Care Compare Five-Star Ratings of Nursing Homes

Provider Rating Report for September 2025

Ratings for Charles T Sitrin Health Care Center Inc (335475) New Hartford, New York			
Overall Quality	**Health Inspection**	**Quality Measures**	**Staffing**
★	★	★★★★	★★★

The Five-Star ratings provided above will be displayed for your nursing home on the Care Compare website on or around September 24, 2025. The health inspection rating incorporates data reported through June 30, 2025. 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 rating is based on payroll-based journal (PBJ) staffing data reported through the first calendar quarter of 2025.

Your facility has been cited for abuse at harm or higher in the last survey cycle, or at least once at potential harm or higher in each of the last two survey cycles. Care Compare displays an icon for nursing homes with instances of non-compliance related to abuse and their health inspection rating is capped at two stars. For more details, please see the Five-Star Quality Rating Technical Users' Guide that is available at the link on the References page of this report.

Helpline

The Five-Star Helpline will operate Monday - Friday **September 22 - 26, 2025.** 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 **October 27 - November 7, 2025.** 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

Temporary Pause in Nursing Home Care Compare Updates.

CMS will update Nursing Home Care Compare to reflect changes based on findings from payroll-based journal and schizophrenia coding audits, as well as Special Focus Facility (SFF) status on September 24, 2025. All other information will continue to be based on the July 30, 2025 refresh. For additional information please refer to the revised CMS memo #QSSAM-25-03-NH.

Health Inspection Rating: Dropping cycle 3 standard survey.

Beginning in July 2025, CMS implemented a change to the methodology for calculating the health inspection rating, shifting from using the three most recent standard health inspection surveys to the two most recent standard health inspection surveys. CMS will continue to use a three-year lookback period for complaint and infection control inspections. In calculating the total weighted health inspection score, the most recent standard health inspection survey as well as the most recent 12 months of complaint and infection control surveys are assigned a weighting factor of 3/4. The second most recent standard health inspection survey as well as complaint and infection control surveys from 13-36 months ago are assigned a weighting factor of 1/4. Survey dates are listed in the Health Inspections section of this report under headers that indicate which weighting factor is assigned.

While not used in the rating calculation or listed in this report, the third most recent standard health inspection survey and associated deficiencies will continue to be displayed on Care Compare and in the Provider Data Catalog (PDC). See QSO-25-20-NH and the Nursing Home Care Compare Five Star Technical Users' Guide for more information.

Health Inspections

The Five-Star health inspection rating listed on the first page of this report is based on the two most recent standard surveys and three years of complaint and focused infection control inspections and incorporates data reported through June 30, 2025.

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 Surveys Weighted at 3/4 (standard survey in bold):

November 19, 2024	February 12, 2025	May 28, 2025

Health Inspection Surveys Weighted at 1/4 (standard survey in bold):

January 31, 2023	February 1, 2024	June 5, 2024

Total weighted health inspection score for your facility: 185.3

State-level Health Inspection Cut Points for New York				
1 Star	**2 Stars**	**3 Stars**	**4 Stars**	**5 Stars**
>62.00	38.01-62.00	22.01-38.00	10.01-22.00	0.00-10.00

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.

Citations under IDR/IIDR

Below is a listing of health inspection citations for your nursing home that are under IDR or IIDR. These citations are reported on the Care Compare website; however, they are not included in the health inspection rating.

Your nursing home has no health inspection citations under IDR/IIDR.

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

	Provider 335475						NY	US
MDS Long-Stay Measures	**2024Q2**	**2024Q3**	**2024Q4**	**2025Q1**	**4Q avg**	**Rating Points**	**4Q avg**	**4Q avg**
Lower percentages are better.								
Percentage of residents experiencing one or more falls with major injury	3.4%	4.9%	4.6%	3.8%	4.2%	40	3.0%	3.3%
Percentage of residents with pressure ulcers[1]	6.5%	5.5%	7.2%	4.1%	5.8%	60	7.4%	5.4%
Percentage of residents with a urinary tract infection	3.4%	2.1%	2.0%	1.3%	2.2%	60	1.5%	1.8%
Percentage of residents with a catheter inserted and left in their bladder[1]	1.3%	0.0%	0.0%	0.0%	0.3%	100	0.7%	1.2%
Percentage of residents whose need for help with daily activities has increased	31.5%	21.7%	16.8%	16.5%	21.6%	60	17.4%	16.2%
Percentage of residents who received an antipsychotic medication	20.3%	22.9%	19.8%	17.5%	20.1%	45	12.7%	14.6%
Percentage of residents whose ability to walk independently worsened[1]	38.3%	19.5%	9.9%	21.4%	22.2%	75	18.4%	19.6%

[1]These measures are risk adjusted.
[2]This measure includes some imputed data because there are fewer than 20 resident assessments or stays across the four quarters. This value is used in calculating the QM points and used in the QM rating calculation but will not be displayed on Care Compare.

