



**Care Compare Five-Star Ratings of Nursing Homes
Provider Rating Report for May 2022**

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

The Five-Star ratings provided above will be displayed for your nursing home on the Care Compare website on or around May 25, 2022. The health inspection rating incorporates data reported through April 30, 2022. 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 (PBJ) staffing data reported for the fourth calendar quarter of 2021.

Helpline

The Five-Star Helpline will operate Monday - Friday **May 23-27, 2022**. 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 **June 20-24, 2022**. 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.

Important News

Quality Measure Threshold Changes with the April 2022 Refresh

CMS implemented Quality Measure (QM) rating threshold changes with the April 2022 refresh and a new Five-Star Quality Rating System Technical Users' Guide has been released with the updated QM rating thresholds. Changes were made to Table 6, Point Ranges for the QM Ratings. The point thresholds for individual QMs did not change.

Important News (continued)

Weekend staffing and staff turnover

Weekend staffing and staff turnover data were added to the Nursing Home Care Compare website with the January 2022 refresh.

Weekend Staffing: the level of total nurse and registered nurse (RN) staffing on weekends provided by each nursing home over a quarter. This is reported in terms of the average number of RN and total nurse hours worked per resident per day on weekends (Saturdays and Sundays).

Staff Turnover: the following staff turnover measures are reported on Care Compare:

- The percent of RN staff that left the facility over the last year.
- The percent of total nurse staff that have left the facility over the last year.
- The number of administrators that have left the facility over the last year.

These measures will be incorporated into the Five-Star staffing rating with the July 2022 Care Compare refresh.

The facility-level measures for turnover and weekend staffing were added to the Provider Information file posted in the Provider Data Catalog (PDC) in the section for “Nursing homes including rehab services”.

Reminder for Nursing Homes to Link Employee Identifiers when they are changed due to changes in the facility’s staffing data systems. Facilities **must** link employee identifiers to ensure their turnover measures are accurate. To view the instructions and templates for linking employee identifiers, please see the PBJ Provider Users' Guide (link in the References section of this report). Find the technical submission file template to submit linked identifiers titled “PBJ XSD Admin file V1.00.0 (ZIP)” in the downloads section of the CMS PBJ webpage (link provided on the References page).

Please see the Five-Star Quality Rating Technical Users' Guide or the CMS Memorandum QSO-22-08-NH for additional information about the items listed above. Links to these resources are on the References page.

Skilled Nursing Facility Quality Reporting Program (SNF QRP) Measures

As of the April 2022 refresh, the MDS-based SNF QRP measures are being calculated using a full year of MDS assessment data (7/1/2020 – 6/30/2021). It is anticipated that the SNF QRP claims-based measures will be updated with the July 2022 refresh to Care Compare.

Health Inspections

The Five-Star health inspection rating listed on the first page of this report is based on three cycles of survey data and three years of complaint and focused infection control inspections and incorporates data reported through April 30, 2022.

Your Health Inspection Rating

Provided below are the survey dates included in the calculation of the health inspection rating for your facility. The dates listed include standard survey dates as well as dates of complaint inspections and focused infection control inspections that resulted in deficiencies. For more detailed information about the deficiencies cited on each survey, please visit: <https://data.cms.gov/provider-data/>. This website updates on the same day as the Care Compare website. Any additional revisit points can be found in the 'Provider Information' table at the link provided above.

Health Inspection Rating Cycle 1 Survey Dates:

August 3, 2019

Health Inspection Rating Cycle 2 Survey Dates:

September 1, 2018

March 24, 2021

Health Inspection Rating Cycle 3 Survey Dates:

August 12, 2017

Total weighted health inspection score for your facility: 48.7

| State-level Health Inspection Cut Points for California | | | | |
|--|----------------|----------------|----------------|----------------|
| 1 Star | 2 Stars | 3 Stars | 4 Stars | 5 Stars |
| >137.33 | 85.34-137.33 | 57.34-85.33 | 29.34-57.33 | 0.00-29.33 |

