



CASPER Report
IRF Patient-Level Quality Measure Report

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Facility ID: 1231234
CCN: 34T043
Facility Name: FOUNTAIN CITY REHABILITATION HOSPITAL
City/State: KANSAS CITY, MO

Report Period: 01/01/2018 - 12/31/2018
Report Run Date: 05/09/2019
Report Version Number: 2.01

Status Legend

X: Triggered

NT: Not triggered

E: Excluded from analysis based on quality measure exclusion criteria

N/A: Not available

Quality Measures: Undesirable Outcomes/Processes Not Performed
Source: Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)

				Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
Patient Name	Patient ID	Admission Date	Discharge Date	
ADAMS, BENJAMIN	152324	06/28/2018	07/19/2018	NT
BROWN, THOMAS	7723029	03/07/2018	03/20/2018	NT
COLLINS, TIMOTHY	179345	10/26/2018	11/09/2018	X
COOK, KAREN	1865445	03/13/2018	03/27/2018	NT
DAVIS, SAMUEL	193387	12/06/2018	12/26/2018	NT
EDWARDS, NANCY	4243983	01/05/2018	01/23/2018	NT

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Patient Name	Patient ID	Admission Date	Discharge Date	
FLORES, MARIA	155935	06/28/2018	07/05/2018	NT
GARCIA, LISA	5707136	04/11/2018	04/20/2018	NT
GREEN, LINDA	135598	09/04/2018	09/13/2018	X
HUGHES, LAUREN	148875	01/25/2018	02/14/2018	NT
JOHNSON, KATHRYN	10809649	08/21/2018	08/30/2018	NT
JONES, JOHN	6652164	07/18/2018	08/03/2018	NT

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Patient Name	Patient ID	Admission Date	Discharge Date	
LEE, JOSEPH	3622581	05/24/2018	06/07/2018	NT
LEWIS, JENNIFER	72441471	02/06/2018	03/02/2018	NT
MARTINEZ, TONYA	2732535	05/01/2018	05/23/2018	X
MILLER, JEFFREY	116554	09/07/2018	10/03/2018	NT
MOORE, DOUGLAS	9020363	07/04/2018	07/17/2018	NT
PARKER, JANE	3539308	04/16/2018	05/17/2018	NT

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Patient Name	Patient ID	Admission Date	Discharge Date	
SMITH, DAVID	7675918	11/07/2018	11/12/2018	NT
SPENCER, EILEEN	168853	02/16/2018	03/07/2018	NT
TAYLOR, CAROL	1782207	01/12/2018	01/23/2018	NT
WILLIAMS, ROBERT	6978848	05/04/2018	06/08/2018	NT
WILSON, ZACHARY	1164497	08/29/2018	09/12/2018	NT
WOOD, KEITH	8114352	10/29/2018	11/05/2018	NT

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