	Provider 335475				NY	US	
Claims-Based Long-Stay Measures	**Observed Rate[3]**	**Expected Rate[3]**	**Risk-Adjusted Rate[3]**	**Rating Points**	**Risk-Adjusted Rate**	**Observed Rate**	**Risk-Adjusted Rate**
Lower rates are better. The time period for data used in reporting is 1/1/2024 through 12/31/2024.							
Number of hospitalizations per 1,000 long-stay resident days[1]	1.08	1.80	1.11	105	1.65	1.853	1.81
Number of emergency department visits per 1,000 long-stay resident days[1]	0.79	1.64	0.79	120	1.34	1.654	1.77

[1]These measures are risk adjusted.
[2]This measure includes some imputed data because there are fewer than 20 resident assessments or stays across the four quarters. This value is used in calculating the QM points and used in the QM rating calculation but will not be displayed on Care Compare.
*[3]The 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	665
Long-Stay Quality Measure Star Rating	★★★★

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

	Provider 335475						NY	US
MDS Short-Stay Measures	**2024Q2**	**2024Q3**	**2024Q4**	**2025Q1**	**4Q avg**	**Rating Points**	**4Q avg**	**4Q avg**
Lower percentages are better.								
Percentage of residents who newly received an antipsychotic medication	2.4%	0.8%	0.9%	1.1%	1.3%	60	1.3%	1.6%
The time period for data used in reporting is 10/1/2023 through 9/30/2024.								
Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened[1]					4.5%	40	2.5%	2.5%
Higher percentages are better.								
Percentage of SNF residents who are at or above an expected ability to care for themselves and move around at discharge[1]					73.0%	150	57.4%	53.1%

	Provider 335475				NY	US	
Claims-Based Short-Stay Measures	**Observed Rate[3]**	**Expected Rate[3]**	**Risk-Adjusted Rate[3]**	**Rating Points**	**Risk-Adjusted Rate**	**Observed Rate**	**Risk-Adjusted Rate**
Higher percentages are better. The time period for data used in reporting is 10/1/2021-9/30/2023.							
Rate of successful return to home or community from a SNF[1]	60.0%	NR	63.5%	150	46.2%	49.9%	49.9%[4]
Lower percentages are better. The time period for data used in reporting is 1/1/2024 through 12/31/2024.							
Percentage of residents who were re-hospitalized after a nursing home admission[1]	21.8%	21.2%	24.2%	30	20.5%	23.6%	23.3%
Percentage of residents who had an outpatient emergency department visit[1]	13.3%	10.0%	14.9%	15	9.7%	11.2%	11.9%

[1]These measures are risk adjusted.
[2]This measure includes some imputed data because there are fewer than 20 resident assessments or stays across the four quarters. This value is used in calculating the QM points and used in the QM rating calculation but will not be displayed on Care Compare.
*[3]The 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.*
[4]For 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.

Short-Stay and Overall Quality Measure Scores and Ratings

Unadjusted Short-Stay Quality Measure Score	445
Total Short-Stay Quality Measure Score (unadjusted short-stay QM score*1150/800)[1]	640
Short-Stay Quality Measure Star Rating	★★★★
Total Quality Measure Score[2]	1305
Overall Quality Measure Star Rating	★★★★

[1]An 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.
[2]The 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 335475					NY	US
MDS Long-Stay Measures	**2024Q2**	**2024Q3**	**2024Q4**	**2025Q1**	**4Q avg**	**4Q avg**	**4Q avg**
Higher percentages are better.							
Percentage of residents assessed and appropriately given the seasonal influenza vaccine. The time period for data used in reporting is 07/01/2023 through 06/30/2024					100%	95.7%	95.3%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	100%	99.3%	99.3%	100%	99.7%	91.6%	93.4%
Lower percentages are better.							
Percentage of residents who were physically restrained	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.1%
Percentage of residents with new or worsened bowel or bladder incontinence	33.2%	38.0%	34.9%	31.2%	34.3%	22.0%	20.7%
Percentage of residents who lose too much weight	7.6%	6.7%	3.8%	4.5%	5.7%	6.1%	5.5%
Percentage of residents who have depressive symptoms	0.0%	0.0%	1.5%	0.0%	0.4%	17.4%	10.3%
Percentage of residents who received an antianxiety or hypnotic medication	23.0%	19.4%	19.2%	20.0%	20.4%	13.7%	19.9%
MDS Short-Stay Measures							
Higher percentages are better.							
Percentage of residents assessed and appropriately given the seasonal influenza vaccine. The time period for data used in reporting is 07/01/2023 through 06/30/2024					98.1%	79.0%	79.0%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	97.8%	98.0%	98.8%	97.4%	98.0%	76.7%	81.7%

Additional Notes Regarding the Quality Measure Tables

"d<20" means the denominator (number of eligible resident assessments) for the measure summed across all four quarters is less than 20. If sufficient data are available for imputation, a four-quarter average is displayed. This value is used in calculating the QM points and used in the QM rating calculation but will not be displayed on Care Compare.

