Minnesota Nursing Home Report Card
Technical User Guide
Updated 12-15-2017

Since 2006, the Minnesota Departments of Health and Human Services, collaborating with the University of Minnesota, have offered a Nursing Home Report Card website. The Report Card lets consumers compare nursing homes across areas that matter to them:

- Resident quality of life interviews and family satisfaction surveys
- Clinical outcomes on ten key quality of care topics
- Health and safety inspections
- Measures of the amount, stability and consistency of the workforce
- Availability of single-bed rooms
- Price per day, including any extra charges for private rooms

Wherever possible, the Report Card risk-adjusts, audits and uses professional third-parties to collect this information.

Please click the **Questions** and **Feedback** links at the top of each page to ask questions or offer suggestions about the Report Card.

This guide defines the Report Card quality measures and describes how they are scored. It also provides statewide results on each measure. Additional information may be found in the Nursing Home Report Card Fact Sheet at http://nhreportcard.dhs.mn.gov/nhreportcardfactsheet.pdf.

The Report Card shows how Minnesota nursing homes that are Medicaid-certified score on eight quality measures. For each nursing home, each quality measure is scored on a five-star scale, with one star representing the lowest possible rating and five stars representing the highest possible rating.

Five of the eight measures assign stars based on the distribution of the results for all Minnesota nursing facilities, including:

- Resident quality of life risk-adjusted ratings
- Family satisfaction risk-adjusted ratings
- Minnesota risk-adjusted clinical quality indicators
- Direct care staff hours per day
- Direct care staff retention

The data sets for these measures generally represent a normal distribution. A normal distribution means that most of the results in a set of data are close to the "average," with a few outliers both higher and lower than the average. If the data were graphed for these five measures, the graphs would look like a bell-shaped curve.

For each of these measures, the mean (average) is determined for the data set. The standard deviation for the data set is then calculated. The standard deviation is a statistic that tells how tightly the results are clustered around the average. When the results are tightly bunched together around the average, the standard deviation is small. When the results are more widespread, the standard deviation becomes larger. A standard deviation may be thought of as the average of the differences from the mean. The thresholds for assigning stars to each facility's performance are as follows:

5 Stars	Mean plus 1½ standard deviations
4 Stars	Mean plus ½ to 1½ standard deviations
3 Stars	Mean plus or minus ½ standard deviations
2 Stars	Mean minus ½ to 1½ standard deviations
1 Star	Mean minus 1½ standard deviations

RESIDENT QUALITY OF LIFE SURVEYS

Each year, trained staff employed by an independent contractor of the State interview long-stay residents in every nursing home about their quality of life. Interviewers offer a random sample of residents the opportunity to participate, unless they are severely cognitively impaired, ill or their guardian refuses on their behalf.

The interviewers use a standardized questionnaire that measures resident quality of life over a variety of topics or domains. These include meaningful activities, food enjoyment, environment, dignity, autonomy, relationships, caregiving and mood. The State revised the survey in 2016 with input from survey experts, quality of life experts, residents, families and providers to better reflect life in facilities today. Visit https://vitalresearch.com/mnsurvey2016/documents.html to view the survey.

Minnesota also mails an annual short-stay experience survey to residents discharged after 30 days. This survey asks questions more relevant to them, with a special focus on their admission, physical therapy, clinical care, and discharge. The Report Card will include these scores in the future. Visit https://vitalresearch.com/mnshortstay2017/resources/ to see the short-stay survey.

A QOL summary score is constructed by calculating an average score for each domain, then finding the average of these domain scores. The summary score is then risk-adjusted to level the playing field among all providers, controlling for resident and facility characteristics that are generally not a result of provider performance. The QOL score uses five risk adjusters, four for residents — age, gender, cognitive performance (Cognitive Performance Scale or Brief Interview for Mental Status) and Activities of Daily Living score (ADL Long-Form) — and one for facilities — located in the Twin Cities metropolitan area versus elsewhere. The average QOL scores of residents who are older, female, and/or more cognitively impaired tend to be higher; whereas, for residents with more ADL dependencies they tend to be lower. In addition, average QOL scores tend to be lower for residents in facilities located in the Twin Cities.

