Colorado Department of Health Care Policy and Financing

2024 Nursing Facility Pay for Performance Application Review

Data Report

June 2024

PUBLIC CONSULTING GROUP

TABLE OF CONTENTS

INTRODUCTION & APPROACH

Colorado started the Nursing Facility Pay for Performance (P4P) Program on July 1, 2009, per *10 CCR 2505 section 8.443.12*. The Department of Health Care Policy and Financing (the Department) makes supplemental payments to nursing home throughout the State based on the achievement of performance measures around quality of life and quality of care for each participating home's residents. Nursing homes complete a P4P Application which consists of quality of life and quality of care measures with various points assigned to the fulfillment of each measure, totaling 100 points per application. There are minimum requirements and criteria within each performance measure that a home must meet to receive the points for a specific measure.

Public Consulting Group LLC (PCG) was contracted by the Department to review, evaluate, and validate nursing home applications for the 2024 P4P program. PCG utilized a specially developed web-based portal to collect application submissions. This was the sixth year in which the P4P online application system portal was used, and this year's portal included enhanced functionality to improve the user interface.

The application submission deadline was February 29, 2024. For the 2024 program year, there were 151 submitted applications, which was a record number of applications. Once all applications were received, PCG began the application review process. This process included: conducting internal trainings for the review team; reviewing submitted scores, documentation, and appendices/tools for each home; conducting quality assurance reviews; conducting on-site validation reviews; generating review results reports; notifying providers of their results; and conducting an appeals process.

This year's process also included the seventh iteration of the "preliminary review" which afforded homes the opportunity to resubmit missing or incorrect documentation before the final review commenced. Overall, this process has proven to be very successful as many homes received points that they may not have been able to obtain in previous years.

The following pages highlight the results and analysis from the application review process for the 2024 P4P program year.

2024 P4P APPLICATION SCORING AND ANALYSIS

PREREQUISITES

As in previous years, nursing homes had to meet certain prerequisite criteria to be eligible for participation in the P4P program. This year there was a change to the pre-requisite requirements and homes with substandard deficiencies, as defined in State Operations Manual, during the previous calendar year (2023) were eligible to participate in the P4P program and receive 50% of the additional per diem based upon performance. The Resident/Family Satisfaction Survey pre-requisite remained consistent.

1) **Colorado Department of Public Health and Environment (CDPHE) Survey:** A home was eligible to participate in the program and receive 50% of the additional per diem based upon performance if it had substandard deficiencies documented during the previous calendar year. Utilizing CMS data, PCG confirmed that seven participating homes had a substandard deficiency in 2023, as defined in the State Operations Manual:

   "Substandard quality of care means one or more deficiencies related to participation requirements under 42 CFR 483.13, resident behavior and home practices, 42 CFR 483.24, quality of life, or 42 CFR 483.25, quality of care, that constitute either immediate jeopardy to resident health or safety (level J, K, or L); a pattern of or widespread actual harm that is not immediate jeopardy (level H or I); or a widespread potential for more than minimal harm, but less than immediate jeopardy, with no actual harm (level F)."

   PCG analyzed substandard deficiencies data from Calendar Year (CY) 2023 and found that 11 facilities in Colorado had a total of 14 tags. 7 of the 11 facilities submitted a 2024 P4P application. The 7 participating homes had a total of 8 substandard deficiency tags.

2) **Resident/Family Satisfaction Survey**: A home must include a survey that was developed, recognized, and standardized by an entity external to the home, and is administered on an annual basis. Additionally, facilities had to report their average daily census for CY2023, the number of residents/families contacted for this survey, the number of residents/families who responded to this survey, the name of the vendor conducting the survey, who administered the survey, and how the survey was administered.

   The web portal required providers to submit this survey information prior to completing the remainder of the application. Table 1 displays the data collected for this prerequisite for the 151 participating nursing facilities.

   - Across the facilities who completed the P4P application, the average daily census values ranged from 19 to 174, with a median of 73 and a program average of 75.
   - The number[1] of residents/families contacted ranged from 1 to 1,153 with a median of 67 and an average of 96.
   - The number of residents/families that responded ranged from 0 to 335, with a median of 43 and an average of 50.
   - The survey response rate ranged from 0% to 118%, with a median of 76% and an average of 68%.
   - The most used vendors were Care Feed, Pinnacle Quality Insight, Activated Insights, NRC Health, Align, and CORTEX.

[1] One home had an active survey that had not yet been circulated to residents and family. Their data have been excluded from the number of residents/families contacted statistics.

Table 1 – Prerequisite: Resident/Family Satisfaction Survey Data

Home Name	Average Daily Census for CY2023	# of residents/ families contacted	# of residents/ families responded	Response Rate
Adara Living	151	156	166	106%
Allison Care Center	66	154	47	31%
Amberwood Court Rehabilitation and Care Community	74	72	45	63%
Arborview Senior Community	100	89	86	97%
Ardent Health and Rehabilitation Center	69	147	54	37%
Arvada Care and Rehabilitation Center	48	42	41	98%
Avamere Transitional Care and Rehabilitation- Malley	124	123	122	99%
Bent County Healthcare Center	51	47	42	89%
Berkley Manor Care Center	71	47	47	100%
Berthoud Care and Rehabilitation	68	60	55	92%
Beth Israel at Shalom Park	119	330	111	34%
Bethany Nursing and Rehab Center	111	362	201	56%
Boulder Canyon Health and Rehabilitation	107	60	59	98%
Briarwood Health Care Center	82	45	44	98%
Brighton Care Center	82	48	48	100%
Broadview Health and Rehabilitation Center	80	112	11	10%
Brookshire Post Acute	54	56	6	11%
Brookside Inn	113	117	116	99%
Bruce McCandless CO State Veterans Nursing Home	55	36	39	108%
Cambridge Care Center	82	55	53	96%
Casey's Pond Senior Living LTC	49	50	50	100%
Castle Peak Senior Life and Rehabilitation	36	39	43	110%
Cedars Healthcare Center	76	76	34	45%
Centre Avenue Health & Rehab	79	34	37	109%
Centura Health- Medalion Health Center	57	46	42	91%
Centura Health- Progressive Care Center	61	79	75	95%
Cherrelyn Healthcare Center	164	101	72	71%
Christian Living Communities Suites at Someren Glen Care Center	92	37	36	97%
Clear Creek Care Center	68	227	21	9%
Colonial Health and Rehabilitation Center	69	370	95	26%
Colorado State Veterans Nursing Home- Rifle	55	54	54	100%
Colorado Veterans Community Living Center at Homelake	41	37	35	95%
Colorow Care Center	56	23	21	91%
Columbine Manor Care Center	47	31	28	90%
Columbine West Health and Rehab Facility	89	60	36	60%
Cottonwood Rehabilitation and Healthcare	35	21	20	95%

Home Name	Average Daily Census for CY2023	# of residents/ families contacted	# of residents/ families responded	Response Rate
Creekside Village Health and Rehabilitation Center	74	253	79	31%
Crestmoor Health and Rehabilitation	70	478	67	14%
Crowley County Nursing Center	37	54	34	63%
Denver North Care Center	77	92	79	86%
Desert Willow Health and Rehabilitation Center	81	112	7	6%
Devonshire Acres	71	73	38	52%
Eagle Ridge of Grand Valley	59	24	13	54%
Eben Ezer Lutheran Care Center	72	138	44	32%
Elevation Health and Rehabilitation Center	56	142	42	30%
Elk Ridge Health and Rehabilitation Center	47	73	9	12%
Englewood Post Acute and Rehabilitation	74	57	57	100%
Fairacres Manor, Inc.	104	104	98	94%
Falcon Heights Health and Rehabilitation Center	78	21	21	100%
Forest Ridge Senior Living, LLC	73	78	63	81%
Forest Street Compassionate Care Center	46	31	24	77%
Fountain View Health and Rehabilitation Center	82	70	28	40%
Glenwood Springs Health Care	42	36	36	100%
Good Samaritan Society - Fort Collins Village	42	50	8	16%
Good Samaritan Society- Loveland Village	90	143	44	31%
Grace Manor Care Center	25	63	36	57%
Grand River Health Care Center	48	85	39	46%
Gunnison Valley Health Senior Care Center	33	22	22	100%
Hallmark Nursing Center	91	62	73	118%
Hampden Hills Post Acute	174	112	65	58%
Harmony Pointe Nursing Center	97	30	29	97%
Health Center at Franklin Park	58	54	32	59%
Highline Rehabilitation and Care Community	103	64	17	27%
Hilltop Park Post Acute	89	99	64	65%
Holly Heights Care Center	103	90	51	57%
Holly Nursing Care Center	26	24	24	100%
Horizons Care Center	26	22	22	100%
Irondale Post Acute	79	40	36	90%
Julia Temple Healthcare Center	120	14	14	100%
Junction Creek Health and Rehabilitation Center	76	283	65	23%
Juniper Village- The Spearly Center	123	30	25	83%
Kiowa Hills Health and Rehabilitation Center	56	130	18	14%
La Villa Grande Care Center	85	81	69	85%
Lakeside Post Acute	65	69	17	25%

