

Calendar Year Provider Standard Surveys and Deficiency Files

The Centers for Medicare and Medicaid Services (CMS) provides annual calendar year files describing standard certification surveys of long-term care facilities (nursing homes) and the resulting deficiencies cited on these surveys. These files were originally created through monthly extracts of CMS' Online Survey, Certification and Reporting (OSCAR) database, and in July 2012 transitioned to being derived from monthly extracts from CMS' Certification And Survey Provider Enhanced Reports (CASPER) database. Due to the transition from OSCAR to CASPER, certain fields are no longer being reported (see below for more information). These file are provided in Microsoft Excel format with two file types per calendar year, provCALENDARYEAR_nodupkits, which provides one record for each standard certification survey conducted in that year and defsCALENDARYEAR_nodupkits, which provides one record for each deficiency associated with each standard certification survey listed in the corresponding survey file.

Changes which occurred in July 2012 as part of the transition from OSCAR to CASPER extracts:

Due to the change in source data, the following variables will no longer be included in the files:

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| <ul style="list-style-type: none">• Bedcare• Transfer• Toilet• Eating• Contin• Bedfast• Contract• Psores | <ul style="list-style-type: none">• Restrain• Weight• Behave• Cross_reference_provnum• Chow_counter• Current_survey_transaction_date• Survey_record_add_date |
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Due to the mid-year transition, the calendar year 2012 files will contain some of these data for earlier records and will be marked as missing for later records. Future files will not contain these columns.

File Layouts:

provCALENDARYEAR_nodupkits

Variable	Type	Description
PROVNUM	Char	Federal Provider Number
PROVNAME	Char	Provider name
ADDRESS	Char	Address of provider
CITY	Char	City of provider
STATE	Char	State Abbreviation of provider
ZIP	Char	Zip code of provider

PHONE	Char	Phone number of provider
COUNTY	Char	Social Security Administration geographic code of provider
CONTROL	Char	Nature of organization that operates a provider of services – see below for coding
DEFNUM	Num	Total number of deficiencies on current survey, health and life safety code
BEDTOT	Num	Total number of beds, including non-participating
BEDCERT	Num	Total Medicare and or Medicaid certified beds
RESTOT	Num	Total number of residents in certified beds
CENSMCRE	Num	Number of residents who are Medicare recipients
CENSMCD	Num	Number of residents who are Medicaid recipients
CENSOTH	Num	Number of residents not Medicare or Medicaid recipients
CATEGORY	Char	Category which is most indicative or provider- see below for coding
CURHDEF	Num	Total number of health deficiencies on current survey
CURLDEF	Num	Total number of life safety code defs on current survey
PARTICIPATION_DATE	Char	The date a facility is first approved to provider Medicare and/or Medicaid services
CHOW_DATE	Char	Effective date of a change of ownership
CCRC_FACIL	Char	Continuing Care Retirement Center indicator: 'Y' CCRC, ' ' NON-CCRC - added March 2007
MEDAID_FT	Num	Medication aide full-time as FTEs
MEDAID_PT	Num	Medication aide part-time as FTEs
MEDAID_CT	Num	Medication aide contract time as FTEs
RNDON_FT	Num	Director of nursing full-time as FTEs
RNDON_PT	Num	Director of nursing part-time as FTEs
RNDON_CT	Num	Director of nursing contract time as FTEs
NRSADM_FT	Num	Nurses w/ administrative duties full-time as FTEs
NRSADM_PT	Num	Nurses w/ administrative duties part-time as FTEs
NRSADM_CT	Num	Nurses w/ administrative duties contract time as FTEs
RN_FT	Num	Registered nurse full-time as FTEs
RN_PT	Num	Registered nurse part-time as FTEs
RN_CT	Num	Registered nurse contract time as FTEs
VOC_FT	Num	LPN/LVN full-time as FTEs
VOC_PT	Num	LPN/LVN part-time as FTEs
VOC_CT	Num	LPN/LVN contract time as FTEs
AID_FT	Num	Nurse aide full-time as FTEs
AID_PT	Num	Nurse aide part-time as FTEs
AID_CT	Num	Nurse aide contract time as FTEs
AIDTRN_FT	Num	Nurse aides in training full-time as FTEs
AIDTRN_PT	Num	Nurse aides in training part-time as FTEs
AIDTRN_CT	Num	Nurse aides in training contract time as FTEs