The variation in the number of interviews per facility presents a challenge in deriving statistically valid estimates of facility QOL rates. Facilities with fewer surveyed residents are more likely than facilities with many surveyed residents to have very high or very low QOL scores due to statistical error rather than real differences in resident quality of life. To deal with this issue, a statistical approach called hierarchical linear modeling was used to develop empirical Bayes (EB) estimated QOL scores. Experts contend that the EB approach results in more accurate estimates when comparing facilities. EB estimation is viewed as more "fair" for facilities with fewer surveyed residents than comparing facilities just on their observed (so-called unadjusted) rates.

Stars are assigned to the QOL measure using the standard deviation methodology described on Page 2. The thresholds and statewide distribution for the 2016 wave of interviews are as follows:

Resident QOL: Possible Score Range = 0-100
(Lowest Score = 69.33, Mean = 81.70, Highest Score = 88.16)

# Stars	Resident QOL Summary Score Range		# NFs
5	85.9292	100	16
4	83.1220	85.9291	98
3	80.3148	83.1219	147
2	77.5076	80.3147	69
1	0	77.5075	24
N/A	N/A	N/A	11

FAMILY SATISFACTION SURVEYS

Family, friends and other people involved in residents' lives often have different concerns about the stay than their loved ones. Each year, an independent contractor of the State mails a family satisfaction survey to the primary responsible party of every long-stay resident. The number of surveys mailed in each facility varies based on the number of residents in the facility with a responsible party. A standardized survey is used in all facilities and measures family satisfaction over four topics or domains. These include staff, care, environment and food. To view the family survey, visit https://vitalresearch.com/mnsurvey2016/documents.html.

A family satisfaction summary score is constructed by calculating an average score for each domain, then finding the average of these domain scores. The summary score is then risk-adjusted to level the playing field among all providers, controlling for resident and facility characteristics that are generally not a result of provider performance. The family satisfaction scores use six risk adjusters, five for respondents (relationship to the resident, gender, frequency of visits and other communication with the resident, and survey format) and one for nursing homes (Twin Cities metropolitan vs. greater Minnesota).

Respondents who are male, in a less intimate relationship with the resident (e.g. professional guardian vs. spouse), have less frequent contact with the resident, and/or complete the survey on the phone vs. on paper or online tend to be more satisfied. In addition, average family satisfaction scores tend to be higher for nursing homes located in greater Minnesota.

The variation in the number of surveys per facility presents a challenge in deriving statistically valid estimates of family satisfaction. Facilities with fewer surveys are more likely than facilities with many surveys to have very high or very low satisfaction scores due to statistical error rather than real differences in family opinion. To deal with this issue, a statistical approach called hierarchical linear modeling is used to develop empirical Bayes (EB) estimated satisfaction scores. Experts contend that the EB approach results in more accurate estimates when comparing facilities. EB estimation is viewed as more "fair" for facilities with fewer surveys than comparing facilities just on their observed (so-called unadjusted) rates.

Stars are assigned to the family satisfaction measure using the standard deviation methodology described on Page 2. The thresholds and statewide distribution for the 2016 wave of surveys are as follows:

Family Satisfaction: Possible Score Range = 0-100
(Lowest Score = 54.63, Mean = 75.38, Highest Score = 92.31)

# Stars	Family Satisfaction Summary Score Range		# NFs
5	83.507	100	19
4	78.107	83.506	94
3	72.707	78.106	133
2	67.306	72.706	76
1	0	67.305	30
N/A	N/A	N/A	13

MN RISK-ADJUSTED MDS QUALITY INDICATORS

During their stay in a nursing home, residents are assessed by the facility staff. This is called a Minimum Data Set assessment (MDS) and is performed at admission, quarterly, annually and whenever the resident experiences a significant change in health status. This extensive assessment includes many items such as: diagnoses; the ability to do activities of daily living (ADL) such as getting in and out of bed, walking, eating, bathing, toileting, etc; clinical conditions; use of certain types of medications; dehydration; mental functioning; and certain treatments provided to the resident.

Selected items from the MDS have been identified as potential indicators of the quality of care provided to the resident. The Report Card uses 21 quality indicators, listed in Table 1, to calculate the Quality Indicator score. These quality indicators have been risk adjusted to account for differences between the types of residents served in nursing homes. Examples of the

adjustors used are, but are not limited to: age, gender, cognitive performance (mental functioning), Alzheimer's disease, stroke, and ADL ability. For MDS items not available on quarterly assessments, the system automatically looks back to the most-recent available data.