Home Name	Average Daily Census for CY2023	# of residents/ families contacted	# of residents/ families responded	Response Rate
Lakewood Villa	49	49	42	86%
Lamar Estates, LLC	19	20	8	40%
Larchwood Inns	74	83	58	70%
Lemay Avenue Health and Rehabilitation Facility	123	34	36	106%
Life Care Center of Aurora	88	72	62	86%
Life Care Center of Colorado Springs	85	55	54	98%
Life Care Center of Evergreen	51	31	31	100%
Life Care Center of Greeley	62	61	39	64%
Life Care Center of Littleton	93	90	59	66%
Life Care Center of Longmont	115	100	59	59%
Linden Place Health and Rehabilitation Center	69	96	69	72%
Littleton Care and Rehabilitation Center	33	26	26	100%
Lowry Hills Care and Rehabilitation	85	21	5	24%
Mantey Heights Rehabilitation and Care Center	63	52	50	96%
Mapleton Post-Acute Rehabilitation	68	82	61	74%
Mesa Vista Healthcare DBA Boulder Post Acute	141	120	86	72%
Monte Vista Estates, LLC	25	34	4	12%
Mountain View Post Acute	124	130	18	14%
Mountain Vista Health Center	96	100	72	72%
North Shore Health and Rehab Facility	77	134	14	10%
Orchard Valley Health and Rehabilitation Center	76	149	55	37%
Paonia Care and Rehabilitation Center	34	30	22	73%
Park Forest Care Center, Inc.	82	90	50	56%
Parkview Care Center	62	158	41	26%
Pelican Pointe Health and Rehabilitation Center	81	210	78	37%
Pikes Peak Center	144	173	17	10%
Pine Ridge Rehabilitation and Healthcare Center	50	50	50	100%
Pioneer Health Care Center	80	132	101	77%
Poudre Canyon Health and Rehabilitation Center	70	70	70	100%
Prestige Care Center of Pueblo	73	1	1	100%
Red Cliffs Post Acute Center	54	0	0	0%
Regent Park Nursing and Rehabilitation	40	43	37	86%
Rehabilitation and Nursing Center Of The Rockies	64	80	69	86%
Rehabilitation Center at Sandalwood	81	246	122	50%
Ridgeview Post Acute Rehabilitation Center	97	25	25	100%
Rio Grande Rehabilitation and Healthcare Center	55	54	41	76%
River Valley Rehabilitation and Healthcare Center	51	53	44	83%
Riverbend Health and Rehabilitation Center	72	94	37	39%

Home Name	Average Daily Census for CY2023	# of residents/ families contacted	# of residents/ families responded	Response Rate
Rock Canyon Respiratory and Rehabilitation Center	127	126	109	87%
Rowan Community, Inc	62	50	50	100%
Sandrock Ridge Care and Rehab	35	47	42	89%
Silver Heights Skilled Nursing & Rehabilitation	57	40	40	100%
Skylake Post Acute	141	146	44	30%
Skyline Ridge Nursing and Rehabilitation Center	79	44	48	109%
South Platte Health and Rehabilitation Center	53	179	30	17%
South Valley Post Acute Rehabilitation	96	27	27	100%
Southeast Colorado Hospital LTC Center	33	17	3	18%
Spanish Peaks Veterans Community Living Center	75	78	46	59%
Spring Village Care Center	73	78	24	31%
St Paul Health Center	110	392	225	57%
Sterling Health and Rehabilitation Center	52	27	22	81%
Suites at Clermont Park Care Center	56	37	34	92%
Summit Rehabilitation and Care Community	119	126	95	75%
Sundance Skilled Nursing and Rehabilitation	55	17	17	100%
Sunny Vista Living Center	107	76	43	57%
The Gardens	41	65	62	95%
The Green House Homes at Mirasol	81	221	32	14%
The Heights Post Acute	81	74	54	73%
The Pavillion at Villa Pueblo	77	65	61	94%
The Peaks Care Center	73	87	88	101%
The Suites Parker	117	1153	335	29%
The Valley Rehabilitation and Healthcare Center	59	62	36	58%
The Villas at Sunny Acres	148	82	77	94%
Trinidad Rehabilitation and Healthcare Center	81	76	46	61%
University Heights Rehab and Care Community	91	70	65	93%
University Park Care Center	115	69	66	96%
Uptown Health Care Center	70	132	69	52%
Valley Manor Care Center*	59	282	54	19%
Valley View Health Care Center Inc.	58	32	31	97%
Valley View Villa	32	30	28	93%
Vista Grande Rehabilitation and Health Care	61	55	13	24%
Walsh Healthcare Center	19	22	22	100%
Washington County Nursing Home	38	56	28	50%
Western Hills Health Care Center	88	58	58	100%
Westlake Care Community	62	165	83	50%
Westlake Lodge Health and Rehabilitation Center	75	40	39	98%

Home Name	Average Daily Census for CY2023	# of residents/ families contacted	# of residents/ families responded	Response Rate
Wheatridge Manor Care Center	59	111	50	45%

PRELIMINARY REVIEW PROCESS

The preliminary review's purpose is to identify instances in which a home may have unintentionally failed to submit a document or provided data from an incorrect reporting period. If issues are identified, the nursing home is given the opportunity to update their application and submit new or updated documentation before the final review period begins. The preliminary review, as indicated by its name, is not a comprehensive review; therefore, it is only meant to catch clear instances of application oddities. It remains each nursing home's responsibility to review their application for completeness and accuracy prior to submission. Preliminary reviews focus on identifying the following instances:

1) A nursing home submitted an application, but did not upload the required pre-requisite supporting documentation;
2) A nursing home applied for a measure by assigning a self-score, but did not have at least one uploaded document for this measure; and,
3) A nursing home uploaded CASPER reports as requested by a minimum requirement, but the reports were not for the correct time periods.

PCG was able to identify homes missing documentation through a system extract, but the CASPER reports and pre-requisite supporting documentation were manually reviewed and tracked when they were determined to be for the incorrect periods. Subsequently, PCG informed nursing homes if their preliminary review resulted in findings and rolled back the nursing homes' applications. PCG reported the specific finding(s) and directed the homes to access their application, upload documents as necessary, and resubmit their application within five business days of the notification. Participants could only upload documents pertaining to the preliminary review findings and were not allowed to change any of their initially submitted scores.

As a result of the preliminary review process, PCG identified 57 nursing homes that had at least one finding. The 2024 application saw fewer preliminary review findings compared to 2023. Last year, there were 94 findings across 62 homes. Below is a breakdown of this year's findings by number and type.

- There was a total of 80 findings in the preliminary review across 57 homes.
- 28 homes did not upload the proper prerequisite documentation.
- There were 21 total findings related to a self-scored measure with missing documentation.
- 31 homes had issues with their CASPER reports being improperly uploaded (either not at all, to the wrong measure, or with incorrect dates).

PCG ensured re-submitted applications adhered to the guidelines of the preliminary review period. At the conclusion of the preliminary review process, PCG closed the application portal and began conducting comprehensive reviews.

APPLICATION RESULTS OVERVIEW

A total of 151 nursing homes submitted an application and were scored for the 2024 P4P program year. The final breakdown of scoring based on the Per Diem Add-On groupings, is as follows:

Table 2 – Score & Per Diem Overview

Points Achieved	Per Diem Add-On	# of Homes	Percentage
0-20	None	5	3%
21-45	1X	16	11%
46-60	2X	24	16%
61-79	3X	62	41%
80-100	4X	44	29%
	Total	**151**	**100%**

The Per Diem Add-On amounts have historically been categorized as 0-20 points = $0; 21 – 45 points = $1; 46 – 60 points = $2; 61 - 79 points = $3; and 80-100 points = $4. With the passage of HB 23-1228: Nursing Facility Reimbursement Rate Setting, the Total Provider Fee Payments will double from 6% to 12%. With this change, the Department is revising the Per Diem Add On's to be allocated as multipliers that will set the dollar amounts each year based on available funding.

Table 3 below includes this same payment analysis for the past five years.

- From 2020 - 2021, there was an increase in the number of applicants receiving the 3X and 4X per diem add-on. This trend decreased slightly in 2022 and 2023, but this year there was a 2% increase in the number of homes receiving the 4X and 3X per diem add-on compared to 2023.
- Overall, there was a shift back towards the 1X and 2X buckets in 2022 – 2024, as many of the application criteria, which had been suspended due to COVID, were reinstated. In 2021 the application criteria were adjusted to a more narrative-based approach which allowed homes to apply for more measures than they would have in the past.

Table 3 – Per Diem Historical Analysis

Per Diem Add-On	2020 Homes	%	2021 Homes	%	2022 Homes	%	2023 Homes	%	2024 Homes	%
None	2	*2%*	0	*0%*	3	*3%*	1	*1%*	5	*3%*
1X	10	*8%*	0	*0%*	12	*10%*	18	*14%*	16	*11%*
2X	15	*12%*	16	*12%*	9	*8%*	24	*19%*	24	*16%*
3X	51	*40%*	56	*43%*	51	*44%*	49	*39%*	62	*41%*
4X	47	*38%*	57	*44%*	40	*35%*	34	*27%*	44	*29%*
Total	**138**		**126**		**115**		**126**		**151**	

Table 4 shows the final nursing home Self Scores and Reviewer Scores for each home for the 2024 P4P program year.

- In 2024, the Self Scores ranged from 27-100 and the Reviewer Scores ranged from 12-97.

Table 4 – 2024 Application Final Score Summary

Home Name	2024 Self Score	2024 Final Score
Adara Living	80	62
Allison Care Center	100	82
Amberwood Court Rehabilitation and Care Community	94	80
Arborview Senior Community	87	84
Ardent Health and Rehabilitation Center	80	77
Arvada Care and Rehabilitation Center	83	80

Home Name	2024 Self Score	2024 Final Score
Avamere Transitional Care and Rehabilitation- Malley*	84	81
Bent County Healthcare Center	85	68
Berkley Manor Care Center	67	45
Berthoud Care and Rehabilitation	97	90
Beth Israel at Shalom Park	92	89
Bethany Nursing and Rehab Center*	27	27
Boulder Canyon Health and Rehabilitation	100	90
Briarwood Health Care Center	81	67
Brighton Care Center*	92	85
Broadview Health and Rehabilitation Center	89	82
Brookshire Post Acute	42	20
Brookside Inn	91	91
Bruce McCandless CO State Veterans Nursing Home	88	80
Cambridge Care Center	84	66
Casey's Pond Senior Living LTC	80	71
Castle Peak Senior Life and Rehabilitation	81	63
Cedars Healthcare Center*	84	49
Centre Avenue Health & Rehab	88	85
Centura Health- Medalion Health Center	96	88
Centura Health- Progressive Care Center	54	37
Cherrelyn Healthcare Center	61	12
Christian Living Communities Suites at Someren Glen Care Center	85	81
Clear Creek Care Center	90	79
Colonial Health and Rehabilitation Center	72	63
Colorado State Veterans Nursing Home- Rifle	89	65
Colorado Veterans Community Living Center at Homelake	67	67
Colorow Care Center	83	76
Columbine Manor Care Center	32	14
Columbine West Health and Rehab Facility	85	83
Cottonwood Rehabilitation and Healthcare	93	91
Creekside Village Health and Rehabilitation Center	75	61
Crestmoor Health and Rehabilitation	98	95
Crowley County Nursing Center	85	71
Denver North Care Center	99	71
Desert Willow Health and Rehabilitation Center	72	69
Devonshire Acres	83	73
Eagle Ridge of Grand Valley	59	38
Eben Ezer Lutheran Care Center	79	70
Elevation Health and Rehabilitation Center	96	67

