



## Care Compare Five-Star Ratings of Nursing Homes Provider Rating Report for February 2023

Ratings for <b>Charles T Sitrin Health Care Center Inc (335475)</b> <b>New Hartford, New York</b>			
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 February 22, 2023. The health inspection rating incorporates data reported through January 31, 2023. 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 third calendar quarter of 2022.*

### Helpline

The Five-Star Helpline will operate Monday - Friday **February 20 - 24, 2023**. 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 27 - 31, 2023**. During other times, direct inquiries to [BetterCare@cms.hhs.gov](mailto:BetterCare@cms.hhs.gov) as Helpline staff help respond to e-mail inquiries when the telephone Helpline is not operational.

### Important News

#### Adjusting Quality Measure Ratings due to Schizophrenia Audits

In January 2023, CMS began conducting audits of schizophrenia coding in the Minimum Data Set (MDS) data. Facilities selected for an audit will receive a letter explaining the purpose of the audit, the process that will be utilized, and instructions for providing supporting documentation. During the audit process, facilities will have the opportunity to ask questions and seek any clarification needed. Additionally, at the conclusion of the audit, the facility will have the opportunity to discuss the audit results with CMS.

**Important News (continued)**

Based upon the results of these audits, CMS will adjust the Nursing Home Care Compare quality measure star ratings for facilities whose audits reveal inaccurate coding. Facilities that have coding inaccuracies identified through the schizophrenia MDS audit will have their QM ratings adjusted as follows:

- The Overall QM and long stay QM ratings will be downgraded to one star for six months (this could potentially drop the overall rating by 1 star unless the overall rating is already 1 star).
- The short stay QM rating will be suppressed for those same six months.
- The long stay antipsychotic QM will be suppressed for 12 months, and the facility will receive the minimum number of points (15) for this measure.

Note: The lifting of the downgrade and/or suppression at the timeframes above are subject to CMS verifying that the issues have been corrected.

For facilities that admit miscoding after being notified by CMS that the facility will be audited, but prior to the start of the audit, CMS will consider a lesser action related to their star ratings than those listed above, such as suppression of the QM ratings (rather than downgrade).

**Display of Citations under IDR or IIDR**

Starting with the January 2023 refresh of Care Compare, CMS is displaying nursing home citations that are under informal dispute resolution (IDR) or independent informal dispute resolution (IIDR), along with an indicator that these citations are being disputed by the nursing home. These citations are not included in the star rating calculations until the dispute process is complete. If your nursing home has any health inspection citations currently under IDR or IIDR that will be posted on Care Compare, these citations are listed in the Health Inspections section of this report.

Please refer to CMS memo QSO-23-05-NH for further information on either the schizophrenia audits or the posting of the IDR/IIDR deficiencies.

## Health Inspections

The Five-Star health inspection rating listed on the first page of this report is based on three cycles of survey data and three years of complaint and focused infection control inspections and incorporates data reported through January 31, 2023.

### *Your Health Inspection Rating*

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

*Health Inspection Rating Cycle 1 Survey Dates:*

January 29, 2020

*Health Inspection Rating Cycle 2 Survey Dates:*

November 9, 2018

*Health Inspection Rating Cycle 3 Survey Dates:*

May 19, 2017

December 18, 2020

*Total weighted health inspection score for your facility: 16.0*

<b>State-level Health Inspection Cut Points for New York</b>				
<b>1 Star</b>	<b>2 Stars</b>	<b>3 Stars</b>	<b>4 Stars</b>	<b>5 Stars</b>
>42.00	26.01-42.00	16.01-26.00	7.34-16.00	0.00-7.33

Please note that the state cut points are recalculated each month, but the total weighted health inspection score for your facility is compared to the cut points only if there is a change in your score.

***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

MDS Long-Stay Measures	Provider 335475					Rating Points	NY	US
	2021Q4	2022Q1	2022Q2	2022Q3	4Q avg		4Q avg	4Q avg
<i>Lower percentages are better.</i>								
Percentage of residents experiencing one or more falls with major injury	6.4%	5.3%	5.1%	3.9%	5.2%	20	3.0%	3.4%
Percentage of high-risk residents with pressure sores	6.5%	6.2%	5.6%	2.8%	5.2%	80	9.5%	8.1%
Percentage of residents with a urinary tract infection	1.9%	1.4%	2.6%	1.3%	1.8%	60	2.1%	2.3%
Percentage of residents with a catheter inserted and left in their bladder <sup>1</sup>	1.1%	0.7%	2.7%	0.7%	1.3%	60	1.2%	1.7%
Percentage of residents whose need for help with daily activities has increased	20.7%	16.1%	13.7%	18.7%	17.3%	60	15.1%	14.8%
Percentage of residents who received an antipsychotic medication	16.0%	19.8%	20.0%	22.0%	19.4%	45	11.6%	14.5%
Percentage of residents whose ability to move independently worsened <sup>1</sup>	23.2%	25.0%	14.1%	10.3%	17.7%	75	15.4%	16.2%

<sup>1</sup>These measures are risk adjusted.

