



## Nursing Home Compare Five-Star Ratings of Nursing Homes

### Provider Rating Report

Incorporating data reported through 02/28/2018

Ratings for Whittier Hospital Medical Ctr D/P SNF (555589) Whittier, California				
Overall Quality	Health Inspection	Quality Measures	Staffing	RN Staffing
★★★★★	★★★★	★★★★★	★★★★★	★★★★★

The March 2018 Five-Star ratings provided above will be displayed for your nursing home on the Nursing Home Compare (NHC) website on March 28, 2018. The Quality Measure (QM) Rating that will be posted is based on MDS 3.0 quality measures using data from the fourth quarter of 2016 and first, second and third quarters of 2017, and claims-based quality measures using data from 7/1/2015 through 06/30/2016.

The Five-Star Helpline will operate Monday - Friday, from **March 26, 2018 - March 30, 2018**. 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 for **two weeks April 23 - May 4, 2018**. During other times, direct inquiries to [BetterCare@cms.hhs.gov](mailto:BetterCare@cms.hhs.gov), as Helpline staff will respond to e-mail inquiries when the telephone Helpline is not operational.

#### Important Information about the Health Inspection Rating

As of February 2018, the Five-Star health inspection rating listed above is based on two cycles of survey data. Cycle 1 (weighted 60%) includes the most recent standard survey that occurred before November 28, 2017 and complaint surveys from November 28, 2016 through November 27, 2017. Cycle 2 (weighted 40%) includes the previous standard survey and complaint surveys from November 28, 2015 through November 27, 2016. Surveys that occurred on or after November 28, 2017 (under the new survey process) will be published on NHC, but will not be incorporated into the calculation of the Five-Star ratings for 12 months. Facilities with only one standard survey prior to November 28, 2017 will be listed as "Too New to Rate" on the Nursing Home Compare website. For more detailed information on the health inspection rating calculation, please visit the updated Five-Star Quality Rating Technical Users' Guide located at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/downloads/usersguide.pdf>

For more information about the changes to Nursing Home Compare and Phase 2 of the Requirements for Participation please see S&C memorandum 18-04-NH available at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html>

## 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>

*Health Inspection Rating Cycle 1 Survey Dates:*

August 12, 2017

*Health Inspection Rating Cycle 2 Survey Dates:*

October 5, 2016

*Total weighted health inspection score for your facility (based on 2 cycles of data): 42.4*

State-level Health Inspection Cut Points for California				
1 Star	2 Stars	3 Stars	4 Stars	5 Stars
>115.20	72.81-115.20	47.21-72.80	20.81-47.20	0.00-20.80

## Important Information about PBJ Staffing

In April 2018, CMS will replace the existing staffing measures posted on Nursing Home Compare and used in the Five-Star Quality Rating System with PBJ data submitted for the October 1 to December 31, 2017 reporting period by the February 14, 2017 deadline. The measures listed below are based on the PBJ data your facility submitted by the February 14 deadline and will be posted on Nursing Home Compare in April. The data provided below have not been case-mix adjusted, but will be when used to calculate the Five-Star staffing rating. Note that physical therapy staffing will not be included in the staffing rating. The methodology used to calculate staffing measures and star ratings will be provided in the Five-Star Quality Rating Technical Users' Guide at the time that Nursing Home Compare is updated in April 2018.

PBJ Nurse Staffing Levels for Q4 2017 (October 1, 2017 to December 31, 2017)			
	Provider 555589	California average	US average
Average number of residents	20.8	86.1	85.8
Total number of licensed nurse staff hours per resident per day	5 hours and 24 minutes	1 hour and 41 minutes	1 hour and 32 minutes
RN hours per resident per day	2 hours and 2 minutes	35 minutes	40 minutes
LPN/LVN hours per resident per day	3 hours and 22 minutes	1 hour and 6 minutes	52 minutes
Nurse aide hours per resident per day	3 hours and 56 minutes	2 hours and 23 minutes	2 hours and 19 minutes
Physical therapist hours per resident per day	Less than 1 minute	6 minutes	5 minutes



Information about staffing data submission is available on the CMS website. Go to:

<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](mailto:help@qtso.com).

