PointRight® ScoreCard Reference Guide

MEASURE	DEFINITION	INTERPRETING YOUR RESULTS	DATA SOURCE
Values and Measures			
N/A	Information is not available because the measure is not reported or unable to be calculated due to insufficient data.	Not applicable.	Not applicable
National Median	Value at the midpoint of the frequency distribution of values for all facilities in the nation.	The median is less affected by outliers and skewed data than the mean, and is usually the preferred measure of central tendency when the distribution is not symmetrical.	Not applicable
National Average	Average (mean) for all facilities in the nation.	Averages may be significantly affected by outlier values. However, due to the large number of facilities in the nation (> 15,000) the national average is less affected by outliers than smaller sample sizes would be.	Not applicable
State Median	Value at the midpoint of the frequency distribution of values for all facilities in the state.	The median is less affected by outliers and skewed data than the mean, and is usually the preferred measure of central tendency when the distribution is not symmetrical.	Not applicable
State Average	Average (mean) for all facilities in the state.	Averages may be significantly affected by outlier values, depending on the sample size.	Not applicable
Group Median	Value at the midpoint of the frequency distribution of values for all facilities in the group.	The median is less affected by outliers and skewed data than the mean, and is usually the preferred measure of central tendency when the distribution is not symmetrical.	Not applicable
Group Average	Average (mean) for all facilities in the group.	Averages may be significantly affected by outlier values, depending on the sample size.	Not applicable
Trend Graphs	Series of values for data points over time, represented by a line on a graph.	Useful for identifying patterns, trends, and points in time that require further evaluation.	Not applicable
Facility Comparison			
Facility Name	Provider Name	Not applicable.	CMS Nursing Home Compare data
CCN	CMS Certification Number (Medicare Provider Number)	Not applicable.	CMS Nursing Home Compare data
Certified Beds	Beds that have been approved by CMS to participate in Medicare and Medicaid	Not applicable.	CMS Nursing Home Compare data
Five-Star Rating	The CMS Five-Star Quality Rating System's overall star rating is based on performance in three domains: health inspection, staffing, and quality measures. Star ratings range from 1 to 5 stars, with more stars indicating better quality.	Higher ratings are better.	CMS Nursing Home Compare data
Consumer Experience Grade	Utilizing PointRight's proprietary models, facility-level metrics are weighted, scored, and then summed to reach these grades.	Higher grades are better. Grades are assigned and range from A to E, where an A represents a facility performing above average and E represents a facility that is below average.	Calculated by PointRight
Annual PAC Volume	Post-acute care volume, i.e. the number of admissions from an acute care hospital over a rolling 12-month time period.	Facilities with higher post-acute volume (>100) care for more short-stay patients than facilities with lower post-acute volume. Predictive analytics for post-acute outcomes for these facilities have significantly higher predictive accuracy.	Calculated by PointRight
30-Day Adjusted Rehospitalization	Risk-adjusted rehospitalization rate over a completed 12-month time period. In contrast to the Predicted Rehospitalization grade, which examines recent data and reflects a facility's predicted rehospitalization rate over the next 30 days, the Pro 30 rehospitalization rate reflects past performance and is not determined relative to other facilities in the group. PointRight® Pro 30® is the only all-cause risk-adjusted rehospitalization measure adopted by the American Health Care Association (AHCA) and endorsed by the National Quality Forum (NQF #2375).	Lower rates indicate better rehospitalization performance.	PointRight® Pro 30® AHCA data
Predicted Rehospitalization Grade	This grade reflects a facility's predicted rehospitalization rate over the next 30 days, relative to other facilities in the group. In contrast to the 30-Day Adjusted Rehospitalization rate, which solely measures past performance based on a completed 12-month period, this grade is based on recent monthly data and is determined relative to the predicted rehospitalization rates for other facilities in the group. Utilizing PointRight's proprietary models, facility-level metrics are calculated to reach these grades.	Higher grades are better. Grades are assigned and range from A to E, where an A represents a facility that is expected to perform above the group's 90th percentile over the next 30 days, and E represents a facility that is expected to perform below the group's 10th percentile over the next 30 days.	Calculated by PointRight