<sup>2</sup>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.

Claims-Based Long-Stay Measures	Provider 335475				Risk-Adjusted Rate	US	
	Observed Rate <sup>3</sup>	Expected Rate <sup>3</sup>	Risk-Adjusted Rate <sup>3</sup>	Rating Points		Observed Rate	Risk-Adjusted Rate
<i>Lower rates are better. The time period for data used in reporting is 7/1/2021 through 06/30/2022.</i>							
Number of hospitalizations per 1,000 long-stay resident days <sup>1</sup>	0.47	1.24	0.59	150	1.40	1.565	1.57
Number of emergency department visits per 1,000 long-stay resident days <sup>1</sup>	1.14	2.08	0.80	90	0.74	1.468	1.01

<sup>1</sup>These measures are risk adjusted.

<sup>2</sup>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.

<sup>3</sup>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	640
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	2021Q4	2022Q1	2022Q2	2022Q3	4Q avg	Rating Points	4Q avg	4Q avg
<i>Higher percentages are better.</i>								
Percentage of residents who made improvements in function <sup>1</sup>	78.0%	75.5%	74.2%	77.4%	76.4%	120	75.6%	74.1%
<i>Lower percentages are better.</i>								
Percentage of residents who newly received an antipsychotic medication	1.7%	2.7%	1.3%	1.0%	1.6%	60	1.4%	1.7%
<i>The time period for data used in reporting is 4/1/2021 through 03/31/2022.</i>								
Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened <sup>1</sup>					3.7%	60	3.0%	2.9%

	Provider 335475					NY	US	
Claims-Based Short-Stay Measures	Observed Rate <sup>3</sup>	Expected Rate <sup>3</sup>	Risk-Adjusted Rate <sup>3</sup>	Rating Points		Risk-Adjusted Rate	Observed Rate	Risk-Adjusted Rate
<i>Higher percentages are better. The time period for data used in reporting is 7/1/2019-12/31/2019 and 7/1/2020-6/30/2021.</i>								
Rate of successful return to home or community from a SNF <sup>1</sup>	61.7%	NR	59.7%	120		49.4%	52.7%	52.7% <sup>4</sup>
<i>Lower percentages are better. The time period for data used in reporting is 7/1/2021 through 06/30/2022.</i>								
Percentage of residents who were re-hospitalized after a nursing home admission <sup>1</sup>	9.5%	18.5%	11.6%	150		19.1%	22.5%	22.0%
Percentage of residents who had an outpatient emergency department visit <sup>1</sup>	6.0%	9.2%	7.0%	120		9.3%	10.7%	11.8%

<sup>1</sup>These measures are risk adjusted.

<sup>2</sup>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.

<sup>3</sup>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.

<sup>4</sup>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.

Unadjusted Short-Stay Quality Measure Score	630
Total Short-Stay Quality Measure Score (unadjusted short-stay QM score*1150/800) <sup>1</sup>	906
Short-Stay Quality Measure Star Rating	★★★★★
Total Quality Measure Score <sup>2</sup>	1546
Overall Quality Measure Star Rating	★★★★★

<sup>1</sup>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.

<sup>2</sup>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
	2021Q4	2022Q1	2022Q2	2022Q3	4Q avg	4Q avg	4Q avg
<b>MDS Long-Stay Measures</b>							
<i>Higher percentages are better.</i>							
Percentage of residents assessed and appropriately given the seasonal influenza vaccine	97.4%	98.8%	98.8%	98.8%	98.4%	95.0%	94.9%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	98.1%	100%	97.4%	97.4%	98.2%	89.3%	92.1%
<i>Lower percentages are better.</i>							
Percentage of residents who were physically restrained	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.1%
Percentage of low-risk residents who lose control of their bowels or bladder	45.2%	48.6%	61.2%	56.3%	53.4%	54.5%	47.2%
Percentage of residents who lose too much weight	4.7%	5.6%	12.3%	9.2%	8.0%	6.4%	6.2%
Percentage of residents who have depressive symptoms	0.0%	4.3%	0.0%	0.0%	1.0%	13.1%	7.9%
Percentage of residents who received an antianxiety or hypnotic medication	30.9%	27.0%	29.0%	31.4%	29.6%	13.3%	19.4%
<b>MDS Short-Stay Measures</b>							
<i>Higher percentages are better.</i>							
Percentage of residents assessed and appropriately given the seasonal influenza vaccine	85.7%	82.2%	82.2%	82.2%	83.6%	73.8%	75.6%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	98.9%	96.3%	98.2%	98.0%	98.0%	70.7%	78.9%

#### Additional Notes Regarding the Quality Measure Tables

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

"NA". "NA" will be reported for quality measures not included in the QM Rating: 1) for which data are not available or 2) for which the total number of eligible resident assessments summed across the four quarters is less than 20.

