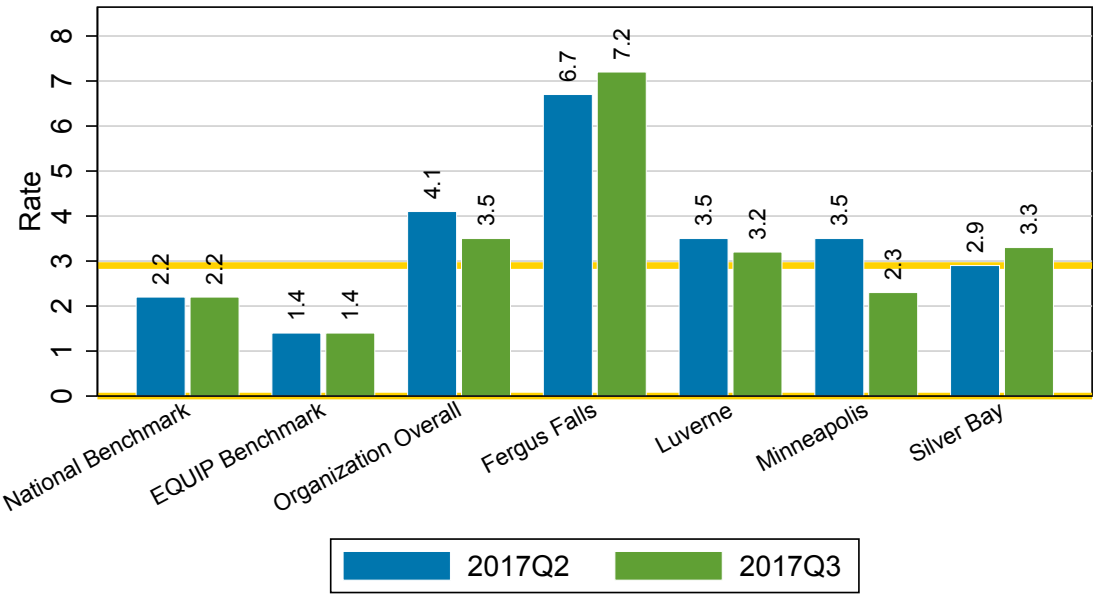
10th percentile (lower yellow line): 0.0; 90th percentile (upper yellow line): 7.0

CMS0685: Percent of Low Risk Residents Who Lose Control of Their Bowel or Bladder (Long Stay)



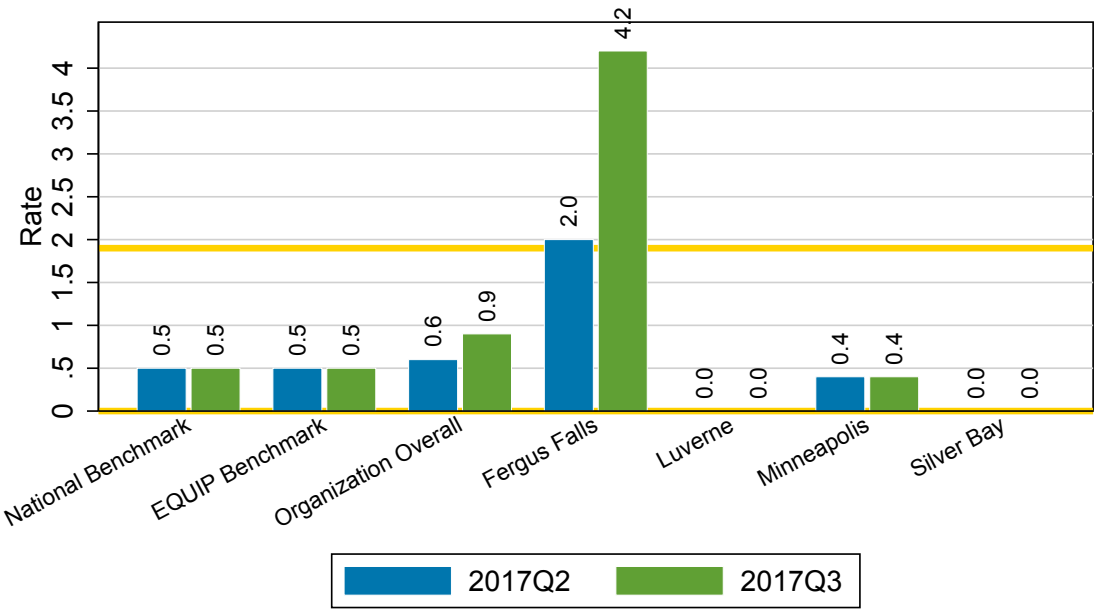
10th percentile (lower yellow line): 23.8; 90th percentile (upper yellow line): 75.4

CMS0686: Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay)



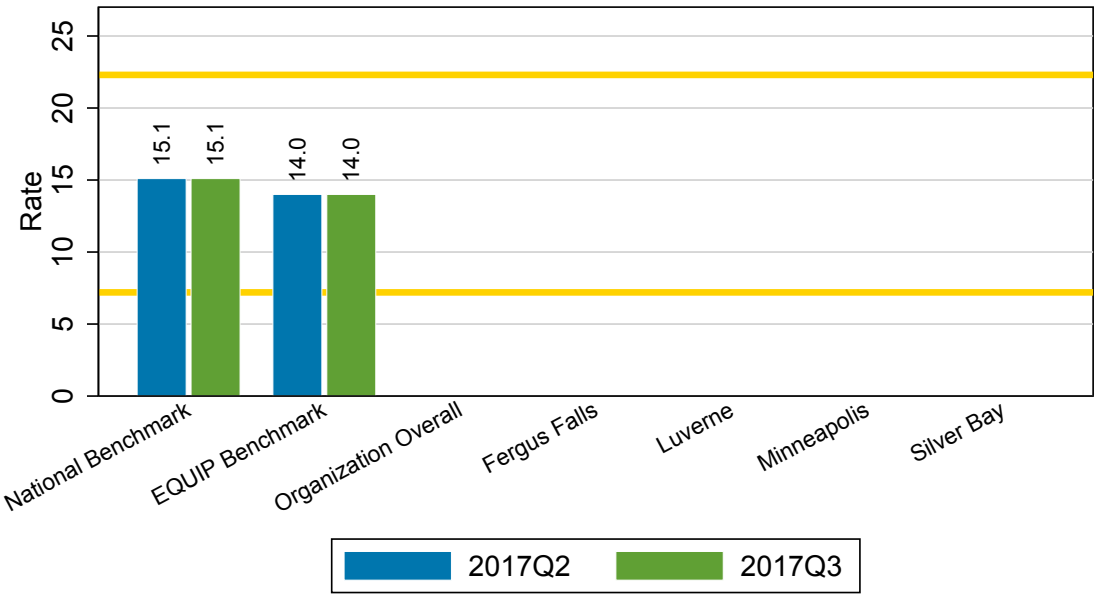
10th percentile (lower yellow line): 0.0; 90th percentile (upper yellow line): 2.9

CMS0687: Percent of Residents Who Were Physically Restrained (Long Stay)



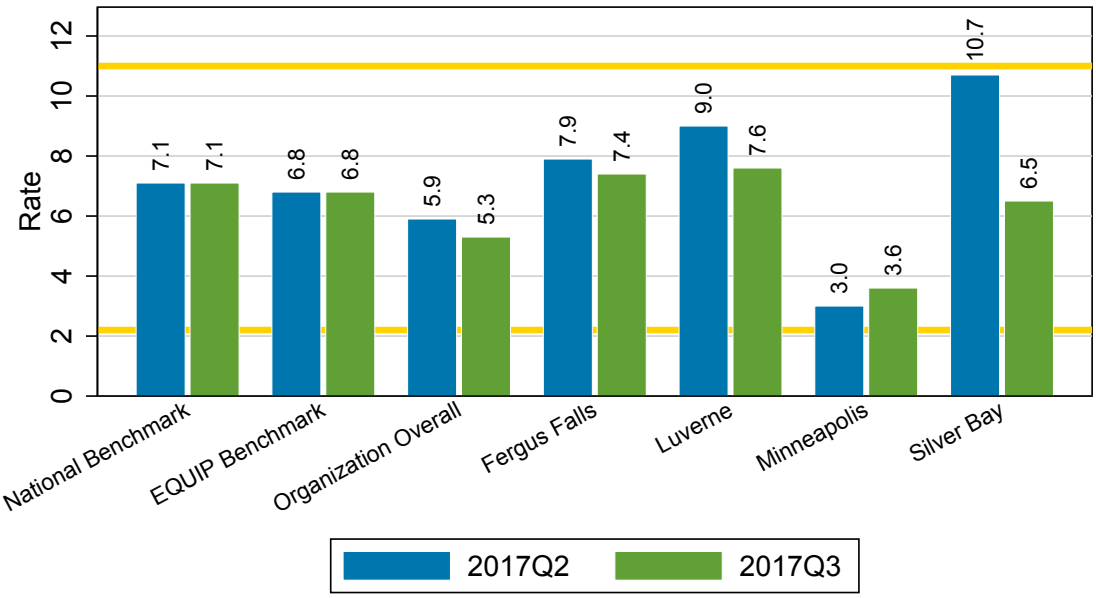
10th percentile (lower yellow line): 0.0; 90th percentile (upper yellow line): 1.9

CMS0688: Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay)



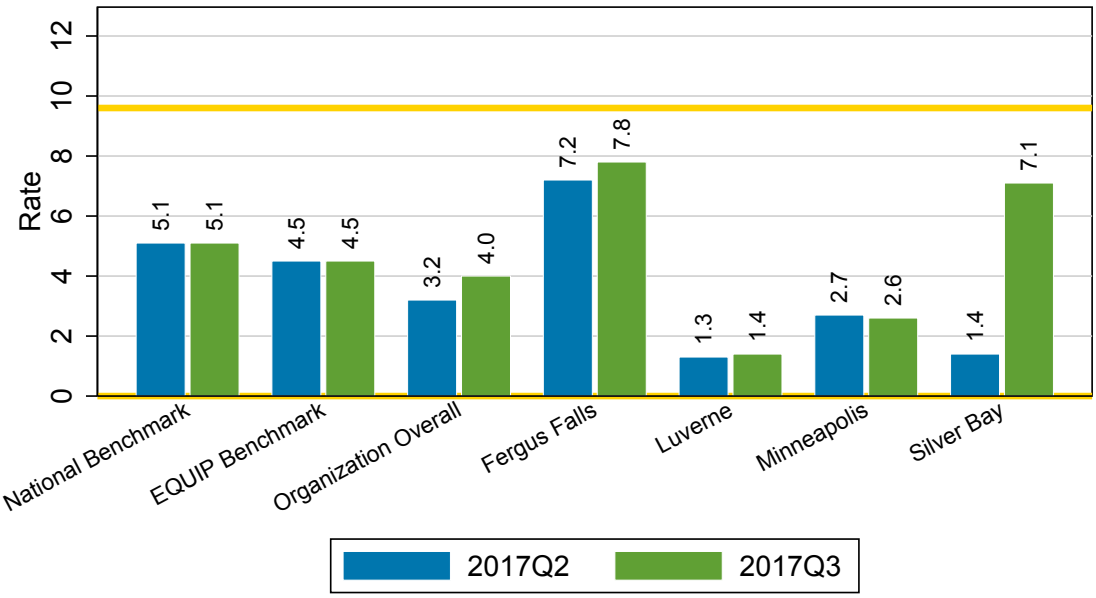
10th percentile (lower yellow line): 7.2; 90th percentile (upper yellow line): 22.3

CMS0689: Percent of Residents Who Lose Too Much Weight (Long Stay)



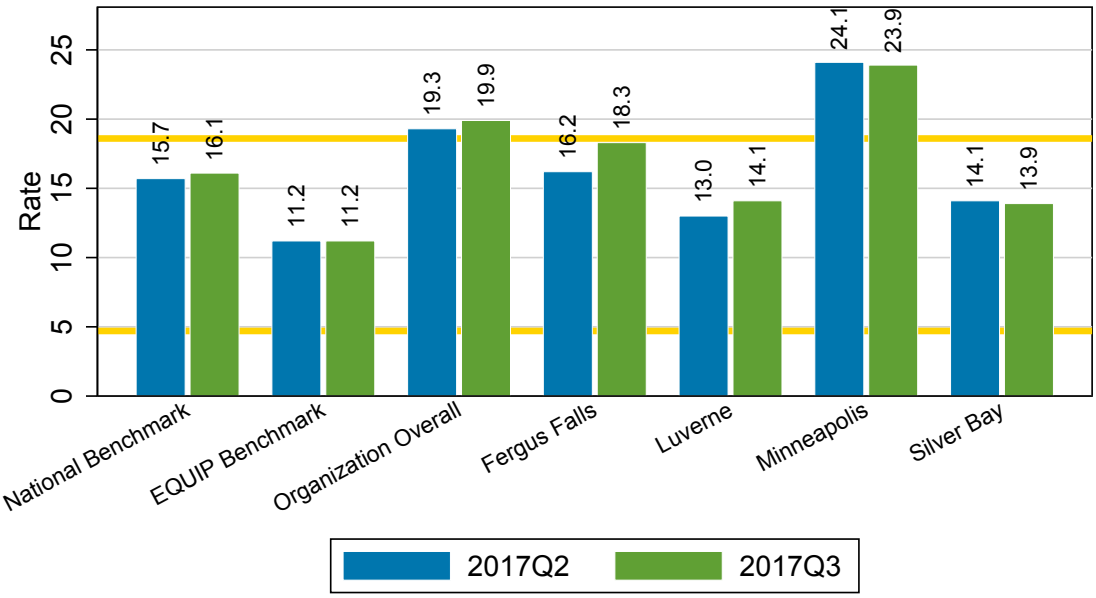
10th percentile (lower yellow line): 2.2; 90th percentile (upper yellow line): 11.0

CMS0690: Percent of Residents Who Have Depressive Symptoms (Long Stay)



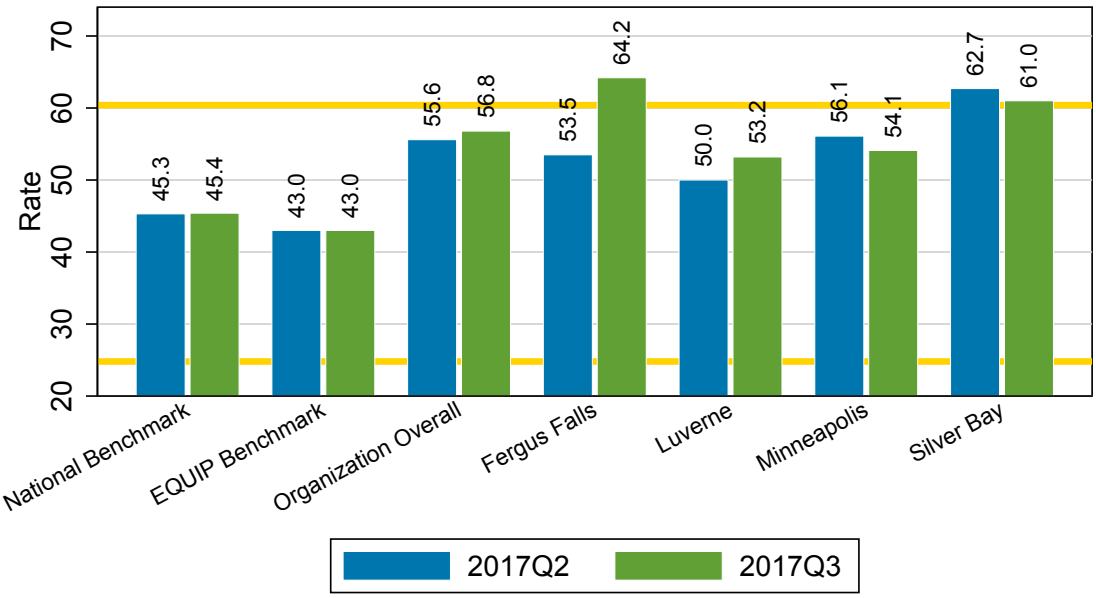
10th percentile (lower yellow line): 0.0; 90th percentile (upper yellow line): 9.6

CMS1105: Percent of Residents Who Received an Antipsychotic Medication (Long Stay)



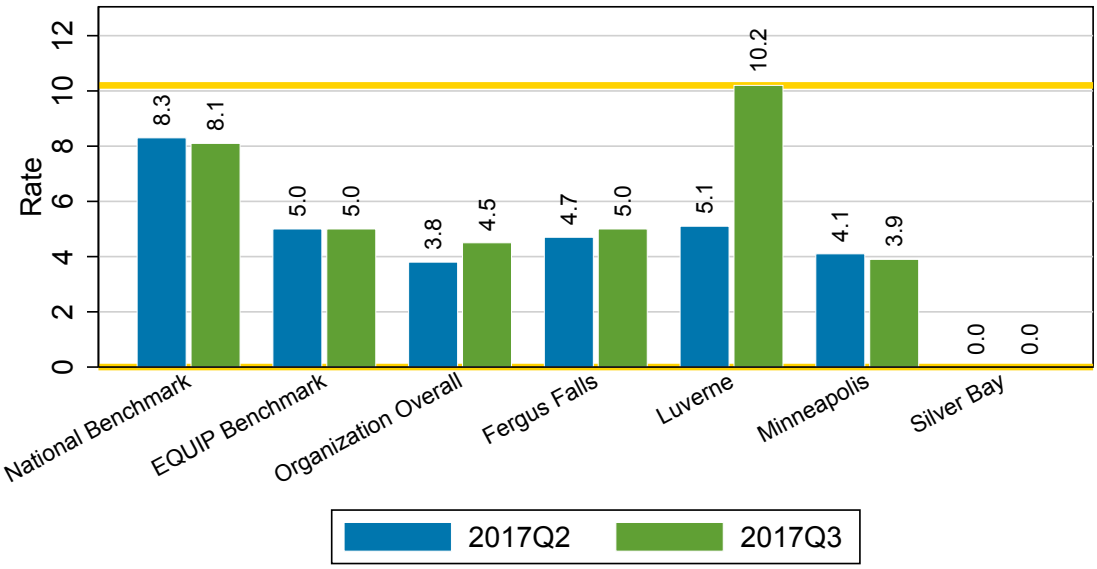
10th percentile (lower yellow line): 4.7; 90th percentile (upper yellow line): 18.6

CMS1101: Percent of Residents Who Have Had One or More Falls (Long Stay)



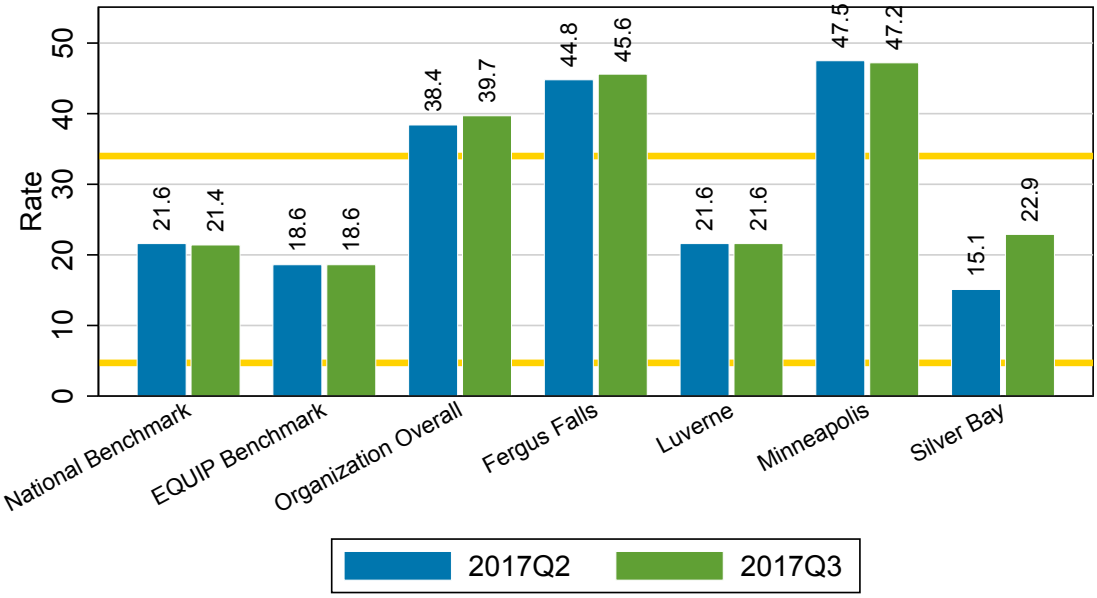
10th percentile (lower yellow line): 24.8; 90th percentile (upper yellow line): 60.4

CMS1103: Percent of Residents Who Were Receiving Antianxiety Medications or Hypnotics But Do Not Have Evidence of Psychotic or Related Conditions (Long Stay)



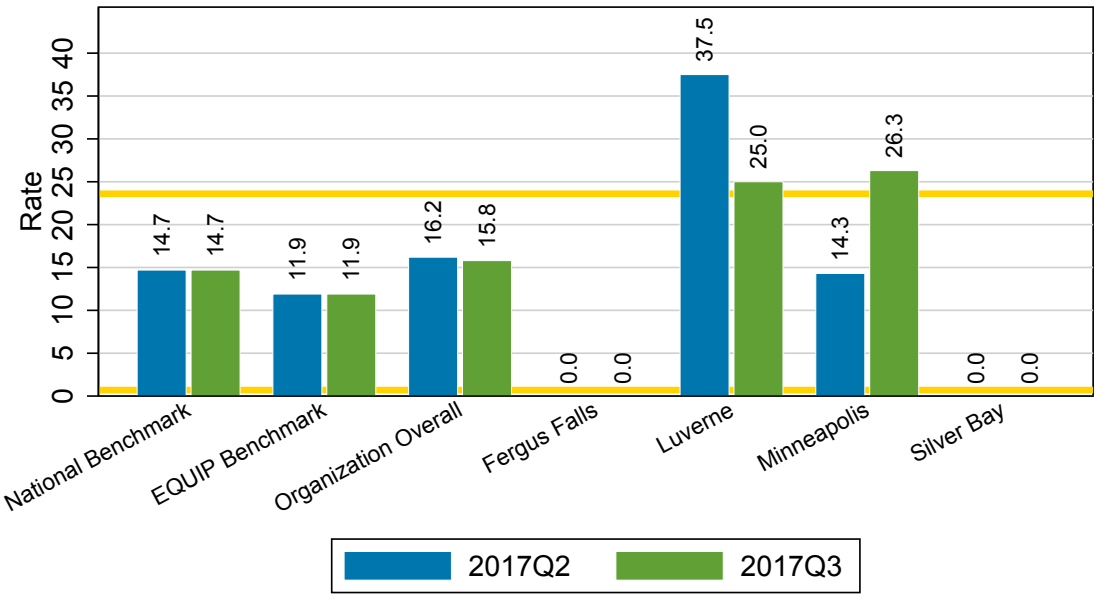
10th percentile (lower yellow line): 0.0; 90th percentile (upper yellow line): 10.2