Return to Community	Rate of successful return to home and community from a SNF. The rate at which residents returned to home and community with no unplanned hospitalizations and no death in the 31 days following discharge from the SNF. Community is defined as home or self-care, with or without home health services. Rate is risk-adjusted.	Higher rates are better.	CMS Quality Measure data
Care Processes and Outcomes Grade	Utilizing PointRight's proprietary models, facility-level metrics are weighted, scored, and then summed to reach these grades.	Higher grades are better. Grades are assigned and range from A to E, where an A represents a facility performing above average and E represents a facility that is below average.	Calculated by PointRight
Quality Measures Grade	Utilizing PointRight's proprietary models, facility-level metrics are weighted, scored, and then summed to reach these grades.	Higher grades are better. Grades are assigned and range from A to E, where an A represents a facility performing above average and E represents a facility that is below average.	Calculated by PointRight
Regulatory Compliance Grade	Utilizing PointRight's proprietary models, facility-level metrics are weighted, scored, and then summed to reach these grades.	Higher grades are better. Grades are assigned and range from A to E, where an A represents a facility performing above average and E represents a facility that is below average.	Calculated by PointRight
Staffing Grade	Utilizing PointRight's proprietary models, facility-level metrics are weighted, scored, and then summed to reach these grades.	Higher grades are better. Grades are assigned and range from A to E, where an A represents a facility performing above average and E represents a facility that is below average.	Calculated by PointRight
Long-Stay Adjusted Hospitalization	The PointRight® Pro Long Stay® Hospitalization measure is and MDS-based, risk adjusted measure of the rate of hospitalization of long-stay residents averaged across the year and weighted by the number of stays in each quarter. This measure is endorsed by the National Quality Forum (NQF #2827). To be considered long-stay, a resident must have a cumulative length of stay of more than 100 days as of the snapshot date. This measure is all-payer.	Lower rates indicate better long-stay resident hospitalization performance.	PointRight® Pro Long Stay® AHCA data
Overview Tab			
Special Care Beds	Number of beds in the facility's dedicated special care units. These are units with a specific number of beds, identified and dedicated by the facility for residents with specific needs/diagnoses. They need not necessarily be certified or recognized by regulatory authorities, but may be separately licensed by the state as required.	Facilities need the staffing, skills, and competencies required to care for residents/patients in special care beds.	CMS-671 data
Summary Tab			
PointRight® Pro 30®	*Refer to information under "Rehospitalization Tab" below.*	*Refer to information under "Rehospitalization Tab" below.*	*Refer to information under "Rehospitalization Tab" below.*
Short-Stay Quality Measures with Post-Acute Significance	*Refer to information under "Clinical and Quality Tab" below.*	*Refer to information under "Clinical and Quality Tab" below.*	*Refer to information under "Clinical and Quality Tab" below.*
Care Processes and Outcomes measures	*Refer to information under "Clinical and Quality Tab" below.*	*Refer to information under "Clinical and Quality Tab" below.*	*Refer to information under "Clinical and Quality Tab" below.*
Consumer Experience Allegations	*Refer to information under "Consumer Experience Tab" below.*	*Refer to information under "Consumer Experience Tab" below.*	*Refer to information under "Consumer Experience Tab" below.*
Staffing Rates for Post-Acute Care	**RN Percent of Total Nurses:** The percentage of the total licensed nursing staff that consists of Registered Nurses.	A higher RN percentage is associated with better post-acute care patient outcomes. Patients with higher medical complexity generally require the skills of RNs to manage their conditions and assess for change in condition.	CMS Payroll-Based Journal (PBJ) data
	Nursing Admin Percent of Total Licensed Nurses: The percentage of the total licensed nursing staff that consists of Administrative Nurses. For this measure, Administrative Nurses includes PBJ jpb descriptions "RN Director of Nursing" and "RNs with Administrative Duties."	Post-acute care requires sufficient nursing administration activities - supervision, training and QA/QI activities - to deliver the best outcomes.	CMS Payroll-Based Journal (PBJ) data

	Contractor Percent of PT/OT: The percentage of Physical and Occupational Therapists and Assistants that are contractors.	Nationwide, there is a high prevalence of contracted therapists.	CMS Payroll-Based Journal (PBJ) data
