

2026 Annual PADONA
Conference

Illuminate Quality: Practical Strategies to Strengthen Five-Star Quality Measure Ratings



PENNSYLVANIA ASSOCIATION OF
DIRECTORS OF NURSING ADMINISTRATION

Jessica Sharer is Vice President of Clinical Excellence at Presbyterian Senior Living, bringing more than 28 years of experience in skilled nursing and aging services. Since joining PSL in 2009, she has held progressive leadership roles, including Director of Nursing and Director of Extended Care Services. She is actively engaged in the senior care community as Treasurer of the Pennsylvania Directors of Nursing Association and a member of the Saint Francis University Nursing Program Advisory Board. In her current role, Jessica leads innovative clinical initiatives focused on health, wellness, and quality outcomes for older adults.



Kimberly Hendrick has over 35 years of experience caring for individuals receiving aging services, including community-based Adult Day Care, Personal Care, Long Term Care and Compliance Consulting, as well as, end of life, Hospice Care. She has worked extensively as a Director of Nursing, and most recently taken on a Corporate Clinical Reimbursement role, supporting interdisciplinary clinical teams. In the past, Kim has participated in monthly compliance presentations focused on Quality Measures, 5 Star Reports and clinical compliance topics for a Compliance Consulting Group.



Learning Outcomes



Comprehensive understanding of the overall 5 Star Rating.



Identify/Review the Quality Measures that make up the Quality Measures Star, as well as their point values and thresholds.



Identify strategies to analyze your Quality Measure Report and MDS data to isolate areas of potential improvement, including necessary documentation.



Identify and prioritize interventions and actions to support improvement in Quality Measure Point Values, supporting potential increase in overall



Overall Star Rating

As we know there is nothing “easy” about the Star Rating System.

Overall rating
★★★★☆
Above average

The overall rating is based on a nursing home's performance on sources: health inspections, staffing, and quality measures.
[Learn how Medicare calculates this rating](#)

Health inspections
★★★★☆
Above average
[View Inspection Results](#)

Staffing
★★★★☆
Above average
[View Staffing Information](#)

Quality measures
★★★★☆
Above average
[View Quality Measures](#)

Health Inspection Rating

Add Health Inspection Score: Weight for Different Type of Deficiencies

Add Weight for Repeat Visits

Inspections Domain is viewed by State.

Top 10% get 5 Stars

Bottom 20% get 1 Star

The remainder are in the middle – 2, 3 or 4 stars

Rating thresholds are recalibrated each month

Based on the two most recent annual surveys and including substantiated complaint surveys for the past 36 months and focused infection control surveys. This also includes the number of revisits needed to clear any deficiencies. Scope and Severity of any deficiencies are also weighed into this star rating.

Health Inspection Rating

Health Inspections

The Five-Star health inspection rating listed on the first page of this report is based on the most recent standard surveys and three years of complaint and focused infection control inspection data reported through December 31, 2025.

Your Health Inspection Rating

Provided below are the survey dates included in the calculation of the facility's overall rating. The dates listed include standard survey dates as well as dates of focused infection control inspections that resulted in deficiencies. For more information on the deficiencies cited on each survey, please visit: <https://data.cms.gov/provider-data/> on the same day as the Care Compare website. Any additional revisit points of care information is listed in the 'Revisit Points of Care Information' table at the link provided above.

