

# Quality Measurement Data Worksheet

## July 2025



A tool to record your 2025 Quality Measurement Data before you enter data in the reporting link. It is strongly recommended to maintain your own record of the data you have entered; the Qualtrics survey link won't show you which metrics were previously submitted.

## Important Note on Data Accuracy

Before submitting your data, please double-check that your numbers meet the basic quality checks listed throughout this worksheet (for example, totals that must equal or not exceed other values).

Submissions that do not meet these checks will be flagged as Reported Not Valid in the published QMP report. Facilities sometimes overlook that this designation is visible to the public and may be interpreted as a failure to report accurately. Taking a few extra minutes to review your entries now can help avoid unnecessary follow-up and protect your facility's reputation.

## Quality Metric 1: Retention of Direct Care Staff

<b>1a.</b> Total number of direct care staff employed on December 31, 2025	
<b>1b.</b> As of Dec. 31, 2025, the total number of direct care staff who have been employed by the facility for a year or longer.	



**QUALITY CHECK: 1a must be greater than or equal to 1b.**

## Quality Metric 2: Compliance with Staff Training Requirements

<b>2a.</b> Total number of direct care staff employed at any time during 2025?	
<b>2b.</b> Of these, how many completed their training on time, given their length of employment in 2025?	



**QUALITY CHECKS:**

✓ **2b must be less than or equal to 2a.**

✓ **2a should be greater than or equal to 1b.**

<b>2c.</b> Total number of non-direct care staff employed at any time during 2025?	
<b>2d.</b> Of these, how many completed their training on time, given their length of employment?	



**QUALITY CHECK: 2d must be less than or equal to 2c.**

**REMINDER: "Universal workers" are counted as direct care.**

## Quality Metric 3: Resident Falls with Injury

Questions refer to **June 2025**.

<b>3a. Total Number of Residents</b> on 6/30/2025	
<b>3b. Total Number of Falls with Injury</b> for Residents at Facility during the month of June	
<b>3c. Number of Residents Who Fell Once with Injury</b> during the month of June	
<b>3d. Number of Residents Who Fell More Than Once with Injury</b> during the month of June	



**QUALITY CHECK: 3c plus 3d must be less than or equal to 3a.**  
Questions refer to **July 2025**.

<b>3a. Total Number of Residents</b> on 7/31/2025	
<b>3b. Total Number of Falls with Injury</b> for Residents at Facility during the month of July	
<b>3c. Number of Residents Who Fell Once with Injury</b> during the month of July	
<b>3d. Number of Residents Who Fell More Than Once with Injury</b> during the month of July	



**QUALITY CHECK: 3c plus 3d must be less than or equal to 3a.**  
Questions refer to **August 2025**.

<b>3a. Total Number of Residents</b> on 8/31/2025	
<b>3b. Total Number of Falls with Injury</b> for Residents at Facility during the month of August	
<b>3c. Number of Residents Who Fell Once with Injury</b> during the month of August	
<b>3d. Number of Residents Who Fell More Than Once with Injury</b> during the month of August	



**QUALITY CHECK: 3c plus 3d must be less than or equal to 3a.**  
*Questions refer to September 2025.*

<b>3a. Total Number of Residents</b> on 9/30/2025	
<b>3b. Total Number of Falls with Injury</b> for Residents at Facility during the month of September	
<b>3c. Number of Residents Who Fell Once with Injury</b> during the month of September	
<b>3d. Number of Residents Who Fell More Than Once with Injury</b> during the month of September	



**QUALITY CHECK: 3c plus 3d must be less than or equal to 3a.**  
*Questions refer to October 2025.*

<b>3a. Total Number of Residents</b> on 10/31/2025	
<b>3b. Total Number of Falls with Injury</b> for Residents at Facility during the month of October	
<b>3c. Number of Residents Who Fell Once with Injury</b> during the month of October	
<b>3d. Number of Residents Who Fell More Than Once with Injury</b> during the month of October	



**QUALITY CHECK: 3c plus 3d must be less than or equal to 3a.**  
*Questions refer to November 2025.*

<b>3a. Total Number of Residents</b> on 11/30/2025	
<b>3b. Total Number of Falls with Injury</b> for Residents at Facility during the month of November	
<b>3c. Number of Residents Who Fell Once with Injury</b> during the month of November	
<b>3d. Number of Residents Who Fell More Than Once with Injury</b> during the month of November	



**QUALITY CHECK: 3c plus 3d must be less than or equal to 3a.**

## Quality Metric 4: Antipsychotic Medications Prescribed for Non-Standard Use

**Please report the...**

<b>4a.</b> The number of residents on the 10/31/2025 census	
<b>4b.</b> The number of residents with a prescription for an antipsychotic medication	

<b>4c.</b> Among residents reported in 4b, how many have a condition on Table 14, the list of “Excluded diagnoses and variations” from pages 32-34 in the <a href="#">Provider Instructions for Data Collection 2025</a> ?	
<b>4d.</b> Subtract 4c from 4b; this is the number of residents taking antipsychotics for nonstandard uses.	
<b>4e.</b> Of the residents counted in 4d, how many of those residents have a scheduled anti-psychotic(s) for a nonstandard use	
<b>4f.</b> Of the residents counted in 4d, how many of those residents have a PRN antipsychotic(s) for a nonstandard use	



### Quality Checks:

To help ensure internal consistency in your responses, the following should hold true:

- ✓ **4d should be less than or equal to 4e;** and,
- ✓ **4d should be less than or equal to 4f**
- ✓ **4e plus 4f should be at least equal to 4d but could be as large as 2 times 4d.** This is because the same resident could have a scheduled and as needed antipsychotic for a nonstandard use.