CMS1104: Percent of Residents Who Have Behavior Symptoms Affecting Others (Long Stay)



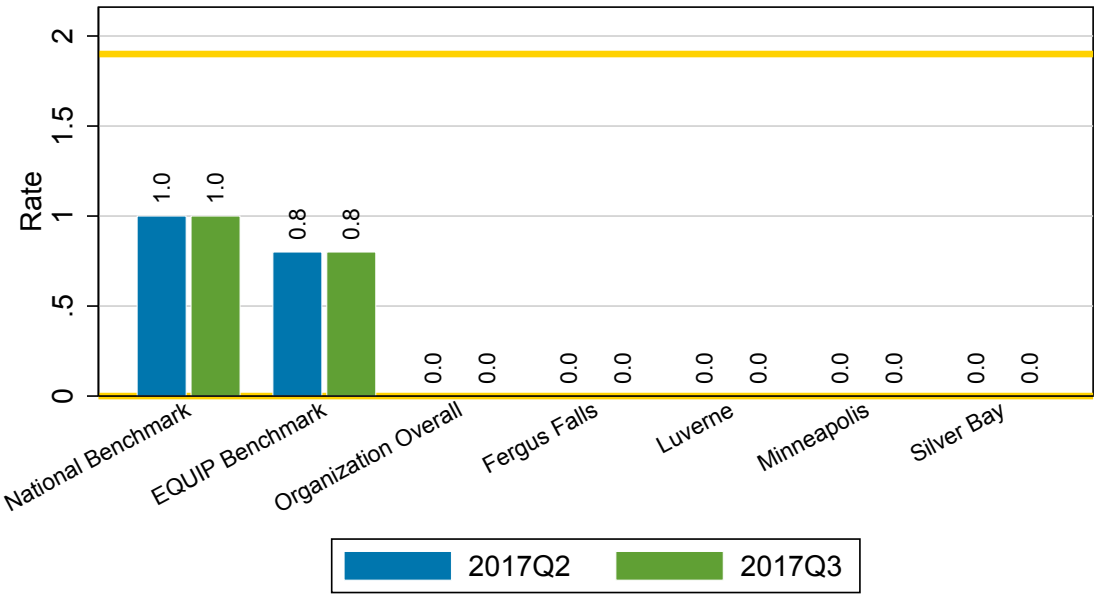
10th percentile (lower yellow line): 4.7; 90th percentile (upper yellow line): 34.0

CMS0676: Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay)

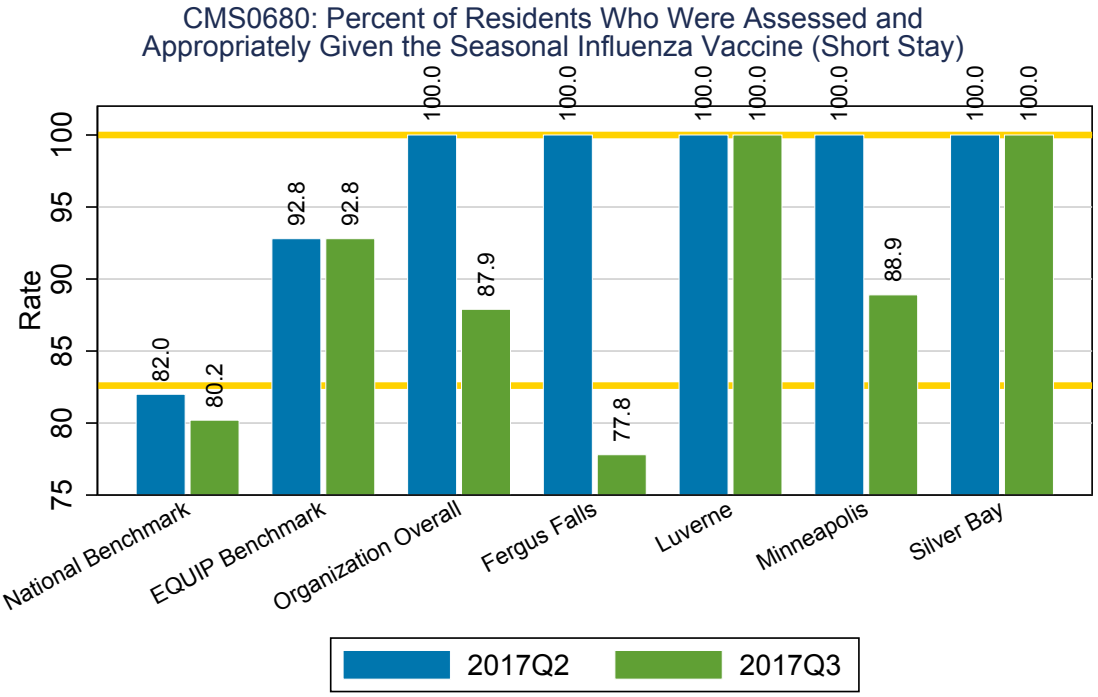


10th percentile (lower yellow line): 0.7; 90th percentile (upper yellow line): 23.6

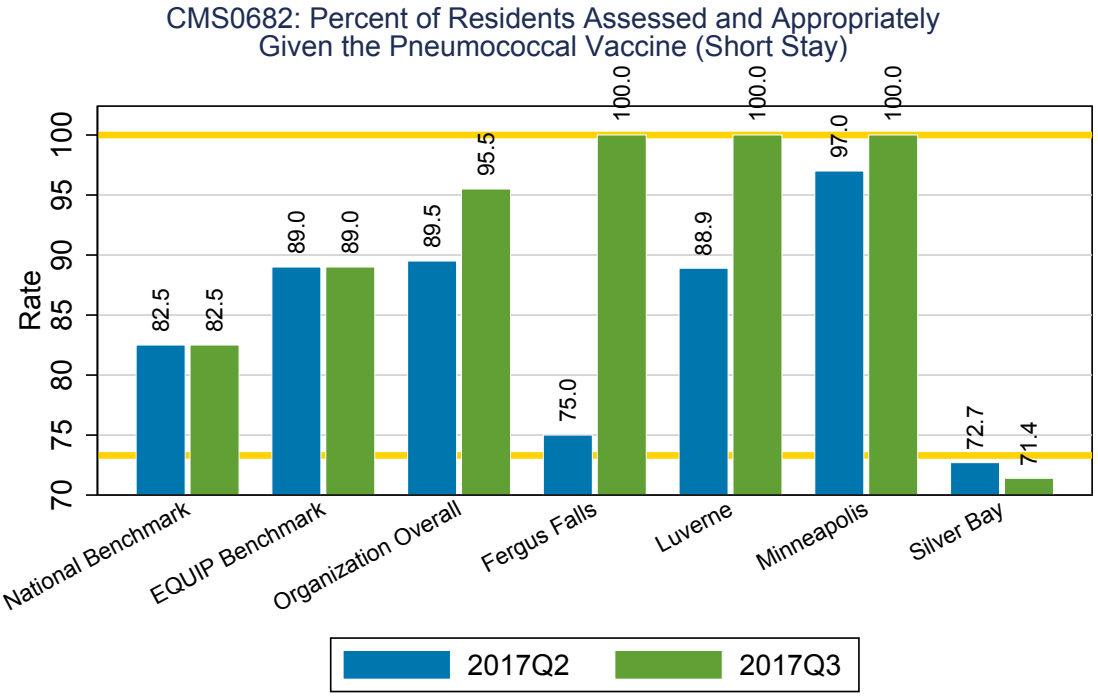
CMS0678: Percent of Residents with Pressure Ulcers That Are New or Worsened (Short Stay)



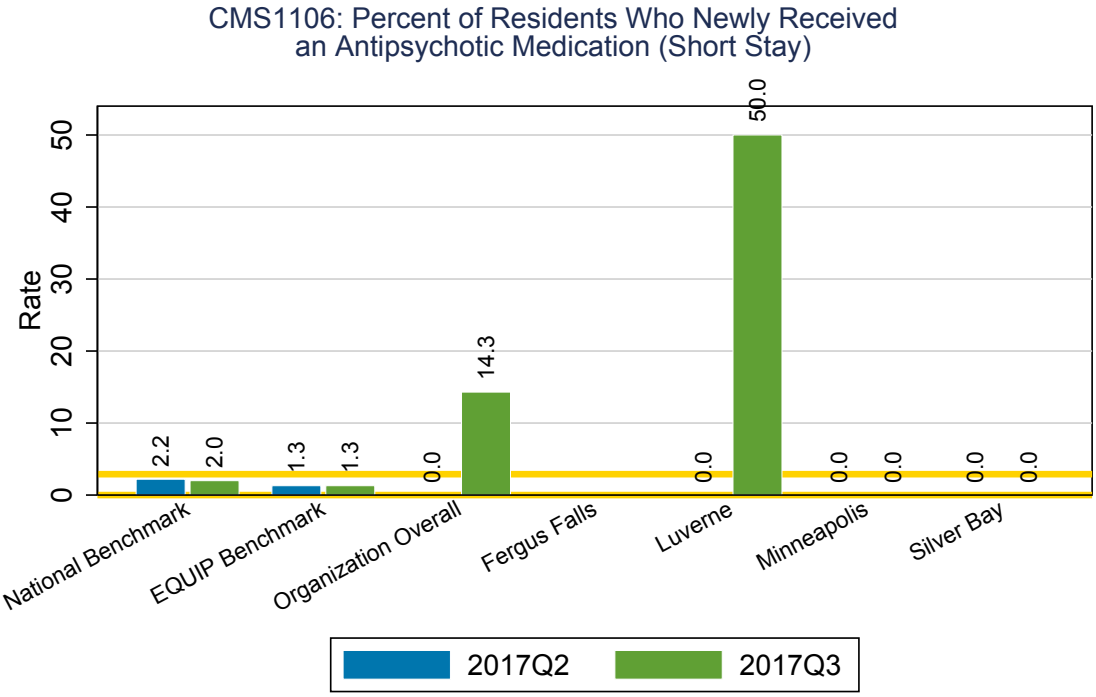
10th percentile (lower yellow line): 0.0; 90th percentile (upper yellow line): 1.9



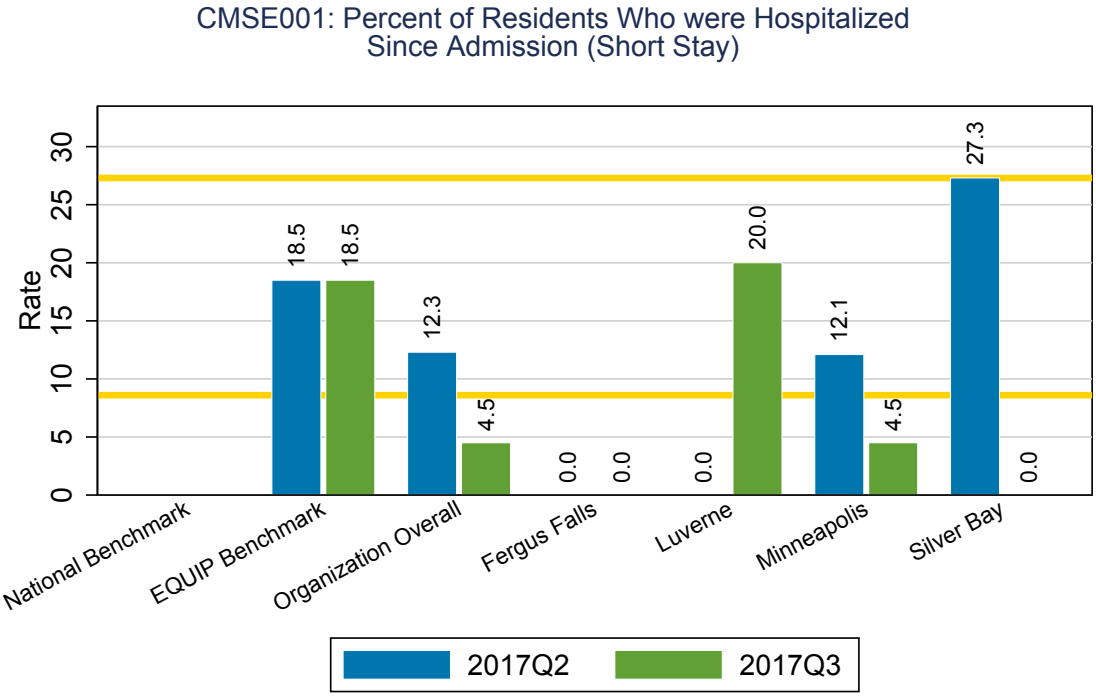
10th percentile (lower yellow line): 82.6; 90th percentile (upper yellow line): 100.0



10th percentile (lower yellow line): 73.3; 90th percentile (upper yellow line): 100.0

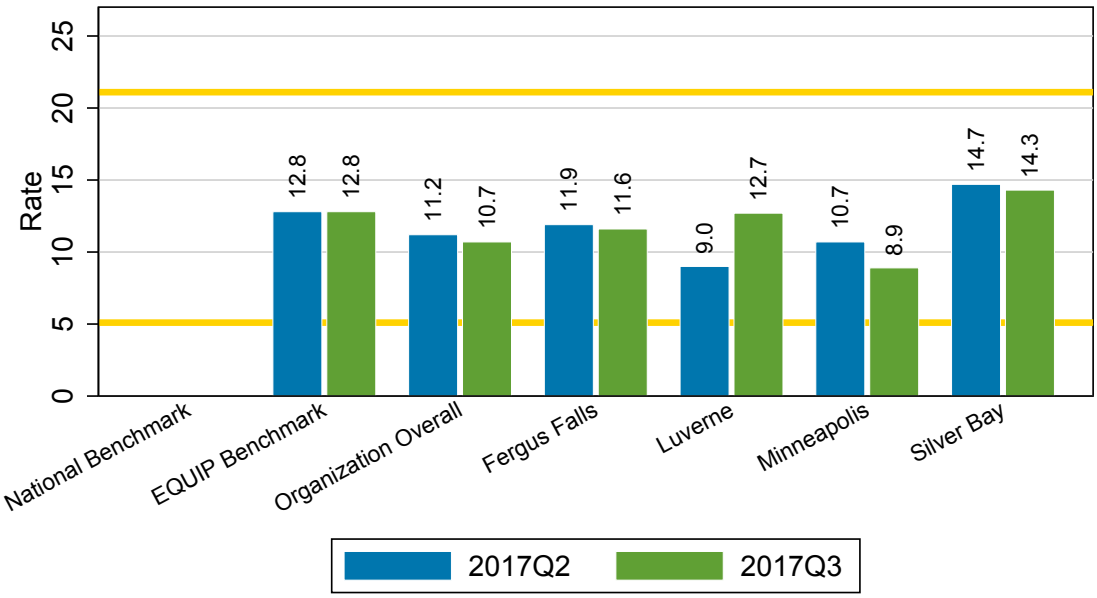


10th percentile (lower yellow line): 0.0; 90th percentile (upper yellow line): 2.9



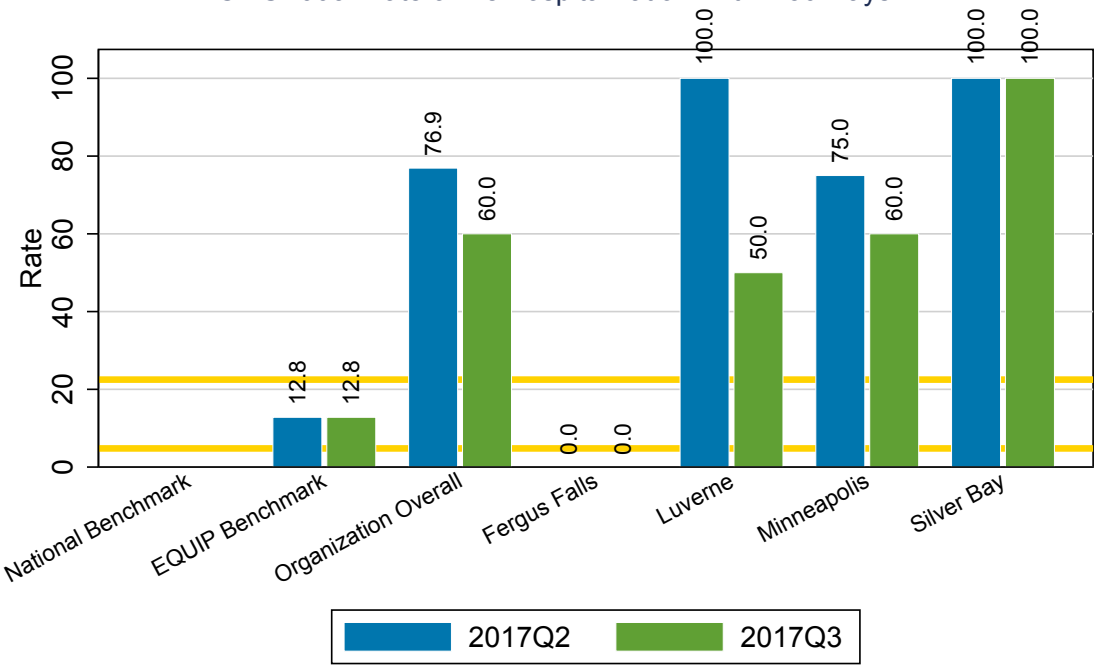
10th percentile (lower yellow line): 8.6; 90th percentile (upper yellow line): 27.3

CMSE002: Percent of Residents Who were Hospitalized in the last 100 days (Long Stay)



10th percentile (lower yellow line): 5.1; 90th percentile (upper yellow line): 21.1

CMSE003: Rate of Re-hospitalization Within 30 Days



10th percentile (lower yellow line): 4.8; 90th percentile (upper yellow line): 22.5

Table 3:
Adjusted Staff Hours and 5-Star Ratings

Facility Name	Unit	Month	Adjusted RN hours per resident day	Adjusted LPN/LVN hours per resident day	Adjusted AIDE hours per resident day	Adjusted total staff hours per resident day	5-star Rating of RN	5-star rating of total staff	5-star rating of overall staff
National Average			**0.7472**	**0.8281**	**2.4512**	**4.0309**			
Minnesota Veterans Home - Fergus Falls	E	2015-07	0.818	0.735	3.039	4.642	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	E	2015-08	0.824	0.779	3.125	4.777	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	E	2015-09	0.840	0.750	3.021	4.668	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	E	2015-10	0.879	0.835	3.035	4.791	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	E	2015-11	0.859	0.798	3.080	4.790	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	E	2015-12	0.918	0.904	3.197	5.060	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	E	2016-01	0.846	0.856	3.023	4.757	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	E	2016-02	0.900	0.790	2.977	4.717	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	E	2016-03	0.915	0.777	2.964	4.704	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	E	2016-04	0.932	0.787	2.922	4.694	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	E	2016-05	0.955	0.833	2.875	4.710	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	E	2016-06	1.001	0.868	2.803	4.713	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	V	2015-07	1.365	1.854	3.323	6.298	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	V	2015-08	1.355	1.950	3.315	6.349	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	V	2015-09	1.492	1.892	3.448	6.600	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	V	2015-10	1.416	1.770	3.083	6.030	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	V	2015-11	1.308	1.721	2.842	5.606	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	V	2015-12	1.461	1.902	3.057	6.102	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	V	2016-01	1.433	1.976	3.224	6.328	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	V	2016-02	1.681	2.267	3.790	7.390	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	V	2016-03	1.537	2.020	3.355	6.591	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	V	2016-04	1.545	2.071	3.376	6.663	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	V	2016-05	1.445	1.998	3.461	6.632	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	V	2016-06	1.359	1.868	3.352	6.357	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	W	2015-07	0.807	0.770	3.060	4.684	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	W	2015-08	0.848	0.838	3.291	5.022	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	W	2015-09	0.946	0.858	3.307	5.175	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	W	2015-10	0.961	0.946	3.277	5.226	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	W	2015-11	0.789	0.775	2.982	4.588	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	W	2015-12	0.766	0.806	2.946	4.541	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	W	2016-01	0.768	0.810	2.840	4.442	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	W	2016-02	0.880	0.789	2.753	4.470	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	W	2016-03	0.872	0.827	2.774	4.511	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	W	2016-04	0.891	0.797	2.871	4.607	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	W	2016-05	0.899	0.819	2.994	4.754	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	W	2016-06	0.900	0.815	2.865	4.620	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	G	2015-07	0.910	0.783	2.851	4.598	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	G	2015-08	0.933	0.703	2.661	4.356	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Luverne	G	2015-09	0.984	0.794	2.885	4.720	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	G	2015-10	0.920	0.746	2.895	4.629	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	G	2015-11	1.027	0.751	3.435	5.307	5-stars	5-stars	**5-stars**