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

| MDS Long-Stay Measures | Provider 555589 | | | | | Rating Points | CA | US |
|---|-----------------|--------|--------|--------|--------------------|---------------|--------|--------|
| | 2021Q1 | 2021Q2 | 2021Q3 | 2021Q4 | 4Q avg | | 4Q avg | 4Q avg |
| <i>Lower percentages are better.</i> | | | | | | | | |
| Percentage of residents experiencing one or more falls with major injury | d<20 | 0.0% | 0.0% | 0.0% | 0.0% | 100 | 1.7% | 3.4% |
| Percentage of high-risk residents with pressure sores | d<20 | 0.0% | 0.0% | 0.0% | 0.0% | 100 | 7.6% | 8.2% |
| Percentage of residents with a urinary tract infection | d<20 | 9.5% | 0.0% | 0.0% | 2.5% | 60 | 1.2% | 2.4% |
| Percentage of residents with a catheter inserted and left in their bladder ¹ | d<20 | 0.0% | d<20 | 0.0% | 0.0% | 100 | 1.4% | 1.5% |
| Percentage of residents whose need for help with daily activities has increased | d<20 | d<20 | d<20 | d<20 | 9.6% ² | 120 | 8.4% | 14.8% |
| Percentage of residents who received an antipsychotic medication | d<20 | 0.0% | 0.0% | 0.0% | 0.0% | 150 | 10.0% | 14.5% |
| Percentage of residents whose ability to move independently worsened ¹ | d<20 | d<20 | d<20 | d<20 | 14.1% ² | 105 | 14.1% | 19.8% |

¹These measures are risk adjusted.

²This 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 Care Compare.

| Claims-Based Long-Stay Measures | Provider 555589 | | | | CA | US | |
|---|----------------------------|----------------------------|---------------------------------|---------------|--------------------|---------------|--------------------|
| | Observed Rate ³ | Expected Rate ³ | Risk-Adjusted Rate ³ | Rating Points | Risk-Adjusted Rate | Observed Rate | Risk-Adjusted Rate |
| <i>Lower rates are better. The time period for data used in reporting is 10/1/2020 through 9/30/2021.</i> | | | | | | | |
| Number of hospitalizations per 1,000 long-stay resident days ¹ | NA | NA | 1.49 ² | 105 | 1.49 | 1.616 | 1.39 |
| Number of emergency department visits per 1,000 long-stay resident days ¹ | NA | NA | 0.68 ² | 105 | 0.68 | 1.376 | 0.86 |

¹These measures are risk adjusted.

²This 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 Care Compare.

³The 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 Care Compare.

| | |
|---------------------------------------|-------|
| Total Long-Stay Quality Measure Score | 945 |
| Long-Stay Quality Measure Star Rating | ★★★★★ |

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

| MDS Short-Stay Measures | Provider 555589 | | | | | Rating Points | CA | US |
|--|-----------------|--------|--------|--------|--------|---------------|--------|--------|
| | 2021Q1 | 2021Q2 | 2021Q3 | 2021Q4 | 4Q avg | | 4Q avg | 4Q avg |
| <i>Higher percentages are better.</i> | | | | | | | | |
| Percentage of residents who made improvements in function ¹ | d<20 | d<20 | d<20 | d<20 | NA | NA | 79.6% | 73.7% |
| <i>Lower percentages are better.</i> | | | | | | | | |
| Percentage of residents who newly received an antipsychotic medication | d<20 | d<20 | d<20 | d<20 | NA | NA | 1.4% | 1.8% |
| <i>The time period for data used in reporting is 7/1/2020 through 6/30/2021.</i> | | | | | | | | |
| Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened ¹ | | | | | NA | NA | 1.9% | 3.5% |