	Contractor (Agency) Percent of Licensed Nurses: The percentage of Licensed Nurses that are contractors (agency staff).	Higher contracted licensed nurses is associated with worse quality and patient outcomes.	CMS Payroll-Based Journal (PBJ) data
Staffing FTEs and Weekly Hours for Post-Acute Care	**FTE:** One full-time equivalent (FTE) is equivalent to one employee working full-time. For purposes of the FTE calculation, 35 hours per week is used for a full-time employee.	Not applicable.	CMS Payroll-Based Journal (PBJ) data
	Medical Director: A physician responsible for resident care policies and medical care coordination.	Facilities with high-acuity resident populations and a high post-acute care volume usually require greater involvement of the Medical Director.	CMS Payroll-Based Journal (PBJ) data
	Mental Health Professional: Professionals who diagnose or treat emotional, psychological, or psychiatric issues with therapy, counseling, medication monitoring, or other services.	Mental health professionals can reduce rehospitalization rates in facilities that have PAC patients with these issues.	CMS Payroll-Based Journal (PBJ) data
	NP/PA (Nurse Practitioner/Physician Assistant): Non-physician practitioners including Nurse Practitioner (NP), a Registered Nurse with specialized graduate education who is licensed by the state to diagnose and treat illness, independently or as part of a healthcare team, and Physician Assistant (PA), a graduate of an accredited educational program for physician assistants who provides healthcare services typically performed by a physician, under the supervision of a physician.	Facilities with high-acuity resident populations and a high volume of PAC tend to have non-physician practitioners. Controlling for acuity and post-acute volume, non-physician practitioners tend to reduce rehospitalization rates.	CMS Payroll-Based Journal (PBJ) data
	PT (Physical Therapist): Combined full-time and contract physical therapists.	Facilities with high-acuity resident populations and a high post-acute care volume usually require higher FTEs of PT.	CMS Payroll-Based Journal (PBJ) data
	OT (Occupational Therapist): Combined full-time and contract occupational therapists.	Facilities with high-acuity resident populations and a high post-acute care volume usually require higher FTEs of OT.	CMS Payroll-Based Journal (PBJ) data
	SLP (Speech-Language Pathologist): Combined full-time and contract Speech-Language Pathologists.	Facilities with high-acuity resident populations, high post-acute care volume, and residents with speech or swallowing problems usually require higher FTEs of SLP.	CMS Payroll-Based Journal (PBJ) data
Five-Star Ratings	*Refer to information under "CMS Five-Star Tab" below.*	*Refer to information under "CMS Five-Star Tab" below.*	*Refer to information under "CMS Five-Star Tab" below.*
Additional Facility Information	**Medication Errors:** The medication error rate is based on direct observation of medication passes by a surveyor during the health inspection.	Facilities receive citations if the error rate is higher than 5%. Facilities are cited if the timing, route, dose, and/or patient is wrong. Errors during a health inspection under direct observation of a surveyor suggest potential quality issues with training and staff competency/skills.	CMS-672 Resident Census and Conditions of Residents Data
	Tracheostomy or Suctioning: Percentage of residents receiving tracheostomy care (maintenance of airway, the stoma and surrounding skin, and dressings/coverings for the stoma) or suctioning (via the oral cavity, nasal passage, or tracheostomy. Does not include oral suctioning).	People with tracheostomies require respiratory therapists or specially-trained nurses. If staff is not appropriately trained, complications and negative outcomes including rehospitalization may occur.	CMS-672 Resident Census and Conditions of Residents Data
	SFF Risk: Facilities that have some of the worst survey records in the state over the past 12 months. These facilities qualify for their state's Candidate List and are eligible for Special Focus Facility status.	If a facility has a history of persistent poor quality of care, it can be designated as a Special Focus Facility (SFF). This means the facility is subjected to more frequent inspections, escalating penalties, and potential termination from Medicare and Medicaid.	CMS Survey and Certification Data
Rehospitalization Tab			
PointRight® Pro 30® Observed Rate	Unadjusted rehospitalization rate, calculated by dividing the numerator by the denominator. This measures the rate at which residents admitted from an acute care hospital are discharged to an acute care hospital within 30 days.	Lower rates are better.	PointRight® Pro 30® AHCA data
PointRight® Pro 30® Adjusted Rate	Case mix-adjusted rehospitalization rate, calculated by dividing the observed rate by the expected rate, then multiplying by the PointRight observed national average.	Lower rates are better.	PointRight® Pro 30® AHCA data