**Table 1. Your facility's PBJ staffing data report for October 1, 2017 to December 31, 2017**

The following table summarizes the information that your facility reported for nurse staffing only (PBJ Job codes 5-10 and 12 as listed in Table 2) for October - December 2017. We believe these are indicators of the completeness of the data submitted by your facility and the plausibility of the values reported. Indicators 1 and 2 show whether or not a facility has reported nurse staffing information for each day in the quarter. If a facility did not report hours for nursing staff for each day, we believe that **may** indicate that the facility has not submitted complete data.

For days that no nursing staff hours were reported (indicators 1 and 2), we have included a list of those dates in listings 1 and 2. These listings are all found at the end of this report, after the listing of survey dates with deficiencies.

Indicator	Description	Number
1	Number of days in quarter (out of 92) on which your facility reported no nursing hours (i.e. no aide <sup>1</sup> , LPN, or RN) but on which there were residents in the facility	0
2	Number of days in quarter (out of 92) on which your facility reported no Registered Nurse (RN) <sup>2</sup> hours but on which there were residents in the facility	0

<sup>1</sup>Includes the following job codes: Certified nurse aide (job code 10) and medication aide/technician (job code 12). Aides in training are not included.

<sup>2</sup>Includes the following job codes: RN DON (5), RN with administrative duties (6), and RN (7).

**Table 2. Your facility's PBJ nurse staffing summary for October - December 2017**

The following table summarizes the nurse staffing data that your facility reported to the PBJ system for the quarter. The data include both exempt and non-exempt employees, as well as agency staff. Please note that values for hours are rounded to the nearest integer. As with the other information, facilities should review this information to ensure they are reporting complete and accurate data for future submissions.

<b>Nurse Staffing Category</b>	<b>Job Code(s)</b>	<b>Total number of hours that your facility reported for the quarter</b>	<b>Number of days in the quarter on which your facility reported ANY hours</b>
<i>RN Director of Nursing</i>	5	421	53
<i>RN with administrative duties</i>	6	188	24
<i>RN</i>	7	3,277	92
<b>Total RN</b>	<b>5-7</b>	<b>3,885</b>	<b>92</b>
<i>LPN/LVN with administrative duties</i>	8	0	0
<i>LPN/LVN</i>	9	6,465	92
<b>Total LPN/LVN</b>	<b>8-9</b>	<b>6,465</b>	<b>92</b>
<i>Certified Nurse Aide</i>	10	7,551	92
<i>Nurse Aide in Training</i>	11	0	0
<i>Medication Aide/Technician</i>	12	0	0
<b>Total Aide</b>	<b>10-12</b>	<b>7,551</b>	<b>92</b>
<b>Total Nurse Staffing</b>	<b>5-12</b>	<b>17,901</b>	<b>92</b>
<b>Physical Therapist Staffing</b>	<b>21</b>	<b>26</b>	<b>23</b>

### **MDS-Based Resident Census**

Starting in April 2018, CMS will use the MDS-based census instead of utilizing the resident census information currently being reported through the PBJ system. This will allow CMS to use information on daily census for the calculation of staffing levels while eliminating the burden to facilities associated with reporting resident census information through PBJ. This provider preview includes information on daily resident census. The calendars below report the MDS-based daily census for October 1, 2017 to December 31, 2017.

Using the methodology for establishing the daily MDS census that was described in earlier preview reports, the average percentage of missed assessments for your facility is 0.0%, compared to the national average of 2.3%. Failure to submit discharge assessments will likely result in an overestimate of your facility's census and therefore an underestimate of your facility's staffing levels. When CMS begins to use the PBJ staffing and MDS census information for reporting staffing on Nursing Home Compare and calculating staffing star ratings, this could lead to an inaccurate measure of nurse staffing in your facility. It is extremely important to conduct and submit MDS assessments, including discharge assessments, in a timely manner. The detailed methodology for the daily MDS census will be included in an updated Technical Users' Guide in April 2018.



