ROCK COUNTY, WISCONSIN

AD HOC ADVISORY COMMITTEE ON THE FUTURE OF ROCK HAVEN
THURSDAY – DECEMBER 12, 2019 - 2:00 P.M.
ROCK HAVEN CLASSROOM

Agenda

1. Call to Order
2. Adoption of Agenda
3. Approval of Minutes – November 14, 2019
4. Nursing Facility Scope and Severity Grid and 3-Year Citation History
5. Explanation of 5-Star Rating System
6. Employee Engagement Survey Results
7. Staff Turnover Rates and Exit Interviews
8. Citizen Participation, Communications, Announcements, Information
9. Committee Requests and Motions
10. Adjournment

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AD HOC ADVISORY COMMITTEE ON THE FUTURE OF ROCK HAVEN
Minutes – November 14, 2019

Call to Order. Chair Mawhinney called the meeting of the Ad Hoc Advisory Committee on the Future of Rock Haven to order at 3:00 P.M. on Thursday, November 14, 2019, in the Rock Haven Classroom.

Committee Members Present. Supervisors Mawhinney, Brill, Leavy, Rashkin and Richard; Diane Pillard; and Ron Combs.

Committee Members Absent: None.

Staff Members Present. Josh Smith, County Administrator; Clayton Kalmon, Nursing Home Administrator; Michelle Lynch, Chris Rook, Shari Burnett, Terri Hanson, Jenn Nevestich, Laurie Kingsley, Heather Sturdevant, Connie Thompson, Gail Kirnberger, Shelly Hogan, Marilyn Burns, Robin Schubring, Angela Breneman, Kimberley Rueth, Renae Thompson, Linda Simplot, Pamela Jacobson, Jeanne Mueller, Donna Boyd, Catherine Smith, Patti Wilbanks, Rachel Hilborn, Rock Haven staff.

Others Present: Supervisors Brien and Schulz; Michael Libby, Marquardt Management; Rob Wilkinson, AARP, GWAAR, WAAN, ADRC Advisory Committee

Approval of Agenda. Supervisor Brill moved approval of the agenda, second by Supervisor Richard. ADOPTED.

Election of Vice Chair. Supervisor Richard nominated Ms. Pillard, second by Supervisor Rashkin. No other member was nominated. ADOPTED.

Background Information.

Creation of Ad Hoc Committee Chair Mawhinney welcomed everyone and said "*I know that you all have been hearing rumors that our committee is going to recommend closing Rock Haven. That is not one of our charges nor will it be in the future!! Per the resolution this will be a two phase process:*

> *Phase I will review the workplace climate, culture and practices. This will not be a witch hunt. We will be looking at the entire operation of Rock Haven. During citizen input we ask that questions are not finger pointing at any group or employees. If this happens, I will cut you off respectfully. We are here to look at how it all works and why we have such a low ranking with the state.*
>
> *Phase II of the resolution will consider the range of potential opportunities to improve services to residents, which may include realigning current resources, collaborating with other organizations in a regional or public-private model, transferring ownership, or other options as identified by the Committee.*

The Committee shall be provided administrative support from the County Administrator and Human Resources Department as needed and requested, and is further authorized to explore the retention of an external firm to assist with the study of Rock Haven Nursing Home."

Supervisor Rashkin said what brought this about was a hearing on, what he felt, was a small matter and wondered if this was systemic. He said he felt his role is to make sure all voices are heard.

Supervisor Richard said some issues were brought up at County Board, there are some red marks, and other counties are looking at divesting of nursing homes. He said this is a vulnerable population of Rock County and we have to make sure they receive the best care whether through a privately owned or Rock County owned facility. Supervisor Richard said he and Supervisor Rashkin had separate resolutions that were combined and created this Committee.

The Committee introduced themselves.

Overview of Pathway Engagement Mr. Smith handed out the Executive Summary on Rock Haven from Pathway Health (March 2016) and a memo from Sue Prostko (a past Rock Haven Nursing Home Administrator) as an Addendum to the Pathway Executive Report (July 13, 2016) and briefly went over them.

Establish Scope of Review. Ms. Pillard asked what led to the rating of a 1. Mr. Smith said, as he recalls, the ratings fluctuated, there were some negative surveys. Supervisor Leavy asked what had been done to resolve the negatives. Mr. Smith said he could have the survey responses put together in a report for the Committee if they wished. He added that there had been some issues on infection control and some changes were made to wound care; a resident wandered outside and controls were put on the doors so this would not happen again.

Chair Mawhinney asked about the fines. Mr. Smith said there have been forfeitures and they vary on the degree of severity.

Supervisor Leavy said he would like to see something on the track record and history in order to make a sound decision. Ms. Pillard said she agrees, that she would like to see the data for, at least, the past three years and if any improvements have been made.

Chair Mawhinney asked if the State would be willing to come and discuss the surveys. Mr. Kalmon said they can come, but they cannot address a single facility, only a general overview. He asked what the Committee would like to know, what they are looking for.