#### SNF Quality Reporting Program (QRP) Measures:

Two of the short-stay QMs used in the Five-Star QM rating calculation are SNF QRP measures: "Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened" and "Rate of successful return to home 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 QIES mailbox. Please watch for communication from CMS on the availability of these reports. Additional information about the SNF QRP measures can be found in the Quality of Resident Care section on the References page of this report.

## Staffing Hours per Resident Day

PBJ data for **July 1 - September 30, 2022** (submitted and accepted by the November 14, 2022 deadline) are being used to calculate the staffing levels for three months starting with the **January 2023** Care Compare website update. The table below includes the reported, case-mix and adjusted staffing levels for your facility, using the PBJ data for **July 1 - September 30, 2022**. The case-mix staffing values are based on resident acuity levels using RUG-IV data. The Five-Star Rating Technical Users' Guide contains a detailed explanation of the staffing rating and the case-mix adjustment methodology. The table also shows the weekend staffing levels (total nurse and RN) for your facility. Below the table is the average resident census for your facility.

<b>Staffing Levels for July 1 - September 30, 2022 for Provider Number 335475</b>				
	<b>Reported Hours per Resident per Day (HRD)</b>	<b>Reported Hours per Resident per Day (HRD) (Decimal)</b>	<b>Case-Mix HRD</b>	<b>Case-Mix Adjusted HRD</b>
<b>All days</b>				
Total nurse (RN, LPN, LVN, and Nurse Aide) hours	3 hours and 53 minutes	3.883	3.056	4.013
RN hours	30 minutes	0.503	0.317	0.611
LPN/LVN hours	1 hour and 25 minutes	1.412	0.679	1.530
Nurse aide hours	1 hour and 58 minutes	1.968	2.060	1.947
Physical therapist <sup>1</sup> hours	10 minutes			
<b>Weekend (Saturday and Sunday)</b>				
Total nurse (RN, LPN, LVN, and Nurse Aide) hours	3 hours and 31 minutes	3.510	3.056	3.627
RN hours	21 minutes	0.354		

<sup>1</sup>Physical therapist hours are not included in the staffing rating calculation.

The average number of residents for your facility (based on MDS census) for July 1 - September 30, 2022 is [169.3](#).



### **Availability of Reported Staffing Data**

Some providers will see 'Not Available' for the reported hours per resident per day in the table above and a staffing rating may not be displayed for these facilities. There are several reasons this could occur:

1. No MDS census data were available for the facility.
2. No on-time PBJ staffing data were submitted for the facility.
4. No nursing hours were reported (0 HRD).
5. Total reported nurse staffing was excessively high (>12.0 HRD).
6. Total reported nurse aide staffing was excessively high (>5.25 HRD).
7. A CMS audit identified significant discrepancies between the hours reported and the hours verified, or the nursing home failed to respond to an audit request.
14. No nursing hours were reported on weekends (0 HRD).
15. Total reported nurse staffing on weekends was excessively high (>12.0 HRD).
16. The total reported nurse aide staffing on weekends was excessively high (>5.25 HRD).
18. Other reason.

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### **Scoring Exceptions for the Staffing Rating**

The following criteria have been added to the usual scoring rules for assigning the staffing rating.

1. Providers that fail to submit any staffing data by the required deadline will receive a one-star staffing for the quarter.
2. Providers that submit staffing data indicating that there were four or more days in the quarter with no RN staffing hours (job codes 5-7) on days when there were one or more residents in the facility, regardless of reported staffing levels, will receive a one-star staffing rating for the quarter.
3. CMS conducts audits of nursing homes to verify the data submitted and to ensure accuracy. Facilities for which the audit identifies significant discrepancies between the hours reported and the hours verified or those who fail to respond to an audit request will receive a one-star staffing rating.