"NA" is reported one of three reasons: 1) data are not available; 2) the denominator (number of eligible resident assessments or stays) summed across the four quarters is less than 20 and there are not sufficient data for imputation; or 3) too few measures have an adequate denominator to calculate a rating.

If the denominator for a measure is less than 20 in an individual quarter, the data may be displayed here, but will not be included in the MDS Quality Measures file on PDC.

SNF Quality Reporting Program (QRP) Measures:

Three 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", "Percentage of SNF residents who are at or above an expected ability to care for themselves and move around at discharge", and "Rate of successful return to home or 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 IQIES 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 **April 1 to June 30, 2025** (submitted and accepted by the August 14, 2025 deadline) are being used to calculate the staffing levels for three months starting with the **October 2025** Care Compare website update. The table below includes the reported, case-mix and adjusted staffing levels for your facility, using the PBJ data for **April 1 to June 30, 2025.** The case-mix staffing values are based on resident acuity levels using the nursing Case-mix Groups and corresponding nursing Case-mix Indexes from the Patient-Driven Payment Model (PDPM) 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, as well as details for calculating case-mix and adjusted staffing values.

Staffing Levels for April 1 to June 30, 2025 for Provider Number 335475						
	Reported Hours per Resident per Day (HRD)	**Reported HRD (Decimal)**	**National Average: Reported HRD (Decimal)**	**Case-Mix HRD**	**National Average: Case-Mix HRD**	**Case-Mix Adjusted HRD**
All days						
Total nurse (RN, LPN, LVN, and Nurse Aide) hours	4 hours and 37 minutes	4.617	3.901	3.753	3.875	**4.766**
RN hours	23 minutes	0.379	0.683	0.657	0.678	**0.391**
LPN/LVN hours	1 hour and 34 minutes	1.574	0.870	0.837	0.864	**1.625**
Nurse aide hours	2 hours and 40 minutes	2.664	2.348	2.259	2.332	**2.749**
Physical therapist[1] hours	16 minutes					
Weekend (Saturday and Sunday)						
Total nurse (RN, LPN, LVN, and Nurse Aide) hours	4 hours and 10 minutes	4.166	3.425	3.295	3.401	**4.300**
RN hours	13 minutes	0.214				

[1]*Physical therapist hours are not included in the staffing rating calculation.*

The average number of residents for your facility (based on MDS census) for April 1 to June 30, 2025 is 169.8.

The Nursing CMI ratio for your facility is 0.962. This is calculated as your facility's weighted average nursing case-mix index 1.323 divided by the national average nursing case-mix index 1.376.

The Case-Mix HRD values are calculated as: Nursing CMI Ratio * the national average of reported HRD.

The Case-Mix Adjusted HRD values are calculated as: (Reported HRD/Case-Mix HRD) * the national average of case-mix HRD.

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.

PBJ staffing summary for April 1 to June 30, 2025

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

Staffing Category	Job Code(s)	Total number of hours that your facility reported for the quarter	Number of days in the quarter on which your facility reported ANY hours
RN Director of Nursing	5	0	0
RN with administrative duties	6	2,502	85
RN	7	3,356	91
Total RN	**5-7**	**5,858**	**91**
LPN/LVN with administrative duties	8	453	73
LPN/LVN	9	23,873	91
Total LPN/LVN	**8-9**	**24,326**	**91**
Certified Nurse Aide	10	41,154	91
Nurse Aide in Training	11	0	0
Medication Aide/Technician	12	0	0
Total Aide	**10-12**	**41,154**	**91**
Total Nurse Staffing	**5-12**	**71,338**	**91**
Physical Therapist Staffing	**21**	**4,122**	**78**
Administrator Staffing	**1**	**524**	**68**

PBJ staffing data report for April 1 to June 30, 2025

The following table summarizes the information that your facility reported for nurse staffing only (PBJ Job codes 5-10 and 12) as listed in the PBJ nurse staffing summary for **April 1 to June 30, 2025.** We believe these are indicators of the completeness of the data submitted by your facility and the plausibility of the values reported. Indicators 1 and 2 show whether or not a facility has reported nurse staffing information for each day in the quarter. If a facility did not report hours for nursing staff for each day, we believe that may indicate that the facility has not submitted complete data.