Minnesota Veterans Home - Luverne	G	2015-12	1.031	0.768	3.526	5.420	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	G	2016-01	0.820	0.658	2.756	4.293	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Luverne	G	2016-02	1.001	0.721	3.200	5.012	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	G	2016-03	0.828	0.614	2.952	4.478	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	G	2016-04	0.960	0.685	3.051	4.789	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	G	2016-05	1.446	1.126	4.667	7.367	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	G	2016-06	1.136	0.842	3.633	5.733	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	R	2015-07	0.794	0.737	2.537	4.095	5-stars	3-stars	**4-stars**
Minnesota Veterans Home - Luverne	R	2015-08	0.833	0.674	2.670	4.218	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Luverne	R	2015-09	0.884	0.756	2.860	4.536	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	R	2015-10	0.908	0.756	2.830	4.534	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	R	2015-11	0.901	0.673	2.757	4.379	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Luverne	R	2015-12	0.902	0.688	2.763	4.403	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Luverne	R	2016-01	0.902	0.748	2.679	4.373	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Luverne	R	2016-02	0.964	0.716	2.791	4.533	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	R	2016-03	0.891	0.673	2.668	4.288	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Luverne	R	2016-04	0.914	0.682	2.661	4.318	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Luverne	R	2016-05	1.330	1.063	3.909	6.381	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	R	2016-06	0.910	0.707	2.764	4.443	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	SC	2015-07	0.722	0.707	2.700	4.190	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Luverne	SC	2015-08	0.761	0.651	2.767	4.262	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Luverne	SC	2015-09	0.828	0.748	2.876	4.528	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	SC	2015-10	0.801	0.717	2.746	4.338	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Luverne	SC	2015-11	0.918	0.775	3.100	4.888	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	SC	2015-12	0.795	0.664	2.629	4.168	5-stars	3-stars	**4-stars**
Minnesota Veterans Home - Luverne	SC	2016-01	0.850	0.760	2.625	4.280	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Luverne	SC	2016-02	0.901	0.728	2.836	4.544	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	SC	2016-03	0.890	0.722	3.053	4.774	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	SC	2016-04	0.904	0.743	3.169	4.925	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	SC	2016-05	1.243	1.119	4.730	7.236	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	SC	2016-06	0.815	0.722	3.363	5.018	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Minneapolis	19-2	2015-07	0.577	1.795	3.079	5.234	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-2	2015-08	0.571	1.771	3.265	5.422	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-2	2015-09	0.666	1.638	3.085	5.208	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-2	2015-10	0.448	1.949	3.251	5.371	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-2	2015-11	0.440	1.795	3.201	5.207	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-2	2015-12	0.616	1.753	2.968	5.092	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-2	2016-01	0.626	1.588	2.855	4.874	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-2	2016-02	0.669	1.510	2.859	4.865	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-2	2016-03	0.689	1.525	2.683	4.698	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-2	2016-04	0.693	1.388	2.616	4.535	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-2	2016-05	0.658	1.213	2.899	4.699	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-2	2016-06	0.557	1.193	2.609	4.264	4-stars	4-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-3	2015-07	0.480	1.839	3.125	5.211	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-3	2015-08	0.566	1.711	3.215	5.290	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-3	2015-09	0.567	1.900	3.127	5.303	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-3	2015-10	0.685	1.913	3.185	5.493	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-3	2015-11	0.487	2.138	3.186	5.446	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-3	2015-12	0.744	2.165	2.883	5.350	5-stars	5-stars	**5-stars**

Minnesota Veterans Home - Minneapolis	19-3	2016-01	0.618	1.937	2.787	4.999	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-3	2016-02	0.717	1.769	2.707	4.887	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Minneapolis	19-3	2016-03	0.712	1.953	2.659	4.940	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Minneapolis	19-3	2016-04	0.500	1.941	2.581	4.655	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-3	2016-05	0.508	1.938	2.872	5.007	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-3	2016-06	0.521	1.761	3.139	5.222	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-4	2015-07	0.594	1.816	3.612	5.865	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-4	2015-08	0.483	1.961	3.574	5.817	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-4	2015-09	0.502	1.991	3.570	5.855	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-4	2015-10	0.506	2.031	3.477	5.781	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-4	2015-11	0.474	2.036	3.386	5.621	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-4	2015-12	0.361	2.126	3.196	5.353	2-stars	5-stars	**3-stars**
Minnesota Veterans Home - Minneapolis	19-4	2016-01	0.256	2.184	3.286	5.382	1-star	5-stars	**3-stars**
Minnesota Veterans Home - Minneapolis	19-4	2016-02	0.504	2.158	2.953	5.267	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-4	2016-03	0.393	1.995	2.685	4.759	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-4	2016-04	0.280	1.831	2.801	4.670	1-star	5-stars	**3-stars**
Minnesota Veterans Home - Minneapolis	19-4	2016-05	0.171	2.228	2.944	4.991	1-star	5-stars	**3-stars**
Minnesota Veterans Home - Minneapolis	19-4	2016-06	0.516	2.073	3.020	5.281	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	21-1	2016-04	0.334	1.826	2.492	4.335	2-stars	4-stars	**3-stars**
Minnesota Veterans Home - Minneapolis	21-1	2016-05	0.219	1.790	2.741	4.435	1-star	5-stars	**3-stars**
Minnesota Veterans Home - Minneapolis	21-1	2016-06	0.330	1.727	2.904	4.683	2-stars	5-stars	**3-stars**
Minnesota Veterans Home - Minneapolis	21-2	2016-04	0.437	1.429	2.658	4.408	3-stars	4-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	21-2	2016-05	0.454	1.629	3.008	4.946	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	21-2	2016-06	0.345	1.569	2.981	4.723	2-stars	5-stars	**3-stars**
Minnesota Veterans Home - Minneapolis	21-3	2016-04	0.832	1.323	2.644	4.698	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Minneapolis	21-3	2016-05	0.570	1.504	2.697	4.604	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	21-3	2016-06	0.679	1.216	2.778	4.597	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	2S	2015-07	0.409	1.728	3.356	5.280	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	2S	2015-08	0.412	3.684	4.557	8.025	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	2S	2015-09	0.521	1.692	3.149	5.168	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	2S	2015-10	0.486	1.593	3.053	4.952	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	2S	2015-11	0.388	1.600	2.985	4.762	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	2S	2015-12	0.505	1.533	2.875	4.739	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	2S	2016-01	0.423	1.414	2.682	4.360	3-stars	4-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	2S	2016-02	0.420	1.436	2.610	4.287	3-stars	4-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	2S	2016-03	0.505	1.571	3.005	4.886	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	2S	2016-04				0.000		1-star	
Minnesota Veterans Home - Minneapolis	2S	2016-05				0.000		1-star	
Minnesota Veterans Home - Minneapolis	2S	2016-06				0.000		1-star	
Minnesota Veterans Home - Minneapolis	3S	2015-07	0.341	1.518	2.760	4.419	2-stars	5-stars	**3-stars**
Minnesota Veterans Home - Minneapolis	3S	2015-08	0.447	1.521	2.914	4.702	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	3S	2015-09	0.473	1.526	2.931	4.765	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	3S	2015-10	0.470	1.484	2.828	4.629	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	3S	2015-11	0.442	1.429	2.814	4.536	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	3S	2015-12	0.453	1.423	2.697	4.426	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	3S	2016-01	0.461	1.434	2.463	4.201	3-stars	4-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	3S	2016-02	0.467	1.304	2.467	4.109	3-stars	3-stars	**3-stars**
Minnesota Veterans Home - Minneapolis	3S	2016-03	0.467	1.470	2.890	4.677	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	3S	2016-04				0.000		1-star	

Minnesota Veterans Home - Minneapolis	3S	2016-05				0.000		1-star	
Minnesota Veterans Home - Minneapolis	3S	2016-06				0.000		1-star	
Minnesota Veterans Home - Minneapolis	61	2015-07	0.117	1.433	4.073	5.532	1-star	5-stars	**3-stars**
Minnesota Veterans Home - Minneapolis	61	2015-08	0.593	1.584	3.889	5.962	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	61	2015-09	0.602	1.548	4.132	6.191	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	61	2015-10	0.417	1.817	4.051	6.112	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	61	2015-11	0.408	1.999	4.007	6.181	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	61	2015-12	0.580	1.839	3.806	6.025	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	61	2016-01	0.688	1.915	3.697	6.086	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	61	2016-02	0.679	1.740	3.570	5.814	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	61	2016-03	0.790	1.769	3.838	6.248	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Minneapolis	61	2016-04	0.674	1.640	3.571	5.727	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	61	2016-05	0.659	1.365	3.446	5.368	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	61	2016-06	0.489	1.535	3.793	5.656	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	62	2015-07	0.465	2.034	3.541	5.799	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	62	2015-08	0.546	1.874	3.524	5.745	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	62	2015-09	0.712	2.240	4.191	6.887	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Minneapolis	62	2015-10	0.576	2.050	3.621	5.989	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	62	2015-11	0.458	2.009	3.294	5.489	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	62	2015-12	0.470	1.982	3.127	5.309	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	62	2016-01	0.454	1.759	2.960	4.953	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	62	2016-02	0.443	1.777	2.960	4.942	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	62	2016-03	0.451	1.797	3.061	5.064	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	62	2016-04	0.567	2.085	3.253	5.581	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	62	2016-05	0.574	1.833	3.166	5.319	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	62	2016-06	0.458	1.620	3.054	4.910	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	63	2015-07	0.475	1.658	3.585	5.481	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	63	2015-08	0.486	1.653	3.481	5.401	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	63	2015-09	0.576	1.497	3.704	5.626	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	63	2015-10	0.477	1.809	3.324	5.338	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	63	2015-11	0.393	1.979	3.339	5.388	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	63	2015-12	0.410	1.993	3.227	5.309	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	63	2016-01	0.418	1.806	3.224	5.197	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	63	2016-02	0.466	1.439	2.943	4.671	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	63	2016-03	0.392	1.668	3.023	4.858	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	63	2016-04	0.480	1.629	2.970	4.889	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	63	2016-05	0.476	1.305	2.904	4.556	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	63	2016-06	0.416	1.535	2.750	4.497	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Birch	2015-07	0.938	0.688	2.010	3.654	5-stars	2-stars	**3-stars**
Minnesota Veterans Home - Silver Bay	Birch	2015-08	0.870	0.670	1.976	3.548	5-stars	2-stars	**3-stars**
Minnesota Veterans Home - Silver Bay	Birch	2015-09	1.006	0.794	2.362	4.199	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Birch	2015-10	0.930	0.849	2.467	4.270	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Birch	2015-11	1.054	0.933	2.584	4.582	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Birch	2015-12	0.994	0.845	2.533	4.402	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Birch	2016-01	1.026	0.994	2.766	4.788	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Birch	2016-02	1.041	1.038	2.583	4.624	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Birch	2016-03	1.120	1.107	2.683	4.853	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Birch	2016-04	1.123	1.048	2.639	4.779	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Birch	2016-05	1.084	1.118	2.888	5.063	5-stars	5-stars	**5-stars**

Minnesota Veterans Home - Silver Bay	Birch	2016-06	1.023	1.076	3.050	5.143	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Blue Spruce	2015-07	0.802	0.606	2.085	3.549	5-stars	2-stars	**3-stars**
Minnesota Veterans Home - Silver Bay	Blue Spruce	2015-08	0.843	0.649	2.167	3.714	5-stars	3-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Blue Spruce	2015-09	1.029	0.809	2.616	4.509	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Blue Spruce	2015-10	0.872	0.759	2.622	4.289	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Blue Spruce	2015-11	0.903	0.764	2.777	4.484	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Blue Spruce	2015-12	0.833	0.660	2.670	4.203	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Blue Spruce	2016-01	0.864	0.815	2.933	4.636	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Blue Spruce	2016-02	0.760	0.758	2.725	4.248	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Blue Spruce	2016-03	0.814	0.802	2.894	4.517	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Blue Spruce	2016-04	0.942	0.829	3.072	4.873	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Blue Spruce	2016-05	0.978	0.936	3.196	5.137	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Blue Spruce	2016-06	0.953	0.926	3.469	5.377	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Evergreen	2015-07	1.011	0.731	2.317	4.103	5-stars	3-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Evergreen	2015-08	1.086	0.790	2.377	4.287	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Evergreen	2015-09	1.101	0.840	2.409	4.369	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Evergreen	2015-10	1.012	0.867	2.422	4.305	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Evergreen	2015-11	1.077	0.899	2.502	4.481	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Evergreen	2015-12	1.156	0.902	2.753	4.836	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Evergreen	2016-01	1.170	1.066	3.024	5.263	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Evergreen	2016-02	1.176	1.098	2.971	5.234	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Evergreen	2016-03	1.213	1.153	3.094	5.449	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Evergreen	2016-04	1.226	1.088	2.914	5.217	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Evergreen	2016-05	1.060	1.071	2.892	5.013	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Evergreen	2016-06	1.045	1.062	3.140	5.255	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Maple	2015-07	1.047	0.705	2.422	4.226	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Maple	2015-08	1.091	0.747	2.486	4.374	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Maple	2015-09	1.277	0.931	2.770	5.003	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Maple	2015-10	1.170	0.970	2.849	5.008	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Maple	2015-11	1.213	0.990	3.032	5.270	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Maple	2015-12	1.064	0.855	3.017	4.997	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Maple	2016-01	1.038	0.987	3.253	5.315	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Maple	2016-02	0.988	0.970	2.981	4.964	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Maple	2016-03	1.081	1.021	3.118	5.249	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Maple	2016-04	1.069	0.918	2.984	5.015	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Maple	2016-05	1.022	0.974	3.197	5.224	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Maple	2016-06	0.976	0.961	3.360	5.331	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	Overall Facility	2015-07	0.912	0.959	3.110	5.005	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	Overall Facility	2015-08	0.931	1.026	3.231	5.204	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	Overall Facility	2015-09	1.003	1.008	3.220	5.259	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	Overall Facility	2015-10	1.017	1.069	3.138	5.234	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	Overall Facility	2015-11	0.915	0.973	2.986	4.889	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	Overall Facility	2015-12	0.947	1.050	3.066	5.066	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	Overall Facility	2016-01	0.912	1.035	2.991	4.937	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	Overall Facility	2016-02	1.009	1.014	3.035	5.079	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	Overall Facility	2016-03	0.998	1.006	2.969	4.991	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	Overall Facility	2016-04	1.016	1.006	2.999	5.042	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	Overall Facility	2016-05	1.016	1.028	3.046	5.108	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	Overall Facility	2016-06	1.025	1.031	2.944	5.011	5-stars	5-stars	**5-stars**

Minnesota Veterans Home - Luverne	Overall Facility	2015-07	0.806	0.738	2.680	4.262	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Luverne	Overall Facility	2015-08	0.843	0.679	2.683	4.263	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Luverne	Overall Facility	2015-09	0.903	0.759	2.863	4.581	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	Overall Facility	2015-10	0.892	0.750	2.846	4.542	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	Overall Facility	2015-11	0.939	0.720	3.030	4.756	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	Overall Facility	2015-12	0.910	0.712	2.928	4.615	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	Overall Facility	2016-01	0.870	0.724	2.691	4.335	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Luverne	Overall Facility	2016-02	0.963	0.713	2.930	4.679	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	Overall Facility	2016-03	0.869	0.663	2.848	4.452	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	Overall Facility	2016-04	0.925	0.703	2.901	4.601	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	Overall Facility	2016-05	1.341	1.098	4.329	6.864	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	Overall Facility	2016-06	0.946	0.743	3.151	4.926	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Minneapolis	Overall Facility	2015-07	0.422	1.711	3.348	5.293	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	Overall Facility	2015-08	0.504	2.025	3.552	5.826	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	Overall Facility	2015-09	0.568	1.726	3.425	5.541	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	Overall Facility	2015-10	0.503	1.798	3.311	5.399	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	Overall Facility	2015-11	0.431	1.824	3.243	5.263	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	Overall Facility	2015-12	0.508	1.797	3.074	5.146	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	Overall Facility	2016-01	0.487	1.701	2.946	4.922	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	Overall Facility	2016-02	0.530	1.599	2.844	4.782	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	Overall Facility	2016-03	0.543	1.692	2.963	4.989	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	Overall Facility	2016-04	0.530	1.715	3.030	5.061	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	Overall Facility	2016-05	0.497	1.622	3.056	4.989	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	Overall Facility	2016-06	0.474	1.573	3.017	4.885	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Overall Facility	2015-07	0.947	0.684	2.198	3.874	5-stars	3-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Overall Facility	2015-08	0.968	0.715	2.242	3.972	5-stars	3-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Overall Facility	2015-09	1.101	0.844	2.528	4.509	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Overall Facility	2015-10	0.990	0.860	2.578	4.456	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Overall Facility	2015-11	1.051	0.891	2.710	4.688	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Overall Facility	2015-12	1.004	0.810	2.749	4.616	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Overall Facility	2016-01	1.021	0.964	2.961	4.974	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Overall Facility	2016-02	0.987	0.964	2.800	4.768	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Overall Facility	2016-03	1.055	1.020	2.938	5.029	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Overall Facility	2016-04	1.092	0.971	2.889	4.981	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Overall Facility	2016-05	1.036	1.024	3.014	5.090	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Overall Facility	2016-06	1.003	1.010	3.236	5.276	5-stars	5-stars	**5-stars**
Overall Minnesota Veterans Homes	Overall MNVH	2015-07	0.644	1.279	3.057	4.899	4-stars	5-stars	**4-stars**
Overall Minnesota Veterans Homes	Overall MNVH	2015-08	0.699	1.451	3.192	5.230	4-stars	5-stars	**4-stars**
Overall Minnesota Veterans Homes	Overall MNVH	2015-09	0.772	1.323	3.187	5.210	5-stars	5-stars	**5-stars**
Overall Minnesota Veterans Homes	Overall MNVH	2015-10	0.722	1.376	3.119	5.122	5-stars	5-stars	**5-stars**
Overall Minnesota Veterans Homes	Overall MNVH	2015-11	0.680	1.366	3.095	5.044	4-stars	5-stars	**4-stars**
Overall Minnesota Veterans Homes	Overall MNVH	2015-12	0.719	1.356	3.010	4.985	5-stars	5-stars	**5-stars**
Overall Minnesota Veterans Homes	Overall MNVH	2016-01	0.702	1.322	2.920	4.847	4-stars	5-stars	**4-stars**
Overall Minnesota Veterans Homes	Overall MNVH	2016-02	0.748	1.270	2.885	4.821	5-stars	5-stars	**5-stars**
Overall Minnesota Veterans Homes	Overall MNVH	2016-03	0.750	1.314	2.944	4.919	5-stars	5-stars	**5-stars**
Overall Minnesota Veterans Homes	Overall MNVH	2016-04	0.759	1.325	2.987	4.981	5-stars	5-stars	**5-stars**
Overall Minnesota Veterans Homes	Overall MNVH	2016-05	0.796	1.346	3.231	5.297	5-stars	5-stars	**5-stars**
Overall Minnesota Veterans Homes	Overall MNVH	2016-06	0.720	1.268	3.052	4.966	5-stars	5-stars	**5-stars**

Table 3:
Adjusted Staff Hours and 5-Star Ratings

Facility Name	Unit	Month	Adjusted RN hours per resident day	Adjusted LPN/LVN hours per resident day	Adjusted AIDE hours per resident day	Adjusted total staff hours per resident day	5-star Rating of RN	5-star rating of total staff	5-star rating of overall staff
National Average			**0.7472**	**0.8281**	**2.4512**	**4.0309**			
Minnesota Veterans Home - Fergus Falls	E	2014-07	0.724	0.755	3.355	4.829	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	E	2014-08	0.758	0.795	3.287	4.862	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	E	2014-09	0.750	0.784	3.200	4.759	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	E	2014-10	0.769	0.801	3.248	4.848	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	E	2014-11	0.772	0.826	3.240	4.868	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	E	2014-12	0.749	0.797	3.083	4.661	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	E	2015-01	0.738	0.764	3.026	4.562	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	E	2015-02	0.737	0.739	3.001	4.513	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	E	2015-03	0.743	0.745	3.112	4.631	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	E	2015-04	0.752	0.756	3.121	4.662	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	E	2015-05	0.751	0.741	3.081	4.609	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	E	2015-06	0.823	0.783	3.275	4.925	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	V	2014-07	1.660	1.688	5.440	8.846	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	V	2014-08	1.632	1.701	5.587	8.985	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	V	2014-09	1.595	1.556	5.165	8.381	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	V	2014-10	1.681	1.632	5.336	8.708	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	V	2014-11	1.687	1.599	5.038	8.354	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	V	2014-12	1.696	1.614	5.091	8.434	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	V	2015-01	1.583	1.579	5.100	8.316	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	V	2015-02	1.556	1.545	5.019	8.175	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	V	2015-03	1.573	1.586	5.023	8.226	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	V	2015-04	1.576	1.618	5.092	8.329	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	V	2015-05	1.554	1.591	5.147	8.348	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	V	2015-06	1.559	1.601	5.207	8.425	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	W	2014-07	0.787	0.828	3.293	4.940	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	W	2014-08	0.758	0.779	3.234	4.798	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	W	2014-09	0.774	0.790	3.310	4.900	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	W	2014-10	0.778	0.819	3.555	5.156	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	W	2014-11	0.782	0.824	3.425	5.051	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	W	2014-12	0.774	0.812	3.329	4.940	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	W	2015-01	0.788	0.828	3.248	4.899	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	W	2015-02	0.778	0.838	3.221	4.869	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	W	2015-03	0.794	0.848	3.227	4.905	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	W	2015-04	0.708	0.775	3.024	4.530	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Fergus Falls	W	2015-05	0.756	0.809	3.088	4.687	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	W	2015-06	0.753	0.797	2.933	4.521	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	G	2014-07	0.824	0.673	3.044	4.626	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	G	2014-08	0.859	0.705	2.950	4.591	5-stars	5-stars	**5-stars**