Daily MDS Census for October 2017						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 22	2 22	3 22	4 22	5 22	6 21	7 21
8 21	9 21	10 21	11 21	12 21	13 21	14 21
15 21	16 21	17 21	18 21	19 21	20 21	21 21
22 21	23 21	24 21	25 20	26 20	27 20	28 20
29 20	30 20	31 20				

Daily MDS Census for November 2017						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 20	2 21	3 21	4 21
5 21	6 21	7 21	8 21	9 21	10 21	11 21
12 21	13 21	14 21	15 21	16 21	17 21	18 21
19 21	20 21	21 21	22 21	23 21	24 21	25 21
26 21	27 21	28 21	29 21	30 21		

Daily MDS Census for December 2017						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 21	2 21
3 21	4 21	5 21	6 21	7 21	8 21	9 21
10 21	11 21	12 21	13 21	14 21	15 21	16 21
17 21	18 21	19 21	20 21	21 21	22 20	23 20
24 20	25 20	26 20	27 20	28 19	29 20	30 20
31 20						

### Quality Measures that are Included in the QM Rating

	Provider 555589					State	National	
	2016Q4	2017Q1	2017Q2	2017Q3	4Q avg	Rating Points <sup>1</sup>	4Q avg	4Q avg
<b>MDS 3.0 Long-Stay Measures</b>								
<i>Lower percentages are better.</i>								
Percentage of residents experiencing one or more falls with major injury	0.0%	0.0%	0.0%	0.0%	0.0%	100.00	1.8%	3.4%
Percentage of residents who self-report moderate to severe pain <sup>2</sup>	d<20	d<20	d<20	d<20	2.9% <sup>7</sup>	80.00	2.9%	5.6%
Percentage of high-risk residents with pressure ulcers	0.0%	0.0%	0.0%	0.0%	0.0%	100.00	5.6%	5.6%
Percentage of residents with a urinary tract infection	4.5%	14.3%	4.5%	0.0%	5.8%	40.00	2.4%	3.7%
Percentage of residents with a catheter inserted and left in their bladder <sup>2</sup>	0.0%	0.0%	0.0%	0.0%	0.0%	100.00	1.9%	1.9%
Percentage of residents who were physically restrained	0.0%	0.0%	0.0%	0.0%	0.0%	100.00	0.7%	0.4%
Percentage of residents whose need for help with daily activities has increased	d<20	d<20	d<20	d<20	8.4% <sup>7</sup>	100.00	10.5%	15.0%
Percentage of residents who received an antipsychotic medication	0.0%	0.0%	0.0%	0.0%	0.0%	100.00	11.6%	15.7%
Percentage of residents whose ability to move independently worsened <sup>2,3</sup>	d<20	d<20	d<20	d<20	17.8% <sup>7</sup>	60.00	15.1%	18.2%
<b>MDS 3.0 Short-Stay Measures</b>								
<i>Higher percentages are better.</i>								
Percentage of residents who made improvements in function <sup>2,3</sup>	d<20	d<20	d<20	d<20	NA	86.67	67.5%	67.2%
<i>Lower percentages are better.</i>								
Percentage of residents who self-report moderate to severe pain	d<20	d<20	d<20	d<20	NA	86.67	8.0%	13.5%
Percentage of residents with pressure ulcers that are new or worsened <sup>2</sup>	d<20	d<20	d<20	d<20	NA	86.67	0.6%	0.8%
Percentage of residents who newly received an antipsychotic medication	d<20	d<20	d<20	d<20	NA	86.67	1.5%	2.0%

Time period for data used in reporting is 7/1/2015 through 06/30/2016	Provider 555589				State	National
	Observed Rate <sup>4</sup>	Expected Rate <sup>5</sup>	Risk-Adjusted Rate <sup>6</sup>	Rating Points <sup>1</sup>	Risk-Adjusted Rate	Risk-Adjusted Rate
<b>Claims-Based Measures</b>						
<i>A higher percentage is better.</i>						
Percentage of residents who were successfully discharged to the community <sup>2,3</sup>	NA	NA	NA	86.67	56.0%	56.1%
<i>Lower percentages are better.</i>						
Percentage of residents who were re-hospitalized after a nursing home admission <sup>2,3</sup>	NA	NA	NA	86.67	21.1%	21.1%
Percentage of residents who had an outpatient emergency department visit <sup>2,3</sup>	NA	NA	NA	86.67	11.0%	11.9%