## Staffing Turnover

PBJ data from April 1, 2021 to September 30, 2022 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 July 1, 2021 to June 30, 2022. 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 April 1, 2021 to December 31, 2021. Individuals no longer associated with a nursing home are defined as eligible employees who have a period of 60 or more days during which they do not work at all. The data listed below report the nursing, RN, and administrator turnover measures for your facility July 1, 2021 to June 30, 2022. (Note that data from 2021Q2 - 2021Q4 are used to identify individuals who are eligible for the turnover measure, while data from 2022Q3 are used to identify individuals who had a 60-day or more gap in days worked that started within the last 60 days of 2022Q2.)

These turnover measures will be posted on Nursing Home Care Compare starting with the January 2023 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.

<b>PBJ Nurse Staffing Turnover for July 1, 2021 to June 30, 2022 for Provider Number 335475</b>				
	<b>Turnover Rate</b>	<b>Number of Eligible Staff<sup>1</sup></b>	<b>Number of Eligible Staff Identified as Turned over</b>	<b>Displayed on Care Compare<sup>2</sup></b>
Nursing staff turnover	46.8%	201	94	Yes
RN turnover	53.1%	32	17	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.*

<sup>1</sup>*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.*

<sup>2</sup>*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 April 1, 2021 to September 30, 2022. See the table below for the quarters with missing or invalid PBJ data.
2. Fewer than 5 eligible nurse (or RN) employees or agency staff.
3. 100% nurse (or RN) turnover on a single day. If you see this code in the table above, up to two dates on which it appears your nursing home had 100% turnover on a single day are listed below. In this case, you may need to submit data to link employee identifiers. See additional information in the Important News section and on the References page of this report.
18. Other reason.

### Days with 100% turnover for all nursing staff

*No Dates with 100% nurse turnover*

## Availability of Turnover Data (continued)

### Administrator Turnover Exclusion Codes

1. No data or invalid PBJ nursing data submitted for one of more quarters between April 1, 2021 to September 30, 2022. 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 April 1, 2021 to September 30, 2022. 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 12 or more days between April 1, 2021 to December 31, 2021 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						
	2021Q2	2021Q3	2021Q4	2022Q1	2022Q2	2022Q3
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.

### Staffing Measures that are Used in the Staffing Rating

The table below shows the six specific staffing measures that are used to calculate the staffing rating, along with the measure values and the points assigned for each measure for your facility as well as the maximum number of points possible for each measure. The raw point total is the sum of the points for the individual measures. If any of the six measures are not available, then the total score is rescaled so the maximum possible score for your facility is still 380 points. The rescaled score is used to assign the staffing rating; however, in most cases no rating will be assigned if adjusted total nurse staffing is not available. Please see the Technical Users' Guide for additional details including the cut point tables for each of the measures and for the total rescaled score.

Staffing Measure	Data for Provider <b>335475</b>		Maximum Possible Points
	Measure Value	Points	
Adjusted Total nurse staffing (7 day)	4.013	70	100
Adjusted RN staffing (7 day)	0.611	60	100
Adjusted Total nurse staffing (weekends)	3.627	40	50
Total nursing turnover (%)	46.766	35	50
RN turnover (%)	53.125	25	50
Number of administrator departures	0	30	30
<b>Raw point total</b>		260	
<b>Total points after rescaling (if any)</b>		260	380
<b>Staffing rating</b>	<b>★★★★</b>		

N.A. = 'Not Available'. Points for individual measures may show as N.A. if the measure value is Not Available. Point values will show as N.A. for all measures for special focus facilities, providers that are too new for a valid rating to be calculated, providers for which nurse staffing levels are not available, and providers that have had their staffing rating reduced to one star (see availability of reported staffing and scoring exceptions above).

## References

### Technical Details on the Five-Star Quality Rating System

The Five-Star Quality Rating System Technical Users' Guide includes detailed methodology for all domains of the rating system and can be found at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/downloads/usersguide.pdf>

### Provider Data Catalog

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

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

### Staffing

Information about staffing data submission is available on the CMS website at:

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

For additional assistance with or questions related to the PBJ registration process, please contact the QIES Help Desk at 888-477-7876 or via email at [iQIES@cms.hhs.gov](mailto:iQIES@cms.hhs.gov).

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

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

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

**Detailed Employee level staffing data** can be found at:

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

### Quality of Resident Care

Detailed specifications (including risk-adjustment) for the MDS-based QMs, claims-based QMs and SNF QRP measures can be found under "MDS\_QM\_Users\_Manual\_V15\_Effective\_01-01-2022" in the downloads section at:

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

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

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

SNF Quality Reporting Training page can be found at:

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

FY 2022 SNF Final Rule can be found at:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPFS/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](mailto:SNFQualityQuestions@cms.hhs.gov)

## PBJ Deadlines

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