Minnesota Veterans Home - Luverne	G	2014-09	0.846	0.713	2.969	4.607	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	G	2014-10	0.783	0.727	2.838	4.412	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Luverne	G	2014-11	0.822	0.760	2.849	4.493	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	G	2014-12	1.260	1.162	4.525	7.028	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	G	2015-01	0.743	0.696	2.864	4.353	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Luverne	G	2015-02	0.905	0.789	3.039	4.793	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	G	2015-03	0.896	0.723	2.949	4.640	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	G	2015-04	0.924	0.781	3.116	4.893	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	G	2015-05	0.888	0.712	2.893	4.561	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	G	2015-06	1.259	1.091	4.308	6.755	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	R	2014-07	0.713	0.651	2.575	3.965	5-stars	3-stars	**4-stars**
Minnesota Veterans Home - Luverne	R	2014-08	0.750	0.706	2.604	4.084	5-stars	3-stars	**4-stars**
Minnesota Veterans Home - Luverne	R	2014-09	0.763	0.682	2.453	4.015	5-stars	3-stars	**4-stars**
Minnesota Veterans Home - Luverne	R	2014-10	0.742	0.697	2.425	3.973	5-stars	3-stars	**4-stars**
Minnesota Veterans Home - Luverne	R	2014-11	0.792	0.710	2.421	4.051	5-stars	3-stars	**4-stars**
Minnesota Veterans Home - Luverne	R	2014-12	1.092	1.014	3.417	5.687	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	R	2015-01	0.718	0.676	2.414	3.919	5-stars	3-stars	**4-stars**
Minnesota Veterans Home - Luverne	R	2015-02	0.857	0.777	2.656	4.323	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Luverne	R	2015-03	0.723	0.650	2.471	3.884	5-stars	3-stars	**4-stars**
Minnesota Veterans Home - Luverne	R	2015-04	0.817	0.748	2.802	4.291	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Luverne	R	2015-05	0.791	0.688	2.591	4.099	5-stars	3-stars	**4-stars**
Minnesota Veterans Home - Luverne	R	2015-06	1.175	1.066	3.989	6.266	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	SC	2014-07	0.892	0.862	3.437	5.296	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	SC	2014-08	0.869	0.834	3.226	5.024	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	SC	2014-09	0.831	0.806	2.938	4.657	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	SC	2014-10	0.785	0.820	2.935	4.613	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	SC	2014-11	0.805	0.812	3.030	4.711	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	SC	2014-12	1.239	1.260	4.558	7.151	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	SC	2015-01	0.820	0.848	3.188	4.933	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	SC	2015-02	0.870	0.869	3.236	5.046	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	SC	2015-03	0.742	0.728	2.991	4.546	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	SC	2015-04	0.765	0.747	2.973	4.569	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	SC	2015-05	0.764	0.693	2.706	4.248	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Luverne	SC	2015-06	1.003	0.967	3.922	5.999	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Minneapolis	19-2	2014-07	0.476	1.791	3.097	5.163	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-2	2014-08	0.477	1.821	3.177	5.269	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-2	2014-09	0.474	1.819	3.166	5.252	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-2	2014-10	0.576	1.643	3.222	5.285	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-2	2014-11	0.580	1.667	3.172	5.253	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-2	2014-12	0.486	1.829	3.188	5.291	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-2	2015-01	0.486	1.690	3.266	5.294	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-2	2015-02	0.614	1.696	3.203	5.349	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-2	2015-03	0.505	1.839	3.030	5.149	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-2	2015-04	0.617	1.701	3.204	5.353	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-2	2015-05	0.478	1.691	2.943	4.916	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-2	2015-06	0.585	1.798	3.093	5.260	4-stars	5-stars	**4-stars**

Minnesota Veterans Home - Minneapolis	19-3	2014-07	0.762	1.832	3.131	5.463	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Minneapolis	19-3	2014-08	0.738	1.832	3.019	5.303	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Minneapolis	19-3	2014-09	0.741	1.827	3.298	5.628	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Minneapolis	19-3	2014-10	0.633	1.808	3.173	5.380	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-3	2014-11	0.488	1.882	3.171	5.302	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-3	2014-12	0.581	1.832	3.189	5.375	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-3	2015-01	0.479	1.838	3.121	5.212	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-3	2015-02	0.483	1.823	3.130	5.221	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-3	2015-03	0.500	1.715	3.033	5.051	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-3	2015-04	0.625	1.576	3.209	5.279	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-3	2015-05	0.493	1.863	3.000	5.109	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-3	2015-06	0.601	1.815	3.098	5.296	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-4	2014-07	0.485	1.998	3.560	5.817	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-4	2014-08	0.474	1.984	3.690	5.937	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-4	2014-09	0.476	2.165	3.559	5.907	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-4	2014-10	0.593	2.022	3.669	6.050	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-4	2014-11	0.466	2.005	3.602	5.837	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-4	2014-12	0.475	2.112	3.765	6.113	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-4	2015-01	0.362	2.114	3.778	6.033	2-stars	5-stars	**3-stars**
Minnesota Veterans Home - Minneapolis	19-4	2015-02	0.491	2.252	3.943	6.454	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-4	2015-03	0.498	2.138	3.450	5.817	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-4	2015-04	0.477	1.643	3.619	5.644	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	19-4	2015-05	0.362	1.774	3.387	5.366	2-stars	5-stars	**3-stars**
Minnesota Veterans Home - Minneapolis	19-4	2015-06	0.482	1.946	3.400	5.611	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	2S	2014-07	0.330	1.912	2.959	4.915	2-stars	5-stars	**3-stars**
Minnesota Veterans Home - Minneapolis	2S	2014-08	0.325	1.770	3.133	4.998	2-stars	5-stars	**3-stars**
Minnesota Veterans Home - Minneapolis	2S	2014-09	0.801	1.725	3.163	5.511	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Minneapolis	2S	2014-10	0.833	1.594	3.120	5.415	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Minneapolis	2S	2014-11	0.764	1.571	3.252	5.458	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Minneapolis	2S	2014-12	0.398	1.645	3.385	5.231	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	2S	2015-01	0.316	1.751	3.403	5.233	2-stars	5-stars	**3-stars**
Minnesota Veterans Home - Minneapolis	2S	2015-02	0.409	1.574	3.464	5.285	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	2S	2015-03	0.427	1.719	3.424	5.384	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	2S	2015-04	0.326	1.447	3.418	5.074	2-stars	5-stars	**3-stars**
Minnesota Veterans Home - Minneapolis	2S	2015-05	0.333	1.487	3.356	5.050	2-stars	5-stars	**3-stars**
Minnesota Veterans Home - Minneapolis	2S	2015-06	0.322	1.599	3.424	5.169	2-stars	5-stars	**3-stars**
Minnesota Veterans Home - Minneapolis	3S	2014-07	0.408	1.403	3.090	4.719	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	3S	2014-08	0.309	1.522	2.856	4.455	2-stars	5-stars	**3-stars**
Minnesota Veterans Home - Minneapolis	3S	2014-09	0.407	1.460	3.033	4.723	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	3S	2014-10	0.317	1.599	2.731	4.410	2-stars	4-stars	**3-stars**
Minnesota Veterans Home - Minneapolis	3S	2014-11	0.419	1.612	2.825	4.642	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	3S	2014-12	0.333	1.795	2.742	4.606	2-stars	5-stars	**3-stars**
Minnesota Veterans Home - Minneapolis	3S	2015-01	0.445	1.449	2.778	4.525	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	3S	2015-02	0.444	1.396	2.747	4.466	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	3S	2015-03	0.338	1.360	2.683	4.246	2-stars	4-stars	**3-stars**
Minnesota Veterans Home - Minneapolis	3S	2015-04	0.344	1.246	2.672	4.150	2-stars	3-stars	**3-stars**

Minnesota Veterans Home - Minneapolis	3S	2015-05	0.341	1.292	2.645	4.149	2-stars	3-stars	**3-stars**
Minnesota Veterans Home - Minneapolis	3S	2015-06	0.347	1.346	2.753	4.300	2-stars	4-stars	**3-stars**
Minnesota Veterans Home - Minneapolis	61	2014-07	0.621	1.615	3.210	5.272	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	61	2014-08	0.599	1.593	3.353	5.371	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	61	2014-09	0.700	1.738	3.614	5.865	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	61	2014-10	0.579	1.815	3.945	6.134	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	61	2014-11	0.600	1.837	4.035	6.297	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	61	2014-12	0.417	1.939	3.855	5.987	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	61	2015-01	0.573	1.582	3.886	5.911	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	61	2015-02	0.549	1.639	3.883	5.914	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	61	2015-03	0.452	1.721	3.881	5.852	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	61	2015-04	0.389	1.608	3.949	5.750	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	61	2015-05	0.490	1.644	3.900	5.865	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	61	2015-06	0.693	1.663	4.019	6.245	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	62	2014-07	0.530	2.145	3.724	6.170	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	62	2014-08	0.494	1.945	3.905	6.135	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	62	2014-09	0.482	2.141	3.901	6.270	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	62	2014-10	0.464	2.136	3.616	5.927	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	62	2014-11	0.679	1.706	3.724	5.970	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	62	2014-12	0.504	2.067	3.613	5.947	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	62	2015-01	0.513	1.942	3.541	5.796	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	62	2015-02	0.493	1.928	3.525	5.727	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	62	2015-03	0.486	2.067	3.392	5.684	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	62	2015-04	0.598	1.758	3.601	5.784	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	62	2015-05	0.494	2.050	3.657	5.957	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	62	2015-06	0.499	2.083	3.828	6.185	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	63	2014-07	0.578	1.830	3.433	5.597	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	63	2014-08	0.404	1.808	3.103	5.046	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	63	2014-09	0.625	1.575	3.216	5.263	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	63	2014-10	0.732	1.893	3.245	5.642	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Minneapolis	63	2014-11	0.604	1.715	3.446	5.574	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	63	2014-12	0.498	1.815	3.619	5.698	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	63	2015-01	0.501	1.669	3.726	5.716	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	63	2015-02	0.681	1.517	3.745	5.822	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	63	2015-03	0.595	1.557	3.641	5.646	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	63	2015-04	0.409	1.668	3.253	5.106	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	63	2015-05	0.476	1.546	3.374	5.191	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	63	2015-06	0.552	1.651	3.581	5.556	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Birch	2014-07	0.915	0.865	2.388	4.161	5-stars	3-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Birch	2014-08	0.879	0.890	2.402	4.161	5-stars	3-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Birch	2014-09	1.003	0.819	2.671	4.537	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Birch	2014-10	0.976	0.692	2.801	4.547	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Birch	2014-11	0.853	0.633	2.728	4.291	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Birch	2014-12	1.013	0.582	2.935	4.656	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Birch	2015-01	0.898	0.800	2.846	4.596	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Birch	2015-02	0.970	0.934	3.128	5.071	5-stars	5-stars	**5-stars**

Minnesota Veterans Home - Silver Bay	Birch	2015-03	0.958	0.886	3.030	4.918	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Birch	2015-04	1.027	0.894	2.826	4.779	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Birch	2015-05	1.218	0.885	2.974	5.122	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Birch	2015-06	1.161	0.885	2.775	4.852	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Blue Spruce	2014-07	0.699	0.661	2.471	3.847	4-stars	3-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Blue Spruce	2014-08	0.659	0.684	2.474	3.816	4-stars	3-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Blue Spruce	2014-09	0.807	0.655	2.638	4.141	5-stars	3-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Blue Spruce	2014-10	0.860	0.607	2.723	4.257	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Blue Spruce	2014-11	0.830	0.609	2.828	4.335	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Blue Spruce	2014-12	0.884	0.528	3.192	4.683	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Blue Spruce	2015-01	0.860	0.794	3.484	5.153	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Blue Spruce	2015-02	0.846	0.852	3.499	5.190	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Blue Spruce	2015-03	0.883	0.856	3.661	5.395	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Blue Spruce	2015-04	0.811	0.731	3.048	4.611	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Blue Spruce	2015-05	0.912	0.710	3.086	4.771	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Blue Spruce	2015-06	0.972	0.793	2.999	4.834	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Evergreen	2014-07	0.925	0.865	2.594	4.402	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Evergreen	2014-08	0.839	0.885	2.477	4.202	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Evergreen	2014-09	1.011	0.862	2.718	4.633	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Evergreen	2014-10	0.952	0.707	2.643	4.373	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Evergreen	2014-11	0.885	0.648	2.617	4.226	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Evergreen	2014-12	0.998	0.562	2.982	4.663	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Evergreen	2015-01	1.012	0.876	3.412	5.364	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Evergreen	2015-02	1.039	0.961	3.382	5.430	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Evergreen	2015-03	1.112	1.012	3.715	5.897	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Evergreen	2015-04	1.111	0.927	3.332	5.431	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Evergreen	2015-05	1.234	0.890	3.448	5.662	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Evergreen	2015-06	1.238	0.918	3.305	5.538	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Maple	2014-07	0.838	0.773	2.628	4.272	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Maple	2014-08	0.880	0.844	2.736	4.485	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Maple	2014-09	1.037	0.783	3.008	4.889	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Maple	2014-10	1.004	0.685	3.210	4.969	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Maple	2014-11	0.881	0.607	3.007	4.557	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Maple	2014-12	0.983	0.522	3.167	4.767	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Maple	2015-01	1.056	0.864	3.602	5.586	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Maple	2015-02	0.952	0.858	3.127	4.983	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Maple	2015-03	0.969	0.888	3.287	5.193	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Maple	2015-04	1.224	1.044	3.651	5.983	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Maple	2015-05	1.347	0.972	3.808	6.227	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Maple	2015-06	1.287	0.887	3.388	5.640	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	Overall Facility	2014-07	0.935	0.968	3.863	5.807	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	Overall Facility	2014-08	0.939	0.966	3.835	5.785	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	Overall Facility	2014-09	0.934	0.948	3.751	5.682	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	Overall Facility	2014-10	0.950	0.979	3.915	5.887	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	Overall Facility	2014-11	0.950	0.986	3.811	5.795	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	Overall Facility	2014-12	0.936	0.970	3.734	5.688	5-stars	5-stars	**5-stars**

Minnesota Veterans Home - Fergus Falls	Overall Facility	2015-01	0.927	0.955	3.652	5.584	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	Overall Facility	2015-02	0.911	0.941	3.599	5.499	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	Overall Facility	2015-03	0.923	0.953	3.660	5.585	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	Overall Facility	2015-04	0.878	0.921	3.584	5.424	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	Overall Facility	2015-05	0.878	0.904	3.581	5.405	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Fergus Falls	Overall Facility	2015-06	0.892	0.906	3.565	5.410	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	Overall Facility	2014-07	0.770	0.696	2.903	4.425	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	Overall Facility	2014-08	0.804	0.727	2.853	4.436	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	Overall Facility	2014-09	0.796	0.713	2.714	4.281	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Luverne	Overall Facility	2014-10	0.759	0.721	2.667	4.195	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Luverne	Overall Facility	2014-11	0.806	0.744	2.691	4.278	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Luverne	Overall Facility	2014-12	1.165	1.101	3.987	6.305	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	Overall Facility	2015-01	0.741	0.704	2.720	4.215	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Luverne	Overall Facility	2015-02	0.875	0.791	2.910	4.621	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	Overall Facility	2015-03	0.778	0.686	2.735	4.248	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Luverne	Overall Facility	2015-04	0.838	0.759	2.947	4.593	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Luverne	Overall Facility	2015-05	0.816	0.690	2.712	4.279	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Luverne	Overall Facility	2015-06	1.164	1.051	4.085	6.353	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Minneapolis	Overall Facility	2014-07	0.503	1.794	3.235	5.309	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	Overall Facility	2014-08	0.456	1.768	3.234	5.239	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	Overall Facility	2014-09	0.584	1.775	3.322	5.479	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	Overall Facility	2014-10	0.584	1.780	3.278	5.435	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	Overall Facility	2014-11	0.577	1.727	3.347	5.468	4-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	Overall Facility	2014-12	0.448	1.855	3.367	5.446	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	Overall Facility	2015-01	0.451	1.728	3.386	5.386	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	Overall Facility	2015-02	0.509	1.682	3.402	5.435	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	Overall Facility	2015-03	0.460	1.723	3.283	5.282	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	Overall Facility	2015-04	0.445	1.546	3.332	5.186	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	Overall Facility	2015-05	0.422	1.626	3.237	5.117	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Minneapolis	Overall Facility	2015-06	0.491	1.706	3.347	5.363	3-stars	5-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Overall Facility	2014-07	0.844	0.791	2.511	4.173	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Overall Facility	2014-08	0.811	0.826	2.524	4.177	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Overall Facility	2014-09	0.965	0.781	2.766	4.568	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Overall Facility	2014-10	0.961	0.683	2.870	4.593	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Overall Facility	2014-11	0.867	0.628	2.783	4.354	5-stars	4-stars	**4-stars**
Minnesota Veterans Home - Silver Bay	Overall Facility	2014-12	0.972	0.549	3.049	4.685	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Overall Facility	2015-01	0.955	0.834	3.297	5.144	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Overall Facility	2015-02	0.948	0.896	3.233	5.120	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Overall Facility	2015-03	0.982	0.912	3.387	5.330	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Overall Facility	2015-04	1.033	0.893	3.188	5.171	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Overall Facility	2015-05	1.165	0.859	3.299	5.410	5-stars	5-stars	**5-stars**
Minnesota Veterans Home - Silver Bay	Overall Facility	2015-06	1.155	0.871	3.091	5.189	5-stars	5-stars	**5-stars**
Overall Minnesota Veterans Homes	Overall MNVH	2014-07	0.674	1.325	3.192	5.107	4-stars	5-stars	**4-stars**
Overall Minnesota Veterans Homes	Overall MNVH	2014-08	0.644	1.328	3.166	5.046	4-stars	5-stars	**4-stars**
Overall Minnesota Veterans Homes	Overall MNVH	2014-09	0.734	1.316	3.221	5.199	5-stars	5-stars	**5-stars**
Overall Minnesota Veterans Homes	Overall MNVH	2014-10	0.731	1.312	3.236	5.207	5-stars	5-stars	**5-stars**

Overall Minnesota Veterans Homes	Overall MNVH	2014-11	0.723	1.280	3.258	5.197	5-stars	5-stars	**5-stars**
Overall Minnesota Veterans Homes	Overall MNVH	2014-12	0.719	1.390	3.471	5.500	5-stars	5-stars	**5-stars**
Overall Minnesota Veterans Homes	Overall MNVH	2015-01	0.658	1.304	3.335	5.229	4-stars	5-stars	**4-stars**
Overall Minnesota Veterans Homes	Overall MNVH	2015-02	0.707	1.294	3.349	5.289	4-stars	5-stars	**4-stars**
Overall Minnesota Veterans Homes	Overall MNVH	2015-03	0.673	1.308	3.290	5.199	4-stars	5-stars	**4-stars**
Overall Minnesota Veterans Homes	Overall MNVH	2015-04	0.671	1.217	3.305	5.145	4-stars	5-stars	**4-stars**
Overall Minnesota Veterans Homes	Overall MNVH	2015-05	0.672	1.240	3.233	5.090	4-stars	5-stars	**4-stars**
Overall Minnesota Veterans Homes	Overall MNVH	2015-06	0.753	1.356	3.453	5.495	5-stars	5-stars	**5-stars**

Medicare.gov | Nursing Home Compare

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General information

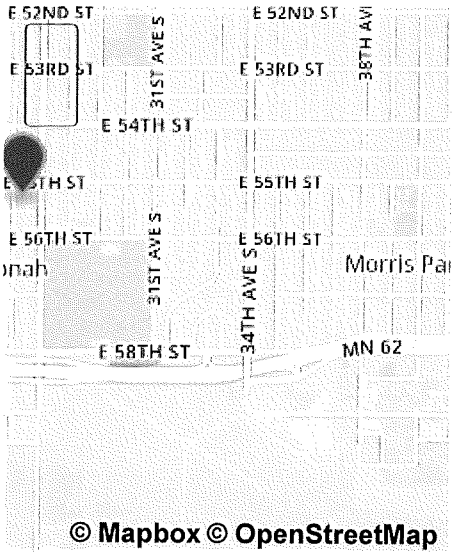
MN VETERANS HOME MINNEAPOLIS

Overall rating:
5 out of 5 stars
Much Above Average

Learn more about the overall star ratings

5101 MINNEHAHA AVENUE SOUTH
MINNEAPOLIS, MN 55417
(612) 548-5705

Distance: 1.9 miles



Nursing Home information

200 certified beds

Participates in: Medicare and Medicaid

Automatic sprinkler systems in all required areas: Yes

Not in a Continuing Care Retirement Community (CCRC)

Not in a hospital

Has a Resident and Family Council

Learn why these characteristics and services are important

Ownership information

Ownership: Government - State

Legal business name: STATE OF MINNESOTA-MINNESOTA MANAGEMENT AND BUDGET

Get more ownership information

Star rating categories

Health inspection rating	*5 out of 5 stars* **Much Above Average**
Staffing rating	**Not Available**[2]
Quality measures rating	*4 out of 5 stars* **Above Average**

Health Inspections

MN VETERANS HOME MINNEAPOLIS

Overall rating: *5 out of 5 stars*
Much Above Average

Health inspections

Information about a nursing home's health inspections, complaints filed, and any resulting citations. Nursing homes that are certified by Medicare and Medicaid are inspected each year. Health care professionals inspect each nursing home and look for any health or safety citations. The health inspection star rating is based on the three most recent nursing home inspections.
Learn more about health inspections.

	MN VETERANS HOME MINNEAPOLIS
Health Inspection rating	*5 out of 5 stars* **Much Above Average**
Date of most recent standard health inspection	07/28/2016 View Full Report
Total number of health citations	2
Average number of health citations in Minnesota	6.0
Average number of health citations in the United States	7.2
Date(s) of complaint inspection(s) between 12/1/2016 - 11/30/2017	No Complaint Inspections
Number of complaints in the past 3 years that resulted in a citation	0
Number of times in the past 3 years a facility-reported issue resulted in a citation	1

	MN VETERANS HOME MINNEAPOLIS
View all health inspection details	View all health inspection, complaint, and facility-reported issue details

Fire Safety Inspections

MN VETERANS HOME MINNEAPOLIS

Overall rating: *5 out of 5 stars*

Much Above Average

Learn more about the overall star ratings

3101 MINNEHAHA AVENUE SOUTH
MINNEAPOLIS, MN 55417
(612) 548-5705

Distance: 1.9 miles

Fire safety inspections

Nursing homes that are certified by Medicare and/or Medicaid must meet standards set by the government to ensure residents are safe. Fire safety specialists inspect nursing homes to determine if a nursing home meets the Life Safety Code (LSC) requirements, a set of fire safety and emergency preparedness requirements set by the Centers for Medicare & Medicaid Services (CMS). These requirements are aimed at preventing fires, or protecting residents in the event of an emergency like a fire, hurricane, tornado, flood, power failure, or gas leak, etc.

