



Nursing Home Compare Five-Star Ratings of Nursing Homes

Provider Rating Report Incorporating data reported through 02/28/2017

Ratings for Avenue At Aurora (366431) Aurora, Ohio				
Overall Quality	Health Inspection	Quality Measures	Staffing	RN Staffing
★★★★★	★★★★★	★★★★★	★★★★	★★★★

The March 2017 Five-Star ratings provided above will be displayed for your nursing home on the Nursing Home Compare website on March 22, 2017.

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

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

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

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

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

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

The Five-Star Helpline will operate Monday - Friday, from **March 20, 2017 - March 24, 2017**. Hours of operation will be from 9 am - 5 pm ET, 8 am - 4 pm CT, 7 am - 3 pm MT, and 6 am - 2 pm PT. The Helpline number is 1-800-839-9290. The Helpline will be available again **April 24 to April 28, 2017**. During other times, direct inquiries to BetterCare@cms.hhs.gov, as Helpline staff will respond to e-mail inquiries when the telephone Helpline is not operational.

NEW Information about Payroll-based Journal Staffing Data Submission

Electronic submission of staffing data through the Payroll-Based Journal (PBJ) system is required of all long term care facilities. Our records indicate that as of February 14, 2017, your facility submitted staffing data to the PBJ system for the period October 1, 2016 to December 31, 2016. Part of our initial monitoring includes analyzing the number of days for which hours for nurse aides (including Certified Nurse Aides and Medication Aides) were submitted. Our information indicates that the data submitted for your facility includes hours for nurse aides for each day covered by this reporting period. While we will expand our analysis in the future, we believe this is an early indicator of good performance, and encourage you to continue your efforts to report complete and accurate data moving forward.

Please note that CMS will place an indicator on the Nursing Home Compare website indicating whether or not a facility has submitted any data by the required deadline. Staffing data submitted via the PBJ system for this submission period will not be reported as a measure on Nursing Home Compare or utilized to calculate the Five-Star staffing rating. The PBJ data will be included in the Five-Star staffing rating in the future.

Information about staffing data submission is available on the CMS website. Go to:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html>

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

Quality Measures that are Included in the QM Rating

	Provider 366431					State	National	
	2015Q4	2016Q1	2016Q2	2016Q3	4Q avg	Rating Points ¹	4Q avg	4Q avg
MDS 3.0 Long-Stay Measures								
<i>Lower percentages are better.</i>								
Percentage of residents experiencing one or more falls with major injury	d<20	d<20	0.0%	0.0%	0.0%	100.00	3.5%	3.3%
Percentage of residents who self-report moderate to severe pain ²	d<20	d<20	0.0%	0.0%	0.0%	100.00	7.1%	7.3%
Percentage of high-risk residents with pressure ulcers	d<20	d<20	0.0%	2.9%	1.4%	100.00	5.2%	5.7%
Percentage of residents with a urinary tract infection	d<20	d<20	0.0%	0.0%	0.0%	100.00	3.9%	4.4%
Percentage of residents with a catheter inserted and left in their bladder ²	d<20	d<20	0.0%	0.0%	0.0%	100.00	2.2%	2.6%
Percentage of residents who were physically restrained	d<20	d<20	0.0%	0.0%	0.0%	100.00	0.5%	0.7%
Percentage of residents whose need for help with daily activities has increased	d<20	d<20	13.0%	5.7%	8.7%	100.00	15.6%	15.2%
Percentage of residents who received an antipsychotic medication	d<20	d<20	10.3%	17.1%	13.8%	60.00	18.3%	16.6%
Percentage of residents whose ability to move independently worsened ^{2,3}	d<20	d<20	d<20	24.0%	21.2%	40.00	18.7%	18.1%
MDS 3.0 Short-Stay Measures								
<i>Higher percentages are better.</i>								
Percentage of residents who made improvements in function ^{2,3}	d<20	61.1%	68.3%	52.4%	59.3%	40.00	62.6%	63.4%
<i>Lower percentages are better.</i>								
Percentage of residents who self-report moderate to severe pain	4.0%	6.7%	0.0%	0.0%	1.7%	100.00	17.3%	15.7%
Percentage of residents with pressure ulcers that are new or worsened ²	0.0%	1.6%	0.0%	0.0%	0.3%	75.00	1.1%	1.1%
Percentage of residents who newly received an antipsychotic medication	d<20	2.9%	1.7%	1.4%	1.6%	60.00	2.1%	2.1%