Home Name	2024 Self Score	2024 Final Score
Elk Ridge Health and Rehabilitation Center	71	40
Englewood Post Acute and Rehabilitation	91	78
Fairacres Manor, Inc.	97	72
Falcon Heights Health and Rehabilitation Center	79	63
Forest Ridge Senior Living, LLC	82	68
Forest Street Compassionate Care Center	42	19
Fountain View Health and Rehabilitation Center	86	77
Glenwood Springs Health Care	73	47
Good Samaritan Society - Fort Collins Village	75	64
Good Samaritan Society- Loveland Village	66	60
Grace Manor Care Center	79	52
Grand River Health Care Center	92	79
Gunnison Valley Health Senior Care Center	72	48
Hallmark Nursing Center	35	44
Hampden Hills Post Acute	92	92
Harmony Pointe Nursing Center	86	76
Health Center at Franklin Park	83	75
Highline Rehabilitation and Care Community	87	85
Hilltop Park Post Acute	90	73
Holly Heights Care Center	88	84
Holly Nursing Care Center	95	84
Horizons Care Center	89	74
Irondale Post Acute	95	79
Julia Temple Healthcare Center	97	97
Junction Creek Health and Rehabilitation Center	84	70
Juniper Village- The Spearly Center	87	60
Kiowa Hills Health and Rehabilitation Center	78	60
La Villa Grande Care Center	77	30
Lakeside Post Acute	58	29
Lakewood Villa	91	64
Lamar Estates, LLC	43	29
Larchwood Inns	79	63
Lemay Avenue Health and Rehabilitation Facility	80	72
Life Care Center of Aurora	70	38
Life Care Center of Colorado Springs	35	29
Life Care Center of Evergreen	64	58
Life Care Center of Greeley	85	72
Life Care Center of Littleton	78	51
Life Care Center of Longmont	77	56

Home Name	2024 Self Score	2024 Final Score
Linden Place Health and Rehabilitation Center	89	81
Littleton Care and Rehabilitation Center	90	82
Lowry Hills Care and Rehabilitation	81	71
Mantey Heights Rehabilitation and Care Center	54	35
Mapleton Post-Acute Rehabilitation	86	82
Mesa Vista Healthcare DBA Boulder Post Acute	91	88
Monte Vista Estates, LLC	78	68
Mountain View Post Acute	94	51
Mountain Vista Health Center	91	86
North Shore Health and Rehab Facility	69	60
Orchard Valley Health and Rehabilitation Center	86	66
Paonia Care and Rehabilitation Center	71	28
Park Forest Care Center, Inc.	93	81
Parkview Care Center	95	88
Pelican Pointe Health and Rehabilitation Center	71	63
Pikes Peak Center*	75	75
Pine Ridge Rehabilitation and Healthcare Center	88	61
Pioneer Health Care Center	90	68
Poudre Canyon Health and Rehabilitation Center	89	89
Prestige Care Center of Pueblo	73	55
Red Cliffs Post Acute Center	69	44
Regent Park Nursing and Rehabilitation	83	47
Rehabilitation and Nursing Center Of The Rockies	91	88
Rehabilitation Center at Sandalwood	82	74
Ridgeview Post Acute Rehabilitation Center*	94	83
Rio Grande Rehabilitation and Healthcare Center	97	89
River Valley Rehabilitation and Healthcare Center	86	79
Riverbend Health and Rehabilitation Center	93	80
Rock Canyon Respiratory and Rehabilitation Center	96	81
Rowan Community, Inc	96	75
Sandrock Ridge Care and Rehab	70	46
Silver Heights Skilled Nursing & Rehabilitation	88	57
Skylake Post Acute	83	51
Skyline Ridge Nursing and Rehabilitation Center	80	46
South Platte Health and Rehabilitation Center	97	70
South Valley Post Acute Rehabilitation	97	85
Southeast Colorado Hospital LTC Center	70	58
Spanish Peaks Veterans Community Living Center	83	80
Spring Village Care Center	87	46

Home Name	2024 Self Score	2024 Final Score
St Paul Health Center	76	69
Sterling Health and Rehabilitation Center	64	51
Suites at Clermont Park Care Center	84	71
Summit Rehabilitation and Care Community	92	77
Sundance Skilled Nursing and Rehabilitation	86	72
Sunny Vista Living Center	31	17
The Gardens	97	63
The Green House Homes at Mirasol	76	70
The Heights Post Acute	76	75
The Pavillion at Villa Pueblo	92	44
The Peaks Care Center	50	50
The Suites Parker	61	55
The Valley Rehabilitation and Healthcare Center	99	93
The Villas at Sunny Acres	90	81
Trinidad Rehabilitation and Healthcare Center	98	89
University Heights Rehab and Care Community*	85	74
University Park Care Center	67	64
Uptown Health Care Center	89	70
Valley Manor Care Center**	89	78
Valley View Health Care Center Inc.	92	69
Valley View Villa	60	29
Vista Grande Rehabilitation and Health Care	88	83
Walsh Healthcare Center	87	79
Washington County Nursing Home	75	67
Western Hills Health Care Center	81	55
Westlake Care Community	92	81
Westlake Lodge Health and Rehabilitation Center	69	66
Wheatridge Manor Care Center	92	84

**7 homes had substandard deficiencies during the previous calendar year (2023) and will receive 50% of their per diem payment.*

***Valley Manor Care Center submitted an appeal because they did not provide Q2 CASPER Reports upon initial submission. PCG instructed them to resubmit their Q2 2023 Casper reports and they were able to provide version 3.05, as version 3.04 was removed from CMS and no longer available. This change in report version did not contain data for 3 of the 4 QMs that required 2023 Q2 data. As a result, the one QM with facility adjusted data was considered (17.8) and the 3 other QMs were not scored. The home's score was prorated and removed the 3 QMs worth a total of 12 points (max 4 points each). The score in this extract reflects the homes score of 69 out of 88 instead of 100. The final score for Valley Manor Care Center is 78.*

Table 5 displays data summarizing the P4P program's final scores from the past 5 years. As homes have become more familiar with the application process, the average Self Score has increased. It should be

noted that the 2021 application criteria were adjusted to a more narrative-based approach which allowed homes to apply for more measures than they would have in previous years and as such should be viewed as an outlier. The 2022, 2023, and 2024 data are aligned with prior years in terms of the number of measures homes applied for which is reflected in the average self-score.

Table 5 – Scoring Historical Analysis

Statistic	2020	2021	2022	2023	2024
Average Self Score	77	86	79	78	81
Average Reviewer Score	70	75	69	64	66
Avg. Difference (Reviewer minus Self Score)	**-7**	**-11**	**-10**	**-14**	**-15**

APPLICATION MEASURES ANALYSIS

The 2024 P4P application consisted of 24 measures, separated into two domains and nine subcategories:

Domain: Quality of Life
Resident Directed Care
1. Enhanced Dining
2. Enhanced Personal Care
3. End of Life Program
4. Connection and Meaning
5. Person-Directed Care Training
6. Trauma – Informed Care
7. Daily Schedules and Care Planning
Community Centered Living
8.1 Physical Environment – Appearance
8.2 Physical Environment – Noise Management
Relationships with Staff, Family, Resident and Home
9. Consistent Assignments
10. Volunteer Program
Staff Empowerment
11. Staff Engagement
Quality of Life
12. Transition of Care – Admissions, Transfer and Discharge Rights
13.1. Equity - Initiatives
13.2. Equity - Accessibility
14. Isolation Protocols
Domain: Quality of Care
Quality of Care
16. Reducing Avoidable Hospitalizations
17. Nationally Reported Quality Measures Scores (17.1- 17.9)
18.1 Best Practices – Safe Physical Environment
18.2 Best Practices – Pain Management
18.3 Best Practices – Prevention of Abuse and Neglect
19.1 Antibiotics Stewardship/Infection Prevention & Control – Documentation
19.2 Antibiotics Stewardship/Infection Prevention & Control – Quality Measures

Home Management
20. Medicaid Occupancy Average
Staff Stability
21. Staff Retention Rate/Improvement
22. DON and NHA Retention
23. Nursing Staff Turnover Rate
Behavioral Health
24. Behavioral Health Care

The remainder of this section provides analysis of the scoring for each specific measure. Table 6 is a summary of the measure-by-measure analysis that follows. Table 6 displays the following for each measure:

- The total number of nursing homes that applied for the measure in 2024;
- the number of nursing homes that received points last year (2023) for the measure, applied for the same measure in 2024, but did not receive points in 2024;
- the number of nursing homes that applied for the measure in 2024, but did not receive points; and,
- the percentage of nursing homes that applied for the measure in 2024 but did not receive points.