Mr. Smith said they may want to go back to 2013, when the new facility opened.

Supervisor Leavy asked if it would be wise to compare Rock Haven against other facilities of a like size.

Discussion on number of beds versus the mix of treatment at facilities; public facilities and how they differ from private facilities; having more private pay versus more Medicare/Medicaid residents; the County uses $4 million in tax levy to help pay for care at Rock Haven; the star system ratings and how different citations, etc. affect the ratings at different levels; and if communication is used in the star rating system.

Supervisor Leavy asked where the Committee wants to be at the end of this discussion. Do we want to be a four star facility, is this goal realistic, etc. He said the Committee needs to set end goals that are realistic to be accomplished in the next year, two years, etc. Ms. Pillard added she feels this is the only approach to take, we need to have steady progress, and need to set goals for the organization.

Supervisor Rashkin asked if the communication issues are addressed in the star system. Mr. Smith said culture (communication) are not measured. Supervisor Rashkin asked if these are two separate issues. Mr. Smith replied yes.

Supervisor Rashkin asked if we could become a five star facility without trust. Ms. Pillard said she feels communication is a key component to making Rock Haven the best possible place. Supervisor Leavy agreed and said he feels communication is very important, that if you don't have good communication things do not run smoothly.

Chair Mawhinney said she is hearing that we have two goals: 1) improve communication; and 2) to make Rock Haven a 4 or 5 star facility. Ms. Pillard said she feels the goal is to make Rock Haven a quality provider of long term care and the culture of Rock Haven.

Consider Options for Consulting Services. Chair Mawhinney asked about the hiring of a consultant. Supervisor Richard said he feels we need to look more at the background on turnover. Supervisor Rashkin said he feels it may be a little early to bring a consultant in.

Chair Mawhinney and Ms. Pillard asked about getting the results of the surveys for the next meeting, as well as the fines paid, the citations, the level of service compared to other facilities of out mix, and a comparison of pay with other facilities.

Supervisor Richard asked about exit surveys. Mr. Smith said an exit survey is offered to all employees, but not all employees do a survey, usually it is the unhappy employee who does.

Supervisor Richard said the Committee can do an assessment after they see the outcome. Supervisor Brill said he would like see comparisons of past surveys. Mr. Smith said he can provide redacted surveys.

Supervisor Brill said it does take time to acclimate to a new facility. Supervisor Richard agreed and said there are always growing pains.

Supervisor Rashkin said the goals are to improve the rating and communications. Supervisor Leavy said employee morale is a different thing then communications, so there are three goals.

Chair Mawhinney asked about getting information for the next meeting. Mr. Smith said the information could be sent out prior to their next meeting.

The Committee agreed the next meeting will be December 12, 2019 at 2 P.M.

Citizen Participation, Communications, Announcements, Information.

Donna Boyd, LPN – She said she has been there five years and feels this is an excellent facility, but sometimes the wants of the resident and wants of the residents family members differ (i.e. they don't want a to take a shower but the family member wants them to shower daily). She mentioned

having to open doors to let visitors out takes time away from their other duties to the residents and this is frustrating to them. She also said the layout of the four wings makes it difficult to get to know other workers. She said they do a good job there and they get tired of being put on the front page because this is a County owned facility instead of privately owned. She said she has worked at other facilities and feels they do not do things as well as they are being done at Rock Haven.

Marilyn Burns, MDS RN – She said the star rating takes into account things like staffing, quality measures, falls, to name a few. The survey process is not the only measure. She said she feels that a goal of four or five star is too lofty a goal for this short of time.

Shari Burnett, LPN – She said they carry cell phones, the facility is large and it is hard to run at night with so few people who have to run back and forth. She said dementia is high for this facility and this is a very high maintenance area. Rock Haven cares for people other facilities won't take. She asked the Committee to be fair while they are looking into this.

Jeanne Mueller, CNA – She said when the Pathway report was done they were mandated to talk, told it was anonymous and then heard that someone was yelled at for how they answered.

Rob Wilkinson, Wisconsin Aging Advocacy Network – He said that this past Spring three nursing homes closed, residents had to find someplace else to go, some could not find anyplace. He asked if the Committee is considering closing Rock Haven to please make sure the residents are cared for. He suggested seeing how Kenosha runs their nursing home as they have good numbers.

Committee Requests and Motions. None.

Adjournment. Supervisor Leavy moved adjournment at 4:06 P.M., second by Supervisor Brill. ADOPTED.

Respectfully submitted,

Marilyn Bondehagen
Office Coordinator

NOT OFFICIAL UNTIL APPROVED BY COMMITTEE.