Time period for data used in reporting is 1/1/2015 through 12/31/2015	Provider 366431				State	National
	Observed Rate ⁴	Expected Rate ⁵	Risk-Adjusted Rate ⁶	Rating Points ¹	Risk-Adjusted Rate	Risk-Adjusted Rate
Claims-Based Measures						
<i>A higher percentage is better.</i>						
Percentage of residents who were successfully discharged to the community ^{2,3}	NA	NA	NA	68.75	57.3%	56.2%
<i>Lower percentages are better.</i>						
Percentage of residents who were re-hospitalized after a nursing home admission ^{2,3}	NA	NA	NA	68.75	22.9%	22.6%
Percentage of residents who had an outpatient emergency department visit ^{2,3}	NA	NA	NA	68.75	12.4%	12.1%

Total Quality Measure Points

Total QM points with new quality measures fully weighted for Provider 366431	1281.00
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MDS3.0 Quality Measures that are Not Included in the QM Rating

	Provider 366431					State	National
	2015Q4	2016Q1	2016Q2	2016Q3	4Q avg	4Q avg	4Q avg
<i>Note: For the following long-stay MDS measures, higher percentages are better.</i>							
Percentage of long-stay residents assessed and appropriately given the seasonal influenza vaccine	d<20	d<20	d<20	d<20	100%	95.2%	94.6%
Percentage of long-stay residents assessed and appropriately given the pneumococcal vaccine	d<20	d<20	100%	100%	100%	95.4%	93.5%
<i>Note for the following long-stay MDS measures, lower percentages are better.</i>							
Percentage of low-risk long-stay residents who lose control of their bowels or bladder	d<20	d<20	d<20	35.0%	37.0%	42.3%	47.0%
Percentage of long-stay residents who lose too much weight	d<20	d<20	0.0%	4.8%	2.3%	7.3%	7.0%
Percentage of long-stay residents who have depressive symptoms	d<20	d<20	0.0%	0.0%	0.0%	12.3%	5.3%
Percentage of long-stay residents who received an antianxiety or hypnotic medication	d<20	d<20	7.4%	16.2%	15.0%	24.8%	23.4%
<i>Note: For the following short-stay MDS measures, higher percentages are better.</i>							
Percentage of short-stay residents assessed and appropriately given the seasonal influenza vaccine	d<20	96.5%	96.4%	96.4%	96.4%	82.4%	79.9%
Percentage of short-stay residents assessed and appropriately given the pneumococcal vaccine	100%	98.2%	100%	100%	99.6%	85.4%	81.7%

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

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

Quality measures are reported as NA if:

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

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

²These measures are risk adjusted.

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

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

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

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

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

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

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

No deficiencies were cited for your nursing home during the most recent surveys.

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

The legal business name for Avenue At Aurora is PROGRESSIVE AURORA LLC.

5% OR GREATER DIRECT OWNERSHIP INTEREST

FLANK, EITAN (NO PERCENTAGE PROVIDED), since 07/13/2011
FLANK, LIAT (15%), since 07/13/2011
FLANK, MATAN (15%), since 07/13/2011
FLANK, MIKE (25%), since 07/13/2011
FLANK, SHAUL (15%), since 07/13/2011
SAUSEN, JOEL (15%), since 07/13/2011

OPERATIONAL/MANAGERIAL CONTROL

PROGRESSIVE QUALITY CARE INC, since 01/01/2015

DIRECTOR

SHILLER, DANIEL, since 07/13/2011

OFFICER

FLANK, EITAN, since 07/13/2011
FLANK, LIAT, since 07/13/2011
FLANK, MATAN, since 07/13/2011
FLANK, MIKE, since 07/13/2011
FLANK, SHAUL, since 07/13/2011
SAUSEN, JOEL, since 07/13/2011

MANAGING EMPLOYEE

HAMILTON, EVAN, since 02/05/2015
SHILLER, DANIEL, since 02/05/2015

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