For days that no nursing or RN staff hours were reported (indicators 1 and 2), we have included a list of those dates in listings 1 and 2, located at the end of this report.

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

[1]Includes the following job codes: Certified nurse aide (job code 10) and medication aide/technician (job code 12). Aides in training are not included.
[2]Includes the following job codes: RN DON (5), RN with administrative duties (6), and RN (7).

Staffing Turnover

PBJ data from January 1, 2024 to June 30, 2025 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 April 1, 2024 to March 31, 2025. 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 the 90-day period starting from the first observed workday between January 1, 2024 to September 30, 2024. Individuals no longer associated with a nursing home are defined as eligible employees who have a period of 90 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 April 1, 2024 to March 31, 2025. (Note that data from 2024Q1 - 2024Q3 are used to identify individuals who are eligible for the turnover measure, while data from 2025Q2 are used to identify individuals who had a 90-day or more gap in days worked that started within the last 90 days of 2025Q1.)

These turnover measures will be posted on Nursing Home Care Compare starting with the **October 2025** 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 April 1, 2024 to March 31, 2025 for Provider Number 335475				
	Turnover Rate	**Number of Eligible Staff[1]**	**Number of Eligible Staff Identified as Turned over**	**Displayed on Care Compare[2]**
Nursing staff turnover	47.3%	239	113	Yes
RN turnover	45.5%	22	10	Yes
Administrator turnover		1	0	Yes

N.A. = Not Available. N.A. in the table above indicates that the value could not be calculated based on the data submitted.
[1]The 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.
[2]Some 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 data or invalid PBJ nursing data submitted for one of more quarters between January 1, 2024 to June 30, 2025. 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% total nurse 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 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 Exclusion Codes

1. No data or invalid PBJ nursing data submitted for one of more quarters between January 1, 2024 to June 30, 2025. 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 January 1, 2024 to June 30, 2025. See the table below for the quarters with no administrator hours.
3. No eligible administrator employees or agency staff.
4. Too many administrators: there are 4 or more days in one or more quarters between January 1, 2024 to June 30, 2025 with five or more different people reported under job code 1 (administrator) on the same day.

18. Other reason

Your facility's submission of valid PBJ nursing data and administrator hours for quarters used by turnover measures						
	2024Q1	2024Q2	2024Q3	2024Q4	2025Q1	2025Q2
Valid PBJ data submitted	Yes	Yes	Yes	Yes	Yes	Yes
Administrator hours submitted	Yes	Yes	Yes	Yes	Yes	Yes

Note that in rare cases, turnover data may be reported on Care Compare even if one or more of the indicators of valid PBJ data in the table above is "No". This may occur if the data were later verified by a CMS audit.

MDS Census Calendars for April 1 to June 30, 2025

On the following page are calendars with the daily census values for your facility, based on the assessments submitted (for all payer types) and calculated using the method described in the Five-Star Quality Rating System Technical Users' Guide. Days of the month are shown in black in the upper left hand corner, while the daily census value is shown in blue in the lower center of each day.

Daily MDS Census for April 2025						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 180	2 181	3 181	4 178	5 176
6 175	7 174	8 172	9 169	10 168	11 173	12 170
13 169	14 168	15 168	16 169	17 170	18 169	19 169
20 167	21 169	22 171	23 172	24 174	25 174	26 174
27 173	28 173	29 173	30 171			

Daily MDS Census for May 2025						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 169	2 170	3 168
4 165	5 168	6 168	7 166	8 166	9 167	10 165
11 164	12 163	13 165	14 170	15 166	16 168	17 167
18 166	19 169	20 170	21 170	22 166	23 169	24 169
25 165	26 165	27 164	28 162	29 161	30 165	31 165

Daily MDS Census for June 2025						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 163	2 166	3 168	4 170	5 169	6 171	7 169
8 169	9 168	10 170	11 171	12 172	13 173	14 172
15 171	16 175	17 174	18 173	19 170	20 170	21 170
22 169	23 169	24 173	25 173	26 173	27 174	28 172
29 172	30 171					

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/CertificationandComplianc/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 800-339-9313 or email 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-mdsswing-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 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 2025 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
May 15, 2025	January 1, 2025 - March 31, 2025	July 2025 - September 2025
August 14, 2025	April 1, 2025 - June 30, 2025	October 2025 - December 2025
November 14, 2025	July 1, 2025 - September 30, 2025	January 2026 - March 2026
February 14, 2026	October 1, 2025 - December 31, 2025	April 2026 - June 2026

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

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

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

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