NURSING FACILITY SCOPE AND SEVERITY GRID

Department of Health Services / Division of Quality Assurance / Bureau of Nursing Home Resident Care
P-02055 (12/2017)

SHADED AREAS = SUBSTANDARD QUALITY OF CARE for select regulations **pertaining to federally-certified nursing facilities (NFs) and skilled nursing facilities (SNFs)**: Resident Rights (F550, F558, F559, F561, F565, F584), Pharmacy Services (F757-F760), Behavioral Health Services (F742-F745), Infection Control (F883), Administration (F850), and all regulations under Freedom from Abuse, Neglect, and Exploitation (F600-F610), Quality of Life (F675-F680), and Quality of Care (F684-F700) which constitute either immediate jeopardy to resident health or safety, a pattern of or widespread actual harm that is not immediate jeopardy, or a widespread potential for more than minimal harm, but less than immediate jeopardy, with no actual harm. (Note: "CMP" = Civil Money Penalty.)

SEVERITY	SCOPE		
	ISOLATED: *One or a very limited number of residents affected, and/or one or a very limited number of staff involved, and/or the situation occurred only occasionally or in a very limited number of locations*	**PATTERN:** *More than a limited number of residents affected, and/or more than a limited number of staff involved, and/or the situation occurred in several locations*	**WIDESPREAD:** *Situation was pervasive throughout the facility or represented a systemic failure that affected or had the potential to affect a large portion or all of the facility's residents.*
(4) Immediate jeopardy to resident health, safety, or welfare *Deficient practice caused or is likely to cause serious injury, serious harm, serious impairment, or death. Immediate corrective action is/was needed.*	**J** **REQUIRED** Temporary manager 23-day termination CMP $6,394 - $20,965 per day ***or*** $2,097 - $20,965 per instance **OPTIONAL** Denial of payment for new admits Directed plan of correction Directed inservice State monitor	**K** **REQUIRED** Temporary manager 23-day termination CMP $6,394 - $20,965 per day ***or*** $2,097 - $20,965 per instance **OPTIONAL** Denial of payment for new admits Directed plan of correction Directed inservice State monitor	**L** **REQUIRED** Temporary manager 23-day Termination CMP $6,394 - $20,965 per day ***or*** $2,097 - $20,965 per instance **OPTIONAL** Denial of payment for new admits Directed plan of correction Directed inservice State monitor
(3) Actual harm that is not immediate jeopardy *Deficient practice led to a negative outcome that has compromised the resident's ability to maintain and/or reach his/her highest practicable physical, mental, and/or psychosocial well-being.*	**G** **REQUIRED** CMP $105 - $6,289 per day ***or*** $2,097 - $20,965 per instance Denial of payment for new admits Temporary manager Termination **OPTIONAL** Directed plan of correction Directed inservice State monitor	**H** **REQUIRED** CMP $105 - $6,289 per day ***or*** $2,097 - $20,965 per instance Denial of payment for new admits Temporary manager Termination **OPTIONAL** Directed plan of correction Directed inservice State monitor	**I** **REQUIRED** CMP $105 - $6,289 per day ***or*** $2,097 - $20,965 per instance Denial of payment for new admits Temporary manager Termination **OPTIONAL** Directed plan of correction Directed inservice State monitor
(2) No actual harm with potential for more than minimal harm that is not immediate jeopardy *Deficient practice has led to minimal physical, mental, and/or psychosocial discomfort to resident and/or a yet unrealized potential for compromising resident's ability to maintain and/or reach his/her highest practicable level of physical, mental, and/or psychosocial well-being.*	**D** **REQUIRED** Directed plan of correction Directed inservice State monitor **OPTIONAL** CMP $105 - $6,289 per day ***or*** $2,097 - $20,965 per instance Denial of payment for new admits Temporary manager Termination	**E** **REQUIRED** Directed plan of correction Directed in-service State monitor **OPTIONAL** CMP $105 - $6,289 per day ***or*** $2,097 - $20,965 per instance Denial of payment for new admits Temporary manager Termination	**F** **REQUIRED** CMP $105 - $6,289 per day ***or*** $2,097 - $20,965 per instance (mandatory if SQC; otherwise optional) Denial of payment for new admits Temporary manager Termination **OPTIONAL** Directed plan of correction Directed in-service State monitor
(1) No actual harm with potential for no more than minimal harm *Deficient practice has the potential for causing no more than minor negative impact on residents.*	**A** SUBSTANTIAL COMPLIANCE	**B** SUBSTANTIAL COMPLIANCE Plan of correction	**C** SUBSTANTIAL COMPLIANCE Plan of correction

Rock Haven Health Inspection Deficiencies

Number of Deficiencies by Category - 10/1/16 - 9/30/19

Deficiency Category	10/1/18 - 9/30/19	10/1/17 - 9/30/18	10/1/16 - 9/30/17
Freedom from Abuse, Neglect, and Exploitation Deficiencies	1	0	0
Quality of Life and Care Deficiencies	1	3	1
Resident Assessment and Care Planning Deficiences	0	1	0
Nursing and Physician Services Deficiencies	0	0	0
Resident Rights Deficiencies	2	2	2
Nutrition and Dietary Deficiencies	0	0	0
Pharmacy Service Deficiencies	3	1	1
Environmental Deficiencies	0	2	2
Administration Deficiencies	0	0	0
Total:	**7**	**9**	**6**
WI Average:	6.3	6.4	7.0