PointRight® Pro 30® Overall	The overall rehospitalization rate (for all residents).	Lower rates are better.	PointRight® Pro 30® AHCA data
PointRight® Pro 30® by Risk Level	Three risk groups—Low, Medium, and High—are based on PointRight's expected rehospitalization model's estimate of the resident's clinical condition at the time of entry into the facility from an acute hospital. The rehospitalization rate for all residents in each risk group is shown. NOTE: Risk groups are mutually exclusive; a resident can be in only one for each discharge.	Lower rates are better.	PointRight® Pro 30® AHCA data
PointRight® Pro 30® by Clinical Cohort	A subset of the payer category, defined by an active diagnosis or clinical condition present on the MDS. The rehospitalization rate for all resident discharges in each clinical cohort is shown. NOTE: Clinical cohorts are not mutually exclusive; a resident can be in more than one for each discharge.	Lower rates are better.	PointRight® Pro 30® AHCA data
Clinical and Quality Tab			
Care Processes and Outcomes	**Pain Management:** Percentage of residents with difficult to manage or intractable pain on a specific pain management program, which may include self-medication pumps or regularly-scheduled or administration of medication alone or in combination with nonmedication interventions (e.g., massage, heat/cold, biofeedback, etc.).	Facilities with extremely high or extremely low rates indicate potential issues with pain assessment and management.	CMS-672 Resident Census and Conditions of Residents Data; Calculated by PointRight
	Advance Directives: Percentage of residents in the facility who have advance directives, such as Do Not Resuscitate (DNR), Do Not Hospitalize (DNH), Physician's Orders for Life-Sustaining Treatment (POLST), living will, and durable power of attorney for health care, recognized under state law and relating to the provisions of care when the individual is incapacitated.	Cultural beliefs may influence this number to be low regardless of facility practices.	CMS-672 Resident Census and Conditions of Residents Data; Calculated by PointRight
	Depression: Percentage of residents in the facility with documented signs and symptoms of depression. These residents may or may not have a medical diagnosis of depression or other related psychiatric condition.	Patients who are clinically depressed tend to tolerate their symptoms worse, thus have higher rates of ER visits and hospital readmission. Depression is a common consequence of stroke, trauma, and lung disease. Depression is known to be associated with worse outcomes. Seniors, when depressed, are typically less functionally independent and have worse rehabilitation outcomes.	CMS-672 Resident Census and Conditions of Residents Data; Calculated by PointRight
	Acquired Contractures: Percentage of residents in the facility who have contractures (a restriction of full passive range of motion of any joint due to deformity, disuse, pain, etc. including loss of range of motion in neck, fingers, wrists, elbows, shoulders, hips, knees and ankles), but did not have contractures on admission.	Most facility-acquired contractures can be prevented with adequate passive Range of Motion (ROM). Patients with CVA, Parkinson's or impaired joint mobility should avoid facilities with high rates of this outcome. Higher contracture rates are correlated to low CNA staffing rates.	CMS-672 Resident Census and Conditions of Residents Data; Calculated by PointRight
	Hospice: Percentage of residents in the facility who are electing the Medicare hospice benefit.	Residents on hospice are much less likely to be hospitalized from the SNF than residents at end of life who are not receiving hospice care.	CMS-672 Resident Census and Conditions of Residents Data; Calculated by PointRight
	Respiratory Therapy: Percentage of residents in the facility receiving treatment by the use of respirators/ventilators, oxygen, IPPB or other inhalation therapy, pulmonary toilet, humidifiers, and other methods to treat conditions of the respiratory tract. This does not include residents receiving tracheostomy care or respiratory suctioning.	Typically, a higher percentage of patients with respiratory therapy indicates the facility has staff with a higher level of competency for medically complex patients.	CMS-672 Resident Census and Conditions of Residents Data; Calculated by PointRight
Short-Stay Quality Measures (Medicare Part A FFS Claims-Based)	**Rehospitalized:** Percentage of short-stay residents who were re-hospitalized after a nursing home admission. This measure is based on Medicare claims data.	Lower rates are better.	CMS Quality Measure data
	Emergency Room Visit: Percentage of short-stay residents who have had an outpatient emergency department visit. This measure is based on Medicare claims data.	Lower rates are better.	CMS Quality Measure data
	Return to Home/Community: Rate of successful return to home and community from a SNF. The rate at which residents returned to home and community with no unplanned hospitalizations and no deaths in the 31 days following discharge from the SNF.	Lower rates are better.	CMS Quality Measure data