Learn more about fire inspections.

	undefined
Automatic Sprinkler Systems in All Required Areas	Yes
Date of most recent standard fire safety inspection	07/26/2016
Total number of fire safety citations	NOT AVAILABLE
Average number of fire safety citations in (state)	NOT AVAILABLE
Range of fire safety citations in (state)	NOT AVAILABLE

	undefined
Average number of fire safety citations in the United States	NOT AVAILABLE
See all fire safety inspection details	View All Fire Safety Inspections

Staffing

MN VETERANS HOME MINNEAPOLIS

Overall rating: *5 out of 5 stars* **Much Above Average**

Learn more about the overall star ratings

Staffing

Higher staffing levels in a nursing home may mean higher quality of care for residents. This section provides information about the different types of nursing home staff and the average amount of time per resident that they spend providing care.

Get more information about the staffing measures

Get more information about how to read the staffing chart

Staffing

The information in this section includes registered nurses (RN), licensed practical/vocational nurses (LPN/LVN), certified nurse assistants (CNA), and physical therapists (PT). Physical therapists are not included in the "all staffing" star rating.

The "staffing" star rating takes into account that some nursing homes have sicker residents and may therefore need more staff than other nursing homes whose residents are not as sick.

	MN VETERANS HOME MINNEAPOLIS	MINNESOTA AVERAGE	NATIONAL AVERAGE
Staffing rating	Not Available[2]		

	MN VETERANS HOME MINNEAPOLIS	MINNESOTA AVERAGE	NATIONAL AVERAGE
Total number of residents	194	65.7	85.4
Total number of licensed nurse staff hours per resident per day	Not Available[6]	1 hour and 39 minutes	1 hour and 41 minutes
RN hours per resident per day	Not Available[6]	57 minutes	50 minutes
LPN/LVN hours per resident per day	Not Available[6]	42 minutes	51 minutes
CNA hours per resident per day	Not Available[6]	2 hours and 36 minutes	2 hours and 27 minutes
Physical therapy staff hours per resident per day	Not Available[6]	5 minutes	6 minutes
Registered Nurse (RN) staffing only			
Registered nurses (RNs) are licensed healthcare professionals who are responsible for the coordination, management and overall delivery of care to the residents. Some nursing home residents who are sicker than others may require a greater level of care, and nursing homes that have more RN staff may be better able to meet the needs of those residents.			
Registered Nurse (RN) staffing rating	Not Available[2]		
Total number of residents	194	65.7	85.4
RN hours per resident per day	Not Available[6]	57 minutes	50 minutes
How to read staffing charts | About staff roles			

Quality of resident care

MN VETERANS HOME MINNEAPOLIS

Overall rating: *5 out of 5 stars* **Much Above Average**

Learn more about the overall star ratings

Quality of resident care

Nursing homes that are certified by Medicare and Medicaid regularly report clinical information for each of their residents to the Centers for Medicare & Medicaid Services (CMS). CMS assigns nursing homes a quality of resident care star rating based on their performance on 16 measures. These measures reflect, on average, how well nursing homes cares for their residents. Information is listed for 2 groups of residents:

Short-stay residents - those who spent 100 days or less in a nursing home

Long-stay residents - those who spent over 100 days in a nursing home

Learn more about what quality of resident care information can tell you about a nursing home

Quality of resident care ⓘ *4 out of 5 stars*
Above Average

▼ Short-stay residents

Learn why these short-stay measures are important

Current data collection period

	MN VETERANS HOME MINNEAPOLIS	MINNESOTA AVERAGE	NATIONAL AVERAGE
Percentage of short-stay residents who improved in their ability to move around on their own. ⓘ *Higher percentages are better.*	NOT AVAILABLE	75.5%	66.7%
Percentage of short-stay residents who were re-hospitalized after a nursing home admission. *Lower percentages are better.*	NOT AVAILABLE	20.3%	21.1%
Percentage of short-stay residents who have had an outpatient emergency department visit. *Lower percentages are better.*	NOT AVAILABLE	12.0%	11.9%

	MN VETERANS HOME MINNEAPOLIS	MINNESOTA AVERAGE	NATIONAL AVERAGE
Percentage of short-stay residents who were successfully discharged to the community. *Higher percentages are better.*	NOT AVAILABLE	62.8%	57.0%
Percentage of short-stay residents who report moderate to severe pain. *Lower percentages are better.*	NOT AVAILABLE	20.8%	14.1%
Percentage of short-stay residents with pressure ulcers that are new or worsened. *Lower percentages are better.*	0.0%	1.0%	0.9%
Percentage of short-stay residents who needed and got a flu shot for the current flu season. *Higher percentages are better.*	95.7%	82.2%	80.6%
Percentage of short-stay residents who needed and got a vaccine to prevent pneumonia. *Higher percentages are better.*	95.7%	84.5%	82.8%
Percentage of short-stay residents who got antipsychotic medication for the first time. *Lower percentages are better.*	NOT AVAILABLE	1.6%	2.0%

Long-stay residents

Learn why these long-stay measures are important

Current data collection period

	MN VETERANS HOME MINNEAPOLIS	MINNESOTA AVERAGE	NATIONAL AVERAGE
Percentage of long-stay residents experiencing one or more falls with major injury. *Lower percentages are better.*	2.1%	4.1%	3.4%
Percentage of long-stay residents with a urinary tract infection. *Lower percentages are better.*	0.3%	3.4%	3.8%
Percentage of long-stay residents who report moderate to severe pain. *Lower percentages are better.*	8.1%	9.6%	5.9%
Percentage of long-stay high-risk residents with pressure ulcers. *Lower percentages are better.*	2.8%	4.3%	5.6%
Percentage of long-stay low-risk residents who lose control of their bowels or bladder. *Lower percentages are better.*	65.6%	51.1%	47.6%
Percentage of long-stay residents who have or had a catheter inserted and left in their bladder. *Lower percentages are better.*	2.6%	2.2%	2.0%
Percentage of long-stay residents who were physically restrained. *Lower percentages are better.*	0.5%	0.1%	0.5%

	MN VETERANS HOME MINNEAPOLIS	MINNESOTA AVERAGE	NATIONAL AVERAGE
Percentage of long-stay residents whose ability to move independently worsened. *Lower percentages are better.*	19.7%	17.1%	18.3%
Percentage of long-stay residents whose need for help with daily activities has increased. *Lower percentages are better.*	13.3%	14.4%	15.1%
Percentage of long-stay residents who lose too much weight. *Lower percentages are better.*	3.2%	7.3%	7.1%
Percentage of long-stay residents who have symptoms of depression. *Lower percentages are better.*	3.7%	4.2%	5.0%
Percentage of long-stay residents who got an antianxiety or hypnotic medication. *Lower percentages are better.*	9.7%	13.1%	22.9%
Percentage of long-stay residents who needed and got a flu shot for the current flu season. *Higher percentages are better.*	100.0%	96.7%	94.8%
Percentage of long-stay residents who needed and got a vaccine to prevent pneumonia. *Higher percentages are better.*	99.7%	95.7%	94.0%

	MN VETERANS HOME MINNEAPOLIS	MINNESOTA AVERAGE	NATIONAL AVERAGE
Percentage of long-stay residents who got an antipsychotic medication. *Lower percentages are better.*	27.1%	13.8%	15.9%

Penalties

MN VETERANS HOME MINNEAPOLIS

Overall rating: *5 out of 5 stars* **Much Above Average**

Learn more about the overall star ratings

Penalties

When a nursing home gets a serious citation or fails to correct a citation for a long period of time, this can result in a penalty. A penalty can be a fine against the nursing home or a denied payment from Medicare.

Search for penalties under state law.

Learn more about penalties.

Federal fines in the last 3 years	0
Amount(s) and date(s)	This nursing home has not received any fines in the last 3 years. States may also impose penalties under state law. To search state websites Click here.

Payment denials by Medicare in the last 3 years	0
Date(s)	This nursing home has not received any payment denials in the last 3 years. States may also impose penalties under state law. To search state websites click here.

Medicare.gov | Nursing Home Compare

The Official U.S. Government Site for Medicare

General information

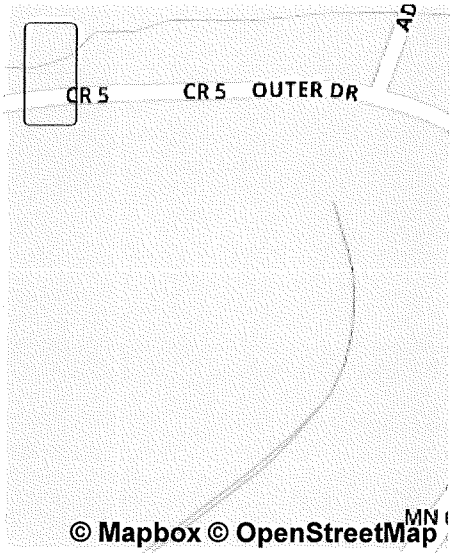
MN VETERANS HOME SILVER BAY

Overall rating:
5 out of 5 stars
Much Above Average

Learn more about the overall star ratings

56 OUTER DRIVE
SILVER BAY, MN 55614
(218) 226-6300

Distance: 0.50miles



Nursing Home information

- 83 certified beds
- Participates in: Medicare and Medicaid
- Automatic sprinkler systems in all required areas: Yes
- Not in a Continuing Care Retirement Community (CCRC)
- Not in a hospital
- Has a Resident and Family Council

Learn why these characteristics and services are important

Ownership information

Ownership: Government - State

Legal business name: Legal Business Name Not Available

Get more ownership information

Star rating categories

Health inspection rating	*4 out of 5 stars* **Above Average**
Staffing rating	*5 out of 5 stars* **Much Above Average**
Quality measures rating	*4 out of 5 stars* **Above Average**

Health Inspections

MN VETERANS HOME SILVER BAY

Overall rating: *5 out of 5 stars*
Much Above Average

Health inspections

Information about a nursing home's health inspections, complaints filed, and any resulting citations. Nursing homes that are certified by Medicare and Medicaid are inspected each year. Health care professionals inspect each nursing home and look for any health or safety citations. The health inspection star rating is based on the three most recent nursing home inspections.
Learn more about health inspections.

	MN VETERANS HOME SILVER BAY
Health Inspection rating	*4 out of 5 stars* **Above Average**
Date of most recent standard health inspection	05/11/2017 View Full Report
Total number of health citations	4
Average number of health citations in Minnesota	6.0
Average number of health citations in the United States	7.2
Date(s) of complaint inspection(s) between 12/1/2016 - 11/30/2017	No Complaint Inspections
Number of complaints in the past 3 years that resulted in a citation	0
Number of times in the past 3 years a facility-reported issue resulted in a citation	0

	MN VETERANS HOME SILVER BAY
View all health inspection details	View all health inspection, complaint, and facility-reported issue details

Fire Safety Inspections

MN VETERANS HOME SILVER BAY

Overall rating: *5 out of 5 stars*

Much Above Average

Learn more about the overall star ratings

50 OUTER DRIVE
SILVER BAY, MN 55614
(218) 226-6300

Distance: 0.50miles

Fire safety inspections

Nursing homes that are certified by Medicare and/or Medicaid must meet standards set by the government to ensure residents are safe. Fire safety specialists inspect nursing homes to determine if a nursing home meets the Life Safety Code (LSC) requirements, a set of fire safety and emergency preparedness requirements set by the Centers for Medicare & Medicaid Services (CMS). These requirements are aimed at preventing fires, or protecting residents in the event of an emergency like a fire, hurricane, tornado, flood, power failure, or gas leak, etc.

Learn more about fire inspections.

	undefined
Automatic Sprinkler Systems in All Required Areas	Yes
Date of most recent standard fire safety inspection	05/11/2017
Total number of fire safety citations	NOT AVAILABLE
Average number of fire safety citations in (state)	NOT AVAILABLE
Range of fire safety citations in (state)	NOT AVAILABLE

	undefined
Average number of fire safety citations in the United States	NOT AVAILABLE
See all fire safety inspection details	View All Fire Safety Inspections

Staffing

MN VETERANS HOME SILVER BAY

Overall rating *5 out of 5 stars* **Much Above Average**

Learn more about the overall star ratings

Staffing

Higher staffing levels in a nursing home may mean higher quality of care for residents. This section provides information about the different types of nursing home staff and the average amount of time per resident that they spend providing care.

Get more information about the staffing measures

Get more information about how to read the staffing chart

Staffing

The information in this section includes registered nurses (RN), licensed practical/vocational nurses (LPN/LVN), certified nurse assistants (CNA), and physical therapists (PT). Physical therapists are not included in the "all staffing" star rating.

The "staffing" star rating takes into account that some nursing homes have sicker residents and may therefore need more staff than other nursing homes whose residents are not as sick.

	MN VETERANS HOME SILVER BAY	MINNESOTA AVERAGE	NATIONAL AVERAGE

	MN VETERANS HOME SILVER BAY	MINNESOTA AVERAGE	NATIONAL AVERAGE
Staffing rating	*5 out of 5 stars* **Much Above Average**		
Total number of residents	80	65.7	85.4
Total number of licensed nurse staff hours per resident per day	1 hour and 49 minutes	1 hour and 39 minutes	1 hour and 41 minutes
RN hours per resident per day	1 hour and 7 minutes	57 minutes	50 minutes
LPN/LVN hours per resident per day	42 minutes	42 minutes	51 minutes
CNA hours per resident per day	2 hours and 36 minutes	2 hours and 36 minutes	2 hours and 27 minutes
Physical therapy staff hours per resident per day	5 minutes	5 minutes	6 minutes

Registered Nurse (RN) staffing only

Registered nurses (RNs) are licensed healthcare professionals who are responsible for the coordination, management and overall delivery of care to the residents. Some nursing home residents who are sicker than others may require a greater level of care, and nursing homes that have more RN staff may be better able to meet the needs of those residents.

Registered Nurse (RN) staffing rating	*5 out of 5 stars* **Much Above Average**		
Total number of residents	80	65.7	85.4
RN hours per resident per day	1 hour and 7 minutes	57 minutes	50 minutes

How to read staffing charts | About staff roles

Quality of resident care

MN VETERANS HOME SILVER BAY

Overall rating: *5 out of 5 stars* **Much Above Average**

Quality of resident care

Nursing homes that are certified by Medicare and Medicaid regularly report clinical information for

Learn more about the overall star ratings

each of their residents to the Centers for Medicare & Medicaid Services (CMS). CMS assigns nursing homes a quality of resident care star rating based on their performance on 16 measures. These measures reflect, on average, how well nursing homes cares for their residents. Information is listed for 2 groups of residents:

Short-stay residents - those who spent 100 days or less in a nursing home

Long-stay residents - those who spent over 100 days in a nursing home

Learn more about what quality of resident care information can tell you about a nursing home

Quality of resident care *4 out of 5 stars* **Above Average**

Short-stay residents

Learn why these short-stay measures are important

Current data collection period

	MN VETERANS HOME SILVER BAY	MINNESOTA AVERAGE	NATIONAL AVERAGE
Percentage of short-stay residents who improved in their ability to move around on their own. ***Higher*** *percentages are better.*	NOT AVAILABLE	75.5%	66.7%
Percentage of short-stay residents who were re-hospitalized after a nursing home admission. ***Lower*** *percentages are better.*	NOT AVAILABLE	20.3%	21.1%

	MN VETERANS HOME SILVER BAY	MINNESOTA AVERAGE	NATIONAL AVERAGE
Percentage of short-stay residents who have had an outpatient emergency department visit. *Lower percentages are better.*	NOT AVAILABLE	12.0%	11.9%
Percentage of short-stay residents who were successfully discharged to the community. *Higher percentages are better.*	NOT AVAILABLE	62.8%	57.0%
Percentage of short-stay residents who report moderate to severe pain. *Lower percentages are better.*	10.0%	20.8%	14.1%
Percentage of short-stay residents with pressure ulcers that are new or worsened. *Lower percentages are better.*	13.7%	1.0%	0.9%
Percentage of short-stay residents who needed and got a flu shot for the current flu season. *Higher percentages are better.*	75.0%	82.2%	80.6%
Percentage of short-stay residents who needed and got a vaccine to prevent pneumonia. *Higher percentages are better.*	79.6%	84.5%	82.8%
Percentage of short-stay residents who got antipsychotic medication for the first time. *Lower percentages are better.*	NOT AVAILABLE	1.6%	2.0%

▼ **Long-stay residents**

Learn why these long-stay measures are important

Current data collection period

	MN VETERANS HOME SILVER BAY	MINNESOTA AVERAGE	NATIONAL AVERAGE
Percentage of long-stay residents experiencing one or more falls with major injury. *Lower percentages are better.*	2.0%	4.1%	3.4%
Percentage of long-stay residents with a urinary tract infection. *Lower percentages are better.*	1.6%	3.4%	3.8%
Percentage of long-stay residents who report moderate to severe pain. *Lower percentages are better.*	9.3%	9.6%	5.9%
Percentage of long-stay high-risk residents with pressure ulcers. *Lower percentages are better.*	4.2%	4.3%	5.6%
Percentage of long-stay low-risk residents who lose control of their bowels or bladder. *Lower percentages are better.*	42.3%	51.1%	47.6%
Percentage of long-stay residents who have or had a catheter inserted and left in their bladder. *Lower percentages are better.*	4.5%	2.2%	2.0%

	MN VETERANS HOME SILVER BAY	MINNESOTA AVERAGE	NATIONAL AVERAGE
Percentage of long-stay residents who were physically restrained. *Lower percentages are better.*	0.0%	0.1%	0.5%
Percentage of long-stay residents whose ability to move independently worsened. *Lower percentages are better.*	24.3%	17.1%	18.3%
Percentage of long-stay residents whose need for help with daily activities has increased. *Lower percentages are better.*	25.5%	14.4%	15.1%
Percentage of long-stay residents who lose too much weight. *Lower percentages are better.*	7.2%	7.3%	7.1%
Percentage of long-stay residents who have symptoms of depression. *Lower percentages are better.*	3.8%	4.2%	5.0%
Percentage of long-stay residents who got an antianxiety or hypnotic medication. *Lower percentages are better.*	11.2%	13.1%	22.9%
Percentage of long-stay residents who needed and got a flu shot for the current flu season. *Higher percentages are better.*	99.0%	96.7%	94.8%

	MN VETERANS HOME SILVER BAY	MINNESOTA AVERAGE	NATIONAL AVERAGE
Percentage of long-stay residents who needed and got a vaccine to prevent pneumonia. *Higher percentages are better.*	96.1%	95.7%	94.0%
Percentage of long-stay residents who got an antipsychotic medication. *Lower percentages are better.*	13.9%	13.8%	15.9%

Penalties

MN VETERANS HOME SILVER BAY

Overall rating: *5 out of 5 stars* **Much Above Average**

Learn more about the overall star ratings

Penalties

When a nursing home gets a serious citation or fails to correct a citation for a long period of time, this can result in a penalty. A penalty can be a fine against the nursing home or a denied payment from Medicare.

Search for penalties under state law.

Learn more about penalties.

Federal fines in the last 3 years	0
Amount(s) and date(s)	This nursing home has not received any fines in the last 3 years. States may also impose penalties under state law. To search state websites Click here.
Payment denials by Medicare in the last 3 years	0
Date(s)	This nursing home has not received any payment denials in the last 3 years. States may also impose penalties under state law. To search state websites click here.

Medicare.gov | Nursing Home Compare

The Official U.S. Government Site for Medicare

General information

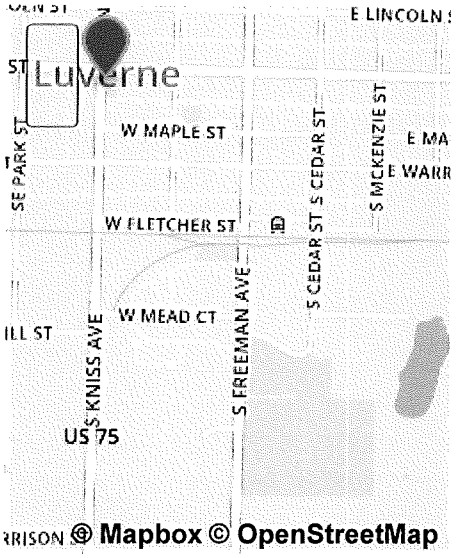
MN VETERANS HOME - LUVERNE

Overall rating:
5 out of 5 stars
Much Above Average

Learn more about the overall star ratings

1300 NORTH KNISS, PO BOX 539
LUVERNE, MN 56156
(507) 283-1100

Distance: 0.70miles



Nursing Home information

- 85 certified beds
- Participates in: Medicare and Medicaid
- Automatic sprinkler systems in all required areas: Yes
- Not in a Continuing Care Retirement Community (CCRC)
- Not in a hospital
- Has a Resident and Family Council

Learn why these characteristics and services are important

Ownership information

Ownership: Government - State

Legal business name: STATE OF MINNESOTA-MINNESOTA MANAGEMENT AND BUDGET

Get more ownership information

Star rating categories

Health inspection rating	*5 out of 5 stars* **Much Above Average**
Staffing rating	*5 out of 5 stars* **Much Above Average**
Quality measures rating	*5 out of 5 stars* **Much Above Average**

Health Inspections

MN VETERANS HOME - LUVERNE

Overall rating: *5 out of 5 stars*
Much Above Average

Health inspections

Information about a nursing home's health inspections, complaints filed, and any resulting citations. Nursing homes that are certified by Medicare and Medicaid are inspected each year. Health care professionals inspect each nursing home and look for any health or safety citations. The health inspection star rating is based on the three most recent nursing home inspections.
Learn more about health inspections.

