

**CASPER Report**  
**MDS 3.0 Facility Quality Measure Report**

Facility ID: XXXX  
 CCN: XXXXXX  
 Facility Name: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX  
 City/State: XXXXXXXX  
 Data was calculated on: 08/06/2012

Report Period: 02/01/12 - 07/31/12  
 Comparison Group: 12/31/2012 - 05/31/12  
 Run Date: 08/08/12  
 Report Version Number: 1.00

Note: Dashes represent a value that could not be computed  
 Note: S = short stay, L = long stay  
 Note: \* is an indicator used to identify that the measure is flagged

	Measure ID	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
Self-Reported (SR) Moderate/Severe Pain (S)	0676	12	21	57.1%	57.1%	22.1%	22.3%	98 *
Self-Reported (SR) Moderate/Severe Pain (L)	0677	18	65	27.7%	27.4%	13.3%	11.8%	93 *
High-Risk Residents with Pressure Ulcers (L)	0679	4	44	9.1%	9.1%	8.3%	7.5%	68
New/Worsened Pressure Ulcers (S)	0678	0	31	0.0%	0.0%	1.6%	1.7%	0
Physical Restraints (L)	0687	15	105	14.3%	14.3%	1.7%	2.1%	98 *
Falls (L)		46	105	43.8%	43.8%	41.4%	44.5%	43
Falls with Major Injury (L)	0674	3	105	2.9%	2.9%	3.7%	3.4%	49
Psychoactive Medication Use in Absence of Psychotic or Related Condition (L)		14	49	28.6%	28.6%	15.2%	14.2%	92 *
Antianxiety/Hypnotic Medication Use (L)		11	36	30.6%	30.6%	14.8%	12.7%	94 *
Behavior Symptoms Affecting Others (L)		59	93	63.4%	63.4%	26.8%	24.5%	96 *
Depressive Symptoms (L)	0690	37	96	38.5%	38.5%	10.1%	7.7%	97 *
Urinary Tract Infection (L)	0684	15	102	14.7%	14.7%	9.0%	7.8%	88 *
Catheter Inserted and Left in Bladder (L)	0686	8	102	7.8%	7.8%	4.9%	4.9%	81 *
Low-Risk Residents Who Lose Bowel/Bladder Control (L)	0685	11	40	27.5%	27.5%	40.8%	42.0%	23
Excessive Weight Loss (L)	0689	9	102	8.8%	8.8%	7.3%	8.4%	59
Need for Help with ADLs Has Increased (L)	0688	3	80	3.8%	3.8%	21.0%	16.8%	5

**This report may contain privacy protected data and should not be released to the public.**

## CASPER Report

### MDS 3.0 Resident Level Quality Measure Report

Facility ID: XXXX

Facility Name: XXXXXXXXXXXX XXXXXXXXXXXX

CCN: XXXXXX

City/State: XXXXXXXXXXXX

Data was calculated on: 08/06/2012

Report Period: 02/01/12 - 07/31/13

Run Date: 08/08/12

Report Version Number: 1.00

Note: S = short stay, L = long stay; X = triggered, b = not triggered or excluded