	MSPB: Medicare Spending Per Beneficiary. This measure shows whether Medicare spends more, less, or about the same on an episode of care in a specific SNF compared to the national average (which is approximately 1.0). Data comes from Medicare enrollment and claims.	A ratio equal to the national average (1.0) means Medicare spent ABOUT THE SAME per resident for an episode of care at this SNF as it does for all SNFs nationally. A ratio higher than the national average (>1.0) means Medicare spent MORE per resident for an episode of care. A ratio lower than the national average (<1.0) means Medicare spent LESS per resident for an episode of care.	CMS Quality Measure data
Short-Stay Quality Measures (MDS-Based)	**Influenza Vaccine:** Percentage of short-stay residents who were assessed and appropriately given the seasonal influenza vaccine.	Higher rates are better.	CMS Quality Measure data
	Pneumococcal Vaccine: Percentage of short-stay residents who were assessed and appropriately given the pneumococcal vaccine.	Higher rates are better.	CMS Quality Measure data
	Functional Assessment and Goals: Percentage of residents whose functional abilities were assessed and functional goals were included in their treatment plan.	Higher rates are better.	CMS Quality Measure data
	Functional Improvement: Percentage of short-stay residents who made improvements in function, which includes self-performance in transfer, locomotion on unit, and walking in corridor. This measure is risk-adjusted.	Higher rates are better.	CMS Quality Measure data
	Antipsychotic: Percentage of short-stay residents who newly received an antipsychotic medication.	Lower rates are better.	CMS Quality Measure data
	Pain: Percentage of short-stay residents who self-report moderate to severe pain.	Lower rates are better.	CMS Quality Measure data
	Pressure Ulcers: Percentage of short-stay residents with pressure ulcers that are new or worsened. This measure is risk-adjusted.	Lower rates are better.	CMS Quality Measure data
	Falls with Injury: Percentage of residents who experience one or more falls with major injury during their SNF stay (QRP measure).	Lower rates are better.	CMS Quality Measure data
Long-Stay Quality Measures (MDS-Based)	**Influenza Vaccine:** Percentage of long-stay residents assessed and given, appropriately, the seasonal influenza vaccine.	Higher rates are better.	CMS Quality Measure data
	Pneumococcal Vaccine: Percentage of long-stay residents assessed and given, appropriately, the pneumococcal vaccine.	Higher rates are better.	CMS Quality Measure data
	ADL Decline: Percentage of long-stay residents whose need for help with activities of daily living (ADL) has increased. ADLs considered include bed mobility, eating, transfer (how resident moves between surfaces, to/from bed, chair, wheelchair and standing position), and toilet use.	Lower rates are better.	CMS Quality Measure data
	Worsened Independent Movement: Percentage of long-stay residents whose ability to move independently worsened. This measure is risk-adjusted.	Lower rates are better.	CMS Quality Measure data
	Antianxiety/Hypnotic: Percentage of long-stay residents who used antianxiety or hypnotic medication.	Lower rates are better.	CMS Quality Measure data
	Antipsychotic: Percentage of long-stay residents who received an antipsychotic medication.	Lower rates are better.	CMS Quality Measure data
	Pain: Percentage of long-stay residents who self-report moderate to severe pain. This measure is risk-adjusted.	Lower rates are better.	CMS Quality Measure data
	Incontinence: Percentage of long-stay low-risk residents who lose control of their bowels or bladder.	Lower rates are better.	CMS Quality Measure data
	Catheter: Percentage of long-stay residents who have/had a catheter inserted and left in their bladder. This measure is risk-adjusted.	Lower rates are better.	CMS Quality Measure data
	UTI: Percentage of long-stay residents with a urinary tract infection.	Lower rates are better.	CMS Quality Measure data
	Depression: Percentage of long-stay residents who have depressive symptoms.	Lower rates are better.	CMS Quality Measure data
	Weight Loss: Percentage of long-stay residents who lose too much weight.	Lower rates are better.	CMS Quality Measure data
	Physically Restrained: Percentage of long-stay residents who were physically restrained.	Lower rates are better.	CMS Quality Measure data
	Pressure Ulcers: Percentage of long-stay high-risk residents with pressure ulcers.	Lower rates are better.	CMS Quality Measure data
	Falls with Injury: Percentage of long-stay residents experiencing one or more falls with major injury.	Lower rates are better.	CMS Quality Measure data
CMS Five-Star Tab			