| Claims-Based Short-Stay Measures | Provider 555589 | | | | Risk-Adjusted Rate | CA | US |
|--|----------------------------|----------------------------|---------------------------------|---------------|--------------------|---------------|--------------------|
| | Observed Rate ³ | Expected Rate ³ | Risk-Adjusted Rate ³ | Rating Points | | Observed Rate | Risk-Adjusted Rate |
| <i>Higher percentages are better. The time period for data used in reporting is 10/1/2017 through 9/30/2019.</i> | | | | | | | |
| Rate of successful return to home and community from a SNF ¹ | NA | NR | NA | NA | 51.7% | 52.9% | 52.9% ⁴ |
| <i>Lower percentages are better. The time period for data used in reporting is 10/1/2020 through 9/30/2021.</i> | | | | | | | |
| Percentage of residents who were re-hospitalized after a nursing home admission ¹ | NA | NA | NA | NA | 22.7% | 23.2% | 22.6% |
| Percentage of residents who had an outpatient emergency department visit ¹ | NA | NA | NA | NA | 9.8% | 10.4% | 11.1% |

¹These measures are risk adjusted.

²This 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 Care Compare.

³The 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 Care Compare.

⁴For 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 | NA |
| Total Short-Stay Quality Measure Score (unadjusted short-stay QM score*1150/800) ¹ | NA |
| Short-Stay Quality Measure Star Rating | Not Available |
| Total Quality Measure Score ² | NA |
| Overall Quality Measure Star Rating | ★★★★★ |

¹An 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.

²The 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 555589 | | | | | CA | US |
|---|-----------------|--------|--------|--------|--------|--------|--------|
| | 2021Q1 | 2021Q2 | 2021Q3 | 2021Q4 | 4Q avg | 4Q avg | 4Q avg |
| MDS Long-Stay Measures | | | | | | | |
| <i>Higher percentages are better.</i> | | | | | | | |
| Percentage of residents assessed and appropriately given the seasonal influenza vaccine | 100% | 100% | 100% | 100% | 100% | 98.5% | 95.7% |
| Percentage of residents assessed and appropriately given the pneumococcal vaccine | d<20 | 66.7% | 80.0% | 90.0% | 70.9% | 98.0% | 93.0% |
| <i>Lower percentages are better.</i> | | | | | | | |
| Percentage of residents who were physically restrained | d<20 | 0.0% | 0.0% | 0.0% | 0.0% | 0.2% | 0.2% |
| Percentage of low-risk residents who lose control of their bowels or bladder | d<20 | d<20 | d<20 | d<20 | NA | 33.0% | 47.0% |
| Percentage of residents who lose too much weight | d<20 | 4.8% | 15.0% | 0.0% | 5.1% | 5.3% | 6.3% |
| Percentage of residents who have depressive symptoms | d<20 | d<20 | d<20 | d<20 | 0.0% | 4.3% | 7.4% |
| Percentage of residents who received an antianxiety or hypnotic medication | d<20 | 76.2% | 75.0% | 75.0% | 77.2% | 13.9% | 19.6% |
| MDS Short-Stay Measures | | | | | | | |
| <i>Higher percentages are better.</i> | | | | | | | |
| Percentage of residents assessed and appropriately given the seasonal influenza vaccine | d<20 | d<20 | d<20 | d<20 | NA | 91.8% | 77.4% |
| Percentage of residents assessed and appropriately given the pneumococcal vaccine | d<20 | d<20 | d<20 | d<20 | NA | 92.9% | 79.8% |

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:

Two of the short-stay QMs used in the Five-Star QM rating calculation are SNF QRP measures: "Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened" and "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 Care Compare. Information about these measures can be found on separate provider preview reports 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 on the References page of this report.

Staffing Hours per Resident Day

PBJ data for **October 1, 2021 - December 31, 2021** (submitted and accepted by the February 14, 2022 deadline) are being used to calculate the staffing ratings for three months starting with the **April 2022** Care Compare website update. The table below includes the reported, case-mix and adjusted staffing levels for your facility, using the PBJ data for **October 1, 2021 - December 31, 2021**. The case-mix staffing values are based on resident acuity levels using RUG-IV data. The Five-Star Rating Technical Users' Guide contains a detailed explanation of the staffing rating and the case-mix adjustment methodology. The table also shows the weekend staffing levels (total nurse and RN) for your facility. Below the table is the average resident census for your facility.