Number of Deficiencies by Level of Harm and Residents Affected

10/1/18 - 9/30/19

Level of Harm	Residents Affected		
	Few	Some	Many
4 - Immediate jeopardy to resident health or safety	-	-	-
3 - Actual harm	2	-	-
2 - Minimal harm or potential for actual harm	5	-	-
1 - No actual harm with potential for minimum harm	-	-	-

10/1/17 - 9/30/18

Level of Harm	Residents Affected		
	Few	Some	Many
4 - Immediate jeopardy to resident health or safety	2	-	-
3 - Actual harm	-	-	-
2 - Minimal harm or potential for actual harm	-	5	2
1 - No actual harm with potential for minimum harm	-	-	-

10/1/16 - 9/30/17

Level of Harm	Residents Affected		
	Few	Some	Many
4 - Immediate jeopardy to resident health or safety	-	-	-
3 - Actual harm	-	-	-
2 - Minimal harm or potential for actual harm	6	-	-
1 - No actual harm with potential for minimum harm	-	-	-

Nursing Home Compare Five-Star Ratings of Nursing Homes

Provider Rating Report

Incorporating data reported through 10/31/2019

Ratings for Rock Haven (525390) Janesville, Wisconsin				
Overall Quality	**Health Inspection**	**Quality Measures**	**Staffing**	**RN Staffing**
★★	★	★★★	★★★★★	★★★★★

The November 2019 Five-Star ratings provided above will be displayed for your nursing home on the Nursing Home Compare (NHC) website on or around December 4, 2019. The time periods for each of the quality measures that contribute to the Quality Measure (QM) rating can be found in the QM tables located later in this report. The Staffing and RN Staffing Ratings are based on Payroll-based journal staffing data reported for the second calendar quarter of 2019.

Helpline

The Five-Star Helpline will operate Monday - Friday, **December 2, 2019 - December 6, 2019.** Hours of operation will be from 9 am - 5 pm ET, 8 am - 4 pm CT, 7 am - 3 pm MT, and 6 am - 2 pm PT. The Helpline number is 1-800-839-9290. The Helpline will be available again **January 27, 2020 - January 31, 2020.** During other times, direct inquiries to BetterCare@cms.hhs.gov as Helpline staff help respond to e-mail inquiries when the telephone Helpline is not operational. *Nursing Home Compare* will update for the last time in 2019 on December 4, 2019.

Important News

December 2019 changes

The short-stay pressure ulcer quality measure (QM), percentage of SNF residents with pressure ulcers that are new or worsened, will be removed from the SNF Quality Reporting Program (QRP) files on the data.medicare.gov website since the measure is no longer part of the SNF QRP program. The data for this QM can be found in the 'MDS Quality Measures' file under measure code 002. Additionally, state averages will be added to the *Nursing Home Compare* website for the short-stay pressure ulcer QM with the December 4, 2019 refresh.

Upcoming Changes for Early 2020

The short-stay pressure ulcer quality measure (QM), percentage of SNF residents with pressure ulcers that are new or worsened, will be changing from measure code 002 to 476 in early 2020. The timeframe used to calculate the QM will be adjusted to match the timeframe utilized for the other MDS-based QMs, although the QM will continue to display only the four quarter average. The individual quarters will display NR (not reported) for every facility. The measure specifications will not change with the new measure code.

The short-stay pressure ulcer QM will be available on the CASPER reports under the 'MDS 3.0 QM Reports' beginning in early 2020. Currently, reports for this measure can be run in the 'SNF Quality Reporting Program' section of CASPER.

Summary of October 2019 changes

Provided below is an overview of the changes that became effective as of the October 2019 Nursing Home Compare (NHC) refresh. The changes have been incorporated into the ratings and data preview provided in this report. For specific details please see the Five-Star Quality Rating Technical Users' Guide that is available at:
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/Downloads/usersguide.pdf

Abuse Indicator - CMS has updated the *Nursing Home Compare* website to make it easier for consumers to identify facilities with instances of non-compliance related to abuse. An icon was added to the website in October 2019 to help consumers identify facilities with instances of non-compliance related to abuse.

Quality Measure Changes - CMS has removed the quality measures (QMs) related to residents' reported experience with pain from the *Nursing Home Compare* website and the *Five Star Quality Rating System.* Due to the removal of the pain QMs, the QM cut points have been updated to maintain the approximate distribution of QM ratings from July 2019. We are also advising providers we will be updating the thresholds for quality measure ratings, according to the plan introduced in CMS Memorandum QSO-19-08-NH, in which the thresholds will be updated every six months. The first update will take place April 2020.