## Quality Metric 5: Results of Annual Satisfaction Survey

<b>5a.</b> Number of residents who <b>received</b> the survey.	
<b>5b.</b> The number residents who answered at least one question	
<b>5c.</b> The number of residents who completed all questions.	

- Please provide the name of the third-party vendor you used to conduct your survey: \_\_\_\_\_  
(CoreQ Customer Satisfaction Vendor Name)
- How did your vendor administer your survey to residents?  
(Check all that apply)
 

☐ In Writing

☐ In Person

☐ By Telephone

☐ By Computer

3. **In recommending this facility to friends and family, how would you rate it overall?** Your total number of responses cannot exceed the answer to 5b. Please do not enter percentages.

# of **Excellent** Responses: \_\_\_\_\_ # of **Very Good** Responses: \_\_\_\_\_

# of **Good** Responses: \_\_\_\_\_ # of **Average** Responses: \_\_\_\_\_

# of **Poor** Responses: \_\_\_\_\_ # of **Total** Responses: \_\_\_\_\_



**QUALITY CHECK:**

- ✓ The total must be less than or equal to 5b)
- ✓ The total should be greater than or equal to 5c)

4. **Overall, how would you rate the staff?** Your total number of responses cannot exceed the answer to 5b. Please do not enter percentages.

# of **Excellent** Responses: \_\_\_\_\_ # of **Very Good** Responses: \_\_\_\_\_

# of **Good** Responses: \_\_\_\_\_ # of **Average** Responses: \_\_\_\_\_

# of **Poor** Responses: \_\_\_\_\_ # of **Total** Responses: \_\_\_\_\_



**QUALITY CHECK:**

- ✓ The total must be less than or equal to 5b)
- ✓ The total should be greater than or equal to 5c)

5. **How would you rate the care you receive?** Your total number of responses cannot exceed the answer to 5b. Please do not enter percentages.

# of **Excellent** Responses: \_\_\_\_\_ # of **Very Good** Responses: \_\_\_\_\_

# of **Good** Responses: \_\_\_\_\_ # of **Average** Responses: \_\_\_\_\_

# of **Poor** Responses: \_\_\_\_\_ # of **Total** Responses: \_\_\_\_\_



**QUALITY CHECKS:**

- ✓ The total must be less than or equal to 5b)
- ✓ The total should be greater than or equal to 5c)

6. **Overall, how would you rate the food?** Your total number of responses cannot exceed the answer to 5b. Please do not enter percentages.

# of **Excellent** Responses: \_\_\_\_\_ # of **Very Good** Responses: \_\_\_\_\_

# of **Good** Responses: \_\_\_\_\_ # of **Average** Responses: \_\_\_\_\_

# of **Poor** Responses: \_\_\_\_\_ # of **Total** Responses: \_\_\_\_\_



**QUALITY CHECKS:**

✓ The total must be less than or equal to 5b)

✓ The total should be greater than or equal to 5c)

## Quality Metric 5B: Results of Annual Family Satisfaction Survey

<b>5d.</b> Number of family members who <b>received</b> the survey.	
<b>5e.</b> The number family members who answered at least one question	
<b>5f.</b> The number of family members who completed all questions.	

1. How did your vendor administer your survey to family members? (Check all that apply)

☐ In Writing

☐ In Person

☐ By Telephone

☐ By Computer

2. **In recommending this facility to friends and family, how would you rate it overall?** Your total number of responses cannot exceed the answer to 5e. Please do not enter percentages.

# of **Excellent** Responses: \_\_\_\_\_ # of **Very Good** Responses: \_\_\_\_\_

# of **Good** Responses: \_\_\_\_\_ # of **Average** Responses: \_\_\_\_\_

# of **Poor** Responses: \_\_\_\_\_ # of **Total** Responses: \_\_\_\_\_



**QUALITY CHECKS:**

✓ The total must be less than or equal to 5e)

✓ The total should be greater than or equal to 5f)

3. **Overall, how would you rate the staff?** Your total number of responses cannot exceed the answer to 5e. Please do not enter percentages.

# of **Excellent** Responses: \_\_\_\_\_ # of **Very Good** Responses: \_\_\_\_\_

# of **Good** Responses: \_\_\_\_\_ # of **Average** Responses: \_\_\_\_\_

# of **Poor** Responses: \_\_\_\_\_ # of **Total** Responses: \_\_\_\_\_

**QUALITY CHECKS:**

- ✓ The total must be less than or equal to 5e)
- ✓ The total should be greater than or equal to 5f)

4. **How would you rate the care your family member receives?** Your total number of responses cannot exceed the answer to 5e. Please do not enter percentages.

# of **Excellent** Responses: \_\_\_\_\_ # of **Very Good** Responses: \_\_\_\_\_

# of **Good** Responses: \_\_\_\_\_ # of **Average** Responses: \_\_\_\_\_

# of **Poor** Responses: \_\_\_\_\_ # of **Total** Responses: \_\_\_\_\_

**QUALITY CHECKS:**

- ✓ The total must be less than or equal to 5e)
- ✓ The total should be greater than or equal to 5f)

## Quality Metric 6: Administrator Tenure

### Administrator of Record

Enter the name of the facility's administrator of record as of December 31, 2025. This is the person officially designated and responsible for facility operations on that date.

The administrator of record is designated through the submission and approval of form SDS 0566, *Administrator Reference Summary*, which must be sent to the Department by email or fax upon hire.

**Name of the administrator of record December 31, 2025:**

\_\_\_\_\_  
(Administrator name)

**END**