	MN VETERANS HOME - LUVERNE
Health Inspection rating	*5 out of 5 stars* **Much Above Average**
Date of most recent standard health inspection	05/10/2017 View Full Report
Total number of health citations	0
Average number of health citations in Minnesota	6.0
Average number of health citations in the United States	7.2
Date(s) of complaint inspection(s) between 12/1/2016 - 11/30/2017	No Complaint Inspections
Number of complaints in the past 3 years that resulted in a citation	0
Number of times in the past 3 years a facility-reported issue resulted in a citation	0

	MN VETERANS HOME - LUVERNE
View all health inspection details	View all health inspection, complaint, and facility-reported issue details

Fire Safety Inspections

MN VETERANS HOME - LUVERNE

Overall rating: *5 out of 5 stars*

Much Above Average

Learn more about the overall star ratings

1300 NORTH KNISS, PO BOX 539
LUVERNE, MN 56156
(507) 283-1100

Distance: 0.70miles

Fire safety inspections

Nursing homes that are certified by Medicare and/or Medicaid must meet standards set by the government to ensure residents are safe. Fire safety specialists inspect nursing homes to determine if a nursing home meets the Life Safety Code (LSC) requirements, a set of fire safety and emergency preparedness requirements set by the Centers for Medicare & Medicaid Services (CMS). These requirements are aimed at preventing fires, or protecting residents in the event of an emergency like a fire, hurricane, tornado, flood, power failure, or gas leak, etc.

Learn more about fire inspections.

	undefined
Automatic Sprinkler Systems in All Required Areas	Yes
Date of most recent standard fire safety inspection	05/10/2017
Total number of fire safety citations	NOT AVAILABLE
Average number of fire safety citations in (state)	NOT AVAILABLE
Range of fire safety citations in (state)	NOT AVAILABLE

	undefined
Average number of fire safety citations in the United States	NOT AVAILABLE
See all fire safety inspection details	View All Fire Safety Inspections

Staffing

MN VETERANS HOME - LUVERNE

Overall rating: *5 out of 5 stars* **Much Above Average**

Learn more about the overall star ratings

Staffing

Higher staffing levels in a nursing home may mean higher quality of care for residents. This section provides information about the different types of nursing home staff and the average amount of time per resident that they spend providing care.

Get more information about the staffing measures

Get more information about how to read the staffing chart

Staffing

The information in this section includes registered nurses (RN), licensed practical/vocational nurses (LPN/LVN), certified nurse assistants (CNA), and physical therapists (PT). Physical therapists are not included in the "all staffing" star rating.

The "staffing" star rating takes into account that some nursing homes have sicker residents and may therefore need more staff than other nursing homes whose residents are not as sick.

	MN VETERANS HOME - LUVERNE	MINNESOTA AVERAGE	NATIONAL AVERAGE

	MN VETERANS HOME - LUVERNE	MINNESOTA AVERAGE	NATIONAL AVERAGE
Staffing rating	*5 out of 5 stars* **Much Above Average**		
Total number of residents	81	65.7	85.4
Total number of licensed nurse staff hours per resident per day	1 hour and 30 minutes	1 hour and 39 minutes	1 hour and 41 minutes
RN hours per resident per day	1 hour and 1 minute	57 minutes	50 minutes
LPN/LVN hours per resident per day	29 minutes	42 minutes	51 minutes
CNA hours per resident per day	2 hours and 46 minutes	2 hours and 36 minutes	2 hours and 27 minutes
Physical therapy staff hours per resident per day	4 minutes	5 minutes	6 minutes
Registered Nurse (RN) staffing only			
Registered nurses (RNs) are licensed healthcare professionals who are responsible for the coordination, management and overall delivery of care to the residents. Some nursing home residents who are sicker than others may require a greater level of care, and nursing homes that have more RN staff may be better able to meet the needs of those residents.			
Registered Nurse (RN) staffing rating	*5 out of 5 stars* **Much Above Average**		
Total number of residents	81	65.7	85.4
RN hours per resident per day	1 hour and 1 minute	57 minutes	50 minutes
How to read staffing charts | About staff roles			

Quality of resident care

MN VETERANS HOME - LUVERNE

Overall rating *5 out of 5 stars* **Much Above Average**

Quality of resident care

Nursing homes that are certified by Medicare and Medicaid regularly report clinical information for each of their residents to the Centers for

Learn more about the overall star ratings

Medicare & Medicaid Services (CMS). CMS assigns nursing homes a quality of resident care star rating based on their performance on 16 measures. These measures reflect, on average, how well nursing homes cares for their residents. Information is listed for 2 groups of residents:

Short-stay residents - those who spent 100 days or less in a nursing home

Long-stay residents - those who spent over 100 days in a nursing home

Learn more about what quality of resident care information can tell you about a nursing home

Quality of resident care *5 out of 5 stars*
Much Above Average

Short-stay residents

Learn why these short-stay measures are important

Current data collection period

	MN VETERANS HOME - LUVERNE	MINNESOTA AVERAGE	NATIONAL AVERAGE
Percentage of short-stay residents who improved in their ability to move around on their own. ***Higher*** *percentages are better.*	NOT AVAILABLE	75.5%	66.7%
Percentage of short-stay residents who were re-hospitalized after a nursing home admission. ***Lower*** *percentages are better.*	NOT AVAILABLE	20.3%	21.1%

	MN VETERANS HOME - LUVERNE	MINNESOTA AVERAGE	NATIONAL AVERAGE
Percentage of short-stay residents who have had an outpatient emergency department visit. *Lower percentages are better.*	NOT AVAILABLE	12.0%	11.9%
Percentage of short-stay residents who were successfully discharged to the community. *Higher percentages are better.*	NOT AVAILABLE	62.8%	57.0%
Percentage of short-stay residents who report moderate to severe pain. *Lower percentages are better.*	35.0%	20.8%	14.1%
Percentage of short-stay residents with pressure ulcers that are new or worsened. *Lower percentages are better.*	0.0%	1.0%	0.9%
Percentage of short-stay residents who needed and got a flu shot for the current flu season. *Higher percentages are better.*	NOT AVAILABLE	82.2%	80.6%
Percentage of short-stay residents who needed and got a vaccine to prevent pneumonia. *Higher percentages are better.*	96.0%	84.5%	82.8%
Percentage of short-stay residents who got antipsychotic medication for the first time. *Lower percentages are better.*	NOT AVAILABLE	1.6%	2.0%

Long-stay residents

Learn why these long-stay measures are important

Current data collection period

	MN VETERANS HOME - LUVERNE	MINNESOTA AVERAGE	NATIONAL AVERAGE
Percentage of long-stay residents experiencing one or more falls with major injury. *Lower percentages are better.*	4.6%	4.1%	3.4%
Percentage of long-stay residents with a urinary tract infection. *Lower percentages are better.*	1.3%	3.4%	3.8%
Percentage of long-stay residents who report moderate to severe pain. *Lower percentages are better.*	15.7%	9.6%	5.9%
Percentage of long-stay high-risk residents with pressure ulcers. *Lower percentages are better.*	0.6%	4.3%	5.6%
Percentage of long-stay low-risk residents who lose control of their bowels or bladder. *Lower percentages are better.*	24.1%	51.1%	47.6%
Percentage of long-stay residents who have or had a catheter inserted and left in their bladder. *Lower percentages are better.*	2.7%	2.2%	2.0%
Percentage of long-stay residents who were physically restrained. *Lower percentages are better.*	0.0%	0.1%	0.5%

	MN VETERANS HOME - LUVERNE	MINNESOTA AVERAGE	NATIONAL AVERAGE
Percentage of long-stay residents whose ability to move independently worsened. *Lower percentages are better.*	15.1%	17.1%	18.3%
Percentage of long-stay residents whose need for help with daily activities has increased. *Lower percentages are better.*	15.9%	14.4%	15.1%
Percentage of long-stay residents who lose too much weight. *Lower percentages are better.*	9.2%	7.3%	7.1%
Percentage of long-stay residents who have symptoms of depression. *Lower percentages are better.*	1.3%	4.2%	5.0%
Percentage of long-stay residents who got an antianxiety or hypnotic medication. *Lower percentages are better.*	14.1%	13.1%	22.9%
Percentage of long-stay residents who needed and got a flu shot for the current flu season. *Higher percentages are better.*	100.0%	96.7%	94.8%
Percentage of long-stay residents who needed and got a vaccine to prevent pneumonia. *Higher percentages are better.*	100.0%	95.7%	94.0%

	MN VETERANS HOME - LUVERNE	MINNESOTA AVERAGE	NATIONAL AVERAGE
Percentage of long-stay residents who got an antipsychotic medication. *Lower percentages are better.*	16.2%	13.8%	15.9%

Penalties

MN VETERANS HOME - LUVERNE

Overall rating: *5 out of 5 stars* **Much Above Average**

Learn more about the overall star ratings

Penalties

When a nursing home gets a serious citation or fails to correct a citation for a long period of time, this can result in a penalty. A penalty can be a fine against the nursing home or a denied payment from Medicare.

Search for penalties under state law.

Learn more about penalties.

Federal fines in the last 3 years	0
Amount(s) and date(s)	This nursing home has not received any fines in the last 3 years. States may also impose penalties under state law. To search state websites Click here.

Payment denials by Medicare in the last 3 years	0
Date(s)	This nursing home has not received any payment denials in the last 3 years. States may also impose penalties under state law. To search state websites click here.

Design for *Nursing Home Compare* Five-Star Quality Rating System:

Technical Users' Guide

January 2017

Note: In July 2016, the Centers for Medicare & Medicaid Services (CMS) made several changes to the quality measure (QM) domain of the Five Star Nursing Home Quality Rating System. These include the addition of five new measures and several methodological changes. The new measures are:

- ***Percentage of short-stay residents who were successfully discharged to the community (claims-based)***
- ***Percentage of short-stay residents who have had an outpatient emergency department visit (claims-based)***
- ***Percentage of short-stay residents who were re-hospitalized after a nursing home admission (claims-based)***
- ***Percentage of short-stay residents who made improvements in function (MDS-based)***
- ***Percentage of long-stay residents whose ability to move independently worsened (MDS-based)***

These measures greatly expand the number of short-stay measures used on Nursing Home Compare and add important domains not covered by other measures. The five new QMs will be phased in between July 2016 and January 2017. As of January 2017, the five QMs incorporated into the rating in July 2016 have the same weight as the other eleven QMs.

The methodological changes introduced in July include:

- ***Using four quarters of data rather than three for determining QM ratings.***
- ***Reducing the minimum denominator for all measures (short-stay, long-stay, and claims-based) to 20 summed across four quarters.***
- ***Revising the imputation methodology for QMs with low denominators meeting specific criteria. A facility's own available data will be used and the state average will be used to reach the minimum denominator.***
- ***Using national cut points for assigning points for the ADL QM rather than state-specific thresholds.***

These changes are described in more detail in the Quality Measure Domain section of this document.

Introduction

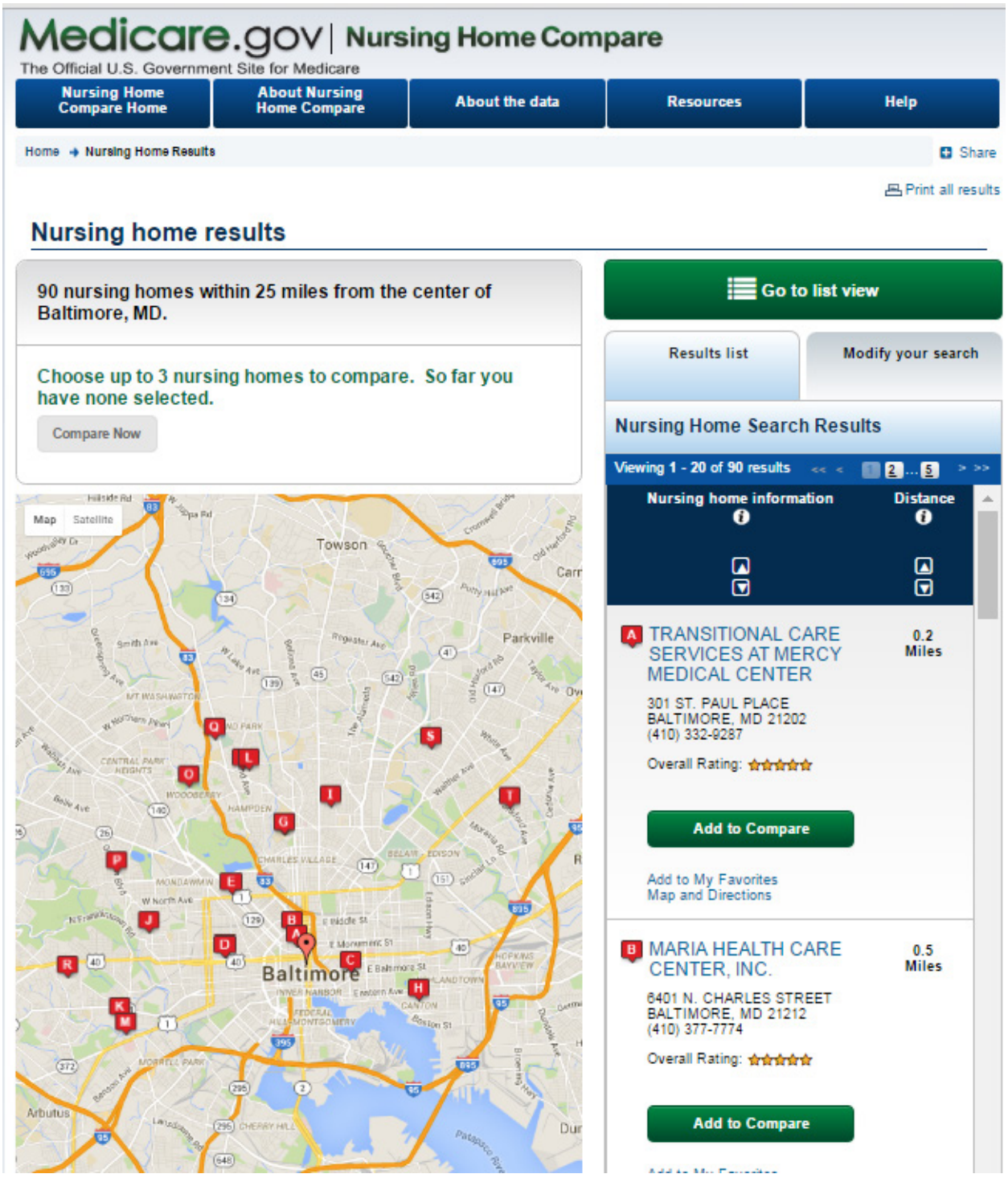
In December 2008, The Centers for Medicare & Medicaid Services (CMS) enhanced its *Nursing Home Compare* public reporting site to include a set of quality ratings for each nursing home that participates in Medicare or Medicaid. The ratings take the form of several "star" ratings for each nursing home. The primary goal of this rating system is to provide residents and their families with an easy way to understand assessment of nursing home quality, making meaningful distinctions between high and low performing nursing homes.

This document provides a comprehensive description of the design for the *Nursing Home Compare* Five-Star Quality Rating System. This design was developed by CMS with assistance from Abt Associates, invaluable advice from leading researchers in the long-term care field who comprise the Technical Expert Panel (TEP) for this project, and numerous ideas contributed by consumer and provider groups. All of these organizations and groups have continued to contribute their input as the rating system has been refined and updated to incorporate newly available data. We believe the Five-Star Quality Rating System continues to offer valuable and comprehensible information to consumers based on the best data currently available. The rating system features an Overall Quality Rating of one to five stars based on facility performance for three types of measures, each of which has its own five-star rating:

- ***Health Inspections - Measures based on outcomes from State health inspections:*** Facility ratings for the health inspection domain are based on the number, 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. All deficiency findings are weighted by scope and severity. This measure also takes into account the number of revisits required to ensure that deficiencies identified during the health inspection survey have been corrected.
- ***Staffing - Measures based on nursing home staffing levels:*** Facility ratings on the staffing domain are based on two measures: 1) Registered nurse (RN) hours per resident day; and 2) total staffing hours (RN+ licensed practical nurse (LPN) + nurse aide hours) per resident day. Other types of nursing home staff such as clerical or housekeeping staff are not included in these staffing numbers. These staffing measures are derived from the CMS Certification and Survey Provider Enhanced Reports (CASPER) system, and are case-mix adjusted based on the distribution of Minimum Data Set, Version 3.0 (MDS 3.0) assessments by Resource utilization groups, version III (RUG-III) group.
- ***QMs - Measures based on MDS and claims-based quality measures (QMs):*** Facility ratings for the quality measures are based on performance on 16 of the 24 QMs that are currently posted on the *Nursing Home Compare* web site, and that are based on MDS 3.0 assessments as well as hospital and emergency department claims. These include nine long-stay measures and seven short-stay measures.

In recognition of the multi-dimensional nature of nursing home quality, *Nursing Home Compare* displays information on facility ratings for each of these domains alongside the overall performance rating. Further, in addition to the overall staffing five-star rating mentioned above, a five-star rating for RN staffing is also displayed separately on the Nursing Home Compare website, when users seek more information on the staffing component.

An example of the rating information included on *Nursing Home Compare* is shown in the figure below. Users of the web site can drill down on each domain to obtain additional details on facility performance.



A companion document to this Technical Users' Guide (*Nursing Home Compare* – Five Star Quality Rating System: Technical Users' Guide – State-Level Cut Point Tables) provides the data for the state-level cut points for the star ratings included in the health inspection. The data table in the companion document will be updated monthly. Cut points for the staffing ratings have been fixed and do not vary

monthly. Data tables giving the cut points for the staffing ratings are included in Tables 4 and 5 in this Technical Users' Guide.

Methodology for Constructing the Ratings

Health Inspection Domain

Nursing homes that participate in the Medicare and/or Medicaid programs have an onsite recertification (standard) ("comprehensive") inspection annually *on average*, with very rarely more than fifteen months elapsing between inspections for any one particular nursing home. Inspections are unannounced and are conducted by a team of health care professionals who spend several days in the nursing home to assess whether the nursing home is in compliance with federal requirements. These inspections provide a comprehensive assessment of the nursing home, reviewing facility practice and policies in such areas as resident rights, quality of life, medication management, skin care, resident assessment, nursing home administration, environment, and kitchen/food services. The methodology for constructing the health inspection rating is based on the three most recent recertification surveys for each nursing home, complaint deficiencies during the most recent three-year period, and any repeat revisits needed to verify that required corrections have brought the facility back into compliance. The Five-Star Quality Rating System uses more than 200,000 records for the health inspection domain alone.

Scoring Rules

CMS calculates a health inspection score based on points assigned to deficiencies identified in each active provider's three most recent recertification health inspections, as well as on deficiency findings from the most recent three years of complaint inspections.

- ***Health Inspection Results***: Points are assigned to individual health deficiencies according to their scope and severity –more serious, widespread deficiencies receive more points, with additional points assigned for substandard quality of care (see Table 1).. If the status of the deficiency is "past non-compliance" and the severity is "immediate jeopardy" (i.e., J-, K- or L-level), then points associated with a G- level deficiency are assigned. Deficiencies from Life Safety surveys are not included in calculations for the Five-Star rating. Deficiencies from Federal Comparative Surveys are not reported on *Nursing Home Compare* or included in *Five Star* calculations, though the results of State Survey Agency determinations made during a Federal Oversight Survey are included.
- ***Repeat Revisits - Number of repeat revisits required to confirm that correction of deficiencies have restored compliance***: No points are assigned for the first revisit; points are assigned only for the second, third, and fourth revisits and are proportional to the health inspection score for the survey cycle (Table 2). If a provider fails to correct deficiencies by the time of the first revisit, then these additional revisit points are assigned up to 85 percent of the health inspection score for the fourth revisit. CMS experience is that providers who fail to demonstrate restored compliance with safety and quality of care requirements during the first revisit have lower quality of care than other nursing homes. More revisits are associated with more serious quality problems.

CMS calculates a total health inspection score for each facility. The total score is calculated as the facility's weighted deficiency score (including any repeat revisit points). Note that a lower survey score corresponds to fewer deficiencies and revisits, and thus better performance on the health inspection

domain. In calculating the total weighted score, more recent surveys are weighted more heavily than earlier surveys with the most recent period (cycle 1) being assigned a weighting factor of 1/2, the previous period (cycle 2) having a weighting factor of 1/3, and the second prior survey (cycle 3) having a weighting factor of 1/6. The individual weighted time period scores are then summed to create the total weighted survey score for each facility.

Complaint inspections are assigned to a time period based on the most recent 12 month period in which the complaint survey occurred. Complaint inspections that occurred within the most recent 12 months preceding the current web site update date receive a weighting factor of 1/2; those from 13-24 months ago have a weighting factor of 1/3, and those from 25-36 months ago have a weighting factor of 1/6. There are some deficiencies that appear on both standard and complaint inspections. To avoid potential double-counting, deficiencies that appear on complaint inspections that are conducted within 15 days of a recertification inspection (either prior to or after the recertification inspection) are counted only once. If the scope or severity differs between the two inspections, the highest scope-severity combination is used. Points from complaint deficiencies from a given period are added to the health inspection score before calculating revisit points, if applicable.

For facilities missing data for one period, the health inspection score is determined based on the periods for which data are available, using the same relative weights, with the missing (third) survey weight distributed proportionately to the existing two inspections. Specifically, when there are only two recertification inspections, the most recent receives 60 percent weight and the prior receives 40 percent weight. Facilities with only one standard health inspection are considered not to have sufficient data to determine a health inspection rating and are set to missing for the health inspection domain. For these facilities, no composite rating is assigned and no ratings are reported for the staffing or QM domains even if these ratings are available.

Table 1
Health Inspection Score: Weights for Different Types of Deficiencies

Severity	Scope		
	Isolated	**Pattern**	**Widespread**
Immediate jeopardy to resident health or safety	**J** 50 points* (75 points)	**K** 100 points* (125 points)	**L** 150 points* (175 points)
Actual harm that is not immediate jeopardy	**G** 20 points	**H** 35 points (40 points)	**I** 45 points (50 points)
No actual harm with potential for more than minimal harm that is not immediate jeopardy	**D** 4 points	**E** 8 points	**F** 16 points (20 points)
No actual harm with potential for minimal harm	**A** 0 point	**B** 0 points	**C** 0 points

Note: Figures in parentheses indicate points for deficiencies that are for substandard quality of care.