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

August 28, 2025

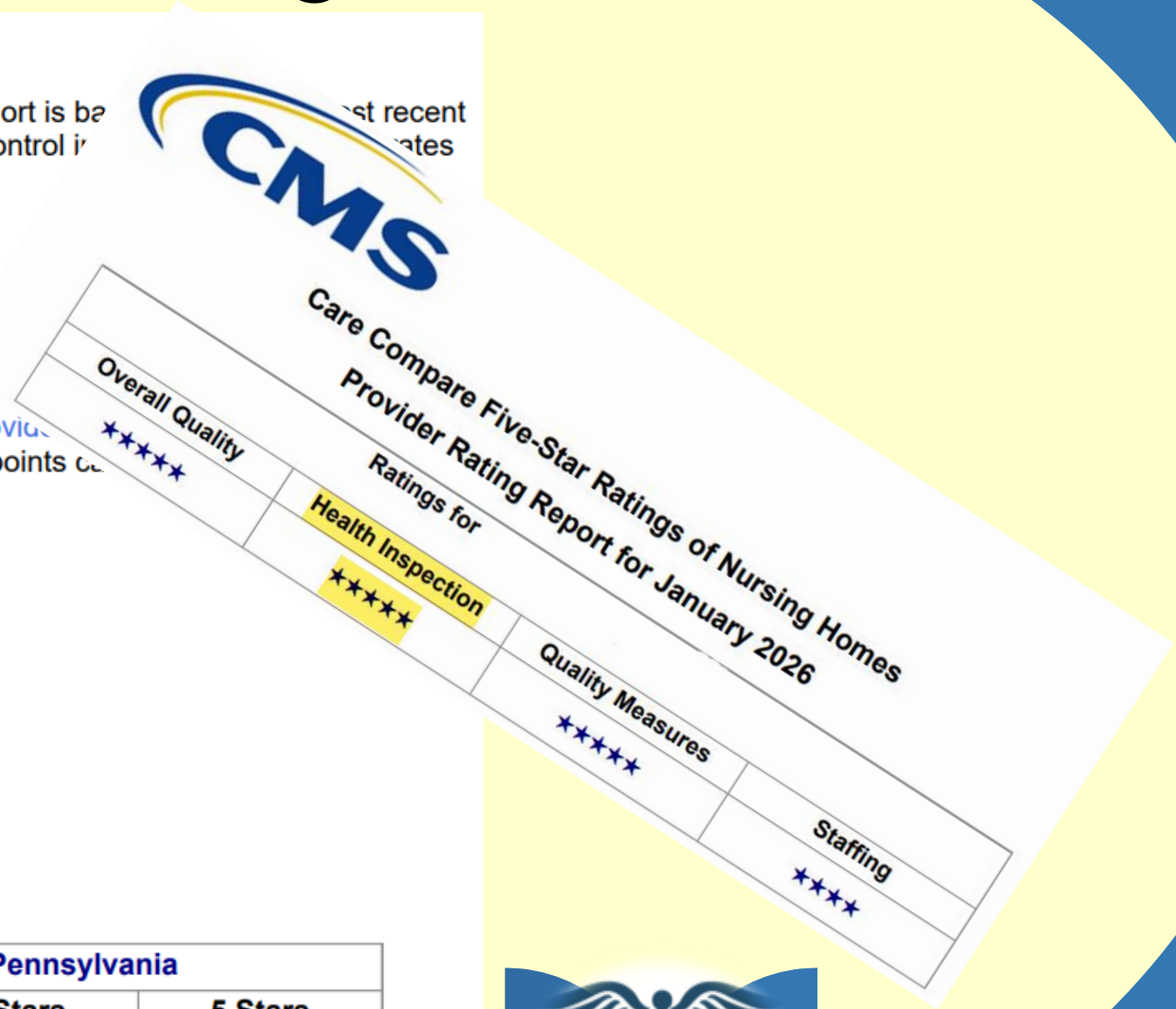
Health Inspection Surveys Weighted at 1/4 (standard survey in bold):

September 12, 2024

Total weighted health inspection score for your facility: 4.0

State-level Health Inspection Cut Points for Pennsylvania				
1 Star	2 Stars	3 Stars	4 Stars	5 Stars
>120.50	63.01-120.50	28.01-63.00	8.01-28.00	0.00-8.00

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.



Staffing Rating

Based on the staffing levels for clinical/nursing staff as reported to PBJ – Payroll Based Journal through data submitted on a quarterly basis. This also includes turnover rates of clinical staff and the Nursing Home Administrator. Turnover rates are based on data from 6 consecutive quarters.

Total nursing hours (100 points)

RN hours (100 points)

Weekend nursing hours (50 points)

Total nursing turnover (50 points)

RN turnover (50 points)

Administrator turnover (30 points)

Staffing Rating

Staffing Hours per Resident Day

PBJ data for **July 1 - September 30, 2025** (submitted and accepted by the November 14, 2025 deadline) are being used to calculate the staffing levels for three months starting with the **January 2026** 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, 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 July 1 - September 30, 2025 for Provider Number 395916						
	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 9 minutes	4.144	3.889	3.799	3.861	4.211
RN hours	1 hour and 11 minutes	1.181	0.680	0.665	0.675	1.200
LPN/LVN hours	55 minutes	0.921	0.863	0.843	0.857	0.936
Nurse aide hours	2 hours and 3 minutes	2.042	2.346	2.291	2.329	2.076
Physical therapist ¹ hours	9 minutes					
Weekend (Saturday and Sunday)						
Total nurse (RN, LPN, LVN, and Nurse Aide) hours	3 hours and 35 minutes	3.578	3.428	3.348	3.403	3.636
RN hours	45 minutes	0.749				

