



San Francisco Health Network
Laguna Honda Hospital
and Rehabilitation Center

HOW RESIDENT ASSESSMENTS SHAPE OUR FIVE-STAR RATING

June 08, 2026





What Is the MDS, and Why Does It Matter?



Built From the Medical Record

The MDS (Minimum Data Set) is the federally required assessment of every resident. Coders assess from interviews and the medical record, so accurate documentation by all staff is essential.

Impact on Five-Star Ratings

Quality measures pulled from MDS data set our Five-Star rating, which affects reputation, referrals, and reimbursement.

Accuracy Tells the True Story

Accurate coding reflects each resident's real condition, which is reflected in our public scores.

Supporting Quality Improvement

Good MDS data also powers our quality program (QAPI) by flagging risks and trends to act on.



WHY MDS ACCURACY MATTERS



Standardized Assessment Tool

Every certified nursing facility uses the same MDS tool, so resident needs are assessed the same way nationwide.

Impact on Quality Measures

CMS turns our MDS data into the quality measures that set our Five-Star rating.

Supports Care Planning

Reliable assessments guide each resident's care plan, reveals gaps in care, and drives improvement.

Regulatory Compliance & Trust

Accurate reporting keeps us survey-ready and builds trust with residents, families, and referral partners.



How We Keep MDS Data Accurate



WHAT KEEPS OUR MDS DATA RELIABLE



A Team Effort, Not One Person

Nursing, therapy, dietary, and social work each complete their own sections, so no one person owns the data.

A Set Assessment Window

The Assessment Reference Date sets a snapshot window; only what happens inside it is coded, keeping data consistent.

Electronic Validation and Submission

MDS data is electronically validated upon submission to prevent errors.

Training and Quality Assurance

Ongoing staff training and internal audits keep coding consistent and our measures trustworthy.



HOW QUALITY MEASURES BECOME A STAR RATING



THE TWO KINDS OF QUALITY MEASURES



1. MDS-Based Measures

Come straight from what we document in the MDS, like pressure ulcers, falls, and weight loss.

2. Claims-Based Measures

Come from Medicare billing records, like hospital stays and ER visits, an outside check on outcomes.

Using both kinds of QMs results in a balanced picture and drives performance improvement

Together they show both what we do day to day and resident outcomes. Strong documentation plus good care on both fronts lifts our rating and our quality.



HOW QUALITY MEASURES BECOME A STAR RATING



THE DATA THE MOVES OUR SCORES MOST



Skin Conditions (Section M)

Drives the pressure ulcer and injury measures; accurate skin documentation is essential.

Daily Function / ADLs (Section GG)

Tracks how independently residents move and care for themselves; feeds the functional-decline measures.

Nutrition (Section K)

Drives the weight-loss measure, so precise weight tracking matters.

Diagnoses, Meds, and Safety (Sections I, J, N)

Cover diagnoses, antipsychotic use, falls, and pain, the medication and safety measures.



WHAT HAPPENS WHEN THE DATA IS WRONG

▶ WHEN ACCURACY BREAKS



Impact of Data Errors

A wrong assessment date or miscoded diagnosis can skew the math behind our quality measures.

Consequences on Star Ratings and Audits

Errors can cost us a star and trigger CMS audits, record corrections, and penalties.

Effects on Quality Improvement

Bad data misleads our quality program, so real problems can go unnoticed.

How We Prevent It

Regular audits, staff training, and team reviews keep the data sound.



OUR ONGOING MONITORING CYCLE

1. Review the Reports

We monitor the quality measure reports for trends and outliers that need attention. These include monthly facility-level and resident-level QM reports, as well as CMS Five-Star preview reports, which give nursing homes time to correct inaccuracies before the data is published.

2. Validate the Cases

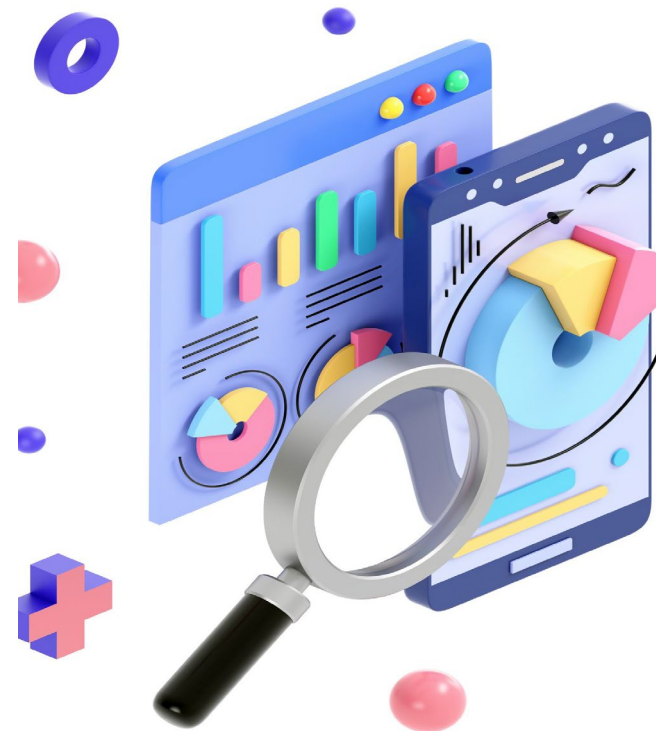
We check individual records to confirm the coding matches the resident's chart.

3. Correct and Resubmit

We fix any errors and resubmit before the reporting deadline.

4. Repeat and Sustain

We repeat the cycle so accuracy holds and care keeps improving.



PUTTING IT TO WORK IN OUR QAPI PROGRAM



HOW OUR QUALITY PROGRAM DRIVES IMPROVEMENT



Interdisciplinary Unit-Based QAPI Committees

Unit-based teams target high-risk areas like wound care and infection control.

Data-Driven Performance Monitoring

We review facility and resident data regularly to spot trends and act on them.

Standardized Roles and Accountability

Clear roles for nurses, therapists, and MDS coordinators mean shared accountability.

Continuous Reporting and Escalation

A set meeting cadence (i.e., unit-based QAPI, NEC, PIPS) and escalation path bring unresolved issues to leadership promptly.





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Questions?