Shaded cells denote deficiency scope/severity levels that constitute substandard quality of care if the requirement which is not met is one that falls under the following federal regulations: 42 CFR 483.13 resident behavior and nursing home practices, 42 CFR 483.15 quality of life, 42 CFR 483.25 quality of care.

* If the status of the deficiency is “past non-compliance” and the severity is Immediate Jeopardy, then points associated with a ‘G-level” deficiency (i.e., 20 points) are assigned.

Source: Centers for Medicare & Medicaid Services

Table 2
Weights for Repeat Revisits

Revisit Number	Noncompliance Points
First	0
Second	50 percent of health inspection score
Third	70 percent of health inspection score
Fourth	85 percent of health inspection score

Note: The health inspection score includes points from deficiencies cited on the standard health inspection and complaint inspections during a given survey cycle.

Rating Methodology

Health inspections are based on federal regulations, which surveyors implement using national interpretive guidance and a federally-specified survey process. Federal staff train State inspectors and oversee State performance. The federal oversight includes quality checks based on a 5% sample of the health inspections performed by States, in which Federal inspectors either accompany State inspectors or replicate the inspection within 60 days of the State and then compare results. These control systems are designed to improve consistency in the survey process. Nonetheless there remains variation among states in both inspection process and outcomes. Such variation derives from many factors, including:

- ***Survey Management:*** Variation among states in the skill sets of inspectors, supervision of inspectors , and the inspection processes;
- ***State Licensure***: State licensing laws set forth different expectations for nursing homes and affect the interaction between State enforcement and Federal enforcement (for example, a few states conduct many complaint investigations based on State licensure, and issue citations based on State licensure rather than on the Federal regulations);
- ***Medicaid Policy:*** Medicaid pays for the largest proportion of long term care in nursing homes. Nursing home eligibility rules, payment, and other policies in the State-administered Medicaid program may be associated with differences in survey outcome.

For the above reasons, CMS bases Five-Star quality ratings in the health inspection domain on the relative performance of facilities within a state. This approach helps control for variation among states. CMS determines facility ratings using these criteria:

- The top 10 percent (with the lowest health inspection weighted scores) in each state receive a health inspection rating of five stars.
- The middle 70 percent of facilities receive a rating of two, three, or four stars, with an equal number (approximately 23.33 percent) in each rating category.
- The bottom 20 percent receive a one-star rating.

Cut points are re-calibrated each month so that the distribution of star ratings within states remains relatively constant over time. However, the rating for a given facility is held constant until there is a change in the weighted health inspection score for that facility, regardless of changes in the statewide distribution. Items that could change the health inspection score include the following:

- A new health inspection;
- A complaint investigation that results in one or more deficiency citations;
- A second, third, or fourth revisit;
- Resolution of an Informal Dispute Resolutions (IDR) or Independent Informal Dispute Resolutions (IIDR) resulting in changes to the scope and/or severity of deficiencies;
- The "aging" of complaint deficiencies. Specifically, as noted above, complaint surveys are assigned to a time period based on the most recent 12 month period in which the complaint survey occurred; thus, when a complaint deficiency ages into a different cycle, it receives less weight in the scoring process, resulting in a lower health inspection score and potentially a change in health inspection rating.

In the very rare case that a state or territory has fewer than five facilities upon which to generate the cut points, the national distribution of health inspection scores is used. Cut points for the health inspection ratings can be found in the Cut Point Table in the companion document to this Technical Users' Guide: Five Star Quality Rating System State-Level Cut Point Tables available in the 'downloads' section at: https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcomplianc/fsqrs.html.

Staffing Domain

There is considerable evidence of a relationship between nursing home staffing levels and resident outcomes. The CMS Staffing Study found a clear association between nurse staffing ratios and nursing home quality of care, identifying specific ratios of staff to residents below which residents are at substantially higher risk of quality problems.[1]

The rating for staffing is based on two case-mix adjusted measures:

1. Total nursing hours per resident day (RN + LPN + nurse aide hours)
2. RN hours per resident day

The source document for the reported staffing hours is the CMS form CMS-671 (Long Term Care Facility Application for Medicare and Medicaid) obtained from CASPER. The resident census is based on the count of total residents from the CMS form CMS-672 (Resident Census and Conditions of Residents). The specific fields that are used in the RN, LPN, and nurse aide hours calculations are:

- RN hours: Includes registered nurses (tag number F41 on the CMS-671 form), RN director of nursing (F39), and nurses with administrative duties (F40).

[1] Kramer AM, Fish R. "The Relationship Between Nurse Staffing Levels and the Quality of Nursing Home Care." Chapter 2 in Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes: Phase II Final Report. Abt Associates, Inc., Winter 2001.

- LPN hours: Includes licensed practical/licensed vocational nurses (F42)
- Nurse aide hours: Includes certified nurse aides (F43), aides in training (F44), and medication aides/technicians (F45)

Note that the CASPER staffing data include both facility employees (full time and part time) and individuals under an organization (agency) contract or an individual contract. The CASPER staffing data do not include "private duty" nursing staff reimbursed by a resident or his/her family. Also not included are hospice staff and feeding assistants. The staffing hours reported on the CMS-671 form are for the residents in the Medicare- and/or Medicaid-certified beds only.

CMS uses a set of exclusion criteria to identify facilities with highly improbable CASPER staffing data, and neither staffing data nor a staffing rating are reported for these facilities (displaying "Data Not Available" on the Nursing Home Compare website).

The resident census, used in the denominator of the staffing calculations uses data reported in block F78 of the CMS-672 form. This includes the total number of residents in Medicare- and/or Medicaid-certified beds and the number for whom a bed is being maintained on the day the nursing home survey begins (bed-holds). Bed-holds typically involve residents temporarily away in a hospital or on leave. The CMS-671 form separately collects hours for full-time, part-time, and contract staff. These hours are converted to full-time equivalents (FTE), which are summed across full time, part time, and contract staff and converted to hours per resident per day (HRD) as follows:

$$\textbf{HRD = total hours for each nursing discipline/resident census/14 days}$$

This calculation is done separately for RNs, LPNs, and Nurse Aides as described above, and all three of these are summed to calculate total nursing hours.

Case-Mix Adjustment

CMS adjusts the reported staffing ratios for case-mix, using Resource Utilization Group (RUG-III) case-mix system. The CMS Staff Time Measurement Studies recorded the number of RN, LPN, and nurse aide minutes associated with each RUG-III group (using the 53 group version of RUG-III). CMS calculates case-mix adjusted hours per resident day for each facility for each staff type using this formula:

$$\textbf{Hours}_{\textbf{Adjusted}} = (\textbf{Hours}_{\textbf{Reported}}/\textbf{Hours}_{\textbf{Expected}}) * \textbf{Hours}_{\textbf{National Average}}$$

where $\text{Hours}_{\text{National Average}}$ is the mean across all facilities of the reported hours per resident day for a given staff type. The expected values are based on the distribution of residents by RUG-III group in the quarter closest to the date of the most recent standard survey (when the staffing data were collected) and measures of the expected RN, LPN, and nurse aide hours that are based on data from the CMS 1995 and 1997 Staff Time Measurement Studies (see Table A1). The distribution of residents by RUG-III group is determined using the most recent MDS assessment for current residents of the nursing home on the last day of the quarter.

The data used in the RUG calculations are based on a summary of MDS information for residents currently in the nursing home. The MDS assessment information for each active nursing home resident is consolidated to create a profile of the most recent standard information for the resident. An active resident is defined as a resident who, on the last day of the quarter, has no discharge assessment and whose most recent MDS transaction is less than 180 days old (this allows for 93 days between quarterly assessments,

plus time for completion and submission of the assessments). The active resident information can represent a composite of items taken from the most recent OBRA-required and Scheduled-PPS assessments. Different items may come from different assessments. The intention is to create a profile with the most recent standard information for an active resident, regardless of source of information. These data are used to place each resident in a RUG category.

For the Five-Star rating, a "draw" of the most recent RUG category distribution data is done for every nursing facility on the last business day of the last month of each quarter. The Five-Star rating makes use of the distribution for the quarter in which the staffing data were collected. For each facility, a "target" date that is seven days prior to the most recent standard survey date is assigned. The rationale for this target is that the staffing data reported for CASPER covers the two-week period prior to the survey, with seven days being the midpoint of that interval. If RUG data are available for the facility for the quarter containing that survey "target" date, that quarter of RUG data is used for the case mix adjustment. In instances when the quarter of RUG data containing the survey target date is not available for a given facility, the quarter of available RUG data that is closest to that target date - either before or after – is selected. Closest is defined as having the smallest absolute value for the difference between the survey target date and the midpoint of the available RUG quarter(s). If the RUG data for the quarter in which the survey was conducted becomes available subsequently, the staffing rating will be recalculated to reflect these more appropriate data, and this might change the staffing rating. The staffing rating calculated using staffing data and RUG data from the same quarter will be held constant for a nursing home until new staffing data are collected for the facility.

Expected hours are calculated by summing the nursing times in minutes (from the CMS Time Study found in Appendix Table A1) connected to each RUG category across all residents in the category and across all categories. The total minutes are then divided by the number of residents included in the calculations. The number of minutes per resident is converted to hours by dividing by 60. The result is the "expected" number of hours per resident day for each nursing category.

The "reported" hours are those reported by the facility on the CMS-671 form from the most recent standard survey, while the "national average" hours (shown in Table 3) represent the unadjusted national mean of the reported hours across all facilities for December, 2011.

Table 3
National Average Hours per Resident Day Used To Calculate Adjusted Staffing (as of April 2012)

Type of staff	National average hours per resident per day
Total nursing staff (Aides + LPNs + RNs)	4.0309
Registered nurses	0.7472

The calculations of "expected", "reported", and "national average" hours are performed separately for RNs and for all staff delivering nursing care (RNs, LPNs, and CNAs). Adjusted hours are also calculated for both groups using the formula discussed earlier in this section.

A downloadable file that contains the "expected", "reported" and "case-mix adjusted" hours used in the staffing calculations is available at: http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/FSQRS.html. The file, referred to as the "Expected and Adjusted Staff Time Values Data Set," contains data for both RNs and total staff for each individual nursing home.

Scoring Rules

The two staffing measures (RN and total nursing staff) are given equal weight. For each of RN staffing and total staffing, a 1 to 5 rating is assigned based on a percentile-based method (where percentiles are based on the distribution for freestanding facilities[2]) (Table 4). For each facility, the overall staffing rating is assigned based on the combination of the two staffing ratings (Table 5).

The percentile cut points (data boundaries between each star category) were determined using the data available as of December 2011. This was the first update of the cut points since December 2008 and was necessary because of changes in the expected staffing due to MDS 3.0. The cut points were set so that the changes in expected staffing due to MDS 3.0 would not impact the overall distribution of the five-star ratings; that is, they were selected so that the proportion of nursing homes in each rating category would initially (i.e. for April 2012) be the same as it was in December 2011. CMS will evaluate whether further rebasing is needed on an annual basis. A major advantage of using fixed cut-points is that it allows the distribution of staffing ratings to change over time. Nursing homes that seek to improve their staffing rating, for example, can ascertain the increased levels at which they would earn a higher star rating for the staffing domain.

Table 4

National Star Cut Points for Staffing Measures, Based on Case-Mix Adjusted Hours per Resident Day (updated April 2012)

Staff type	1 star	2 stars lower	2 stars upper	3 stars lower	3 stars upper	4 stars lower	4 stars upper	5 stars
RN	< 0.283	≥0.283	< 0.379	≥0.379	< 0.513	≥0.513	< 0.710	≥0.710
Total	< 3.262	≥3.262	< 3.661	≥3.661	< 4.173	≥4.173	< 4.418	≥4.418

Note: Adjusted staffing values are rounded to three decimal places before the cut points are applied.

Rating Methodology

Facility ratings for overall staffing are based on the combination of RN and total nurse (RNs, LPNs, and CNAs) staffing ratings as shown in Table 5. To receive an overall staffing rating of five stars, facilities must achieve a rating of five stars for both RN and total staffing. To receive a four-star staffing rating, facilities must receive at least a three-star rating on one (either the RN or total nurse staffing) and a rating of four or five stars on the other.

[2] The distribution for freestanding facilities was used because of concerns about the reliability of staffing data for some hospital-based facilities.

Table 5

Staffing Points and Rating (updated February 2015)

RN rating and hours		Total nurse staffing rating and hours (RN, LPN and nurse aide)				
		1	2	3	4	5
		<3.262	3.262 – 3.660	3.661 – 4.172	4.173 – 4.417	≥4.418
1	<0.283	★	★	★★	★★	★★★
2	0.283 – 0.378	★	★★	★★★	★★★	★★★
3	0.379 – 0.512	★★	★★★	★★★	★★★★	★★★★
4	0.513 – 0.709	★★	★★★	★★★★	★★★★	★★★★
5	≥0.710	★★★	★★★	★★★★	★★★★	★★★★★

Note: Adjusted staffing values are rounded to three decimal places before the cut points are applied.

Quality Measure Domain

A set of quality measures (QMs) has been developed from Minimum Data Set (MDS) and Medicare claims data to describe the quality of care provided in nursing homes. These measures address a broad range of function and health status indicators. The facility rating for the QM domain is based on its performance on a subset of 13 (out of 24) of the MDS-based QMs and three MDS- and Medicare claims-based measures currently posted on Nursing Home Compare. The measures were selected based on their validity and reliability, the extent to which facility practice may affect the measure, statistical performance, and importance. Five additional measures (indicated below) were added to the Five-Star rating system in July 2016.

Measures for Long-Stay residents (residents in the facility for greater than 100 days) that are derived from MDS assessments:

- Percentage of residents whose need for help with activities of daily living has increased
- **(ADDED JULY 2016):** Percentage of residents whose ability to move independently worsened
- Percentage of high risk residents with pressure ulcers (sores)
- Percentage of residents who have/had a catheter inserted and left in their bladder
- Percentage of residents who were physically restrained
- Percentage of residents with a urinary tract infection
- Percentage of residents who self-report moderate to severe pain
- Percentage of residents experiencing one or more falls with major injury
- Percentage of residents who received an antipsychotic medication

Measures for Short-Stay residents that are derived from MDS assessments:

- **(ADDED JULY 2016):** Percentage of residents whose physical function improves from admission to discharge

- Percentage of residents with pressure ulcers (sores) that are new or worsened
- Percentage of residents who self-report moderate to severe pain
- Percentage of residents who newly received an antipsychotic medication

Measures for Short-Stay residents that are derived from claims data and MDS assessments:

- **(ADDED JULY 2016):** Percentage of residents who were re-hospitalized after a nursing home admission
- **(ADDED JULY 2016):** Percentage of residents who have had an outpatient emergency department visit
- **(ADDED JULY 2016):** Percentage of residents who were successfully discharged to the community

Table 6 contains more detailed information on these measures. Technical specifications for the complete set of MDS-based QMs are available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V10.pdf Technical specifications for the claims-based measures are available at: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/Downloads/New-Measures-Technical-Specifications-DRAFT-04-05-16-.pdf.

Values for five of the MDS-based QMs (mobility decline, catheter, long-stay pain, short-stay functional improvement, and short-stay pressure ulcers) are risk adjusted, using resident-level covariates that adjust for resident factors associated with differences in the performance on the QM. For example, the catheter risk-adjustment model takes into account whether or not residents had bowel incontinence or pressure sores on the prior assessment. Additionally, all three of the claims-based measures are also risk adjusted using both items from Medicare Part A claims that preceded the start of the nursing home stay and information from the first MDS assessment associated with the nursing home stay.

The risk-adjustment methodology is described in more detail in the technical specification documents referenced above. The covariates and the coefficients used in the risk-adjustment models are reported in Table A-2 in the Appendix.

CMS calculates ratings for the QM domain using the **four** most recent quarters for which data are available. This time period specification was selected to increase the number of assessments available for calculating the QM rating. This increases the stability of estimates and reduces the amount of missing data. The adjusted four-quarter QM values for each of the MDS-based QMs used in the five-star algorithm are computed as follows:

$$QM_{4Quarter} = [(QM_{Q1} * D_{Q1}) + (QM_{Q2} * D_{Q2}) + (QM_{Q3} * D_{Q3}) + (QM_{Q4} * D_{Q4})]/(D_{Q1} + D_{Q2} + D_{Q3} + D_{Q4})$$

Where QM_{Q1}, QM_{Q2}, QM_{Q3}, and QM_{Q4} correspond to the adjusted QM values for the four most recent quarters and D_{Q1}, D_{Q2}, and D_{Q3} D_{Q4} are the denominators (number of eligible residents for the particular QM) for the same four quarters.

Values for the three claims-based measures are calculated in a similar manner, except that the data used to calculate the measures use a full year of data rather than being broken out separately by quarter.

Table 6 Quality Measures Used in the Five-Star Quality Measure Rating Calculation

Measure	Comments
MDS Long-Stay Measures	
Percentage of residents whose ability to move independently worsened	This measure is a change measure that reports the percent of long-stay residents who have demonstrated a decline in independence of locomotion when comparing the target assessment to a prior assessment. Residents who lose mobility may also lose the ability to perform other activities of daily living, like eating, dressing, or getting to the bathroom.
Percentage of residents whose need for help with activities of daily living has increased[1]	This measure reports the percentage of long-stay residents whose need for help with late-loss Activities of Daily Living (ADLs) has increased when compared to the prior assessment. This is a change measure that reflects worsening performance on at least two late loss ADLs by one functional level or on one late loss ADL by more than one functional level compared to the prior assessment. The late loss ADLs are bed mobility, transfer, eating, and toileting. Maintenance of ADLs is related to an environment in which the resident is up and out of bed and engaged in activities. The CMS Staffing Study found that higher staffing levels were associated with lower rates of increasing dependence in ADLs.
Percentage of high-risk residents with pressure ulcers	This measure captures the percentage of long-stay, high-risk residents with Stage II-IV pressure ulcers**.** Residents at high risk for pressure ulcers are those who are impaired in bed mobility or transfer, who are comatose, or who suffer from malnutrition.
Percentage of residents who have/had a catheter inserted and left in their bladder	This measure reports the percentage of residents who have had an indwelling catheter in the last seven days. Indwelling catheter use may result in complications, like urinary tract or blood infections, physical injury, skin problems, bladder stones, or blood in the urine.
Percentage of residents who were physically restrained	This measure reports the percentage of long-stay residents who are physically restrained on a daily basis. A resident who is restrained daily can become weak, lose his or her ability to go to the bathroom without help, and develop pressure ulcers or other medical complications.
Percentage of residents with a urinary tract infection	This measure reports the percentage of long-stay residents who have had a urinary tract infection within the past 30 days. Urinary tract infections can often be prevented through hygiene and drinking enough fluid. Urinary tract infections are relatively minor but can lead to more serious problems and cause complications like delirium if not treated.
Percentage of residents who self-report moderate to severe pain	This measure captures the percentage of long-stay residents who report either (1) almost constant or frequent moderate to severe pain in the last five days or (2) any very severe/horrible pain in the last 5 days.
Percentage of residents experiencing one or more falls with major injury	This measure reports the percentage of long-stay residents who have experienced one or more falls with major injury reported in the target period or look-back period (one full calendar year).
Percentage of residents who received an antipsychotic medication	This measure reports the percentage of long-stay residents who are receiving antipsychotic drugs in the target period. Reducing the rate of antipsychotic medication use has been the focus of several CMS initiatives.
MDS Short-Stay Measures	
Percentage of residents whose physical function improves from admission to discharge	This measure assesses the percentage of short-stay residents whose independence in three mobility functions (i.e., transfer, locomotion, and walking) increases over the course of the nursing home care episode.
Percentage of residents with pressure ulcers that are new or worsened	This measure captures the percentage of short-stay residents with new or worsening Stage II-IV pressure ulcers.
Percentage of residents who self-report moderate to severe pain	This measure captures the percentage of short-stay residents, with at least one episode of moderate/severe pain or horrible/excruciating pain of any frequency, in the last 5 days.

Table 6 Quality Measures Used in the Five-Star Quality Measure Rating Calculation	
Measure	**Comments**
Percentage of residents who newly received an antipsychotic medication	This measure reports the percentage of short-stay residents who are receiving an antipsychotic medication during the target period but not on their initial assessment.
Claims-Based Short-Stay Measures	
Percentage of residents who were re-hospitalized after a nursing home admission	This measure reports the percentage of all new admissions or readmissions to a nursing home from a hospital where the resident was re-admitted to a hospital for an inpatient or observation stay within 30 days of entry or reentry.
Percentage of short-stay residents who have had an outpatient emergency department (ED) visit	This measure reports the percentage of all new admissions or readmissions to a nursing home from a hospital where the resident had an outpatient ED visit (i.e., an ED visit not resulting in an inpatient hospital admission) within 30 days of entry or reentry.
Percentage of short-stay residents who were successfully discharged to the community	This measure reports the percentage of all new admissions to a nursing home from a hospital where the resident was discharged to the community within 100 calendar days of entry and for 30 subsequent days, did not die, was not admitted to a hospital for an unplanned inpatient stay, and was not readmitted to a nursing home.

[1]Indicates ADL QM as referenced in scoring rules
Sources: Based on information from the AHRQ Measures Clearinghouse and the NHVBP Draft Design Report and the MDS 3.0 Quality Measures User's Manual.

Missing Data and Imputation

Consistent with the specifications used for *Nursing Home Compare,* MDS-based measures are reported if the measure can be calculated for at least 20 residents' assessments (summed across **four** quarters of data to enhance measurement stability) for both the long- and short-stay QMs. The claims-based measures are reported if the measure can be calculated for at least 20 nursing home stays over the course of the year.

For facilities with missing data or an inadequate denominator size for one or more QMs, meeting the criteria described below, all available data from the facility are used. The remaining assessments (or stays) are imputed to get the facility to the minimum required sample size of 20. For example, if a facility had actual data for 12 resident assessments, the data for those 12 assessments would be used and the remaining eight assessments would be imputed using the state average to get to the minimum sample size to include the measure in the scoring for the QM rating. Missing values are imputed based on the statewide average for the measure. The imputation strategy for the missing values depends on the pattern of missing data.