Table 1. Quality Indicators from the MDS Included in Score		
Domain	**Name**	**Description**
Psychosocial	Incidence of Worsening or Serious Resident Behavior Problems (Long Stay)	This is the percent of residents with verbal, physical, or other disruptive behavior symptoms that have worsened or have stayed at the most serious level since the last assessment.
	Prevalence of Depressive Symptoms (Long Stay)	This is the percent of long-stay residents who are exhibiting signs of depression. This is determined by a standardized resident mood interview or if interview is not possible, by staff assessment.
Quality of Life	Prevalence of Physical Restraints (Long Stay)	This is the percent of long-stay residents who were physically restrained. A physical restraint is any device, material or equipment attached or adjacent to a resident's body, that a resident can't remove easily, which keeps a resident from moving freely or prevents them normal access to their body. Side rails on beds are not included in this calculation.
Continence	Incidence of Worsening or Serious Bowel Incontinence (Long Stay)	This is the percent of long-stay residents whose ability to control their bowel has gotten worse or stayed at the most serious level since the last assessment. Residents who need an appliance such as an ostomy for bowel movements are not included in the calculation of this measure.
	Incidence of Worsening or Serious Bladder Incontinence (Long Stay)	This is the percent of long stay-residents whose ability to control their bladder has gotten worse or stayed at the most serious level since the last assessment. Residents who need an appliance such as catheter for urination are not included in the calculation of this measure.
	Prevalence of Occasional to Full Bladder Incontinence Without a Toileting Plan (Long Stay)	This is the percent of long-stay residents who lose control of their bladder and are not on a documented individualized bladder toileting program.
	Prevalence of Occasional to Full Bowel Incontinence Without a Toileting Plan (Long Stay)	This is the percent of long-stay residents who lose control of their bowel and are not on a documented individualized bladder toileting program.
	Prevalence of Indwelling Catheters (Long Stay)	This is the percent of long-stay residents who had a catheter inserted and left in their bladder for a period of time.
Infections	Prevalence of Urinary Tract Infections (Long Stay)	This is the percent of long-stay residents who had an infection in their urinary tract.

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Table 1. Quality Indicators from the MDS Included in Score

Domain	Name	Description
	Prevalence of Infections (Long Stay)	This is the percent of long-stay residents who have had an infection. This may include drug-resistant infections, some wound infections, pneumonia, viral hepatitis, and septicemia.
Accidents	Prevalence of Falls with Major Injury (Long Stay)	This is the percent of long-stay residents who have experienced one or more falls with major injury (e.g. bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma).
Nutrition	Prevalence of Unexplained Weight Loss (Long Stay)	This is the percent of long-stay residents who have lost too much weight and are not on a physician-prescribed weight loss regimen.
Skin Care	Prevalence of New or Worsening Pressure Sores (Short Stay)	This is the percent of short-stay residents (recently admitted to the nursing home after a hospitalization) who have developed pressure sores or who had pressure sores that got worse since admission.
	Prevalence of Pressure Sores in High-Risk Residents (Long Stay)	This is the percent of long-stay residents with a high risk for getting pressure sores that have one or more pressure sores. Residents are defined as high risk if they are comatose, malnourished , or have an impaired ability to move themselves in bed or transfer from bed to chair, etc.
Psychotropic Medications	Prevalence of Antipsychotics Without a Diagnosis of Psychosis (Long Stay)	This is the percent of long-stay residents who receive an antipsychotic medication. Some residents with a serious mental illness diagnosis such as Schizophrenia are not included in the calculation of this measure.
Physical Functioning	Incidence of Worsening or Serious Functional Dependence (Long Stay)	This is the percent of long-stay residents whose need for help doing basic tasks has increased or stayed at the highest level since the last assessment. These tasks include feeding oneself, moving from one chair to another, changing positions in bed and/or going to the bathroom. Residents with quadriplegia are not included in the calculation of this measure.
	Incidence of Walking as Well or Better than Previous Assessment (Long Stay)	This is the percent of long-stay residents who have the same or improved independence in walking ability since the last assessment.
	Incidence of Worsening or Serious Mobility Dependence (Long Stay)	This is the percent of long-stay residents whose need for help moving in and around their room has increased or stayed at the highest level since the last assessment. Residents with quadriplegia are not included in the calculation of this measure.
	Incidence of Worsening or Serious Range of Motion Limitation (Long Stay)	This is the percent of long-stay residents whose ability to move the joints of their upper or lower extremities has declined or stayed at the lowest level since the last assessment. Residents with quadriplegia are not included in the calculation of this measure.
Pain	Prevalence of Residents who Report Moderate to Severe Pain (Short Stay)	This is the percent of short-stay residents (recently admitted to the nursing home following a hospital stay) who report having moderate to severe pain. Although pain is common during recovery and rehabilitation from a major illness or injury, it is still important to identify and treat pain.