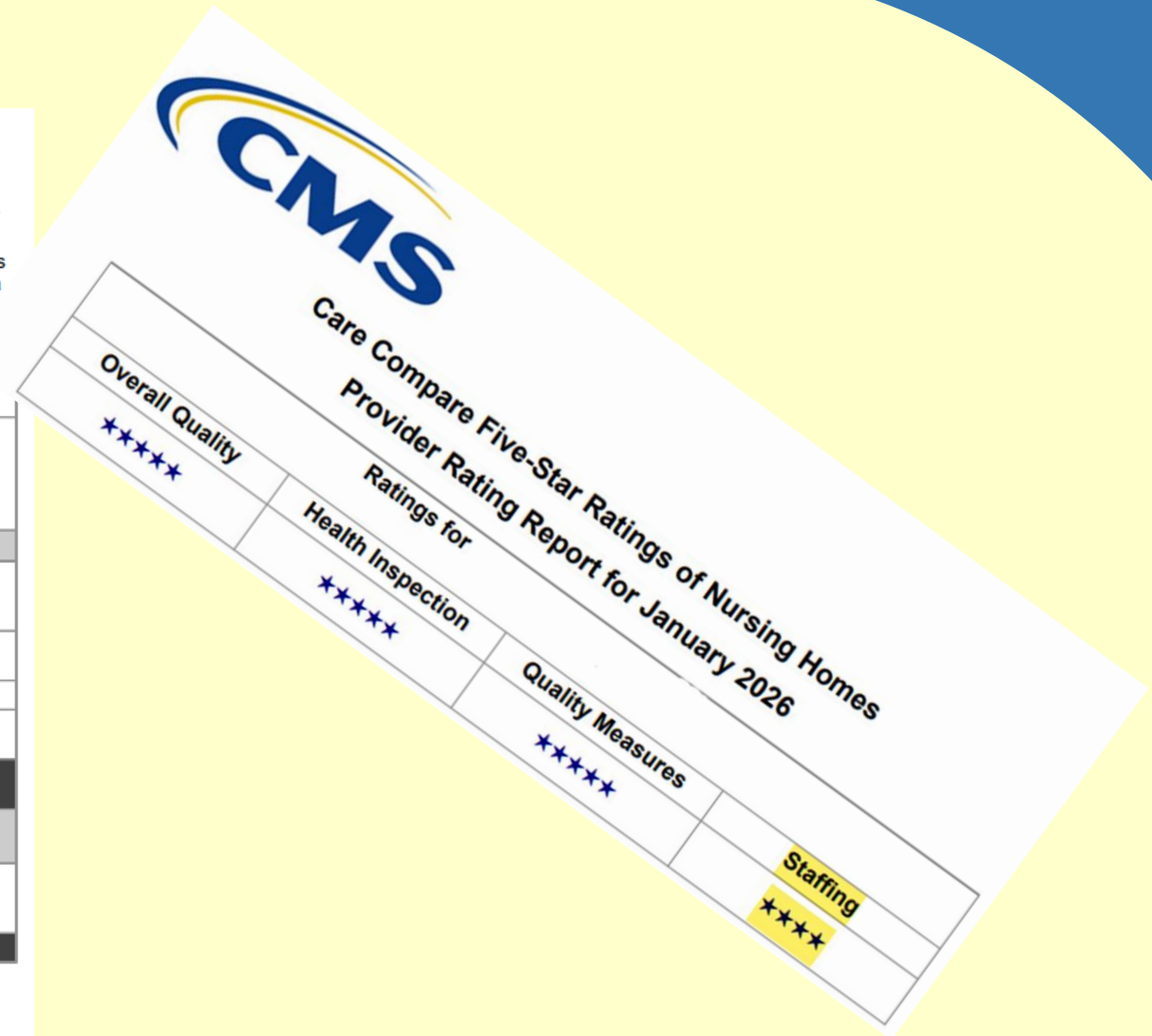
¹Physical therapist hours are not included in the staffing rating calculation.

