



Nursing Home Compare Five-Star Ratings of Nursing Homes

Provider Rating Report Incorporating data reported through 01/31/2017

Ratings for Mercy Living Center (335220) Tupper Lake, New York				
Overall Quality	Health Inspection	Quality Measures	Staffing	RN Staffing
★★★★	★★★	★★★★	★★★★★	★★★★★

The February 2017 Five-Star ratings provided above will be displayed for your nursing home on the Nursing Home Compare website on Tuesday, February 28, 2017.

The Quality Measure (QM) Rating that will be posted is based on MDS 3.0 quality measures using data from the fourth quarter of 2015 and the first, second and third quarters of 2016, and claims-based quality measures using data from 1/1/2015 through 12/31/2015. Please note, the weight of the five newest QMs increased to 100% as of January 2017 and the Technical Users' Guide was updated with revised QM rating cut-points.

*****Life safety deficiencies are not being reported on Nursing Home Compare or in downloadable databases for the month of February 2017 due to data processing issues.*****

The Technical Users' Guide (updated in January 2017) and other information on the Five-Star Quality Rating System can be found in the Downloads section on the CMS website. Go to:
<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/FSQRS.html>

Detailed descriptions and specifications for the MDS-based QMs can be found in the MDS 3.0 QM User's Manual located in the Downloads section on the CMS website. Go to:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html>

Detailed descriptions and specifications for the claims-based QMs are available in the Downloads section on the CMS website. Go to:
<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/FSQRS.html>

Nursing home data are available for download. Go to:
<https://data.medicare.gov/data/nursing-home-compare>

The Five-Star Helpline will operate Monday - Friday, from **February 27, 2017 - March 3, 2017**. 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 **March 20 to March 24, 2017**. During other times, direct inquiries to BetterCare@cms.hhs.gov, as Helpline staff will respond to e-mail inquiries when the telephone Helpline is not operational.

As of July 1, 2016, all Medicare and Medicaid participating nursing homes must submit staffing data through the Payroll-Based Journal (PBJ). We have added an indicator to the Nursing Home Compare website that shows whether a facility has complied with the PBJ reporting requirement. If the indicator is green, the facility has submitted data through PBJ. If the indicator is gray, the facility has not submitted any data through PBJ.

Congratulations! Our records indicate that your facility successfully submitted data to the PBJ system. Please note that we have not yet evaluated your data for completeness. This note simply acknowledges that you have submitted some amount of data.

Please note that the staffing data submitted via the PBJ system is not yet utilized to calculate the Five-Star staffing rating at this time. The PBJ data will be included in the Five-Star staffing rating in the future.

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

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html>

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

Quality Measures that are Included in the QM Rating

	Provider 335220						State	National
	2015Q4	2016Q1	2016Q2	2016Q3	4Q avg	Rating Points ¹	4Q avg	4Q avg
MDS 3.0 Long-Stay Measures								
<i>Lower percentages are better.</i>								
Percentage of residents experiencing one or more falls with major injury	2.0%	5.8%	8.5%	4.2%	5.1%	20.00	2.9%	3.3%
Percentage of residents who self-report moderate to severe pain ²	5.0%	2.1%	4.3%	2.0%	3.3%	80.00	4.8%	7.3%
Percentage of high-risk residents with pressure ulcers	9.4%	13.3%	13.8%	14.8%	12.7%	20.00	7.1%	5.7%
Percentage of residents with a urinary tract infection	5.9%	5.9%	8.5%	4.2%	6.1%	40.00	3.8%	4.4%
Percentage of residents with a catheter inserted and left in their bladder ²	0.0%	2.1%	3.8%	1.4%	1.8%	80.00	2.1%	2.6%
Percentage of residents who were physically restrained	0.0%	0.0%	0.0%	0.0%	0.0%	100.00	1.0%	0.7%
Percentage of residents whose need for help with daily activities has increased	19.6%	23.1%	23.4%	8.3%	18.7%	40.00	14.0%	15.2%
Percentage of residents who received an antipsychotic medication	15.7%	13.5%	10.6%	10.4%	12.6%	80.00	14.8%	16.6%
Percentage of residents whose ability to move independently worsened ^{2,3}	24.3%	18.7%	22.0%	21.8%	21.7%	40.00	16.6%	18.1%
MDS 3.0 Short-Stay Measures								
<i>Higher percentages are better.</i>								
Percentage of residents who made improvements in function ^{2,3}	d<20	d<20	d<20	d<20	78.4%	80.00	66.1%	63.4%
<i>Lower percentages are better.</i>								
Percentage of residents who self-report moderate to severe pain	7.4%	16.7%	16.7%	7.7%	12.4%	80.00	11.5%	15.7%
Percentage of residents with pressure ulcers that are new or worsened ²	0.0%	0.0%	0.0%	2.9%	0.6%	75.00	1.1%	1.1%
Percentage of residents who newly received an antipsychotic medication	0.0%	0.0%	0.0%	0.0%	0.0%	100.00	1.9%	2.1%