Table 1. Quality Indicators from the MDS Included in Score		
Domain	**Name**	**Description**
	Prevalence of Residents who Report Moderate to Severe Pain (Long Stay)	This is the percent of long-stay residents who reported having moderate to severe pain.

The facility QI scores are based on facility rates for the 21 QIs divided into 10 domains. Each domain is assigned 10 points and within each domain the points are distributed equally. The risk-adjusted total points for each facility are converted from a 100- to a 40-point scale. For additional details regarding the calculation of the QIs visit https://nfportal.dhs.state.mn.us/ or contact Teresa Lewis at Teresa.Lewis@state.mn.us.

Stars are assigned to the 40-point QI measure using the standard deviation methodology described on Page 2 of his user guide. The thresholds and statewide distribution for the period October 1, 2016 through September 30, 2017 are as follows:

MDS Quality Indicators
(Lowest = 7.5243   Mean = 25.2351   Highest = 36.7537)

# Stars	QI Score Range		# NFs
5	32.7188	40	20
4	27.7297	32.7187	93
3	22.7406	27.7296	142
2	17.7515	22.7405	79
1	0	17.7514	30
N/A	N/A	N/A	1

DIRECT CARE STAFF HOURS PER RESIDENT DAY

The source of the data to compute the facility average direct care hours per resident day is the annual statistical report filed with DHS for the 12-month period ending September 30, 2016.

The following list describes the steps taken to determine the facility average staffing levels.

1) Figures are for Nursing Facility (NF) days and Nursing Facility-II (NFII) days (Report lines 5001 to 5100).

2) Both regular and pool productive hours are included (Report lines 0301 to 0320).

3) Productive hours are converted into Hours per Resident Day figures: RN hours / resident days, LPN hours / resident days, etc.

4) Hours per Resident Day are weighted for relative cost per staff type (statewide average salary ratios):

Staff type	Ratio
DON/Nurse administrator	2.14
RN	1.95
LPN	1.50
Certified Nursing Assistant	1.00
TMA	1.11
Mental health worker	1.25
Social worker	1.45
Activity staff	1.05
Other direct care worker	1.41

5) Sum of cost weighted hours = (DON hrs paid * DON cost wt) + (RN hrs paid * RN cost wt) + (LPN hrs paid * LPN cost wt) + (CNA hrs paid * CNA cost wt) + (TMA hrs paid * TMA cost wt) + (MH hrs paid * MH cost wt) + (SW hrs paid * SW cost wt) + (ACT hrs paid * ACT cost wt) + (OTH hrs paid * OTH cost wt).

6) Sum of cost-weighted hours is adjusted for facility acuity: Adjusted Hrs paid = (Sum of cost weighted hours) / Facility average case-mix index.

For purposes of comparing staffing levels, all nursing homes in the state are grouped into three types of facilities:

1) Hospital peer group: hospital-attached, Rule 80 and facilities with three or more admissions per bed per year.
2) Nursing facility-II peer group: facilities with more than 50 percent of their beds licensed as boarding care homes.
3) Standard peer group: all other facilities.