The average number of residents for your facility (based on MDS census) for July 1 - September 30, 2025 is **42.3**.

The Nursing CMI ratio for your facility is **0.977**. This is calculated as your facility's weighted average nursing case-mix index **1.346** divided by the national average nursing case-mix index **1.378**.

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.



Quality Measures – 5 Star

In 2008 – the Centers for Medicare and Medicaid Services updated the Nursing Home Compare site to include ratings that indicate Quality in the form of Stars. The goal was to provide an easy method for potential residents and their families to identify well performing skilled nursing facilities versus, facilities with lower quality performance.



Quality Measure Rating

Based on MDS data and claims-based data for 15 QMs that are posted on the Care Compare Website. These measures are broken down into long (9) and short (6) stay measures. There are additional Quality Measures that assess facility care; however, they are not calculated as part of the QM Star.



Quality Measure Rating

Chosen based on reliability of the data related to how the facility practices can affect the measures.

Overall QM Rating

Long Stay QM Rating

Short Stay QM Rating

10 MDS based QMs

5 Claims based QMs



QM Point Values

- Determined by National distribution of the measure
- Quintiles – 20-point increments for total of 100 points
- Deciles – 15-point increments for total of 150 points



Long Stay QMs

Long Stay MDS QMs:

- Percentage of Long Stay Residents whose need for help with daily activities has increased
- Percentage of Long Stay Residents whose ability to walk independently worsened
- Percentage of Long Stay Resident with Pressure Ulcers
- Percentage of Long Stay Residents who have or had a catheter inserted and left in their bladder
- Percentage of Long Stay Residents with a Urinary Tract Infection
- Percentage of Long Stay Residents experiencing one or more falls with major injury
- Percentage of Long Stay Residents who got antipsychotic medication

Long Stay Claims QMs:

- Number of hospitalizations per 1000 long stay resident days
- Number of outpatient ER visits per 1000 long stay resident days



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

						PA	US	
MDS Long-Stay Measures	2024Q4	2025Q1	2025Q2	2025Q3	4Q avg	Rating Points	4Q avg	4Q avg
<i>Lower percentages are better.</i>								
Percentage of residents experiencing one or more falls with major injury	4.0%	4.3%	4.5%	4.0%	4.2%	40	3.2%	3.3%
Percentage of residents with pressure ulcers ¹	0.0%	0.0%	2.6%	0.0%	0.6%	100	5.3%	5.0%
Percentage of residents with a urinary tract infection	0.0%	4.3%	0.0%	0.0%	1.1%	80	1.7%	1.7%
Percentage of residents with a catheter inserted and left in their bladder ¹	3.7%	0.0%	0.0%	0.0%	1.0%	80	0.9%	1.0%
Percentage of residents whose need for help with daily activities has increased	5.3%	5.9%	21.4%	28.6%	14.1%	105	18.3%	14.9%
Percentage of residents who received an antipsychotic medication	NA	NA	NA	NA	NA	NA	8.7%	16.3%
Percentage of residents whose ability to walk independently worsened ¹	26.3%	26.3%	26.3%	26.3%	26.3%	105	6%	16.5%

¹These measures are risk-adjusted.
²This measure includes scores from the last four quarters. This value is used for the Care Compare.

CMS			
Care Compare Five-Star Ratings of Nursing Homes			
Provider Rating Report for January 2026			
Ratings for			
Overall Quality	★★★★★	Quality Measures	★★★★★
Health Inspection	★★★★★	Staffing	★★★★

four
on Care



					PA	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
<i>Lower rates are better. The time period for data used in reporting is 7/1/2024 through 6/30/2025.</i>							
Number of hospitalizations per 1,000 long-stay resident days ¹	0.95	1.72	1.05	120	1.68	1.898	1.86
Number of emergency department visits per 1,000 long-stay resident days ¹	0.57	1.63	0.58	135	1.20	1.668	1.80

¹These measures are risk adjusted.

²This 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. It will not be displayed on Care Compare.

³The observed rate is the actual rate observed for the facility without adjustment. The expected rate is the rate that would be expected for the facility given the risk-adjustment profile of the population. The risk-adjusted rate is the rate that would be expected for the facility given the risk-adjustment profile of the population and is calculated as (observed rate for the facility) / (expected rate for the facility). Only the risk-adjusted rate will appear on Care Compare.