Five-Star Ratings	**Overall Rating:** Aggregation of Five-Star domain ratings (Health Inspections, Quality Measures, and Staffing).	More stars are better. 5 = Much Above Average; 4 = Above Average; 3 = Average; 2 = Below Average; 1 = Much Below Average. SFF facilities are not assigned overall ratings or ratings in any domain.	CMS Nursing Home Compare data
	Health Inspection Rating: 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.	More stars are better. 5 = Much Above Average; 4 = Above Average; 3 = Average; 2 = Below Average; 1 = Much Below Average. SFF facilities are not assigned overall ratings or ratings in any domain.	CMS Nursing Home Compare data
	Overall QM Rating: Based on performance on 17 of the quality measures that are currently posted on the Nursing Home Compare website. These include ten long-stay measures and seven short-stay measures. Note that not all of the quality measures that are reported on Nursing Home Compare are included in the rating calculations.	More stars are better. 5 = Much Above Average; 4 = Above Average; 3 = Average; 2 = Below Average; 1 = Much Below Average. SFF facilities are not assigned overall ratings or ratings in any domain.	CMS Nursing Home Compare data
	Short-Stay QM Rating: In addition to an overall quality of resident care rating, a separate rating for the quality of resident care for short-stay residents is also reported.	More stars are better. 5 = Much Above Average; 4 = Above Average; 3 = Average; 2 = Below Average; 1 = Much Below Average. SFF facilities are not assigned overall ratings or ratings in any domain.	CMS Nursing Home Compare data
	Long-Stay QM Rating: In addition to an overall quality of resident care rating, a separate rating for the quality of resident care for long-stay residents is also reported.	More stars are better. 5 = Much Above Average; 4 = Above Average; 3 = Average; 2 = Below Average; 1 = Much Below Average. SFF facilities are not assigned overall ratings or ratings in any domain.	CMS Nursing Home Compare data
	Staffing Rating: Based on six separate staffing measures. Points are assigned based on the performance on each of these six measures. The points are then summed and the total staffing score is compared to staffing rating point thresholds to assign a rating of one to five stars. The six measures are as follows: Total nurse (RN, LPN/LVN, aide) hours per resident per day; RN staffing hours per resident per day; Total nurse (RN, LPN/LVN, aide) staffing hours per resident per day on the weekend; Total nurse turnover; Registered Nurse (RN) turnover; and Administrator turnover. The staffing measures are derived from data submitted each quarter through the Payroll-Based Journal (PBJ) System, along with daily resident census derived from MDS 3.0 assessments, and are case-mix adjusted based on the distribution of MDS 3.0 assessments by Resource Utilization Groups, version IV (RUG-IV group).	More stars are better. 5 = Much Above Average; 4 = Above Average; 3 = Average; 2 = Below Average; 1 = Much Below Average. SFF facilities are not assigned overall ratings or ratings in any domain. A one-star staffing rating is automatically given to those facilities that report four or more days without an RN in a quarter.	CMS Nursing Home Compare data
	RN Staffing Rating: In addition to the overall staffing rating, a separate rating for RN staffing is also reported.	More stars are better. 5 = Much Above Average; 4 = Above Average; 3 = Average; 2 = Below Average; 1 = Much Below Average. SFF facilities are not assigned overall ratings or ratings in any domain.	CMS Nursing Home Compare data
Regulatory Compliance Tab			
Compliance Citations Related to Post-Acute Care	**Repeat Citations:** Survey deficiencies relevant to post-acute care that occurred more than once in the last 18 months.	Recurrent deficiencies may indicate systemic problems and should have a high priority for corrective action.	CMS Survey and Certification Data; Calculated by PointRight
	Pattern or Widespread Non-Compliance: Survey deficiencies relevant to post-acute care that are assigned at a scope level of "Pattern" (E, H, K) or "Widespread" (F, I, L), which is based on how many residents were affected by the deficiencies cited.	Patterned or widespread deficiencies indicate systemic problems and should have a very high priority for corrective action.	CMS Survey and Certification Data; Calculated by PointRight
	Actual Harm or Jeopardy: Survey deficiencies that are assigned at a severity level of "Actual Harm" (G, J, I) or "Immediate Jeopardy" (J, K, L), which is based on the level of harm to the resident or resident(s) involved in the deficient practice.	These deficiencies are the most serious and should have the highest priority for corrective action.	CMS Survey and Certification Data; Calculated by PointRight

Last Standard Survey	Date of most recent standard survey (i.e. health inspection), defined by CMS as "a periodic, resident-centered inspection that gathers information about the quality of service furnished in a facility to determine compliance with the requirements of participation." Nursing homes that participate in the Medicare and/or Medicaid programs have an onsite recertification (standard) inspection conducted annually, on average. 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.	Not applicable.	CMS Survey and Certification Data