### Total Quality Measure Points

Total QM points with new quality measures fully weighted for Provider 555589	1387.00
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## MDS3.0 Quality Measures that are Not Included in the QM Rating

	Provider 555589					State	National
	2016Q4	2017Q1	2017Q2	2017Q3	4Q avg	4Q avg	4Q avg
<i>Note: For the following long-stay MDS measures, higher percentages are better.</i>							
Percentage of long-stay residents assessed and appropriately given the seasonal influenza vaccine	100%	100%	100%	100%	100%	95.6%	94.9%
Percentage of long-stay residents assessed and appropriately given the pneumococcal vaccine	95.5%	90.5%	95.5%	100%	95.3%	96.5%	94.1%
<i>Note: for the following long-stay MDS measures, lower percentages are better.</i>							
Percentage of low-risk long-stay residents who lose control of their bowels or bladder	d<20	d<20	d<20	d<20	NA	43.9%	47.7%
Percentage of long-stay residents who lose too much weight	0.0%	0.0%	0.0%	4.8%	1.2%	5.8%	7.1%
Percentage of long-stay residents who have depressive symptoms	d<20	d<20	d<20	d<20	0.0%	0.8%	4.9%
Percentage of long-stay residents who received an antianxiety or hypnotic medication	81.8%	85.7%	86.4%	85.7%	84.9%	18.8%	22.7%
<i>Note: For the following short-stay MDS measures, higher percentages are better.</i>							
Percentage of short-stay residents assessed and appropriately given the seasonal influenza vaccine	d<20	d<20	d<20	d<20	NA	85.0%	81.0%
Percentage of short-stay residents assessed and appropriately given the pneumococcal vaccine	d<20	d<20	d<20	d<20	NA	87.4%	83.1%

The claims-based QMs will update every six months (in April and October), while the MDS based QMs continue to update on a quarterly basis.

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. When d<20 is listed for individual quarters, a four quarter average may be displayed if there are at least 20 eligible resident assessments summed across the four quarters.

Quality measures are reported as NA if:

- for measures not included in the QM rating, no data are available, or the total number of eligible resident assessments summed across the four quarters is less than 20;
- for measures included in the QM rating, data on this measure for your facility are not used in the calculation of your QM rating. This will happen if your facility does not have enough short-stay or long-stay measures upon which to base your rating and may occur even though your facility's data for this measure may be reported on Nursing Home Compare.

<sup>1</sup>If the four quarter average for your facility is NA for a given QM, but rating points are provided for the QM, then there were insufficient data to compute a four-quarter average, and the points provided are based on the average points from other measures for which data are available according to the scoring rules described in detail in the Technical Users' Guide. Go to: <http://www.cms.gov/Medicare/Provider-Enrollment-and-certification/CertificationandCompliance/FSQRS.html>

<sup>2</sup>These measures are risk adjusted.

<sup>3</sup>This is one of the new QMs, first reported on Nursing Home Compare in April 2016. As of January 2017 the new QMs that are included in the QM rating contribute the same number of points (20-100 points for each individual QM) as the other QMs included in the QM rating.

<sup>4</sup>The observed rate is the actual rate observed for the facility without any risk-adjustment.

<sup>5</sup>The expected rate is the rate that would be expected for the facility given the risk-adjustment profile of the facility.

<sup>6</sup>Risk-adjusted rate is adjusted for the expected rate of the outcome and is calculated as (observed rate for facility / expected rate for facility) \* national average of observed rate. Only the risk-adjusted rate will appear on Nursing Home Compare.

<sup>7</sup>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.

Nursing Home Statement(s) of Deficiencies (CMS 2567) for your nursing home will be posted for surveys that took place on the following date(s). This includes both standard surveys and complaints and includes surveys both before and after 11/28/2017. Dates of surveys without deficiencies are not listed.

June 12, 2015

October 5, 2016

August 12, 2017



**Listing for Indicator #1: Days in quarter for which no nursing staff hours were reported**

Your facility reported nursing staff hours for all days in the quarter.

**Listing for Indicator #2: Days in quarter for which no RN staff hours were reported**

Your facility reported RN staff hours for all days in the quarter.