Table 6 – Score by Measure Analysis

Measure	Total Homes Applied in 2024	Homes Received Points in 2023, Applied in 2024 but Did Not Receive Points	Homes Applied but Did Not Receive Points in 2024	% of Homes Applied and Did Not Receive Points
1. Enhanced Dining	143	15	48	34%
2. Enhanced Personal Care	133	8	29	22%
3. End Of Life Program	129	11	32	25%
4. Connection and Meaning	142	6	15	11%
5. Person – Directed Care Programming & Training	138	6	18	13%
6. Trauma – Informed Care	134	9	31	23%
7. Daily Schedules and Care Planning	135	3	13	10%
8.1 Physical Environment - Appearance	142	7	17	12%
8.2 Physical Environment - Noise Management	133	14	45	34%
9. Consistent Assignments	142	5	10	7%
10. Volunteer Program	138	6	22	16%
11. Staff Engagement	122	4	17	14%
12. Transition of Care: Admissions, Transfer and Discharge Rights	123	10	29	24%
13.1 Equity - Initiatives	108	29	56	52%
13.2 Equity - Accessibility	129	36	70	54%

Measure	Total Homes Applied in 2024	Homes Received Points in 2023, Applied in 2024 but Did Not Receive Points	Homes Applied but Did Not Receive Points in 2024	% of Homes Applied and Did Not Receive Points
14. Isolation Protocols	149	3	9	6%
15. Vaccine Education	150	1	6	4%
16. Reducing Avoidable Hospitalizations	113	42	81	72%
17.1 Quality Measures Narrative	144	7	10	7%
Quality Measure - 17.2	97	3	13	13%
Quality Measure - 17.3	78	3	10	13%
Quality Measure - 17.4	74	2	11	15%
Quality Measure - 17.5	68	1	15	22%
Quality Measure - 17.6	94	2	17	18%
Quality Measure - 17.7	79	0	7	9%
Quality Measure - 17.8	90	1	11	12%
Quality Measure - 17.9	81	7	13	16%
18.1 Best Practices	147	1	6	4%
18.2 Best Practices	142	0	1	1%
18.3 Best Practices	145	1	3	2%
19.1 Antibiotics Stewardship/Infection Prevention & Control	137	15	43	31%
19.2 Antibiotics Stewardship/Infection Prevention & Control	134	2	4	3%
20. Medicaid Occupancy Average	109	3	7	6%
21. Staff Retention Rate	122	4	14	11%
22. DON and NHA Retention	69	2	16	23%
23. Nursing Staff Turnover Rate	122	5	16	13%
24. Behavioral Health Care	135	11	41	30%

Using this analysis, the PCG review team highlighted common insufficiencies across all applications that led to a reduction in the reviewer score from the self-score for each measure. PCG has provided common reasons for why homes were not awarded points by the reviewer. The bulleted list for each measure includes the primary reasons homes lost points and is not exhaustive. It should be noted that homes may have missed points across more than one of the measure's minimum requirements.

The following sections break out each measure, showing a summary of the percentage of homes that applied and received points for each measure. It is important to note that the percentage awarded is based on the number of homes that applied for that specific measure and not all 151 homes that submitted an application. A table showing historical percentages for homes that received points is also provided for each measure.

1. Enhanced Dining

Enhanced Dining - Awarded %			
2020	**2021**	**2022**	**2023**
86%	47%	65%	61%

2024	
Homes Applied	143
Applied %	95%
Homes Awarded	95
Awarded %	66%

The minimum requirements of the Enhanced Dining measure ask for homes to demonstrate that menus and dining atmosphere are created with resident input and that residents have access to food 24 hours a day. Additionally, homes were asked to detail how their dining program includes both communal and in-room dining options. The below list displays the primary reasons homes most frequently lost points and is not exhaustive. It should be noted that homes may have missed points across multiple of the measure's minimum requirements.

- 22 homes lost points by not providing evidence regarding how residents provide input into the appearance of the dining atmosphere.
- 14 homes also failed to correctly provide survey information – they either failed to submit anything, submitted questions without responses, submitted only responses, or submitted internal surveys.
- 9 homes were not awarded points for this measure, as they did not provide a description of both communal and in-room dining options.
- 9 homes lost points for not describing how resident information from the Facility Assessment is used to develop menu options.
- 5 homes did not provide a menu cycle from the 2023 calendar year not less than four (4) weeks in length and subsequently lost points.
- 4 homes lost points as they did not provide a narrative describing their policies/processes to ensure that residents have access to food 24/7.
- 2 homes lost points for not providing evidence that menu options are more than the entrée and alternative selection and include a variety of options on a daily basis.

2. Enhanced Personal Care

Enhanced Personal Care - Awarded %			
2020	**2021**	**2022**	**2023**
93%	74%	72%	76%

2024	
Homes Applied	133
Applied %	88%
Homes Awarded	104
Awarded %	78%

The goal of the Enhanced Personal Care measure is to ensure that personal care schedules are flexible and meet residents' desires and choices. Additionally, homes were asked to provide evidence of staff training for enhanced bathing and oral care.

- 20 homes did not provide documentation about staff training. These homes often failed to provide evidence aside from a narrative description.
- 9 homes lost points for this measure because they failed to mention oral care in their narrative describing flexible enhanced personal care practices.
- 5 homes lost points for failing to provide evidence, including color photographs, that the bathing atmosphere includes home décor.
- 5 homes lost points for failing to provide two oral care plans that demonstrate creative approaches reflecting resident choice
- 4 homes missed points for not providing sufficient evidence demonstrating residents are interviewed about choices regarding time, caregivers, and type of bath.
- 3 homes missed points for not providing two bathing care plans that demonstrate creative approaches reflecting resident choices.

3. End of Life Program

End of Life Program - Awarded %			
2020	**2021**	**2022**	**2023**
91%	76%	86%	75%

2024	
Homes Applied	129
Applied %	85%
Homes Awarded	97
Awarded %	75%

The minimum requirements for the End-of-Life Program ask for a detailed narrative that identifies individual preferences, spiritual needs, wishes, expectations, specific grief counseling, and a plan for honoring those that have passed and a process to inform the home. Homes were required to provide documentation of how the home honored the wishes of four residents.

- 17 homes lost points for not providing specific examples of how residents' individual wishes were honored or for providing less than 4 examples.
- 10 homes lost points for not addressing all three of the necessary areas (1) individual preferences, spiritual needs, wishes, and expectations; 2) specific grief counseling; and 3) a plan for honoring those that have died and a process to inform the home of such a death) of their End-of-Life programs in their detailed narrative.
- 9 homes lost points for failing to provide sufficient evidence of education that focuses on staff's attention to resident preferences about their end-of-life experience.
- 6 homes missed points for not providing 2 signed testimonials from non-management staff describing end-of-life planning.
- 4 homes lost points for failing to provide sufficient detail on how they prepare staff through End-of-Life programming.

4. Connection and Meaning

Connection and Meaning - Awarded %			
2020	2021	2022	2023
92%	94%	85%	90%

2024	
Homes Applied	142
Applied %	94%
Homes Awarded	127
Awarded %	89%

Connection and Meaning strives to ensure that each home is unique based on the needs and preferences of its residents. Homes must provide support for connection and meaning through companionship, spontaneity, variety, and opportunities for residents to give and receive care for each other.

- 15 homes did not provide the required number of testimonials by residents/family members and staff. The minimum requirement specified 2 testimonials must be from residents or family members and 2 testimonials must be from non-management staff.
- Additionally, 1 of the 15 homes mentioned above did not provide a narrative describing how the home provides connection and meaning tailored to the unique individual needs of the residents.

5. Person-Directed Care Training

Person-Directed Care Training - Awarded %			
2020	**2021**	**2022**	**2023**
88%	88%	80%	83%

2024	
Homes Applied	138
Applied %	91%
Homes Awarded	120
Awarded %	87%

Person-Directed Care Training is designed to ensure that each home has systems in place to provide training on person-directed care to all staff. Person-directed care promotes and empowers decision making and choices by residents.

- 16 homes failed to describe in their narrative how their person-directed care training curriculum considered the Facility Assessment in defining training objectives.
- 1 home lost points for failing to provide a sufficient narrative describing their person-directed care programming.
- 1 home missed points for not clearly identifying their Mission/Vision statement.
- 1 home missed points for failing to provide their person-directed care trainings.

6. Trauma Informed Care

Trauma Informed Care - Awarded %			
2020	**2021**	**2022**	**2023**
95%	45%	83%	74%

2024	
Homes Applied	134
Applied %	89%
Homes Awarded	103
Awarded %	77%

Trauma Informed Care rewards homes for identifying residents with a strong potential for, or known past trauma, and providing education to their staff on trauma-informed care. Homes were required to submit training objectives and proof of actual training regarding trauma-informed care.

- 15 homes lost points for failing to provide a sufficient narrative on how they are using data and information around known trauma from their Facility Assessment, other assessments done in the home, or other means to influence programming and staff training.
- 9 homes lost points for not submitting proof of actual trauma-informed care trainings or training objectives for staff.
- 7 homes lost points for failing to provide a sufficient narrative describing their initiatives and training around current trauma experienced in the home. Specifically, they failed to address at least one of the required five trauma areas (1) grief management, including anticipatory grief; 2) coping mechanisms; 3) compassionate care; 4) managing trauma-related stress, and 5) building resilience in staff and residents.
- 6 homes lost points for failing to provide a sufficiently detailed narrative on how they are using data and information around known trauma from their Facility Assessment, other assessments done in the home, or other means to recognize trauma, develop an approach, and alter a care plan for residents.
- 5 homes lost points for failing to provide a compiled statistical report of residents in the home with psychiatric diagnoses, diagnoses or histories of alcoholism and/or drug addiction, and with a known history of trauma.
- 3 homes lost points for failing to provide the evidence-based resources used during the trainings referenced in minimum requirement 6-4.

7. Daily Schedules and Care Planning

Daily Schedules - Awarded %			
2020	**2021**	**2022**	**2023**
92%	91%	83%	81%

2024	
Homes Applied	135
Applied %	89%
Homes Awarded	122
Awarded %	90%

Daily Schedules and Care Planning rewards homes that allow residents to determine their own daily schedules and participate in developing their care plan. Homes were asked to provide signed resident testimonials, staff testimonials, and care plans that demonstrated resident input.

- 11 homes lost points as they failed to provide the correct number of resident or staff testimonials.
- 6 homes missed points related to providing care plans. Homes either provided only one care plan or provided care plans that did not pertain to the two residents who submitted testimonials for an earlier minimum requirement.

- 1 home lost points for providing an insufficiently detailed narrative of their process to obtain residents' perspectives in implementing their daily schedules.

8. Physical Environment

8.1 Physical Environment - Appearance

Physical Environment (8.1) – Awarded %			
2020	**2021**	**2022**	**2023**
94%	97%	88%	85%

2024	
Homes Applied	142
Applied %	94%
Homes Awarded	125
Awarded %	88%

Measure 8.1 indicates that the home must strive to create a home-like environment that wholistically reflects the community. Much of the criteria in this measurement involves providing photographs of the home to demonstrate the de-institutionalization of the physical environment and providing a narrative describing how this environment is being reintroduced due to the impacts of social distancing.