SURVEY	Char	Official survey date
Chain	Char	If provider is in a chain, either 'Y' or 'N'
Provbase	Char	If provider is in a hospital, either 'Y' or ''
Bedcare	Num	Number of Medicare certified beds
Transfer	Num	Transferring - number of residents dependent on staff - Not available after July 2012
Toilet	Num	Toilet use - number of residents dependent on staff- Not available after July 2012
Eating	Num	Eating - number of residents dependent on staff - Not available after July 2012
Contin	Num	Continence - number of residents occasionally or frequently incontinent of bladder - Not available after July 2012
Bedfast	Num	Mobility - number of residents who are bedfast most or all of the time - Not available after July 2012
Contract	Num	Mobility - number of residents with contractures - Not available after July 2012
Psores	Num	Skin integrity - number of residents with pressure sores, excluding stage 1 - Not available after July 2012
Restrain	Num	Mobility - number of physically restrained residents - Not available after July 2012
Weight	Num	Other - number of residents with unplanned significant weight loss/gain - Not available after July 2012
Behave	Num	Mental status - number of residents with behavioral symptoms - Not available after July 2012
Cross_reference_provnum	Char	Federal Provider Number previously assigned to a particular provider - Not available after July 2012
Chow_counter	Num	The number of times a change of ownership has taken place for a particular provider - Not available after July 2012
Current_survey_transaction_date	Char	The date the current survey was first entered into ODIE - Not available after July 2012
Survey_record_add_date	Char	The date a survey record is changed to accepted status - Not available after July 2012
Resgroup	Char	The provider has resident group, either 'y' or ''
Famgroup	Char	The provider has a family group, either 'y' or ''
HEALTH_SURVEY_DATE	Char	If health deficiencies were cited on the survey, the date of the CMS 2567 listing the health deficiencies, added from the deficiency file survey_complete_date

Notes:

STAFFING EXCLUSIONS: Four staffing variables [AIDHRD,VOCHRD,RNHRD,TOTLICHRD] are set to 999.99 error code if

- More Residents than Beds
- Unexpectedly High Staffing
- Unexpectedly Low Staffing
- Unexpectedly High CNA Staffing

- Total Beds Much Greater Than Certified Beds and Unexpectedly High Staffing
- Large Year to Year Change In Staffing
- Unexpectedly High Staffing and Large Year to Year Change in Staffing
- Manual Override of Exclusion Based on State Survey Agency Verification

OCCUPANCY DATA SUPPRESSION

Occupancy values >100 are not displayed on the Nursing Home Compare website. We do not set occupancy >100 to a special code in our output provider file.

CONTROL Values:

- '01'-For-profit, Individual
- '02'-For-profit, Partnership
- '03'-For-profit, Corporation
- '04'-Non-profit, Church
- '05'-Non-profit, Corporation
- '06'-Non-profit, Other
- '07'-Government, State
- '08'-Government, County
- '09'-Government, City
- '10'-Government, City/County
- '11'-Government, Hospital District
- '12'-Government, Federal

CATEGORY Values:

- '02'-Skilled Nursing Facility/Nursing Facility - Dually Certified
- '03'-Skilled Nursing Facility/Nursing Facility - Distinct Parts
- '04'-Skilled Nursing Facilities
- '10'-Nursing Facilities (Medicaid only)

defsCALENDARYEAR_nodupkits

Variable	Type	Description
PROVNUM	Char	Federal Provider Number
SURVEY_COMPLETE_DATE	Char	date a survey of a provider was completed, from the statement of deficiencies
DEFPREF	Char	the alphabetic character that is assigned to a series of data tags that apply to a provider or supplier type (F=skilled nursing and nursing facilities health tag)
TAG	Char	numeric code following the alphabetic character which is assigned to each requirement on a survey report form
SCOPE	Char	scope and severity code, B through L
DEFSTAT	Char	Generated code which indicates the current status of a deficiency, see below
STATDATE	Char	The date associated with the current status of a particular deficiency
SURVEY	Char	Prior to July 2012, the date of the health or life safety code survey, whichever is later. After July 2012, the date of the health Survey.

Notes:

DEFSTAT Values:

- '3' – Past Noncompliance
- '4' – Fire Safety Evaluation System
- '5' - deficient, provider has no plan of correction
- '6' - deficient, provider has plan of correction
- '7' - deficient, provider has date of correction
- '8' - waiver has been granted
- '9' - deficient, provider refused to correct

SCOPE Grid

Severity	Scope		
	Isolated	Pattern	Widespread
Immediate Jeopardy: immediate jeopardy to resident health or safety	J**	K**	L**
Actual Harm: that is not immediate jeopardy	G	H**	I**
Potential for Actual Harm: no actual harm with potential for more than minimal harm that is not immediate jeopardy	D	E	F**
Minimal Harm: no actual harm with potential for minimal harm	A	B	C

[**Substandard Quality of Care: if tag between 221 and 258 or tag between 309 and 333 and scope is F or H<->L]

DATE OF CORRECTION DISPLAYED ON NHC: A date of correction for a particular deficiency will be displayed on the website ONLY if DEFSTAT is coded to 7 (date of correction); if DEFSTAT is 6 (only plan of correction) then date of correction will be blank.

COMPLAINT DEFICIENCY SUPPRESSION: If tag is the same, scope is the same, and complaint and standard survey dates are within +/-15 days then the complaint deficiency is suppressed on the website display. Suppressed deficiencies are included in this output complaint file.