The mean staffing level and associated standard deviation are calculated separately for each of these three peer groups. Thresholds have been determined for each peer group as follows:

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Staffing Levels – Hospital Peer Group
(Lowest Reported = 4.3132, Mean = 5.8898 Highest Reported = 15.027)

# Stars	Staffing Level – Hrs. Per Day Range		# NFs
5	7.1292	Highest	15
4	6.3056	7.1291	22
3	5.4820	6.3055	57
2	4.6593	5.4819	31
1	2.0000	4.6592	7
N/A	N/A	N/A	0

Staffing Levels – NFII Peer Group
(Lowest Reported = 4.009, Mean = 5.227, Highest Reported = 6.0569)

# Stars	Staffing Level – Hrs. Per Day Range		# NFs
5	6.1665	Highest	0
4	5.5299	6. 1664	4
3	4.8933	5.5298	3
2	4.2567	4.8932	2
1	2.0000	4.2566	1
N/A	N/A	N/A	0

Staffing Levels – Standard Peer Group
(Lowest Reported = 4.2157, Mean = 5.4397, Highest Reported = 9.082)

# Stars	Staffing Level – Hrs. Per Day Range		# NFs
5	6.39125	Highest	22
4	5.75305	6.39124	46
3	5.10945	5.75304	81
2	4.46855	5.10944	61
1	2.000	4.46854	10
N/A	N/A	N/A	3

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DIRECT CARE STAFF RETENTION

The source of the data to compute the facility direct care staff retention rate is the annual statistical report filed with DHS for the 12-month period ending September 30, 2016. The staff retention rate calculation is based on the number of direct care employees on October 1, 2015 that were still employed on September 30, 2016 divided by the number of direct care employees on October 1, 2015. The mean and standard deviation are then calculated for all facilities. The methodology for determining thresholds and assigning stars follows the standard deviation approach as described on Page 2 of this guide.

Staff Retention
(Lowest Reported = 30.30%, Mean = 68.33%, Highest Reported = 94.44%)

# Stars	Retention Range		# NFs
5	86.685%	100.00%	25
4	74.555%	86.684%	91
3	62.425%	74.554%	138
2	50.295%	62.424%	80
1	0.00%	50.294%	28
N/A	N/A	N/A	3

USE OF TEMPORARY/POOL STAFF

The annual report for the reporting period ending September 30, 2016 is also used for this calculation. This measure is the percentage of temporary/pool hours versus total staff hours; smaller percentages mean greater use of permanent staff. The average percentage of temporary/pool hours for facilities reporting any pool use is 4.42%. Listed below are the established thresholds and associated stars for all facilities:

Pool Use
(Lowest Reported = 0%, Mean = 1.86%, Highest Reported =36.01%)

# Stars	Pool Use Range		# NFs
5	0.00%	0.50%	240
4	0.5001%	1.00%	16
3	1.0001%	2.00%	21
2	2.0001%	4.00%	28
1	4.0001%	100%	57
N/A	N/A	N/A	3

PROPORTION OF SINGLE BED ROOMS

The number of NF and NFII beds in private and single bed rooms on December 13, 2017 is divided by the number of active licensed and certified beds on December 13, 2017. Thresholds and stars are assigned as follows:

Single Bed Rooms
(Low = 0%, Mean = 55.37%, High = 100%)

# Stars	Single Bed Rooms Range		# NFs
5	90%	100%	68
4	45.01%	89.99%	150
3	30.01%	45.00%	53
2	15.01%	30.00%	53
1	0%	15%	41
N/A	N/A	N/A	0

MDH SURVEY FINDINGS

At least every 15 months, the Minnesota Department of Health (MDH) conducts a health survey of health care and resident safety and the Minnesota Department of Public Safety conducts a life-safety code survey of the physical plant at each nursing home in the State. If necessary, inspectors revisit facilities to ensure that any deficiencies cited during a survey are corrected. Facilities also may be inspected at any time if a resident or advocate makes a complaint, or if facility staff report suspected resident abuse or neglect as required by state law.

The statewide distribution of health and safety survey results as of November 16, 2017 is as follows:

MDH Survey

# Stars	Survey # Points Earned	# NFs
5	10	229
4	7.5	60
3	5	13
2	2.5	59
1	0	3
N/A	N/A	1

Click the "More Facility Information - Including Health Survey Inspection Findings" link under a facility's Report Card star table to access their two most-recent survey reports.

All deficiencies cited are issued with reference to a scope and severity (see Table 2 below). Scope refers to how widespread the problem is, and can be isolated, patterned, or widespread. Severity ranges from no actual harm with a potential for minimal harm to situations of actual harm and immediate jeopardy to resident health or safety.

