Care Compare Five-Star Ratings of Nursing Homes

Provider Rating Report for August 2026

Ratings for Van Duyn Center for Rehabilitation and Nursing (335184) Syracuse, New York			
Overall Quality	**Health Inspection**	**Quality Measures**	**Staffing**
Not Displayed	Not Available	Not Available	Not Available

The Five-Star ratings provided above will be displayed for your nursing home on the Care Compare website on or around August 26, 2026. The health inspection rating incorporates data reported through July 31, 2026. The time periods for each of the quality measures that contribute to the Quality Measure (QM) rating can be found in the QM tables located later in this report. The staffing rating is based on payroll-based journal (PBJ) staffing data reported through the first calendar quarter of 2026.

Your facility has been cited for abuse at harm or higher in the last survey cycle, or at least once at potential harm or higher in each of the last two survey cycles. Care Compare displays an icon for nursing homes with instances of non-compliance related to abuse and their health inspection rating is capped at two stars. For more details, please see the Five-Star Quality Rating Technical Users' Guide that is available at the link on the References page of this report.

**** IMPORTANT MESSAGE: Your facility is part of the Special Focus Facility (SFF) program. Beginning in April 2019, nursing homes that are a part of SFF program will no longer receive Five-Star ratings on the Care Compare website or on the provider preview reports. Care Compare will display a yellow warning sign instead of the overall rating and "Not Available" will be displayed in place of the ratings for all other domains until the nursing home graduates from the SFF program. For more information about the program, please go to:*
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/downloads/SFFList.pdf

Helpline

The Five-Star Helpline will operate Monday - Friday **August 24 - 28, 2026.** Hours of operation will be from 9 am - 5 pm ET, 8 am - 4 pm CT, 7 am - 3 pm MT, and 6 am - 2 pm PT. The Helpline number is 1-800-839-9290. The Helpline will be available again **September 28 - October 2, 2026.** During other times, direct inquiries to BetterCare@cms.hhs.gov as Helpline staff help respond to e-mail inquiries when the telephone Helpline is not operational.

Important News

Increase to the Quality Measure (QM) rating thresholds

Consistent with previous revisions, effective with the July 2026 refresh, CMS is implementing an increase to the Quality Measure (QM) rating thresholds, increasing each rating threshold by one-half of the average improvement in QM scores QSO-19-08-NH. For the July 2026 refresh, the average improvement was determined from the period of January 2025 – April 2026. Note the point thresholds for individual QMs did not change.

A new version of the Five Star Quality Rating System Technical Users' Guide containing the new rating thresholds has been released. A link to the document can be found on the References page at the end of this report.

Nursing Home Risk-Based Survey National Implementation

Beginning with the refresh on September 30, 2026, CMS will indicate higher performing facilities that have quality indicators in addition to the traditional five-star rating. Facilities with a high performing icon qualify for a Risk Based Survey (RBS) which is a more focused survey protocol. Please reference CMS memo QSO-26-14-NH for more details.

A new version of the Five Star Quality Rating System Technical Users' Guide will be released ahead of the September refresh. A link to this document can be found on the References page at the end of this report.

Health Inspections

The Five-Star health inspection rating listed on the first page of this report is based on the two most recent standard surveys and three years of complaint and focused infection control inspections and incorporates data reported through July 31, 2026.

Your Health Inspection Rating

Provided below are the survey dates included in the calculation of the health inspection rating for your facility. The dates listed include standard survey dates as well as dates of complaint inspections and focused infection control inspections that resulted in deficiencies. For more detailed information about the deficiencies cited on each survey, please visit: https://data.cms.gov/provider-data/. This website updates on the same day as the Care Compare website. Any additional revisit points can be found in the 'Provider Information' table at the link provided above.

Health Inspection Surveys Weighted at 3/4 (standard survey in bold):

January 12, 2026	February 3, 2026	March 4, 2026
March 11, 2026	**May 13, 2026**	

Health Inspection Surveys Weighted at 1/4 (standard survey in bold):

September 13, 2023	October 26, 2023	January 23, 2025
April 18, 2025	July 14, 2025	**December 15, 2025**

Total weighted health inspection score for your facility: 730.3

State-level Health Inspection Cut Points for New York				
1 Star	**2 Stars**	**3 Stars**	**4 Stars**	**5 Stars**
>77.00	44.01-77.00	26.01-44.00	11.01-26.00	0.00-11.00

Please note that the state cut points are recalculated each month, but the total weighted health inspection score for your facility is compared to the cut points only if there is a change in your score.