- For facilities that have an adequate denominator size for at least five of the nine long-stay QMs, values are imputed for the long-stay measures with fewer than 20 assessments as described above. Points are then assigned for all nine long-stay QMs according to the scoring rules described below.
- For facilities that have an adequate denominator size for at least four of the seven short-stay QMs (including at least one of the three claims-based measures), values are imputed for the short-stay measures with smaller denominators as described above. Points are then assigned for all seven short-stay QMs according to the scoring rules described below.
- For facilities with adequate denominator sizes on four or fewer long-stay QMs, the QM rating is based on the short-stay measures only. Values for the missing long-stay QMs are not imputed, and no long-stay measures are used in determining the QM rating.

- Similarly, for facilities with adequate denominator sizes for three or fewer short-stay QMs or no claims-based QMs, the QM rating is based on the long-stay measures only. Values for the missing short-stay QMs are not imputed, and no short-stay measures are used in determining the QM rating. One exception to this is for a small number of nursing homes that have adequate denominators for all four of the MDS-based short-stay measures but none of the claims-based measures. For these nursing homes, values are not imputed for the claims-based measures; however, the points assigned for the MDS-based short-stay measures are used in generating the QM rating according to the scoring rules described below.

Scoring Rules for the Individual QMs

For each measure, 20 to 100 points (50 points for the new QMs in July 2016) are assigned based on facility performance relative to the national distribution of the QM. Points are assigned after any needed imputation of individual QM values, with the points determined in the following way:

- For long-stay ADL worsening, long-stay pressure ulcers, long-stay catheter, long-stay urinary tract infections, long-stay pain, long-stay injurious falls, and short-stay pain: facilities are grouped into quintiles based on the national distribution of the QM. The quintiles are assigned 20 points for the poorest performing quintile, 100 points for the best performing quintile, and 40, 60 or 80 points for the second, third and fourth quintiles respectively.
- The **long-stay physical restraint** and **short-stay pressure ulcer** QMs are treated slightly differently because they have low prevalence – specifically, substantially more than 20 percent (i.e. a quintile) of nursing homes have zero percent rates on these measures.
    - For the **long-stay physical restraint** QM, facilities achieving the best possible score on the QM (i.e. zero percent of residents triggering the QM) are assigned 100 points; this is about 60 percent of facilities (or three quintiles). The remaining facilities are divided into two evenly sized groups, (each with about 20 percent of nursing homes); the poorer performing group is assigned 20 points, and the better performing group is assigned 60 points.
    - The **short-stay pressure ulcer** QM is treated similarly: facilities achieving the best possible score on the QM (i.e. zero percent of residents triggering the QM) are assigned 100 points; this is about one-third of nursing homes. The remaining facilities are divided into three evenly sized groups, (each with about 23 percent of nursing homes) and assigned 25, 50 or 75 points.
- For measures that were added to the QM rating beginning in February 2015, the following scoring rules use used:
    - For the **long-stay antipsychotic medication**, **long-stay mobility decline**, **short-stay functional improvement**, and the **three claims-based measures**, facilities are divided into five groups based on the national distribution of the measure. The top-performing 10 percent of facilities receive 100 points; the poorest performing 20 percent of facilities receive 20 points; the middle 70 percent of facilities are divided into three equally sized groups (each including approximately 23.3 percent of nursing homes) and receive 40, 60 or 80 points.
    - The **short-stay antipsychotic medication** QM is treated similarly; however, because approximately 20 percent of facilities achieve the best possible score on this QM (i.e. zero percent of residents triggering the QM), these facilities all receive 100 points; the

poorest performing 20 percent of facilities receive 20 points; the remaining facilities are divided into three equally sized groups (each including approximately 20 percent of nursing homes) and receive 40, 60 or 80 points.

Note that, for all of the measures, the groupings are based on the national distribution of the QMs, prior to any imputation. For each of the MDS-derived QMs, the cut points are based on the QM distributions averaged across the four quarters of 2015. For the claims-based QMs, the cut points are based on the national distribution of the measures calculated for the period of Quarter 3 of 2014 through Quarter 2 of 2015.

Rating Methodology

After any needed imputation for individual QMs, the points are summed across all QMs based upon the scoring rules above to create a total score for each facility. The total possible score ranges between 325 and 1,600 in January 2017.

Facilities that receive a QM rating are in one of the following categories:

- They have points for all of the QMs.
- They have points for only the nine long-stay QMs (long-stay facilities).
- They have points for the nine long-stay QMs and the 4 MDS-based short-stay QMs
- They have points for only the seven short-stay QMs (short-stay facilities)
- They have points for only the four MDS-based short-stay QMs
- No values are imputed for nursing homes with data on fewer than five long-stay QMs and fewer than four short-stay QMs. No QM rating is generated for these nursing homes.

To ensure that all facilities are scored on the same scale, the total score is rescaled for long and short-stay facilities:

- If the facility has data for only the nine long-stay measures, the average of these point values is assigned for each of the seven (missing) short-stay measures and the total score is recalculated.
- If the facility has data for the nine long-stay QMs and the four MDS-based short-stay QMs but not the claims-based QMs, the average of the point values for the MDS-based short-stay QMs is assigned for each of the three (missing) claims-based measures and the total score is recalculated.
- If the facility has data for only the seven short-stay measures, the average of these point values is assigned for each of the nine (missing) long-stay measures and the total score is recalculated.
- If the facility has data for only the four MDS-based short stay QMs, but none of the long-stay QMs or the claims-based QMs, the average of the point values for the MDS-based short-stay QMs is assigned for each of the nine (missing) long-stay measures and each of the three (missing) claims-based measures and the total score is recalculated.

Once the summary QM score is computed for each facility as described above, the five-star QM rating is assigned, according to the point thresholds shown in Table 7. These thresholds were set so that the overall proportion of nursing homes would be approximately 25 percent five-star, 20 percent for each of two-, three-, and four-star and 15 percent one-star, which was the distribution in February 2015 (the previous time that new measures were added and rebasing was required). The cut points associated with these star

ratings will be held constant for a period of one year (from January 2017), allowing the distribution of the QM rating to change over time.

Table 7
Star Cut-points for Quality Measure Summary Score
(updated January 2017)

QM Rating	Point Range July 2016	Point Range January 2017
★	275 – 669	325 – 789
★★	670 – 759	790 – 889
★★★	760 – 829	890 – 969
★★★★	830 – 904	970 – 1054
★★★★★	905 – 1350	1055 – 1600

Overall Nursing Home Rating (Composite Measure)

Based on the star ratings for the health inspection domain, the staffing domain and the MDS quality measure domain, CMS assigns the overall Five-Star rating in three steps:

Step 1: Start with the health inspection rating.

Step 2: Add one star to the Step 1 result if the staffing rating is four or five stars ***and greater than*** the health inspection rating; subtract one star if the staffing rating is one star. The overall rating cannot be more than five stars or less than one star.

Step 3: Add one star to the Step 2 result if the quality measure rating is five stars; subtract one star if the quality measure rating is one star. The overall rating cannot be more than five stars or less than one star.

Note: If the health inspection rating is one star, then the overall rating cannot be upgraded by more than one star based on the staffing and quality measure ratings. If the nursing home is a Special Focus Facility (SFF) that has not graduated, the maximum overall rating is three stars.

The rationale for upgrading facilities in Step 2 that receive a rating of four of five stars for staffing (rather than limiting the upgrade to those with five stars) is that the criteria for the staffing rating is quite stringent. However, requiring that the staffing rating be greater than the health inspection rating in order for the score to be upgraded ensures that a facility with four stars on health inspections and four stars on staffing (and more than one star on the quality measure rating) does not receive an overall rating of five stars.

The rationale for limiting star rating upgrades is that two self-reported data domains should not significantly outweigh the rating from actual onsite visits from trained surveyors who have found very

serious quality of care problems. Since the health inspection rating is heavily weighted toward the most recent findings, a health inspection rating of one star reflects both a serious and recent finding.

The rationale for limiting the overall rating of a Special Focus Facility (SFF) is that the health inspection rating is weighted toward more recent results and may not fully capture the long history of "yo-yo" or "in and out" of compliance with federal safety and quality of care requirements that some nursing homes exhibit. That type of history can be characteristic of the SFF nursing homes. The Nursing Home Compare web site should reflect the most recent data available so consumers can monitor facility performance, however, the overall rating will be capped out of caution that the prior "yo-yo" pattern could be repeated. Once a facility graduates from the SFF initiative by sustaining improved compliance for about 12 months, the cap will be removed for the former SFF nursing home.

The method for determining the overall nursing home rating does not assign specific weights to the health inspection, staffing, and QM domains. The health inspection rating is the most important dimension in determining the overall rating, but, depending on the performance on the staffing and QM domains, the overall rating for a facility may be increased or decreased by up to two stars.

If a facility has no health inspection rating, then no overall rating is assigned. If a facility has no health inspection rating because it is too new to have two standard surveys, then no ratings for any domain are displayed.

Change in Nursing Home Rating

Facilities may see a change in their overall rating for a number of reasons. Since the overall rating is based on three individual domains, a change in any one of the domains can affect the overall rating.

Provided below are some potential reasons that a change in a domain could occur:

New Data for the Facility

Any new data for a facility could potentially change a star rating domain.

Events that could change the health inspection score include:

- A new health inspection,
- New complaint deficiencies,
- A second, third, or fourth revisit,
- Resolution of an Informal Dispute Resolutions (IDR) or Independent Informal Dispute Resolutions (IIDR) resulting in changes to the scope and/or severity of deficiencies, or
- The "aging" of complaint deficiencies.

The data will be included as soon as they become part of the CMS database. The timing for this can vary by state and depends on having the complete survey package for the State Survey Agency to upload to the national database. Additional inspection data may be added to the database at any time because of complaint investigations, outcomes of revisits, Informal Dispute Resolutions (IDR), or Independent Informal Dispute Resolutions (IIDR). These data may not be added in the same cycle as the standard inspection data.

Another reason the health inspection data (and therefore the rating) for a facility may change is the "aging" of one or more complaint deficiencies. Specifically, complaint investigations are assigned to a time period based on the most recent 12 month period in which the complaint investigation occurred. Thus, when a complaint deficiency ages into a prior period, it receives less weight in the scoring process and thus the weighted health inspection score may change and be compared to the state distribution at that time.

CASPER staffing data are collected at the time of the health inspection, so new staffing data will be added for a facility approximately annually. The case-mix adjustment for the staffing data is based on MDS assessment data for the current residents of the nursing home on the last day of the quarter in which the staffing data were collected (i.e. the quarter closest to the standard survey date). If the RUG data for the quarter in which the staffing data were collected are not available for a given facility, the quarter of available RUG data closest to the survey target date - either before or after – is selected. If the RUG data for the quarter in which the survey was conducted becomes available subsequently, the staffing rating will be recalculated to reflect these more appropriate data, and this might change the staffing rating. The staffing rating calculated using staffing data and RUG data from the same quarter will be held constant for a nursing home until new staffing data are collected for the facility.

Quality Measure data for the MDS-based QMs are updated on Nursing Home Compare on a quarterly basis, and the nursing home QM rating is updated at the same time. The updates occur mid-month in January, April, July, and October. The claims-based QM data will update every six months (in April and October). Changes in the quality measures may change the star rating.

Since the cut-points between star categories for the health inspection rating are based on percentile distributions that are not fixed, those cut-points may vary slightly depending on the current facility distribution in the database. However, while the cut-points for the health inspection ratings may change from month to month, the rating for a given facility is held constant until there is a change in the weighted health inspection score for that facility.

Appendix

Table A1
RUG Based Case-Mix Adjusted Nurse and Aide Staffing Minute Estimates

1995-1997 Time Study Average Times (Minutes)					
RUG-53	Resident Specific Time + Non-Resident Specific Time Minutes				
Group	STAFF TYPE				Total Minutes
	RN	LPN	Nurse Total	AIDE	All Staff Types
REHAB & EXTENSIVE					
RUX	160.67	84.89	245.56	200.67	446.22
RUL	127.90	59.19	187.10	134.57	321.67
RVX	137.28	58.33	195.61	167.54	363.15
RVL	128.93	47.75	176.67	124.30	300.97
RHX	130.42	48.69	179.12	155.39	334.50
RHL	117.25	69.00	186.25	127.00	313.25
RMX	163.88	91.36	255.24	195.76	450.99
RML	166.61	62.68	229.29	147.07	376.36
RLX	116.87	55.13	172.00	132.63	304.63
REHABILITATION					
REHAB ULTRA HIGH					
RUC	100.75	46.03	146.78	174.86	321.64
RUB	84.12	34.94	119.06	123.13	242.19
RUA	64.98	39.49	104.47	97.91	202.38
REHAB VERY HIGH					
RVC	93.31	50.21	143.52	163.59	307.10
RVB	85.90	42.54	128.44	138.37	266.81
RVA	72.04	26.53	98.56	103.49	202.05
REHAB HIGH					
RHC	94.85	45.04	139.89	166.48	306.37
RHB	100.85	34.80	135.65	130.40	266.05
RHA	89.76	27.51	117.27	102.59	219.85
REHAB MEDIUM					
RMC	78.01	49.35	127.37	172.16	299.53
RMB	88.69	38.05	126.73	140.23	266.96
RMA	94.15	34.41	128.55	116.54	245.10
REHAB LOW					
RLB	69.38	46.52	115.91	196.33	312.24
RLA	60.88	33.02	93.89	124.29	218.18

Table A1 RUG Based Case-Mix Adjusted Nurse and Aide Staffing Minute Estimates					
1995-1997 Time Study Average Times (Minutes)					
RUG-53	Resident Specific Time + Non-Resident Specific Time Minutes				
Group	STAFF TYPE				Total Minutes
	RN	LPN	Nurse Total	AIDE	All Staff Types
EXTENSIVE					
SE3	143.56	101.33	244.89	193.50	438.39
SE2	108.52	86.06	194.58	163.54	358.12
SE1	80.79	57.68	138.47	191.79	330.26
SPECIAL					
SSC	72.9	64.3	137.20	184.1	321.30
SSB	70.9	55.0	125.90	172.4	298.30
SSA	91.7	41.7	133.40	130.4	263.80
CLINICALLY COMPLEX					
CC2	85.2	42.50	127.70	191.1	318.80
CC1	55.7	57.70	113.40	176.9	290.30
CB2	61.5	41.80	103.30	159.0	262.30
CB1	59.0	36.20	95.20	147.3	242.50
CA2	58.8	43.30	102.10	130.3	232.40
CA1	59.7	37.60	97.30	103.3	200.60
IMPAIRED COGNITION					
IB2	40.0	32.0	72.00	137.2	209.20
IB1	39.0	32.0	71.00	130.0	201.00
IA2	38.0	27.0	65.00	100.0	165.00
IA1	33.0	26.0	59.00	96.0	155.00
BEHAVIOR					
BB2	40.0	30.0	70.00	136.0	206.00
BB1	38.0	28.0	66.00	130.0	196.00
BA2	38.0	30.0	68.00	90.0	158.00
BA1	34.0	25.0	59.00	73.5	132.50

Table A1
RUG Based Case-Mix Adjusted Nurse and Aide Staffing Minute Estimates

1995-1997 Time Study Average Times (Minutes)					
RUG-53	**Resident Specific Time + Non-Resident Specific Time Minutes**				
Group	**STAFF TYPE**				**Total Minutes**
	RN	**LPN**	**Nurse Total**	**AIDE**	**All Staff Types**
PHYSICAL FUNCTION					
PE2	37.0	32.0	69.00	184.8	253.80
PE1	37.0	29.4	66.40	181.6	248.00
PD2	36.0	25.0	61.00	170.0	231.00
PD1	36.0	27.6	63.60	160.0	223.60
PC2	25.6	32.8	58.40	154.4	212.80
PC1	45.1	20.6	65.70	124.2	189.90
PB2	28.0	36.8	64.80	80.6	145.40
PB1	27.5	27.7	55.20	93.9	149.10
PA2	31.9	30.6	62.50	72.9	135.40
PA1	28.2	29.8	58.00	72.8	130.80

Table A2
Coefficients for Risk-Adjustment Model

Quality Measure/Covariate	Constant (Intercept)	Coefficient
Percentage of long-stay residents who had a catheter inserted and left in their bladder	-3.645993	
1. Indicator of frequent bowel incontinence on prior assessment		0.545108
2. Indicator of pressure sores at stages II, III, or IV on prior assessment		1.967017
Percentage of long-stay residents who self-report moderate to severe pain	-2.428281	
1. Indicator of independence or modified independence in daily decision making on the prior assessment		1.044019
Percentage of short-stay residents with pressure ulcers that are new or worsened	-5.204646	
1. Indicator of requiring limited or more assistance in bed mobility on the initial assessment		1.013114
2. Indicator of bowel incontinence at least occasionally on initial assessment		0.835473
3. Indicator of diabetes or peripheral vascular disease on the initial assessment		0.412676
4. Indicator of low body mass index on the initial assessment		0.373643

Source: http://www.cms.hhs.gov/NursingHomeQualityInits/Downloads/NHQIQMUsersManual.pdf

Table A3
Ranges for Point Values for Quality Measures, Using Four Quarter Average Distributions[1, 4]

Quality measure	For QM values		Number of QM points is…[2]	
	between...	and...	July 2016	January 2017
ADL Decline (long-stay)	0.00000000	0.10049021	100	100
	0.10049022	0.13483145	80	80
	0.13483146	0.16778523	60	60
	0.16778524	0.20794393	40	40
	0.20794394	1.00000000	20	20
Moderate to Severe Pain (long-stay)	0.00000000	0.02201134	100	100
	0.02201135	0.04988420	80	80
	0.04988421	0.08311380	60	60
	0.08311381	0.13081113	40	40
	0.13081114	1.00000000	20	20
High risk pressure Ulcers (long-stay)	0.00000000	0.02654868	100	100
	0.02654869	0.04453437	80	80
	0.04453438	0.06181819	60	60
	0.06181820	0.08633095	40	40
	0.08633096	1.00000000	20	20
Catheter (long-Stay)	0.00000000	0.01073927	100	100
	0.01073928	0.02094371	80	80
	0.02094372	0.03178361	60	60
	0.03178362	0.04745521	40	40
	0.04745522	1.00000000	20	20
Urinary Tract Infection (long-stay)	0.00000000	0.01851851	100	100
	0.01851852	0.03423682	80	80
	0.03423683	0.05128203	60	60
	0.05128204	0.07598784	40	40
	0.07598785	1.00000000	20	20
Physical Restraints (long-stay)	0.00000000	0.00000000	100	100
	0.00000001	0.01424503	60	60
	0.01424504	1.00000000	20	20

Quality measure	For QM values		Number of QM points is…[2]	
	between...	and...	July 2016	January 2017
Injurious Falls (long-stay)	0.00000000	0.01315789	100	100
	0.01315790	0.02403848	80	80
	0.02403849	0.03511052	60	60
	0.03511053	0.05035973	40	40
	0.05035974	1.00000000	20	20
Antipsychotic Meds (long-stay)	0.00000000	0.06843265	100	100
	0.06843266	0.12704916	80	80
	0.12704917	0.17391305	60	60
	0.17391306	0.23979592	40	40
	0.23979593	1.00000000	20	20
Moderate to Severe Pain (short-stay)	0.00000000	0.07359305	100	100
	0.07359306	0.13229570	80	80
	0.13229571	0.18827161	60	60
	0.18827162	0.26041665	40	40
	0.26041666	1.00000000	20	20
New or Worsening Pressure Ulcers (short-stay)	0.00000000	0.00000000	100	100
	0.00000001	0.00692691	75	75
	0.00692692	0.01566247	50	50
	0.01566248	1.00000000	25	25
Antipsychotic Meds (short-stay)	0.00000000	0.00000000	100	100
	0.00000001	0.00999998	80	80
	0.00999999	0.01912567	60	60
	0.01912568	0.03486237	40	40
	0.03486238	1.00000000	20	20
Mobility decline (long-stay)[3]	0.00000000	0.08022493	50	100
	0.08022494	0.14454544	40	80
	0.14454545	0.19333225	30	60
	0.19333226	0.24905966	20	40
	0.24905967	1.00000000	10	20

Quality measure	For QM values		Number of QM points is…[2]	
	between...	and...	July 2016	January 2017
Functional Improvement (short-stay)[3]	0.81666872	1.00000000	50	100
	0.70966590	0.81666871	40	80
	0.62861965	0.70966589	30	60
	0.52015014	0.62861964	20	40
	0.00000000	0.52015013	10	20
Hospital readmission (short-stay)[3]	0.00000000	0.13839278	50	100
	0.13839279	0.18716279	40	80
	0.18716280	0.21886203	30	60
	0.21886204	0.25689121	20	40
	0.25689122	1.00000000	10	20
ED Visits (short-stay)[3]	0.00000000	0.05488714	50	100
	0.05488715	0.08944665	40	80
	0.08944666	0.11696705	30	60
	0.11696706	0.15529003	20	40
	0.15529004	1.00000000	10	20
Successful community discharge (short-stay)[3]	0.66448731	1.00000000	50	100
	0.59926791	0.66448730	40	80
	0.54906047	0.59926790	30	60
	0.47667646	0.54906046	20	40
	0.00000000	0.47667645	10	20

[1]For the claims-based measures (hospital readmission, ED visit, community discharge), points are based on data from 2014Q3 – 2015Q2. For the MDS-based measures (all others), points are based on data from 2015Q1 – 2015Q4. A higher QM value corresponds to better performance for all measures except functional improvement and successful community discharge where lower QM values correspond to better performance.

[2]The five new QMs (functional improvement, mobility decline, hospital readmission, ED visit, and community discharge) are being phased into the QM rating. In July 2016 each contributed half the points of the other measures. In January 2017, the thresholds will remain the same but the points associated with each will double.

[3]Indicates one of the five new QMs as of July 2016 contributing half the points of the other 11 QMs. Starting in January 2017, the new QMs will contribute the same number of points as the other measures.

[4]Thresholds for three quality measures were slightly changed on July 20, 2016 to correct errors in the earlier version of the TUG that was published on July 7, 2016. The thresholds that appeared in the July 7, 2016 version of the TUG were never used to calculate ratings that were publicly reported.