SFF Status	Current SFF Facility, Became SFF Facility This Month, Graduated from SFF This Month, or SFF Candidate.	Special Focus Facilities are subjected to more frequent inspections, escalating penalties, and potential termination from Medicare and Medicaid.	CMS Survey and Certification Data
State SFF Benchmarks	Median SFF score in the state, number of facilities in the state, size of state's SFF candidate list, and number of CMS-required state SFF slots (number of SFF facilities in the state).	Provides context as to how much at risk the facility has for becoming a SFF in that state.	CMS Survey and Certification Data; Calculated by PointRight
Special Focus Facility Details	SFF priority score, percent of SFF score from standard survey, and percent of SFF score from complaints.	Provides context about the relative impact of standard survey versus complaints on the SFF score.	CMS Survey and Certification Data; Calculated by PointRight
Survey Cycle Details	A health inspection (survey) score is calculated based on points assigned to deficiencies from the three most recent standard health inspections and 36 months of complaint inspections. This score is the basis for the Five-Star health inspection domain star rating and is also used to select facilities for the Special Focus Facility (SFF) program. Points are assigned to individual health deficiencies according to their scope and severity, with additional points assigned for substandard quality of care. If a provider fails to correct deficiencies by the time of the first revisit, then additional revisit points are assigned. In calculating the total weighted score, the most recent period (cycle 1) is assigned a weighting factor of 1/2, the previous period (cycle 2) has weighting factor of 1/3, and the second prior period (cycle 3) has a weighting factor of 1/6. The individual weighted scores for each cycle are summed (after including complaint surveys and revisit points) to create the total weighted score.	If a facility has a higher number of points associated with more current survey cycles, it will take longer for these to "age" and affect the score with less weight. The survey cycle details provide context about the relative impact of standard survey versus complaints and revisits on the SFF score.	CMS Survey and Certification Data; Calculated by PointRight
Consumer Experience Tab			
Consumer Experience Allegations	Count of all complaint allegations made by a resident, family member, employee, ombudsman, or member of the public over the past 18 months. Complaint allegations may be substantiated or unsubstantiated. Substantiated means a violation of Federal requirement(s), condition(s) of participation, or condition(s) for coverage. One or more deficiencies may be cited related to the allegation. Unsubstantiated means no Federal deficiencies related to the allegation were substantiated, for one of the following reasons: • Evidence indicates that the allegation did not occur. • Lack of sufficient evidence to substantiate the allegation. • Allegation occurred, but not a violation of a Federal requirement. • Deficiencies in unrelated areas.	Higher counts, especially as related to state and national medians, indicate worse performance. Consumer experience directly correlates to satisfaction, and poor consumer experience leads to litigation.	CMS Survey and Certification Data
	Quality of Care: Complaint allegations made against the facility by a resident, family member, employee, ombudsman, or member of the public over the past 18 months related to quality of life and quality of care.	Higher counts, especially as related to state and national medians, indicate worse performance. Consumer experience directly correlates to satisfaction, and poor consumer experience leads to litigation.	CMS Survey and Certification Data
	Abuse or Neglect: Complaint allegations made against the facility by a resident, family member, employee, ombudsman, or member of the public over the past 18 months related to freedom from abuse, neglect, or exploitation.	Higher counts, especially as related to state and national medians, indicate worse performance. Consumer experience directly correlates to satisfaction, and poor consumer experience leads to litigation.	CMS Survey and Certification Data
	Dietary: Complaint allegations made against the facility by a resident, family member, employee, ombudsman, or member of the public over the past 18 months related to nutrition and dietary services.	Higher counts, especially as related to state and national medians, indicate worse performance. Consumer experience directly correlates to satisfaction, and poor consumer experience leads to litigation.	CMS Survey and Certification Data