| Staffing Levels for October 1, 2021 - December 31, 2021 for Provider Number 555589 | | | | |
|---|--|--|---------------------|------------------------------|
| | Reported Hours per Resident per Day (HRD) | Reported Hours per Resident per Day (HRD) (Decimal) | Case-Mix HRD | Case-Mix Adjusted HRD |
| All days | | | | |
| Total nurse (RN, LPN, LVN, and Nurse Aide) hours | 9 hours and 3 minutes | 9.049 | 5.322 | 5.362¹ |
| RN hours | 1 hour and 47 minutes | 1.792 | 1.711 | 0.394¹ |
| LPN/LVN hours | 4 hours | 3.996 | 1.114 | 2.634 |
| Nurse aide hours | 3 hours and 16 minutes | 3.261 | 2.497 | 2.668 |
| Physical therapist ² hours | 2 minutes | | | |
| Weekend² (Saturday and Sunday) | | | | |
| Total nurse (RN, LPN, LVN, and Nurse Aide) hours | 8 hours and 24 minutes | 8.402 | | |
| RN hours | 1 hour and 27 minutes | 1.455 | | |

¹Please see the staffing tables located in the Technical Users' Guide (link provided on the Reference page) for the specific cut points utilized with the bold case-mix adjusted values.

²Physical therapist and weekend staffing levels are not included in the staffing rating calculation.

The average number of residents for your facility (based on MDS census) for October 1, 2021 - December 31, 2021 is [22.3](#).

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.
 4. No nursing hours were reported (0 HRD).
 5. Total reported nurse staffing was excessively high (>12.0 HRD).
 6. Total reported nurse aide staffing was 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.
 14. No nursing hours were reported on weekends (0 HRD).
 15. Total reported nurse staffing on weekends was excessively high (>12.0 HRD).
 16. The total reported nurse aide staffing on weekends was excessively high (>5.25 HRD).
 18. 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.

Staffing Turnover

PBJ data from July 1, 2020 to December 31, 2021 are used to calculate annual nursing staff and RN turnover measures and to report the number of administrator turnovers among eligible administrators in the 12-month reporting period between October 1, 2020 to September 30, 2021. PBJ does not collect information on employee termination dates; instead a turnover is identified based on gaps in days worked. The turnover measures include employees and agency staff that have worked at least 120 hours at your facility in a 90-day period since the first observed workday between July 1, 2020 to March 31, 2021. Individuals no longer associated with a nursing home are defined as eligible employees who have a period of 60 or more days during which they do not work at all. The data listed below report the nursing, RN, and administrator turnover measures for your facility October 1, 2020 to September 30, 2021. (Note that data from 2020Q3 - 2021Q1 are used to identify individuals who are eligible for the turnover measure, while data from 2021Q4 are used to identify individuals who had a 60-day or more gap in days worked that started within the last 60 days of 2021Q3.)

These turnover measures will be posted on Nursing Home Care Compare starting with the April 2022 update. The turnover measures are updated quarterly using a rolling 12-month period. Detailed information on how turnover is calculated is available in the Technical Users' Guide. Find the link on the References Page of this report.

| PBJ Nurse Staffing Turnover for October 1, 2020 to September 30, 2021 for Provider Number 555589 | | | | |
|---|----------------------|---|---|--|
| | Turnover Rate | Number of Eligible Staff¹ | Number of Eligible Staff Identified as Turned over | Displayed on Care Compare² |
| Nursing staff turnover | 30.5% | 59 | 18 | Yes |
| RN turnover | 25.0% | 12 | 3 | Yes |
| Administrator turnover | | N.A. | N.A. | No - code 2 |

N.A. = Not Available. N.A. in the table above indicates that the value could not be calculated based on the data submitted.

¹The number of eligible staff is based on a count of the number of eligible 'employment spells.' For more details on the methodology used to calculate nursing staff turnover, please see the measure specifications, available at the location listed in the references below.

²Some providers will see "Not Available" on the Care Compare website for one or more turnover measures if there is a "No" along with a code listed in this column of the table.