- 10 homes lost points because their photographs did not contain captions, as specified by the minimum requirement.
- 5 homes failed to provide photographs of items discussed in their narrative, or the items listed in the minimum requirements, such as common spaces and nursing stations.

8.2 Physical Environment – Noise Management

Physical Environment (8.2) – Awarded %			
2020	**2021**	**2022**	**2023**
90%	87%	88%	67%

2024	
Homes Applied	133
Applied %	88%
Homes Awarded	88
Awarded %	66%

Measure 8.2 indicates that excess noise must be eliminated by decreasing the usage of alarms of all types except those necessary to fulfill life safety code and other state or federal mandates. Homes must provide examples of their approaches towards improving sleeping environments.

- 43 homes did not meet the minimum requirements for this measure as they either failed to provide evidence of an evaluation or action plan to reduce patient disruptions or provide a plan/policy speaking to the reduction of extraneous noise.

- 4 homes did not provide a description of the strategies used to reduce the extraneous noise, or the subsequent difficulties experienced.
- 5 homes did not include their current policy for absence of overhead paging except in emergency situations.
- 2 homes did not provide a sufficient narrative including at least two examples of their approaches towards improving sleeping environments.

9. Consistent Assignments

Consistent Assignments - Awarded %			
2020	**2021**	**2022**	**2023**
94%	86%	93%	92%

2024	
Homes Applied	142
Applied %	94%
Homes Awarded	132
Awarded %	93%

The Consistent Assignments measure asked homes to describe their process for maximizing consistent assignments.

- 9 homes lost points in this measure for either not providing the required number of testimonials or providing testimonials that did not address the existence of consistent care assignments.
- 1 home did not provide a narrative describing their home's process for maximizing consistent assignments.

10. Volunteer Program

Volunteer Program - Awarded %			
2020	**2021**	**2022**	**2023**
91%	41%	75%	71%

2024	
Homes Applied	138
Applied %	91%
Homes Awarded	116
Awarded %	84%

This measure places an emphasis on developing a thriving volunteer program between external community members and residents living in the home to bring purpose and meaningful activity into one's life. Homes were asked to provide evidence of volunteer opportunities for residents and for external individuals. In 2021, emphasis was placed on providing "evidence" for events that were occurring in the home, which led to more homes losing points that year. In 2022, 2023, and 2024, far fewer homes lost points for this reason.

- 21 homes lost points for either not providing evidence at all or not providing evidence for the specified number of examples of volunteer opportunities.
- 6 homes failed to submit either a detailed narrative of their volunteer program or their written volunteer policy.

- 5 homes did not provide two testimonials from residents participating in two different projects. These homes either did not submit any testimonials, only provided one testimonial, or provided two testimonials regarding the same project.

11. Staff Engagement

Staff Engagement - Awarded %			
2020	**2021**	**2022**	**2023**
85%	92%	80%	61%

2024	
Homes Applied	122
Applied %	81%
Homes Awarded	105
Awarded %	86%

The Staff Engagement measure is designed to ensure that each home has systems in place to promote and support staff in their personal and professional development as well as their engagement in the home. Homes were also asked to describe how they adjusted their infection control plan in response to regulatory requirements.

- 8 homes lost points for not including 4 testimonials from staff on empowerment opportunities.
- 8 homes lost points as they did not meet the requirements for the Staff Satisfaction Survey. Responses that did not qualify either did not include an Overall Satisfaction question, did not demonstrate at least a 70% response rate, or were dated outside of CY2023.
- 6 homes did not provide quarterly examples of staff engagement events. Homes who lost points typically submitted too few examples or did not specify when events occurred.
- 4 homes lost points as they failed to describe adjustments to their staff mentoring and/or buddy system programs.
- 3 homes lost points for failing to provide a detailed narrative describing what they are doing to promote the engagement and work-life balance of staff.
- 3 homes lost points for failing to provide their written program or policy and procedures detailing staff engagement initiatives such as staff advancement, tuition reimbursement, staff wellness, etc.

12. Transitions of Care: Admissions, Transfer and Discharge Rights

Consistent Assignments - Awarded %			
2020	**2021**	**2022**	**2023**
89%	91%	80%	68%

2024	
Homes Applied	123
Applied %	81%
Homes Awarded	94
Awarded %	76%

In Measure 12, points are awarded to homes who increase community and resident awareness of transition options.

- 24 homes missed points for failing to provide eight respective residents' discharge plans demonstrating ongoing resident/resident representative involvement.
- 11 homes lost points related to the Facility Characteristics Casper Report. Four of these homes submitted the Quality Measure Casper Reports instead of the Facility Characteristics Report. The other homes either did not submit any report or submitted a report from the wrong measurement period.
- 10 homes did not provide proper documentation of staff education and training objectives for Options Counseling that occurred in 2023.
- 2 homes did not include the name and contact information of the individual at the local agency responsible to be the liaison between the nursing care center and agency for community placement referrals.

13. Equity

The Equity measure was split out into two sub-measures in 2024 which evaluate criteria around the homes' equity initiatives and accessibility procedures.

Equity – Initiatives (13.1)

Equity - Awarded %			
2020	**2021**	**2022**	**2023**
n/a	n/a	n/a	n/a

2024	
Homes Applied	108
Applied %	72%
Homes Awarded	53
Awarded %	49%

This is the second year of an Equity Measure in the P4P Application; however, it is now broken into two sub-measures centered on initiatives and accessibility. For the Initiatives section, points are awarded to homes who 1) submit their written, public-facing statement from leadership that supports and prioritizes the implementation and/or administration of a program improving health disparities by ensuring equitable care is provided to all residents, 2) provide evidence of training on areas such as racial and ethnic disparities and their root causes, best practices for shared decision making, implicit bias, ageism/ableism, and gender identity/sexual orientation equity, and 3) provide evidence of your home's initiatives to increase equity awareness and sensitivity for residents and staff throughout the year.

- 41 homes lost points for failing to provide evidence of the home's initiatives to increase equity awareness.
- 31 homes lost points for failing to submit their written, public-facing statement from leadership supporting and prioritizing health equity for all residents.
- 22 homes lost points for failing to submit evidence of staff training related to equity.

Equity – Accessibility (13.2)

Equity - Awarded %			
2020	**2021**	**2022**	**2023**
n/a	n/a	n/a	n/a

2024	
Homes Applied	129
Applied %	85%
Homes Awarded	59
Awarded %	46%

Equity's second section, Accessibility, was newly added to the 2024 application. This section requires homes to provide 1) a narrative describing how they ensure that communications with residents about their medical care in languages other than English meet non-English language proficiency requirements and 2) a narrative around how they ensure appropriate auxiliary aids and/or services are provided to individuals with a record of, or regarded as, living with the following four respective communications disabilities: auditory, speech, vision, and manual impairments.

- 57 homes lost points for failing to provide a sufficient narrative describing how they ensure that communications with residents about their medical care in languages other than English meet non-English language proficiency requirements.
- 38 homes lost points for failing to provide a sufficient narrative around their plan for ensuring the appropriate auxiliary aids and/or services are provided to residents with impairments across the specified four groups and including one resident example.

14. Isolation Protocols

Isolation Protocols - Awarded %			
2020	**2021**	**2022**	**2023**
n/a	n/a	n/a	93%

2024	
Homes Applied	149
Applied %	99%
Homes Awarded	140
Awarded %	94%

Measure 14 (Isolation Protocols) was introduced in 2023. Homes are awarded points for providing a narrative addressing how patients in isolation can communicate with families and staff, maintain connection, provide input into care and food preferences, access mental health resources, and stay active.

- 9 homes lost points because they did not address all components listed in the minimum requirement. Most commonly homes failed to address how residents were able to connect with others or if staff wore name tags to ensure residents could communicate.

15. Vaccination Data

Vaccination Data - Awarded %			
2020	**2021**	**2022**	**2023**
n/a	96%	95%	94%

2024	
Homes Applied	150
Applied %	99%
Homes Awarded	144
Awarded %	96%

This measure looks to gain insight into homes' educational efforts around vaccinations.

- Most homes were able to meet the minimum requirements of this measure, however, 6 homes lost points because they did not provide specific details on educational efforts made to address each vaccination.

16. Reducing Avoidable Hospitalizations

Reducing Avoidable Hospitalizations - Awarded %			
2020	**2021**	**2022**	**2023**
86%	0%	0%	0%

2024	
Homes Applied	113
Applied %	75%
Homes Awarded	32
Awarded %	28%

This measure is scored using data from CMS and the American Health Care Association (AHCA) to independently validate long stay hospitalization rates. This measure was not evaluated in 2021 and 2022 due to COVID-related hospitalizations and was reimplemented in 2023. However, in 2023 there was a delay in receiving the long stay hospitalization data from CMS and AHCA. The Department decided to award the full 3 points to all homes who applied for Measure 17 in 2023 and who met all the minimum requirements for 17-2 and 17-3. 2024 was the first year this measure was scored using external data from CMS and AHCA.

- 77 homes did not receive points because they did not have a long stay hospitalization rate below 12.1% in each quarter or did not document improvement in rates between the two 12-month measurement periods.
- 7 homes failed to upload 4 cases demonstrating why individuals were hospitalized or discharged and did not receive points.
- 5 homes did not upload documentation that addressed all components needed to qualify for the QAPI recovery point.
- 4 homes did not receive points because they did not complete or upload the Reducing Avoidable Hospitalization Tool.

17. Nationally Reported Quality Measures Scores 17.1-17.9

Because there are a range of scores for measures 17.2-17.9, the "Homes Awarded" data below correspond to homes awarded a particular point value, regardless of which point value they applied for. Please note that the Awarded Percentages can be greater than 100% as some homes' Reviewer Score

for a Quality Measure may fall into a different bucket than their Self Score. Additionally, year-over-year comparisons are not provided for measure 17.2-17.9 as the Quality Measures change each year.

QM Narrative (17.1)

QM Narrative - Awarded %			
2020	**2021**	**2022**	**2023**
96%	99%	99%	94%

2024	
Homes Applied	144
Applied %	95%
Homes Awarded	134
Awarded %	93%

The Quality Measure Narrative allows homes the opportunity to earn one point for providing a narrative that addresses their three lowest quality measures.