Consumer Alert for Oregon Nursing Homes - CMS added a consumer alert in October 2019 on the *Nursing Home Compare* website for all Oregon facilities indicating that incidents of abuse may not be reflected on the *Nursing Home Compare* website. This action is in response to a recommendation by the Government Accountability Office (GAO).

More detailed information on the October changes can be found in two separate CMS memoranda located at:
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html
QSO-20-01-NH highlights the abuse indicator and Oregon Consumer Alert discussed above, while QSO-20-02-NH details the changes in quality measures.

Health Inspections

The Five-Star health inspection rating listed on the first page is based on 3 cycles of survey data and 3 years of complaint inspections.

Your Health Inspection Rating

Provided below are the survey dates included in the calculation of the Five-Star health inspection rating for your facility. For more detailed information about the deficiencies cited on each survey, please visit: https://data.medicare.gov/data/nursing-home-compare. This website updates on the same day as the Nursing Home Compare website. Any additional revisit points can be found in the 'Provider Info' table at the link provided above.

Health Inspection Rating Cycle 1 Survey Dates:

April 4, 2019

Health Inspection Rating Cycle 2 Survey Dates:

February 22, 2018 July 24, 2018 September 6, 2018

Health Inspection Rating Cycle 3 Survey Dates:

December 8, 2016 July 13, 2017

Total weighted health inspection score for your facility: 93.0

State-level Health Inspection Cut Points for Wisconsin				
1 Star	**2 Stars**	**3 Stars**	**4 Stars**	**5 Stars**
>76.00	40.01-76.00	20.68-40.00	8.01-20.67	0.00-8.00

Please note that the state cut points are recalculated each month, but the total weighted health inspection score for your facility is compared to the cut points only if there is a change in your score.

Long-Stay Quality Measures that are Included in the QM Rating

	Provider 525390						WI	US
	2018Q3	2018Q4	2019Q1	2019Q2	4Q avg	Rating Points	4Q avg	4Q avg
MDS Long-Stay Measures								
Lower percentages are better.								
Percentage of residents experiencing one or more falls with major injury	6.1%	4.5%	3.7%	2.7%	4.2%	40	3.5%	3.4%
Percentage of high-risk residents with pressure sores[1]	5.2%	3.0%	2.8%	1.4%	3.1%	100	5.8%	7.3%
Percentage of residents with a urinary tract infection	8.8%	10.4%	6.5%	7.2%	8.2%	20	3.2%	2.8%
Percentage of residents with a catheter inserted and left in their bladder[1]	8.3%	5.4%	4.9%	6.5%	6.3%	20	3.1%	2.0%
Percentage of residents whose need for help with daily activities has increased	10.2%	22.4%	16.3%	4.5%	13.2%	90	14.0%	14.5%
Percentage of residents who received an antipsychotic medication	19.1%	21.7%	25.7%	26.6%	23.3%	30	12.0%	14.5%
Percentage of residents whose ability to move independently worsened[1]	15.8%	15.9%	18.2%	11.9%	15.5%	105	18.3%	17.6%

[1]These measures are risk adjusted.
[2]This measure includes some imputed data because there are fewer than 20 resident assessments or stays across the four quarters. This value is used in calculating the QM points and used in the QM rating calculation but will not be displayed on Nursing Home Compare.

	Provider 525390				WI	US	
	Observed Rate[3]	Expected Rate[3]	Risk-Adjusted Rate[3]	Rating Points	Risk-Adjusted Rate	Observed Rate	Risk-Adjusted Rate
Claims-Based Long-Stay Measures							
Lower rates are better. The time period for data used in reporting is 4/1/2018 through 3/31/2019.							
Number of hospitalizations per 1,000 long-stay resident days[1]	1.71	1.31	2.29	45	1.43	1.758	1.69
Number of emergency department visits per 1,000 long-stay resident days[1]	1.47	1.99	1.07	60	1.08	1.451	0.94

[1]These measures are risk adjusted.
[2]This measure includes some imputed data because there are fewer than 20 resident assessments or stays across the four quarters. This value is used in calculating the QM points and used in the QM rating calculation but will not be displayed on NHC.
*[3]The observed rate is the actual rate observed for the facility without any risk-adjustment; the expected rate is the rate that would be expected for the facility given the risk-adjustment profile of the facility; and the risk-adjusted rate is adjusted for the expected rate of the outcome and is calculated as (observed rate for facility / expected rate for facility) * US observed rate. Only the risk-adjusted rate will appear on NHC.*

Total Long-Stay Quality Measure Score	510
Long-Stay Quality Measure Star Rating	★★

Short-Stay Quality Measures that are Included in the QM Rating

	Provider 525390						WI	US
	2018Q3	2018Q4	2019Q1	2019Q2	4Q avg	Rating Points	4Q avg	4Q avg
MDS Short-Stay Measures								
Higher percentages are better.								
Percentage of residents who made improvements in function[1]	79.0%	86.9%	79.2%	83.9%	82.0%	135	73.5%	67.2%
Lower percentages are better.								
Percentage of residents who newly received an antipsychotic medication	1.9%	2.3%	0.0%	0.0%	1.0%	60	1.0%	1.8%
Lower percentages are better. The time period for data used in reporting is 01/1/2018 through 12/31/2018.								
Percentage of SNF residents with pressure ulcers that are new or worsened[1]	NR	NR	NR	NR	0.8%	80	1.4%	1.6%

NR = Not Reported. This measure is not calculated for individual quarters.