The expected rate is the rate that would be expected for the facility given the risk-adjustment profile of the population. Only the risk-adjusted rate will appear on Care Compare.

Total Long-Stay
Long-Stay Quality



Care Compare Five-Star Ratings of Nursing Homes
Provider Rating Report for January 2026

Ratings for		Quality Measures	Staffing
Overall Quality	Health Inspection	Quality Measures	Staffing
★★★★★	★★★★★	★★★★★	★★★★

795
★★★★★



Short Stay QMs

Short Stay MDS QMs:

- Percentage of residents who are at or above an expected ability to care for themselves and move around at discharge (d/c function score)
- Percentage of residents with Pressure injuries that are new or worsened
- Percentage of residents who received antipsychotic medication for the first time

Short Stay Claims QMs:

- Percentage of Short Stay Residents rehospitalized after a nursing home admission
- Percentage of Short Stay Residents who have had an outpatient ER visit
- Rate of successful return to home and community from SNF



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

						PA	US	
MDS Short-Stay Measures	2024Q4	2025Q1	2025Q2	2025Q3	4Q avg	Rating Points	4Q avg	4Q avg
<i>Lower percentages are better.</i>								
Percentage of residents who newly received an antipsychotic medication	0.0%	0.8%	0.8%	0.0%	0.4%	80	1.5%	1.5%
<i>The time period for data used in reporting is 4/1/2025 through 3/31/2025.</i>								
Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened ¹					1.2%	80	2.8%	2.5%
<i>Higher percentages are better.</i>								
Percentage of SNF residents who are at or above an expected ability to care for themselves and move around at discharge ¹					56.6%	105	52.7%	54.2%

						PA	US
Claims-Based Short-Stay Measures	Observed Rate ³	Expected Rate ³	Risk-Adjusted Rate ³	Rating Points	Risk-Adjusted Rate	Observed Rate	US
<i>Higher percentages are better. The time period for data used in reporting is 10/1/2022-9/30/2024.</i>							
Rate of successful return to home or community from a SNF ¹	53.3%	NR	57.5%	120	49.0%	50.6%	
<i>Lower percentages are better. The time period for data used in reporting is 7/1/2024 through 6/30/2025.</i>							
Percentage of residents who were re-hospitalized after a nursing home admission ¹	28.3%	20.7%	32.6%	15	23.1%	23.8%	
Percentage of residents who had an outpatient emergency department visit ¹	6.6%	10.7%	6.9%	105	9.8%	11.2%	12.0%

¹These measures are risk adjusted.

²This 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.

³The 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.

⁴For 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.



Care Compare Five-Star Ratings of Nursing Homes Provider Rating Report for January 2026

	Ratings for		
	Health Inspection	Quality Measures	Staffing
Overall Quality	★★★★★	★★★★★	★★★★



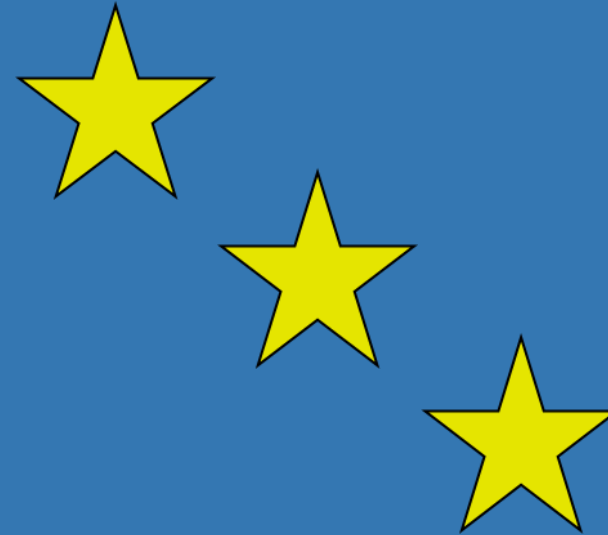
Our Starting Point

Show high-level community standing



January 2025 5 Star Release

	Quality
updated 1/23/2025	Measure
Health Center:	Rating
HC1	3
HC2	3
HC3	3
HC4	2
HC5	5
HC6	3
HC7	2
HC8	1
HC9	5
HC10	3
HC11	2