Time period for data used in reporting is 1/1/2015 through 12/31/2015	Provider 335220				State	National
	Observed Rate ⁴	Expected Rate ⁵	Risk-Adjusted Rate ⁶	Rating Points ¹	Risk-Adjusted Rate	Risk-Adjusted Rate
Claims-Based Measures						
<i>A higher percentage is better.</i>						
Percentage of residents who were successfully discharged to the community ^{2,3}	45.9%	52.7%	50.6%	40.00	56.7%	56.2%
<i>Lower percentages are better.</i>						
Percentage of residents who were re-hospitalized after a nursing home admission ^{2,3}	14.3%	20.3%	16.0%	80.00	21.4%	22.6%
Percentage of residents who had an outpatient emergency department visit ^{2,3}	22.4%	11.1%	23.2%	20.00	10.2%	12.1%

Total Quality Measure Points

Total QM points with new quality measures fully weighted for Provider 335220	975.00
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MDS3.0 Quality Measures that are Not Included in the QM Rating

	Provider 335220					State	National
	2015Q4	2016Q1	2016Q2	2016Q3	4Q avg	4Q avg	4Q avg
<i>Note: For the following long-stay MDS measures, higher percentages are better.</i>							
Percentage of long-stay residents assessed and appropriately given the seasonal influenza vaccine	100%	93.1%	93.1%	93.1%	94.8%	96.8%	94.6%
Percentage of long-stay residents assessed and appropriately given the pneumococcal vaccine	74.5%	63.5%	63.8%	66.7%	67.2%	95.1%	93.5%
<i>Note: for the following long-stay MDS measures, lower percentages are better.</i>							
Percentage of low-risk long-stay residents who lose control of their bowels or bladder	60.0%	50.0%	55.0%	50.0%	53.5%	49.5%	47.0%
Percentage of long-stay residents who lose too much weight	3.9%	3.9%	4.3%	8.3%	5.1%	6.3%	7.0%
Percentage of long-stay residents who have depressive symptoms	8.3%	8.0%	2.2%	2.2%	5.3%	9.4%	5.3%
Percentage of long-stay residents who received an antianxiety or hypnotic medication	11.5%	13.5%	4.3%	8.3%	9.5%	16.4%	23.4%
<i>Note: For the following short-stay MDS measures, higher percentages are better.</i>							
Percentage of short-stay residents assessed and appropriately given the seasonal influenza vaccine	94.3%	64.9%	64.9%	64.9%	71.9%	82.6%	79.9%
Percentage of short-stay residents assessed and appropriately given the pneumococcal vaccine	42.9%	59.5%	72.2%	81.3%	63.6%	81.3%	81.7%

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

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

Quality measures are reported as NA if:

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

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

²These measures are risk adjusted.

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

⁴The observed rate is the actual rate observed for the facility without any risk-adjustment.

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

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

⁷This measure includes some imputed data because there are fewer than 20 resident assessments or stays across the four quarters. This value is used in calculating the QM points and used in the QM rating calculation but will not be displayed on Nursing Home Compare.

Physical Therapy Staffing for your nursing home is **5 minutes** per resident per day. The national average for physical therapy staffing is 6 minutes per resident per day.

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

August 28, 2014

September 21, 2015

October 29, 2015

May 10, 2016

August 9, 2016

October 27, 2016

Ownership Information. *The list below shows all individuals or organizations with a 5 percent or more (direct or indirect) ownership interest in your nursing home that are listed on Nursing Home Compare. This information was supplied on Form CMS-855A. We include individuals listed as owners, directors, officers, partners, or those with managerial control. For direct and indirect owners only, the percentage ownership is also listed. If the listing indicates 'Ownership Information Not Available', this is because CMS does not currently have ownership information for your nursing home.*

The legal business name for Mercy Living Center is *Legal Business Name Not Available*.

Ownership Data Not Available

If you believe this information is incorrect, go to: <https://pecos.cms.hhs.gov> or call the PECOS helpline at 1-866-484-8049.