Table 2. Scope and Severity Levels for Health Inspection Deficiency Citations

Severity	Scope & Severity = J Isolated Immediate jeopardy to resident health or safety.	Scope & Severity = K Patterned – Immediate jeopardy to resident health or safety.	Scope & Severity = L Widespread – Immediate jeopardy to resident health or safety.
	Scope & Severity = G Isolated – Actual Harm that is not immediate jeopardy.	Scope & Severity = H Patterned – Actual Harm that is not immediate jeopardy.	Scope & Severity = I Widespread – Actual Harm that is not immediate jeopardy.
	Scope & Severity = D Isolated - No actual harm with potential for more than minimal harm that is not immediate jeopardy.	Scope & Severity = E Patterned - No actual harm with potential for more than minimal harm that is not immediate jeopardy.	Scope & Severity = F Widespread - No actual harm with potential for more than minimal harm that is not immediate jeopardy.
	Scope & Severity = A Isolated - No actual harm with potential for minimal harm.	Scope & Severity = B Patterned - No actual harm with potential for minimal harm.	Scope & Severity = C Widespread - No actual harm with potential for minimal harm.
	Scope		

The state inspection measure is based on the following five criteria.

1) If the facility's **most-recent available health and life-safety code survey** had actual harm, substandard quality of care, or immediate jeopardy
2) If the facility had an **Office of Health Facility Complaints (OHFC) investigation(s)** that resulted in deficiencies issued at actual harm, substandard quality of care, or immediate jeopardy over the past year
3) If the facility's **prior health survey** had substandard quality of care or immediate jeopardy
4) If the facility is on the **Special Focus** list of providers judged by MDH and the federal Centers for Medicare and Medicaid Services as needing additional oversight
5) If the facility has a **high number** of health deficiencies, defined in the list of key terms below

The state inspection measure judges a nursing home's performance to be **OK** or **not OK** on these criteria, which are combined for the following star ratings:

5 Stars   Most-recent available survey **OK**
      Prior survey **OK**
      One-year OHFC investigation record **OK**
      Not a Special Focus facility
      Not a high number of health deficiencies

4 Stars   Most-recent available survey **OK**
      One-year OHFC investigation record **OK**
      Not a Special Focus facility

3 Stars   Most-recent available survey **OK**, allowing ONE isolated instance of actual harm
      One-year OHFC investigation record **OK**

2 Stars   Most-recent available survey **not OK**
      One-year OHFC investigation record **OK**
      OR
      Most-recent available survey **OK**, allowing ONE isolated instance of actual harm
      One-year OHFC investigation record **not OK**

1 Star   Most-recent available survey **not OK**
      One-year OHFC investigation record **not OK**

Here are some key terms used in this measure:

Actual harm includes any deficiency citation where actual physical or emotional harm to a resident has been identified. Harm can occur in any citation with a scope and severity level "G" through "L." *(Guidance on scope and severity determination is provided in Appendix P; section IV.B and IV.C of the CMS state operations manual).*

Substandard quality of care means one or more deficiencies related to participation requirements under 42 CFR 483.13, resident behavior and facility practices, 42 CFR 483.15, quality of life, or 42 CFR 483.25, quality of care, that constitutes 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 (*Defined in the CMS state operations manual chapter 7, section 7001*).

Substandard quality of care includes any health deficiency (called F-tags) in Table 3 below that is of a scope and severity of "F" or higher but not equal to "G" (as "G" represents isolated and not patterned harm).

Table 3. Deficiencies that Indicate Substandard Quality of Care

Resident Behavior and Facility Practices

F0221	Physical Restraints
F0222	Chemical Restraints
F0223	Abuse
F0224	Staff Treatment of Residents
F0225	Unemployable Individuals
F0226	Policy and Procedures for Staff

Quality of Life

F0240	
F0241	Quality of Life
F0242	Dignity
F0243	Self-Determination/Participation
F0244	Resident and Family Groups
F0245	Listen to Group
F0246	Participate in Other Activities
F0247	Accommodate Needs
F0248	Notice Before Room Change
F0249	Activities Program
F0250	Activities Director
F0251	Social Services
F0252	Social Work Qualification
F0253	Environment
F0254	Housekeeping
F0255	Clean Linens
F0256	Private Closet
F0257	Adequate Lighting
F0258	Comfortable Temperatures