Our Transformation



Star Report Team Education

Educate the team

Be patient – moving QMs/Stars/Point Values can take time

Educate the team

Interrogate Current and Implement New Quality and Process/Systems

Educate the team

Report accurately based on resident Assessment/MDS data and resident claim date

Educate the team



Ensure all Leaders are Educated

MDS Long Stay Measures	Total available points	Lookback	How it is rated/ Where does it come from?
Percentage of residents experiencing one or more falls with major injury (LT)	100	1 rolling calendar yr	Any fall in which the resident sustains major injury bone fracture, joint dislocation, closed head injury with altered cons. Or subdural hematoma
Percentage of residents with PU (LT)	100	MDS to MDS	Stage 2 or above, anybody that has lived in the building 100 plus days
Percentage of residents with UTI (LT)	100	MDS to MDS	UTI within last 30 days and have to meet McGeers criteria, or admitted from hospital with UTI dx
Percentage of residents with catheter inserted in bladder(LT)	100	MDS to MDS	Exclusions- diagnosis of neurogenic bladder obstructive uropathy. (within 7 days of MDS)
Percentage of residents whose need for help with ADL increased (LT)	150	MDS to MDS	Section GG-sit to lying, sit to stand, eating, toilet transfer. Exclusions- Hospice, prognosis/diagnosis of life expectancy of less than 6 months, comatose, OR if all 4 GG above indicate total dependence or the activity was not attempted.
Percentage of residents who received an Antipsychotic Medication (LT)	150	MDS to MDS	Received within the last 7 days prior to MDS, if they received an antipsychotic since admission or prior MDS. Exclusions would be schizophrenia, Tourettes, Huntingtons.
Percentage of resident whose ability to walk independently worsened (LT)	150	MDS to MDS	Section GG-ability to walk 10 ft (in room, corridor or similar space) exclusions-if they are comatose, if they are documented as having either prognosis of less than 6 months to live or hospice

Claims Based LS Measures	
Number of hospitalizations per 1,000 days LT	150
Number of emergency department visits per 1,000 LT	150



Ensure all Leaders are Educated

MDS Short Stay Measures	Total available points		
Percentage of residents who newly received an antipsychotic medication (ST)	100	MDS to MDS	5 day/Admission compared to discharge MDS Exclusion would be Schizophrenia, Tourette's and Huntington's disease
Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened(ST)	100	MDS to MDS	5 day/Admission compared to discharge MDS If they are not discharging within the 100 day time frame then they will convert to LS and it will be go based on the next MDS.
Percentage of SNF residents that are at or above an expected ability to care for themselves and move around at discharge	150	MDS to MDS	5 day/Admission compared to discharge MDS No exclusions noted in the manual

Claims Based SS Measures		
Rate of successful return to home or community from SNF ST	150	31 days
Percentage of residents who were re-hospitalized after a nursing home admission ST	150	30 days
Percentage of residents who had an outpatient emergency department visit ST	150	30 days



A Deeper Dive and Improvement Plans Falls with Major Injury

POINTS: 100

TIME FRAME: 1 rolling year (275 days since the ARD/Assessment that captured the fall with injury)

CRITERIA: Any fall in which the resident sustains major injury bone fracture, joint dislocation, closed head injury with altered cons. Or subdural hematoma. Additional guidance added. Suggest review with provider and interdisciplinary team.

Interventions for Consideration:

- Purposeful rounding
- Focused fall reviews
- Therapy involvement
- Quality of Life Rounds
- Implement or Update Falls Management Program



A Deeper Dive and Improvement Plans Pressure Ulcers (Long and Short Stay)

POINTS: 100

TIME FRAME: MDS to MDS

CRITERIA: L-Stage 2 or above, anybody that has lived in the building 100 plus days
S- 5 day/Admission compared to discharge MDS If they are not discharging within the 100-day time frame then they will convert to LS and it will be go based on the next MDS.

Interventions for Consideration:

- Skin Assessments and 2nd day skin checks
- Braden Review and Response to identified needs (prevention)
- Skin/wound education
- Purposeful rounding
- Include Therapy and Dietician
- Contenance programs
- Audit Surfaces



A Deeper Dive and Improvement Plans Antipsych Meds (Long and Short Stay)

POINTS: L- 150 S- 100

TIME FRAME: MDS to MDS

CRITERIA: L-Received within the last 7 days prior to MDS, if they received an antipsychotic since admission or prior MDS. Exclusions would be Schizophrenia, Tourette's, Huntington's.