- 9 homes who lost points either did not upload the required narrative or failed to explain their three lowest quality measures.
- 1 home provided a narrative from 2022 pertaining to their 3 lowest self-scoring QMs from 2022.

High Risk Resident with Pressure Ulcers (17.2)

2024					
Statistic	**Overall**	**+4**	**+3**	**+2**	**+1**
Homes Applied	97	56	7	18	16
Applied %	64%	37%	5%	12%	11%
Homes Awarded	85	50	5	16	14
Awarded %	88%	89%	71%	89%	88%

The bullets below show the number of homes that received a different Reviewer Score than their Self Score:

- 2 homes received more points than they applied for.
- 16 homes received fewer points than they applied for.

Residents with One or More Falls with Major Injury (17.3)

2024					
Statistic	**Overall**	**+4**	**+3**	**+2**	**+1**
Homes Applied	78	37	8	11	22
Applied %	52%	25%	5%	7%	15%
Homes Awarded	72	39	8	10	15
Awarded %	92%	105%	100%	91%	68%

The bullets below show the number of homes that received a different Reviewer Score than their Self Score:

- 7 homes received more points than they applied for.
- 11 homes received fewer points than they applied for.

Residents who Received Antipsychotic Medications (17.4)

2024					
Statistic	**Overall**	**+4**	**+3**	**+2**	**+1**
Homes Applied	74	41	2	9	22
Applied %	49%	27%	1%	6%	15%
Homes Awarded	65	38	3	9	15
Awarded %	88%	93%	150%	100%	68%

The bullets below show the number of homes that received a different Reviewer Score than their Self Score:

- 3 homes received more points than it applied for.
- 14 homes received fewer points than they applied for.

Residents with Depression Symptoms Medications (17.5)

2024					
Statistic	**Overall**	**+4**	**+3**	**+2**	**+1**
Homes Applied	68	30	1	17	20
Applied %	45%	20%	1%	11%	13%
Homes Awarded	56	27	2	12	15
Awarded %	82%	90%	200%	71%	75%

The bullets below show the number of homes that received a different Reviewer Score than their Self Score:

- 4 homes received more points than they applied for.
- 18 homes received fewer points than they applied for.

Low Risk Residents Who Lose Control of Bowel/Bladder (17.6)

2024					
Statistic	**Overall**	**+4**	**+3**	**+2**	**+1**
Homes Applied	94	54	9	17	14
Applied %	62%	36%	6%	11%	9%
Homes Awarded	78	43	7	17	11
Awarded %	83%	80%	78%	100%	79%

The bullets below show the number of homes that received a different Reviewer Score than their Self Score:

- 3 homes received more points than they applied for.
- 19 homes received fewer points than they applied for.

Residents Who Lose Too Much Weight (17.7)

2024					
Statistic	**Overall**	**+4**	**+3**	**+2**	**+1**
Homes Applied	79	44	11	13	11
Applied %	52%	29%	7%	9%	7%
Homes Awarded	76	42	9	12	13

Awarded %	96%	95%	82%	92%	118%

The bullets below show the number of homes that received a different Reviewer Score than their Self Score:

- 7 homes received more points than they applied for.
- 11 homes received fewer points than they applied for.

Residents Whose Need for Help w/ Daily Activities Has Increased (17.8)

2024					
Statistic	**Overall**	**+4**	**+3**	**+2**	**+1**
Homes Applied	90	54	7	16	13
Applied %	60%	36%	5%	11%	9%
Homes Awarded	81	46	6	19	10
Awarded %	90%	85%	86%	119%	77%

The bullets below show the number of homes that received a different Reviewer Score than their Self Score:

- 3 homes received more points than they applied for.
- 15 homes received fewer points than they applied for.

Residents Whose Ability to Move Independently Worsened (17.9)

2024					
Statistic	**Overall**	**+4**	**+3**	**+2**	**+1**
Homes Applied	81	49	8	7	17
Applied %	54%	32%	5%	5%	11%
Homes Awarded	69	39	8	9	13
Awarded %	85%	80%	100%	129%	76%

The bullets below show the number of homes that received a different Reviewer Score than their Self Score:

- 3 homes received more points than they applied for.
- 19 homes received fewer points than they applied for.

18. Best Practices

In this measure, points are awarded to communities who provide a narrative detailing their best practices pertaining to safe physical environment, pain management, and prevention of abuse and neglect. Communities had to provide two examples of each best practice to meet the minimum requirements. This measure was implemented in 2021.

18.1 Best Practices –Safe Physical Environment

Best Practices –Safe Physical Environment (18.1) – Awarded %			
2020	**2021**	**2022**	**2023**
n/a	98%	98%	98%

2024	
Homes Applied	147
Applied %	97%
Homes Awarded	141
Awarded %	96%

Facilities were asked to provide a narrative detailing how their home maintains a safe physical environment to prevent falls.

- Most facilities were able to meet the minimum requirements of this measure, however, 4 homes lost points because they failed to describe two examples of how their facility maintains a safe physical environment to prevent falls.

18.2 Best Practices – Pain Management

Best Practices – Pain Management (18.2) – Awarded %			
2020	**2021**	**2022**	**2023**
n/a	99%	98%	99%

2024	
Homes Applied	142
Applied %	94%
Homes Awarded	141
Awarded %	99%

Facilities were asked to provide a narrative on their homes' non-pharmacological approaches to pain management.

- Most facilities were able to meet the minimum requirements of this measure; however, 1 home did not provide a narrative pertaining to their non-pharmacological approaches to pain management.

18.3 Best Practices – Prevention of Abuse and Neglect

Best Practices –Prevention of Abuse and Neglect (18.3) – Awarded %			
2020	**2021**	**2022**	**2023**
n/a	99%	98%	96%

2024	
Homes Applied	145
Applied %	96%
Homes Awarded	143
Awarded %	99%

Facilities were asked to provide a narrative on how they approach the prevention of abuse and neglect in their homes.

- Most facilities were able to meet the minimum requirements of this measure, however, 3 homes lost points because their narratives either did not describe reporting processes, address how they promote a safe culture, or include two examples.

19. Antibiotics Stewardship/Infection Prevention & Control

19.1 Antibiotics Stewardship/Infection Prevention & Control - Documentation

Antibiotics Stewardship/Infection Prevention & Control (20.1) – Awarded %			
2020	**2021**	**2022**	**2023**
86%	69%	84%	65%

2024	
Homes Applied	137
Applied %	91%
Homes Awarded	94
Awarded %	69%

This sub-measure rewards facilities for submitting Section 1 and Modules 1 – 10 of the CDC Infection Prevention and Control Assessment Tool. Facilities were also asked to provide a narrative of how they maintained infection control in their homes.

- 21 homes submitted an outdated version of the CDC tool or a COVID-19 specific ICAR tool. A copy of the correct tool was linked in the measure's minimum requirements in the portal and highlighted during training sessions to prevent homes from completing the wrong version. Homes that submitted the incorrect version were not awarded points.
- 14 homes failed to complete all sections of the CDC tool, which is required for the P4P program to be awarded points.
- 4 homes did not upload any documentation containing their completed ICAR Tool.
- 4 homes did not provide the required narrative addressing how they maintain infection control in their home.
- 3 homes missed points because they did not provide both the name and qualifications of the infection preventionist.
- 2 homes provided ICAR Tools dated in 2024, which is outside of the evaluation year.

19.2 Antibiotics Stewardship/Infection Prevention & Control – Quality Measures

Antibiotics Stewardship/Infection Prevention & Control (19.2) – Awarded %			
2020	**2021**	**2022**	**2023**
83%	97%	94%	87%

2024	
Homes Applied	134*
Applied %	89%
Homes Awarded	134

Awarded %	100%

This measure awarded points to facilities based on their completion of the Antibiotics Stewardship and Infection Prevention & Control Quality Measure Calculation Tool.

*Note: The 134 homes that initially applied for this measure were not all awarded points. However, all facilities that uploaded a CASPER report to 17.2 – 17.9 were reviewed and some of these homes were awarded points. These are not included in the Homes Applied count. Of the initial 134 homes, 130 were awarded some points. 4 homes that did not explicitly apply were awarded points.

The bullets below show the number of homes that received a different Reviewer Score than their Self Score:

- 5 homes received more points than they applied for.
- 25 homes received fewer points than they applied for.
- 3 homes lost points because they did not meet the criteria of improving or being better than state average for either Casper Quality Measure Data on UTI (L) N024.02 and Catheter Inserted/Left in Bladder (L) N026.03. Homes that met criteria of improving or being better than the state average for at least one of the Quality Measures received one point.
- 1 home lost points because they did not upload documentation that addressed all components needed to qualify for the QAPI recovery point.

20. Medicaid Occupancy Average

	Medicaid Occupancy Average - Awarded %			
	2020	**2021**	**2022**	**2023**
10%	88%	96%	92%	91%
5%	100%	85%	91%	87%

2024			
	Overall	**10%**	**5%**
Homes Applied	109	88	21
Applied %	72%	58%	14%
Homes Awarded	104	88	15
Awarded %	95%	100%	71%

Facilities may qualify for this measure if their home has Medicaid occupancy of at least 5% above statewide average of 64.73%. Facilities that qualified were asked to complete the Medicaid Occupancy Percentage Tool.

- 7 facilities did not receive points because their Medicaid Occupancy average was below 67.97% or they failed to complete the calculator.
- 3 homes failed to upload census summary data for calendar year 2023, which is required to meet minimum requirement 20-2.
- 1 home submitted Census data from 2024 and did not meet the minimum requirements, which specify to submit a census summary for 2023 calendar year.

21. Staff Retention Rate/Improvement

Staff Retention Rate/Improvement - Awarded %			
2020	**2021**	**2022**	**2023**
93%	95%	89%	80%

2024	
Homes Applied	122
Applied %	81%
Homes Awarded	110
Awarded %	90%

This measure awards points to facilities with a staff retention rate at or above 60% or a demonstrated improvement in their staff retention rate between CY2022 and CY2023.

- 8 homes did not meet the 60% staff retention requirement or demonstrate improvement in the staff retention rate between CY2022 and CY2023.
- 3 homes did not highlight staff hired on or before January 1, 2023, on their payroll roster as specified in the minimum requirements.
- 1 home did not earn points as they did not complete the Staff Retention Calculator or attach a copy of the calculator.