	Provider 525390				WI	US	
	Observed Rate[3]	Expected Rate[3]	Risk-Adjusted Rate[3]	Rating Points	Risk-Adjusted Rate	Observed Rate	Risk-Adjusted Rate
Claims-Based Short-Stay Measures							
Higher percentages are better. The time period for data used in reporting is 10/1/2016 through 9/30/2018.							
Rate of successful return to home and community from a SNF[1]	39.4%	NR	47.0%	75	52.6%	49.2%	49.5%[4]
Lower percentages are better. The time period for data used in reporting is 4/1/2018 through 3/31/2019.							
Percentage of residents who were re-hospitalized after a nursing home admission[1]	23.7%	22.5%	23.8%	75	20.8%	22.7%	22.1%
Percentage of residents who had an outpatient emergency department visit[1]	14.0%	10.4%	13.7%	45	12.3%	10.2%	10.6%

[1]These measures are risk adjusted.
[2]This measure includes some imputed data because there are fewer than 20 resident assessments or stays across the four quarters. This value is used in calculating the QM points and used in the QM rating calculation but will not be displayed on NHC.
*[3]The observed rate is the actual rate observed for the facility without any risk-adjustment; the expected rate is the rate that would be expected for the facility given the risk-adjustment profile of the facility. For successful community discharge, the risk-adjusted rate is calculated as (predicted rate / expected rate) * US Observed rate and is referred to as the risk-standardized rate. For rehospitalization and emergency department visits, the risk-adjusted rate is calculated as (observed rate / expected rate) * US observed rate. Only the risk-adjusted or risk-standardized rate will appear on NHC.*
[4]For this measure, this value is the National Benchmark, rather than the national average of the risk-adjusted rate.
NR = Not Reported. The expected rate is not reported for this measure.

Unadjusted Short-Stay Quality Measure Score	470
Total Short-Stay Quality Measure Score (unadjusted short-stay QM score*1150/800)[1]	676
Short-Stay Quality Measure Star Rating	★★★★
Total Quality Measure Score[2]	1186
Overall Quality Measure Star Rating	★★★

[1]An adjustment factor of 1150/800 is applied to the unadjusted total short-stay score to allow the long- and short-stay QMs to count equally in the total QM score.
[2]The total quality measure score is the sum of the total long-stay score and the total short-stay score. If a provider has only a long-stay score or only a short-stay score, then no total score is calculated and their overall QM rating is the same as the long-stay or short-stay QM rating, depending on which is available.

Quality Measures that are Not Included in the QM Rating

	Provider 525390					WI	US
	2018Q3	2018Q4	2019Q1	2019Q2	4Q avg	4Q avg	4Q avg
MDS Long-Stay Measures							
Higher percentages are better.							
Percentage of residents assessed and appropriately given the seasonal influenza vaccine	99.2%	99.2%	100%	100%	99.6%	96.3%	95.8%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	100%	100%	100%	100%	100%	97.1%	93.7%
Lower percentages are better.							
Percentage of residents who were physically restrained	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.3%
Percentage of low-risk residents who lose control of their bowels or bladder	50.0%	41.5%	42.2%	34.2%	42.3%	48.7%	48.5%
Percentage of residents who lose too much weight	4.3%	5.9%	1.1%	2.2%	3.3%	5.2%	5.5%
Percentage of residents who have depressive symptoms	0.9%	1.0%	1.0%	0.9%	0.9%	4.9%	4.6%
Percentage of residents who received an antianxiety or hypnotic medication	17.9%	17.8%	16.5%	15.8%	17.0%	15.5%	20.2%
MDS Short-Stay Measures							
Higher percentages are better.							
Percentage of residents assessed and appropriately given the seasonal influenza vaccine	95.6%	95.6%	98.4%	98.4%	96.9%	86.4%	82.6%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	87.9%	96.7%	95.2%	94.0%	93.4%	89.3%	83.5%

Additional Notes Regarding the Quality Measure Tables

"d<20". For individual quarters for the MDS-based QMs, d<20 means the denominator for the measure (the number of eligible resident assessments) is too small to report. A four quarter average may be displayed if there are at least 20 eligible resident assessments summed across the four quarters.

"NA". "NA" will be reported for quality measures not included in the QM Rating: 1) for which data are not available or 2) for which the total number of eligible resident assessments summed across the four quarters is less than 20.