S- 5 day/Admission compared to discharge MDS Exclusion would be Schizophrenia, Tourette's and Huntington's disease

Interventions for Consideration:

Include provider and pharmacist, Psychiatry, Psychology, Counseling

Partnership with pharmacy

GDR when applicable

Aromatherapy

Compassionate Touch

Implement or Update Behavior Management Program



A Deeper Dive and Improvement Plans

UTI

POINTS: 100

TIME FRAME: MDS to MDS

CRITERIA: UTI within last 30 days and have to meet McGeer's criteria, or admitted from hospital with UTI dx

Interventions for Consideration:

- Include provider

- McGeer's Criteria

- Consider adding urine dip to CLIA waiver, if not already present

- Laboratory results

- Hospital record review when applicable



A Deeper Dive and Improvement Plans Catheters

POINTS: 100

TIME FRAME: MDS to MDS

CRITERIA: Exclusions- diagnosis of neurogenic bladder obstructive uropathy. (within 7 days of MDS)

Interventions for Consideration:

Diagnosis for catheter- If dx is appropriate can be an exclusion from this measure

Catheter/Voiding Trial Program

Consider adding bladder scanner, if not already present

Immediate follow up with Urology



A Deeper Dive and Improvement Plans

Increased ADL Help

Movement Independent Worsens

POINTS: 150 (each)

TIME FRAME: MDS to MDS

CRITERIA: ADL- Section GG-sit to lying, sit to stand, eating, toilet transfer. Exclusions- Hospice, prognosis/diagnosis of life expectancy of less than 6 months, comatose, OR if all 4 GG above indicate total dependence or the activity was not attempted.

Movement- Section GG-ability to walk 10 ft (in room, corridor or similar space) exclusions-if they are comatose, if they are documented as having either prognosis of less than 6 months to live or hospice

Interventions for Consideration:

- Check GG Coding Accuracy
- Check Coding for prior MDS with current GG coding and
- Assess for needs/changes
- Quality of Life Rounds
- Restorative Nursing Program
- Hospice/6 months or less appropriateness – exclusion
- Complete sig change/d/c MDS -
additional work but removes from QM/Stars



A Deeper Dive and Improvement Plans

Care for Self at Discharge

Successful Return Home

POINTS: 150 (each)

TIME FRAME: Discharge- MDS to MDS Return Home- 31 days

CRITERIA: Discharge- 5 day/Admission compared to discharge MDS No exclusions noted in the manual

Return Home- claims based-from hospital-based claims- no unplanned hospitalizations and no death in the 31 days following discharge from the SNF There are no exclusions noted in the manual

Interventions for Consideration:

Discharge Process, forms, teaching

Home Care Referrals and follow up meetings

Routine post discharge calls

Send discharge information to primary provider and set appt



A Deeper Dive and Improvement Plans Rehospitalization/ER Visit (Long and Short Stay)

POINTS: 150 (each)

TIME FRAME: Long Stay- 1-year Short Stay- 30 days

CRITERIA: Long Stay- no exclusions Short Stay- Rehospitalization percentage of all new admissions or readmissions to a SNF from a hospital where the resident was readmitted to the hospital for inpatient or observation stay within 30 days of entry or reentry, no exclusions for ER

Interventions for Consideration:

Gatekeeper Process

Clinical Capabilities List

Off hours/weekends

Routine meetings with Medical Director and providers

Track and trend- address any concerns noted



Our Outcomes



2026 5 Star Release

	Quality
updated 1/23/2025	Measure
Health Center:	Rating
HC1	3
HC2	3
HC3	3
HC4	2
HC5	5
HC6	3
HC7	2
HC8	1
HC9	5
HC10	3
HC11	2

	Quality
updated FEB 2026	Measure
Health Center:	Rating
HC1	4
HC2	5
HC3	3
HC4	4
HC5	4
HC6	3
HC7	4
HC8	1
HC9	5
HC10	4
HC11	3



Ongoing Efforts for Improvement

- Ongoing team meetings every 2-4 weeks
- Off hours telehealth utilization by providers
- Enhanced partnership with pharmacy for antipsychotic reduction
- PGX testing when indicated
- Care Pathways with order sets to target high risk diagnosis



Thank You

Questions??

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