22. DON/NHA Retention

DON/NHA Retention - Awarded %			
2020	**2021**	**2022**	**2023**
93%	81%	77%	68%

2024	
Homes Applied	69
Applied %	46%
Homes Awarded	54
Awarded %	78%

The minimum requirement for this measure is having the DON or NHA of a facility meet the three-year retention rate.

- 21 facilities did not receive the full 2 points on this measure as they did not meet the three-year retention requirement for either their DON and/or NHA.

23. Nursing Staff Turnover Rate

Nursing Staff Turnover Rate - Awarded %			
2020	**2021**	**2022**	**2023**
92%	94%	92%	94%

2024	
Homes Applied	122
Applied %	81%
Homes Awarded	108

Awarded %	89%

This is a measurement of Nursing Staff Turnover Rate. Facilities are asked to complete the Staff Turnover Calculation Tool and must report a rate below 60% or documented improvement between 2022 and 2023 to receive points.

- 14 facilities lost points as they either failed to upload supporting documentation or reported a turnover rate above 60%.

24. Behavioral Health Care

Nursing Staff Turnover Rate – Awarded %			
2020	**2021**	**2022**	**2023**
n/a	63%	76%	79%

2024	
Homes Applied	135
Applied %	89%
Homes Awarded	94
Awarded %	70%

This is a measurement of Behavioral Health linkage for 2023. Homes were asked to submit the name and contact information of the individual at the Regional Accountable Entity responsible to be the liaison between their nursing home and RAE.

- 42 homes did not meet the minimum requirements for this measure as they did not specifically include the name of an individual at RAE in the documentation that they provided.
- 4 of those homes also lost points as they did not provide supporting documentation demonstrating their RAE contact procedures, which is requested for minimum requirement 24-2.

ON-SITE REVIEWS

As part of the annual review process, the P4P Program requires that on-site visits be conducted for a sample of the participating facilities. This is pursuant to 10 CCR 2505 section 8.443.12 subsection 4, "The Department or the Department's designee will review and verify the accuracy of each facility's representations and documentation submissions. Facilities will be selected for onsite verification of performance measures representations based on risk."

ON-SITE REVIEW SELECTION METHODOLOGY

After an initial review was completed for all facility applications, PCG conducted a risk methodology assessment to select nursing facilities for the proposed on-site reviews. The risk methodology consisted of multiple risk categories with varying weight on risk score. These risk categories and their weight on overall risk scores include:

- Reviewer Score vs. Self-Score Variance (30%)
- Year to Year Total Score Variance (20%)
- Unclear or Unorganized Documentation (10%)
- Calculation Errors in Application (10%)
- Newly Participating Nursing Homes (5%)
- Preliminary Review Findings (15%)
- Total Self Score (10%)

These risk categories were scored independently for each nursing facility that submitted a P4P application. All nursing homes were scored for each risk category as either High = 3 points, Medium = 2 points, or Low = 1 point. Then, each facility was assigned a total risk score using a weighted average of each risk category score.

PCG then divided the nursing facilities into three risk level groups (High, Medium, and Low) based on these total risk scores. Using a bell-curve distribution while analyzing the range of calculated risk scores, approximately 25% of facilities are in the High and Low risk level groups and approximately 50% of facilities are in the Medium risk group.

PCG then randomly generated five High, five Medium, and two Low risk facilities for the proposed 2024 on-site review process. This distribution allows PCG to verify review methodologies for nursing facilities at different risk levels and analyze how they compare. Consideration was also given to location across the State, ensuring different regions were covered as part of the selection process. In addition, nursing facilities that received an on-site review from 2020 to 2023 were not selected for a 2024 on-site review.

Based upon the described process, 15 (10%) homes were selected for an on-site review as shown in Table 7.

Table 7 – Homes Selected for On-Site Review

Home Name
Belmont Lodge Health Care Center
Bent County Healthcare Center
Cedars Healthcare Center
Crowley County Nursing Center
Desert Willow Health and Rehabilitation Center
Fairacres Manor, Inc.
Good Samaritan Society - Fort Collins Village
Life Care Center of Greeley
Lowry Hills Care and Rehabilitation

Riverbend Health and Rehabilitation Center
Rowan Community, Inc
Spring Village Care Center
The Gardens
The Green House Homes at Mirasol
The Pavillion at Villa Pueblo

ON-SITE REVIEW FEEDBACK

GENERAL FEEDBACK

- Homes who had participated in the program before and implemented organizational systems to collect data throughout the year were more successful in uploading data in the portal.
- Newer homes and newer administrators typically expressed they wished they had organized their documentation differently to align with minimum requirements.
- Most homes were appreciative of the training resources available and updates to the portal over recent years that made submitting the P4P application more straightforward.

MEASURE-SPECIFIC FEEDBACK

- Multiple homes expressed confusion at the change to the Quality Measures requiring 2023 Q2 data, in addition to Q3 and Q4. Much of the confusion can be attributed to misreading instructions or utilizing an outdated version of the 2024 excel application.
- A few homes asked about the timeline for scoring Measure 16 hospitalization data. Homes expressed excitement when discussing potential updates to the hospitalization measure.
- Measure 13 Equity was also brought up for discussion by a few homes. Multiple homes were confused by what qualified as an equity “initiative” and suggested that examples of good, high-quality initiatives would be helpful for them as they continue to develop their familiarity with the Equity measure and strengthen their conceptualization of health equity. Several homes cited the DEI initiatives taken to diversify staff in our discussions, evidencing that the definition of what is meant by “health equity” could use additional clarity.

PORTAL-SPECIFIC FEEDBACK

- Homes that have been participating for several years have found the portal to be easier to use each year. Many voiced finding the Application Changes Training helpful, particularly the addition of the second training (held in August 2023 to supplement the December 2023) to the application year.

RESIDENT FEEDBACK

- Overall, residents had positive things to say about the facilities they were living in. At many facilities, residents expressed that staffing issues often led to long wait time to receive care. This is a consistent piece of resident feedback that we hear each year, and one that has been particularly salient over the past four years as nursing staff turnover continues to be exacerbated. No significant concerns were identified during the on-site reviews.

APPEALS

Nursing homes were given the opportunity to submit an appeal request after they received their score notification letter and accompanying reports. The appeals process gives each applicant the opportunity to review the evaluation of their P4P application score and to inform the Department in writing if they believe the documentation submitted with their P4P application was misinterpreted, resulting in a different score than their self-score. Providers had from May 1 – May 31 to submit an appeal request. All appeal requests were required to be submitted through a specifically designed Microsoft Form.

The Department received 25 appeals as part of the 2024 review process. Table 8 provides the number of appeals received in previous years.

Table 8 – Appeals Historical Data

Year	Number of Appeals
2020	20
2021	24
2022	16
2023	20
2024	25

Once an appeal was received, the PCG team reviewed the appeal and reevaluated the documentation submitted in the initial application. After reviewer evaluation, PCG provided appeal review recommendations to the Department, who would then make the final decision for each appeal. The Department provided each nursing facility who submitted an appeal with an Appeal Review Report, which detailed findings and any scoring changes as a result of the appeal.

Table 9 provides information on the specific facilities that appealed, their pre- and post-appeal scores, and the point difference after the appeal review.

- The 25 homes appealed a total of 72 measures, of which 27 were approved.
- On average, facilities appealed measures worth 3.4 points and were awarded 2.8 points. The median number of points awarded to all homes was 2 points.

Table 9 – 2024 Appeals Summary

Facility Name	Initial Reviewer Score	Final Reviewer Score	Difference After Appeal
Life Care of Littleton	51	51	0
Rehab and Nursing Center of the Rockies	88	88	0
Amberwood Post Acute	76	80	4
Silver Heights Skilled Nursing	54	57	3
River Valley Rehabilitation and Healthcare Center	79	79	0
Walsh Healthcare Center	79	79	0
Centre Avenue Health & Rehab	79	85	6
Irondale Post Acute	79	79	0
Bent County Healthcare Center	68	68	0
Fountain View Health and Rehabilitation	77	77	0
Rock Canyon Respiratory and Rehabilitation	74	81	7
Columbine West Health and Rehab Facility	79	83	4

Facility Name	Initial Reviewer Score	Final Reviewer Score	Difference After Appeal
Sundance Skilled Nursing and Rehabilitation	69	72	3
Clear Creek	75	79	4
Valley Manor Care Center	67	78	2
Riverbend Health Care Center	77	80	3
The Suites at Someren Glen	78	81	3
Orchard Valley Health and rehab	66	66	0
Mapleton Post Acute	70	82	12
Broadview Health and Rehabilitation Center	74	82	8
Westlake Care Community	78	81	3
Suites at Clermont Park Care Center	60	71	11
Rowan Community	73	75	2
Park Forest Care Center, Inc.	78	81	3
Arvada Care and Rehabilitation	78	80	2

APPEALS DETAILS

Table 10 below shows the number of appeals that were received, approved, and denied for each measure.

Table 10 – Appeal Details by Measure

Measure	# Approved	# Denied	Total
Measure 1: Enhanced Dining	0	3	3
Measure 2: Enhanced Personal Care	0	6	6
Measure 3: End of Life Program	0	2	2
Measure 5: Person-Directed Care Training	1	0	1
Measure 6: Trauma-Informed Care	1	2	3
Measure 7: Daily Schedules and Care Planning	3	0	3
Measure 8.2: Physical Environment - Noise Management	2	7	9
Measure 10: Volunteer Program	2	0	2
Measure 11: Staff Engagement	2	2	4
Measure 12: Transitions of Care	2	0	2
Measure 13.1: Equity - Initiatives	7	4	11
Measure 13.2: Equity - Accessibility	3	7	10
Measure 14: Isolation Protocols	0	1	1
Measure 16: Reducing Avoidable Hospitalizations	0	2	2
Measure 17.2 - 17.9: Quality Measure Scores	2	0	2
Measure 19.2: Antibiotics Stewardship/Infection Prevention and Control - Quality Measure	0	2	2
Measure 20: Medicaid Occupancy Average	2	1	3
Measure 21: Staff Retention Rate/ Improvement	0	1	1

Measure	# Approved	# Denied	Total
Measure 24: Behavioral Health Care	0	5	5
Grand Total	**27**	**45**	**72**

The most common measures for appeals were Measure 13.1 Equity – Initiatives, Measure 13.2 – Equity – Accessibility, Measure 8.2 Physical Environment – Noise Management, Measure 2 Enhanced Personal Care, and Measure 24 Behavioral Health.