SNF Quality Reporting Program (QRP) Measures:

One of the short-stay QMs used in the Five-Star QM rating calculation is a SNF QRP measure: Rate of successful return to home and community from a SNF. There are additional SNF QRP measures that are not included in the Five-Star ratings but are displayed on NHC. Information about these measures can be found on separate provider preview reports that are located in the QIES mailbox. Please watch for communication from CMS on the availability of these reports. Additional information about the SNF QRP measures can be found in the Quality of Resident Care section under References at the end of this report.

Staffing Information

Summary of Reported Staffing for April 1, 2019 to June 30, 2019

The data listed below include the reported staffing for your facility, state and for the US, utilizing the PBJ data for **April 1, 2019 to June 30, 2019** (submitted by the **August 14, 2019** deadline) and the average MDS-based resident census for your facility, state and for the US. ***These data will be reported on Nursing Home Compare for three months, starting with the October 2019 update to the website, and will also be used for determining staffing ratings during that time.***

PBJ Nurse Staffing Information for April 1, 2019 to June 30, 2019 for Provider Number 525390				
	Reported Hours per Resident per Day (HRD)	**Reported Hours per Resident per Day (HRD) (Decimal)**	**Case-Mix HRD**	**Case-Mix Adjusted HRD**
Total number of licensed nurse staff hours per resident per day	1 hour and 56 minutes			
RN hours per resident per day	1 hour and 16 minutes	1.270	0.300	**1.603**[1]
LPN/LVN hours per resident per day	39 minutes	0.656	0.652	0.759
Nurse aide hours per resident per day	3 hours and 3 minutes	3.056	2.073	3.069
Total number of nurse staff (RN, LPN/LVN, and Nurse Aide) hours per resident per day	4 hours and 59 minutes	4.982	3.025	**5.294**[1]
Physical therapist[2] hours per resident per day	2 minutes			

[1]Please see the staffing tables located in the Technical Users' Guide (link provided below) for the specific cut points utilized with the bold case-mix adjusted values.
[2]Physical therapist staffing is not included in the staffing rating calculation.

Availability of Reported Staffing Data

Some providers will see 'Not Available' for the reported hours per resident per day in the table above and a staffing rating may not be displayed for these facilities. There are several reasons this could occur:

1. No MDS census data were available for the facility.
2. No on-time PBJ staffing data were submitted for the facility. As a result, the staffing ratings will be set to one star (unless the facility is listed as 'Too New to Rate').
3. *Criterion no longer used.*
4. The total reported staffing hours per resident per day (HRD) were excessively low (<1.5 HRD).
5. The total reported staffing HRD were excessively high (>12.0 HRD).
6. The total reported nurse aide HRD were excessively high (>5.25 HRD).
7. A CMS audit identified significant discrepancies between the hours reported and the hours verified, or the nursing home failed to respond to an audit request.
8. Other reason.

Scoring Exceptions for the Staffing Rating

The following criteria have been added to the usual scoring rules for assigning the staffing rating and the RN staffing rating.

1. Providers that fail to submit any staffing data by the required deadline will receive a one-star rating for overall staff and RN staffing for the quarter.
2. Providers that submit staffing data indicating that there were four or more days in the quarter with no RN staffing hours (job codes 5-7) on days when there were one or more residents in the facility, regardless of reported staffing levels, will receive a one-star rating for overall staff and RN staffing for the quarter.
3. CMS conducts audits of nursing homes to verify the data submitted and to ensure accuracy. Facilities for which the audit identifies significant discrepancies between the hours reported and the hours verified or those who fail to respond to an audit request will receive a one-star rating for overall staff and RN staffing for three months.

The table below shows the reported nurse staffing for your facility as well as the state and national averages. Although only the overall (All Days) staffing levels are displayed on Nursing Home Compare, the table also shows weekday and weekend staffing levels.

PBJ Nurse Staffing Information for April 1, 2019 to June 30, 2019 for Provider Number 525390			
Nursing Hours per Resident per Day	**Provider 525390**	**Wisconsin Average**	**US Average**
Total nurse staff[1]			
All Days	4.982	3.983	3.871
Weekday (Monday-Friday)	5.187	4.174	4.072
Weekend (Saturday-Sunday)	4.465	3.504	3.365
Registered Nurse (RN)			
All Days	1.270	0.988	0.688
Weekday (Monday-Friday)	1.396	1.114	0.779
Weekend (Saturday-Sunday)	0.952	0.674	0.460
LPN/LVN			
All Days	0.656	0.575	0.874
Weekday (Monday-Friday)	0.671	0.591	0.922
Weekend (Saturday-Sunday)	0.619	0.536	0.755
Nurse Aide			
All Days	3.056	2.419	2.308
Weekday (Monday-Friday)	3.121	2.469	2.371
Weekend (Saturday-Sunday)	2.894	2.294	2.150

[1]Includes RN, LPN/LVN and nurse aide hours

Census Information for April 1, 2019 to June 30, 2019 for Provider Number 525390			
	Provider 525390	**Wisconsin Average**	**US Average**
Average Number of Residents	121.6	61.8	85.8