Resident Name	Resident ID	A0310A/B/F	SR Moderate/Severe Pain (S)	SR Moderate/Severe Pain (L)	Hi-Risk Pressure Ulcer (L)	New/Worsened Pres. Ulcer (S)	Physical Restraints (L)	Falls (L)	Falls w/Major Injury (L)	Psychoactive Meds Without Condition (L)	Antianxiety/Hypnotic Med (L)	Behavior Symptoms Affecting Others (L)	Depressive Symptoms (L)	Urinary Tract Infection (L)	Catheter Inserted and Left in Bladder (L)	Lo-Risk Res Lose Bowel/Bladder Control (L)	Excessive Weight Loss (L)	Need for Increased ADL Help (L)	Quality Measure Count
<b>Active Residents</b>																			
PATIENT A1	XXXXXX	02/99/99	b	b	b	b	b	b	b	b	b	X	b	b	b	X	b	b	2
PATIENT B1	XXXXXX	03/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
PATIENT C1	XXXXXX	01/99/99	b	X	b	b	b	X	b	X	b	b	X	b	b	b	b	b	4
PATIENT D1	XXXXXX	99/03/99	b	X	b	b	b	X	b	b	X	b	b	b	b	b	b	b	3
PATIENT E1	XXXXXX	04/99/99	b	b	b	b	X	X	b	b	b	X	b	b	b	X	b	b	4
PATIENT F1	XXXXXX	02/99/99	b	b	b	b	X	b	b	b	b	X	X	X	b	b	b	b	4
PATIENT G1	XXXXXX	02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
PATIENT H1	XXXXXX	04/99/99	b	b	b	b	X	b	b	b	b	X	b	b	b	b	b	b	2
PATIENT I1	XXXXXX	03/99/99	b	b	b	b	b	X	b	b	b	X	b	b	b	b	b	b	2
PATIENT J1	XXXXXX	04/99/99	b	b	b	b	b	b	b	b	b	X	b	b	b	b	b	b	1
PATIENT K1	XXXXXX	01/99/99	b	b	b	b	X	X	b	b	b	X	X	b	b	b	b	b	4
PATIENT L1	XXXXXX	99/03/99	X	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	1
PATIENT M1	XXXXXX	99/01/99	b	b	b	b	b	X	b	b	b	X	b	X	b	b	b	b	3
PATIENT N1	XXXXXX	03/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
PATIENT O1	XXXXXX	99/02/99	b	b	b	b	b	X	b	b	b	b	X	b	b	X	b	b	3
PATIENT P1	XXXXXX	01/99/99	b	X	X	b	b	b	b	b	b	b	b	b	X	b	b	b	3

## CASPER Report MDS 3.0 Resident Level Quality Measure Report

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Resident Name	Resident ID	A0310A/B/F	SR Moderate/Severe Pain (S)	SR Moderate/Severe Pain (L)	Hi-Risk Pressure Ulcer (L)	New/Worsened Pres. Ulcer (S)	Physical Restraints (L)	Falls (L)	Falls w/Major Injury (L)	Psychoactive Meds Without Condition (L)	Antianxiety/Hypnotic Med (L)	Behavior Symptoms Affecting Others (L)	Depressive Symptoms (L)	Urinary Tract Infection (L)	Catheter Inserted and Left in Bladder (L)	Lo-Risk Res Lose Bowel/Bladder Control (L)	Excessive Weight Loss (L)	Need for Increased ADL Help (L)	Quality Measure Count
<b>Discharged Residents</b>																			
PATIENT A2	XXXXXX	02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
PATIENT B2	XXXXXX	99/99/10	X	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	1
PATIENT C2	XXXXXX	99/99/11	b	X	b	b	b	X	X	b	b	b	X	b	b	b	b	b	4
PATIENT D2	XXXXXX	99/99/12	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
PATIENT E2	XXXXXX	99/99/10	X	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	1
PATIENT F2	XXXXXX	99/99/12	b	b	X	b	X	X	b	b	b	X	b	X	b	b	b	b	5
PATIENT G2	XXXXXX	99/99/10	b	b	b	b	X	b	b	X	b	b	b	b	b	b	b	b	2
PATIENT H2	XXXXXX	99/99/11	b	X	b	b	b	b	b	b	b	X	X	X	X	b	b	b	5
PATIENT I2	XXXXXX	99/99/10	b	b	b	b	b	b	b	b	b	b	b	X	X	b	b	b	2
PATIENT J2	XXXXXX	99/99/12	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
PATIENT K2	XXXXXX	99/99/11	b	b	X	b	b	b	b	b	b	b	b	b	X	b	X	b	3

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