Measure 13.1 had 11 appeals – 7 were approved. Measure 13.1 contained a new minimum requirement pertaining to a public-facing statement from leadership prioritizing equity in the home and changes were made to existing minimum requirements to require evidence of equity initiatives. Most of the appeals for this measure were related to documentation being uploaded to the wrong minimum requirement or not being clearly labeled/identifiable. Appeals were denied for this measure if they referenced documentation not originally provided during submission or if the documentation originally submitted did not contain evidence of equity initiatives.

Measure 13.2 had 10 appeals – 3 were approved. Most appeals for Measure 13.2 were not approved as the original documentation submitted either did not address how medical translation services meet non-English language proficiency requirements or one of the identified communications disabilities were not addressed. There were 3 instances where homes were able to provide clarification on their translation services narrative and an additional review of the original narrative submitted confirm the home addressed non-English language proficiency requirements.

Measure 8.2 had 9 appeals – 2 were approved. There were two instances where homes were able to clarify where they uploaded evidence of an evaluation and action plan to reduce patient disruptions and a plan/policy speaking to the reduction of noise. In both instances, points were awarded. Most appeals for 8.2 were instances where homes had uploaded a narrative, rather than evidence of an action plan, or were missing a plan/policy speaking to a reduction of noise. As the minimum requirement specifies both requirements and highlights there must be evidence of a plan, these appeals were denied, and points were not awarded.

Measure 2 had 6 appeals – 0 were approved. Most appeals for Measure 2 did not address oral care in the narrative provided around flexible enhanced personal care practices. There was one instance where the evidence of training provided was not specific to enhanced bathing practices. Additionally, there was one instance where no home décor was visible in the photographs of the bathing atmosphere provided. No appeals were approved for Measure 2.

Measure 24 had 5 appeals – 0 were approved. All appeals for Measure 24 were denied as the name and contact information of the individual at the Regional Accountable Entity (RAE) responsible to be the liaison between the nursing home and RAE for behavioral health services were not provided.

Overall, 25 facilities appealed a total of 72 items. Measures 13.1, 13.2, 8.2, 2, and 24, described above, were the only measures with more than 5 appeals. Generally, appeals were approved when a facility was able to provide further clarification around the location of certain pieces of documentation and criteria. Appeals were usually denied when a facility was unable to demonstrate that they had provided documentation that met the application requirements in their initial submission package or attempted to submit additional documentation during the appeals process.

OTHER ANALYSIS

MEASURE 16 – REDUCING AVOIDABLE HOSPITALIZATIONS

The Reducing Avoidable Hospitalizations Tool collects data on the number of patients hospitalized, the reasons for hospitalizations, if the patients were discharged back to the facility, and the discharge diagnosis. 77 homes completed the Reducing Avoidable Hospitalizations Tool in the portal and PCG conducted an analysis of the data from these homes. There was a total of 2,620 hospitalizations entered into the tool. In order to provide an analysis of the reasons for hospitalizations, PCG categorized the free text data from nursing homes into standardized reasons for hospitalization. The Hospitalization Category (Table 11, Column 1) in the table below reflects the categories established by PCG. The Common Reasons for Hospitalization (Table 11, Column 2) reflects the most frequently cited reasons for hospitalization as entered by the nursing homes in each category and is not exhaustive. Acronyms or abbreviations entered into the tool by nursing homes have been included in their original form. Each hospitalization is counted in the table once; if more than one reason for a hospitalization was provided, the hospitalization was placed in the category that seemed most appropriate. The Count of Hospitalizations (Table 11, Column 3) identifies how many hospitalizations fell into each respective category. The Percentage of Hospitalizations (Table 11, Column 4) is derived from the 2,620 total hospitalizations entered into the tool.

Table 11 – Reducing Avoidable Hospitalizations Tool Analysis

Hospitalization Category	Common Reasons for Hospitalization	Count of Hospitalizations	Percentage of Hospitalizations
Altered Mental Status	AMS; Altered Mental Status	335	12.79%
Fall	Fall; pain, s/p fall; fall with injury; Unwitnessed Fall	256	9.77%
Breathing Related	SOB; shortness of breath; Shortness of Breath (bronchitis, pneumonia); respiratory arrest	248	9.47%
Pain	Abdominal Pain; Uncontrolled Pain; Pain	220	8.40%
Abnormal Vital Signs	Abnormal Vital Signs; Abnormal Vital Signs (low/high BP, high respiratory rate); abnormal vitals; Abnormal VS	155	5.92%
Abnormal Labs/X-Rays/Tests	Abnormal labs; abnormal x-ray; critical lab; abnormal lab values	141	5.38%
Chest Pain/Cardiac Issues	Chest Pain; Cardiac Arrest	98	3.74%
Nausea/Vomiting/Diarrhea	Nausea/Vomiting; N/V	83	3.17%
Abnormal Pulse Oxygen	Abnormal Pulse Ox; Abnormal Pulse Oximetry; Low Oxygen; low O2; Hypoxia	82	3.13%
Unresponsive	Unresponsive; Unresponsiveness	82	3.13%
Behavior	Behavioral Symptoms; Behaviors; Agitation; Psychosis	80	3.05%
Respiratory Infection	Respiratory Infection; pneumonia	72	2.75%
Skin Wound/Infection/Ulcer	Skin wound or ulcer; wound infection; skin infection; cellulitis	71	2.71%
Fever	Fever; Fever and AMS; Fever and Cough	69	2.63%

GI/Rectal Bleeding	GI Bleed; GI Bleeding; Rectal Bleeding; Bloody Stool	50	1.91%
Lethargy/Weakness/Decreased Appetite	Lethargic; Weakness; Decreased PO Intake	49	1.87%
Seizure	Seizure; Seizure like activity	44	1.68%
Feeding Tube Issue	Feeding Tube Problem; G-tube blockage; Gastrostomy tube blockage or displacement	42	1.60%
Edema/Swelling	Edema; swollen	37	1.41%
Stroke	Stroke; stroke/TIA/CVA; stroke like symptoms	34	1.30%
Bleeding	Bleeding; Bleeding (other than GI); epistaxis	33	1.26%
Planned Procedure/Visit	Planned surgery; planned procedure; appointment	32	1.22%
UTI	UTI; UTI sepsis	27	1.03%
Blood Sugar	Abnormal BG; high or low blood glucose; hyperglycemia	23	0.88%
Abnormal Hemoglobin	Anemia; Abnormal hemoglobin or hematocrit	22	0.84%
Sepsis	Sepsis	13	0.50%
Functional Decline	Functional Decline; overall health decline	13	0.50%
Catheter Issue	Catheter displacement; Foley Catheter Replacement; Peritoneal drain problem; Urinary catheter problem	13	0.50%
Hypotension	Hypotension	11	0.42%
Infection (other)	Surgical site infection; toe infection	10	0.38%
Blood in Urine	Hematuria; blood in urine	9	0.34%
Fracture	Fractured hip; fractured femur; multiple fx	9	0.34%
Change in Condition	Change in Condition	9	0.34%
Head Trauma/Headache	Headache; unresolved migraine; head trauma; potential head injury; facial laceration	9	0.34%
Tracheostomy Tube Issue	Tracheostomy tube evaluation/change; Tracheostomy problem	8	0.31%
Requested by family or doctor	Family request to eval; sent from doctor appointment	8	0.31%
Hypertension	Htn; hypertension; uncontrolled hypertension	7	0.27%
Abdominal Distention	Abdominal Distention	5	0.19%
Difficulty swallowing/choking	Inability to swallow; choking; Dysphagia	4	0.15%

Stoma Related	Decreased ostomy output; stoma stenosis; colostomy malfunction	3	0.11%
Elopement	Elopement; away from facility-unnotified	3	0.11%
Other	Other; weight loss; constipation; gangrene	101	3.85%

MEASURE 21 – STAFF RETENTION

This tool collects data for each facility's staff retention. To qualify for points, the facility must demonstrate a staff retention rate greater than 60% or a rate above 40% with an improvement in the rate from the previous year. Table 12 below shows the aggregated 2021 application (77 homes), 2022 application (66 homes), 2023 application (85 homes), and 2024 application (102 homes) data for providers that reported figures in the portal's tool. The retention statistics decreased by 3% in 2021. This decrease was expected due to the impacts that COVID had on nursing home staffing. This year's rate decreased by 2% compared to the 2023 application.

Table 12 – Staff Retention Tool Analysis

Statistic	2021	2022	2023	2024
Staff Retention Rate	66.6%	70.7%	71.1%	68.8%

MEASURE 23 – NURSING STAFF TURNOVER

This tool collects data around the turnover rate of each applicant's nursing staff. Historically, to qualify for points, the facility must demonstrate a rate below 56.6% or a documented improvement (lower rate) between the current and previous year. However, in 2021, these criteria were removed, and facilities were awarded points for reporting the data. In 2022, a percentage threshold requirement of below 60% or demonstrated year over year improvement (decrease) was reinstated. The threshold requirement remained the same in 2023 and 2024. A termination is defined as any person who is no longer employed by the home for any reason. Table 13 below shows aggregated 2021 application (69 homes), 2022 application (66 homes), 2023 application (85 homes), and 2024 application (108 homes) data from providers that used the portal's tool. Overall, the nursing staff turnover rate this year decreased since 2023 and is more similar to the 2022 rate.

Table 13 – Nursing Staff Turnover Tool Analysis

Statistic	2021	2022	2023	2024
Nursing Staff Turnover Rate	64.6%	58.8%	64.4%	59%
% of the Nursing Staff Turnover Rate of Employees with <90 Days on the Job	31.0%	27.5%	27.0%	28%

PCG and the Department will continue to monitor and analyze this information in the future to identify any industry trends.