Quality of Care

F0309	Quality of Care
F0310	Activities of Daily Living (ADL) Maintenance
F0311	Appropriate ADL Treatment
F0312	ADL Services
F0314	Pressure Sores
F0315	Catheter Prevention
F0317	Range of Motion Maintenance
F0318	Limited Range of Motion Services
F0319	Mental and Psychosocial Services
F0320	Maintenance of Psychosocial Functioning
F0321	Nasogastric Tubes (Tube Feeding)
F0322	Nasogastric Care
F0323	Accident Environment
F0324	Accident Prevention
F0325	Nutrition
F0326	Therapeutic Diet
F0327	Hydration
F0328	Special Needs
F0329	Unnecessary Drugs
F0330	Antipsychotic Drugs
F0331	Drug Reduction
F0332	Medication Errors
F0333	Significant Medication Errors
F0334	Influenza and Pneumococcal Immunizations

Immediate jeopardy means a situation in which the facility's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident (*Defined in the CMS state operations manual chapter 7, section 7001*).

Special Focus Provider is a nursing home deemed by the Department of Health and the Centers for Medicare and Medicaid Services to be performing at a level where additional oversight is needed to assure compliance with government regulations.

High number of deficiencies means that the total number of deficiency citations issued to a facility on the most-recent available health survey is greater than the average of high statewide and high survey district deficiencies, determined by the following formula:

= [(Minnesota's average deficiencies plus ½ standard deviation for previous calendar year) + (survey district's average deficiencies plus ½ standard deviation for previous calendar year)] / 2

Since actual survey results can be technically or medically complex and sometimes difficult to interpret, we have provided some background on the survey process.

State Survey Process

1. Surveys are unannounced and usually conducted during weekdays. However, survey teams can and do conduct inspections at night, on weekends and on holidays.
2. Surveyors are trained health care professionals in nursing, nutrition, social work, pharmacy and sanitation.
3. A Life Safety Code component of the survey focuses on safety to life from fire in buildings and structures.
4. A report is sent to the facility following each survey.
5. When regulatory requirements have not been met, the nursing facility may be fined for each violation cited and must submit a plan of correction to MDH. MDH must find the plan acceptable before the facility is found to be back in compliance.
6. Survey results must be made available to residents, families and other interested parties.

Deficiency Categories

1. **Administration** - A facility must be run in a manner that enables it to use its resources effectively and efficiently to attain and maintain the highest practicable level of well-being for each resident. The administration category addresses how well the overall administration and management of a nursing home is carried out.
2. **Quality of Care** - The quality of care category addresses how well the facility renders services provided and supervised by nursing staff. It includes the assessment of the resident, development of plan for care, following plan of care and evaluating the results of care. This category evaluates issues such as nutrition, hydration, pressure sores, activities of daily living, infection control practices, range of motion, vision, hearing, urinary incontinence, medications, psychosocial functioning, and ability to care for residents with specialized conditions or treatments such as tube feedings, ostomy care and respiratory care.
3. **Resident Rights** - The resident rights category addresses how well the facility succeeds in ensuring the rights of residents are respected, recognized and upheld. Requirements evaluated in this section include, but are not limited to, the following: dignity and respect and a comfortable living environment; quality care and treatment without discrimination; freedom of choice to make independent decisions; safeguarding residents' property and money; safeguards associated with admission, discharge and transfer; privacy in communication; participation in organizations and activities of choice; an easy to use and responsive complaint procedure; freedom from physical, verbal, sexual and mental abuse,

corporal punishment and involuntary seclusion; reasonable accommodation of individual needs; and freedom from restraints.

4. **Dietary Services** - This category addresses how well resident meals are prepared and served. It is concerned with the storage, preparation and serving of food under sanitary conditions. It is also concerned with residents being served meals that meet nutritional needs and are appetizing for residents.

5. **Physical Environment** - This category addresses how well the facility maintains the resident environment to protect the health and safety of its residents, personnel and the public.

6. **Other Services** - Specialized Rehabilitative Services, Dental Services, Pharmacy Services