Availability of Turnover Data

Some providers will see 'Not Available' for one or more of the turnover measures in the table above or on Care Compare. There are several reasons this could occur:

Nursing Staff and RN Turnover Exclusion Codes

1. No or invalid PBJ data submitted for one of more quarters between July 1, 2020 to December 31, 2021. See the table below for the quarters with missing or invalid PBJ data.
2. Fewer than 5 eligible nurse (or RN) employees or agency staff.
3. 100% nurse (or RN) turnover on a single day. If you see this code in the table above, up to two dates on which it appears your nursing home had 100% turnover on a single day are listed below. In this case, you may need to submit data to link employee identifiers. See additional information in the Important News section and on the References page of this report.
18. Other reason

Days with 100% turnover for all nursing staff

No Dates with 100% nurse turnover

Availability of Turnover Data (continued)

Administrator Turnover Codes

1. No or invalid PBJ data submitted for one of more quarters between July 1, 2020 to December 31, 2021. See the table below for the quarters with missing or invalid PBJ data.
2. No administrator hours were submitted for one or more quarters between July 1, 2020 to December 31, 2021. See the table below for the quarters with no administrator hours.
3. No eligible administrator employees or agency staff.
18. Other reason

| Your facility's submission of valid PBJ nursing data and administrator hours for quarters used by turnover measures | | | | | | |
|--|---------------|---------------|---------------|---------------|---------------|---------------|
| | 2020Q3 | 2020Q4 | 2021Q1 | 2021Q2 | 2021Q3 | 2021Q4 |
| Valid PBJ data submitted | Yes | Yes | Yes | Yes | Yes | Yes |
| Administrator hours submitted | No | No | No | No | No | No |

References

Technical Details on the Five-Star Quality 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>

Provider Data Catalog

All of the data posted on the Care Compare website as well as additional details on some domains and measures are available for download on the Provider Data Catalog at:

<https://data.cms.gov/provider-data/>

Staffing

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 QIES Help Desk at 888-477-7876 or via email at iQIES@cms.hhs.gov.

CMS Memorandum QSO-22-08-NH regarding weekend staffing, staff turnover, and information about linking employee identifiers can be found at:

<https://www.cms.gov/files/document/qso-22-08-nh.pdf>

Instructions and templates for linking employee identifiers can be found in the **PBJ Provider User's Guide** at: <https://qtso.cms.gov/providers/nursing-home-mdswing-bed-providers/reference-manuals>

Detailed Employee level staffing data can be found at:

<https://data.cms.gov/quality-of-care/payroll-based-journal-daily-nurse-staffing>

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 "MDS_QM_Users_Manual_V15_Effective_01-01-2022" in the downloads section at:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html>

SNF QRP COVID-19 Public Reporting Tip Sheet can be found at:

<https://www.cms.gov/files/document/snfqrp-covid19prtipsheet-october2020.pdf>

SNF Quality Reporting Training page can be found at:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Training>

FY 2022 SNF Final Rule can be found at:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/List-of-SNF-Federal-Regulations>

CMS Skilled Nursing Facility Center website can be found at:

<https://www.cms.gov/Center/Provider-Type/Skilled-Nursing-Facility-Center>

Additional information about Public Reporting of the SNF QRP Quality Measures can be found at:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Overview>

For questions about the SNF QRP measures please contact:

SNFQualityQuestions@cms.hhs.gov

PBJ Deadlines

| Submission Deadline | PBJ Reporting Period | Posted on Care Compare and used for Staffing Ratings |
|---------------------|-------------------------------------|--|
| February 14, 2022 | October 1, 2021 - December 31, 2021 | April 2022 - June 2022 |
| May 15, 2022 | January 1, 2022 - March 31, 2022 | July 2022 - September 2022 |
| August 14, 2022 | April 1, 2022 - June 30, 2022 | October 2022 - December 2022 |
| November 14, 2022 | July 1, 2022 - September 30, 2022 | January 2023 - March 2023 |