References

Technical Details on Nursing Home Compare and the Five-Star Rating System

The Five-Star Quality Rating System Technical Users' Guide includes detailed methodology for all domains of the rating system and can be found at:
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/downloads/usersguide.pdf

All of the data posted on the Nursing Home Compare Website as well as additional details on some domains and measures are available for download on the data.medicare.gov website.
https://data.medicare.gov/data/nursing-home-compare

April 2019 Revisions to the Five-Star Rating System

More detailed information on the April 2019 changes can be found in the CMS memorandum:
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO19-08-NH.pdf

Staffing

For information on recent Payroll Based Journal (PBJ) Policy Manual Updates, Notification to States regarding staffing levels and New Minimum Data Set (MDS) Census Reports see Memorandum QSO-19-02-NH, at:
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO19-02-NH.pdf

More information about the use of PBJ staffing data in the Five-Star Rating system is in the Quality, Safety and Oversight memorandum, QSO-18-17-NH, at:
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO18-17-NH.pdf

Information about staffing data submission is available on the CMS website at:
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html

For additional assistance with or questions related to the PBJ registration process, please contact the QTSO Help Desk at 877-201-4721 or via email at help@qtso.com.

More information on the Staffing PUF can be found in a CMS survey and certification memo at:
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-45.pdf

Health Inspections

More information about Phase 2 of the Requirements for Participation is in the S&C memorandum 18-04-NH at:
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html

Quality of Resident Care

Detailed specifications (including risk-adjustment) for the MDS-based QMs, claims-based QMs and SNF QRP measures can be found under 'User Manuals' in the downloads section at:
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html

Additional information about the SNF QRP measures can be found in the SNF Quality Reporting Program (IMPACT Act 2014) section at:
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits

For questions about the SNF QRP measures please contact:
SNFQualityQuestions@cms.hhs.gov

PBJ Deadlines

Submission Deadline	PBJ Reporting Period	Posted on NHC and used for Staffing Ratings
November 14, 2019	July 1, 2019 - September 30, 2019	January 2020 - March 2020
February 14, 2020	October 1, 2019 - December 31, 2019	April 2020 - June 2020
May 15, 2020	January 1, 2020 - March 31, 2020	July 2020 - September 2020
August 14, 2020	April 1, 2020 - June 30, 2020	October 2020 - December 2020

Rock Haven Employee Engagement Survey Results
Culture and Trust Statements

	2019			2018			2017			2016		
Statement	**Rock Haven**	**Rock County**	**Difference**	**Rock Haven**	**Rock County**	**Difference**	**Rock Haven**	**Rock County**	**Difference**	**Rock Haven**	**Rock County**	**Difference**
I am satisfied with the investment my organization makes in training and education.	2.26	3.17	-0.91	3.28	3.29	-0.01	3.06	3.24	-0.18	2.79	2.94	-0.15
Employees in my organization take the initiative to help other employees when the need arises.	3.31	3.68	-0.37	3.31	3.65	-0.34	3.37	3.71	-0.34	3.12	3.61	-0.49
Communication between senior leaders and employees is good in my organization.	2.31	2.95	-0.64	2.29	2.99	-0.70	2.62	3.10	-0.48	1.96	2.82	-0.86
Management within my organization recognizes strong job performance.	2.63	3.18	-0.55	2.81	3.14	-0.33	2.86	3.25	-0.39	2.38	3.02	-0.64
My supervisor and I have a good working relationship.	3.44	4.03	-0.59	3.78	4.03	-0.25	3.56	4.05	-0.49	3.56	4.00	-0.44
My coworkers and I have a good working relationship.	3.96	4.13	-0.17	3.86	4.03	-0.17	3.96	4.09	-0.13	3.96	4.14	-0.18
Senior management and employees trust each other.	2.38	2.86	-0.48	2.64	2.90	-0.26	2.54	2.97	-0.43	2.08	2.75	-0.67
Employees treat each other with respect.	3.06	3.60	-0.54	2.96	3.50	-0.54	3.13	3.55	-0.42	3.00	3.49	-0.49
I am satisfied with my overall job security.	3.17	3.71	-0.54	3.56	3.78	-0.22	3.63	3.84	-0.21	3.17	3.58	-0.41
I am satisfied with the culture of my workplace.	3.21	3.37	-0.16	3.25	3.47	-0.22	3.53	3.53	0.00	3.35	3.39	-0.04
Participant Information												
Not a manager or supervisor	36	470		56	530		44	510		42	322	
First level supervisor	9	70		8	72		5	65		5	44	
Manager higher than first level	4	51		7	51		5	48		4	36	
Total Responses	54	600		71	654		54	629		53	410	
Total Participation %	25%	49%		32%	52%		24%	50%		-	-	

Scoring Scale: 1= Strongly Disagree 2=Disagree 3= Neutral - Neither Agree nor Disagree 4= Agree 5=Strongly Agree