Citations under IDR/IIDR

Below is a listing of health inspection citations for your nursing home that are under IDR or IIDR. These citations are reported on the Care Compare website; however, they are not included in the health inspection rating.

Citations under IDR and/or IIDR for 335184					
Survey Date	**IDR and/or IIDR**	**F-Tag**	**Description**	**Residents Affected**	**Level of Harm**
2025-04-18	IDR	0760	Ensure that residents are free from significant medication errors.	Few	Minimal harm or potential for actual harm

Long-Stay Quality Measures that are Included in the QM Rating

	Provider 335184						NY	US
MDS Long-Stay Measures	**2025Q2**	**2025Q3**	**2025Q4**	**2026Q1**	**4Q avg**	**Rating Points**	**4Q avg**	**4Q avg**
Lower percentages are better.								
Percentage of residents experiencing one or more falls with major injury	3.3%	3.6%	4.3%	2.8%	3.5%	60	3.1%	3.2%
Percentage of residents with pressure ulcers[1]	1.2%	1.6%	3.0%	3.6%	2.4%	100	6.5%	4.6%
Percentage of residents with a urinary tract infection	0.2%	0.7%	0.0%	1.4%	0.6%	100	1.3%	1.6%
Percentage of residents with a catheter inserted and left in their bladder[1]	0.2%	0.2%	0.4%	0.4%	0.3%	100	0.5%	0.8%
Percentage of residents whose need for help with daily activities has increased	12.5%	13.3%	12.6%	17.4%	13.9%	105	14.1%	13.9%
Percentage of residents who received an antipsychotic medication[3]	NA	NA	NA	NA	NA	15	13.7%	15.4%
Percentage of residents whose ability to walk independently worsened[1]	8.3%	6.9%	8.6%	12.8%	9.2%	135	12.5%	14.2%

[1]These measures are risk adjusted.
[2]This measure includes some imputed data because there are fewer than 20 resident assessments or stays across the four quarters. This value is used in calculating the QM points and used in the QM rating calculation but will not be displayed on Care Compare.
[3]This measure is suppressed because the data could not be verified through an audit.

	Provider 335184				NY	US	
Claims-Based Long-Stay Measures	**Observed Rate[3]**	**Expected Rate[3]**	**Risk-Adjusted Rate[3]**	**Rating Points**	**Risk-Adjusted Rate**	**Observed Rate**	**Risk-Adjusted Rate**
Lower rates are better. The time period for data used in reporting is 1/1/2025 through 12/31/2025.							
Number of hospitalizations per 1,000 long-stay resident days[1]	2.38	3.06	1.48	75	1.70	1.906	1.86
Number of emergency department visits per 1,000 long-stay resident days[1]	1.40	2.37	0.98	105	1.36	1.657	1.78

[1]These measures are risk adjusted.
[2]This measure includes some imputed data because there are fewer than 20 resident assessments or stays across the four quarters. This value is used in calculating the QM points and used in the QM rating calculation but will not be displayed on Care Compare.
*[3]The observed rate is the actual rate observed for the facility without any risk-adjustment; the expected rate is the rate that would be expected for the facility given the risk-adjustment profile of the facility; and the risk-adjusted rate is adjusted for the expected rate of the outcome and is calculated as (observed rate for facility / expected rate for facility) * US observed rate. Only the risk-adjusted rate will appear on Care Compare.*

Total Long-Stay Quality Measure Score	NA[1]
Long-Stay Quality Measure Star Rating	Not Available

[1]This measure is downgraded or suppressed because the data could not be verified through an audit.

Short-Stay Quality Measures that are Included in the QM Rating

	Provider 335184						NY	US
MDS Short-Stay Measures	**2025Q2**	**2025Q3**	**2025Q4**	**2026Q1**	**4Q avg**	**Rating Points**	**4Q avg**	**4Q avg**
Lower percentages are better.								
Percentage of residents who newly received an antipsychotic medication	2.4%	1.1%	1.8%	3.4%	2.0%	40	1.2%	1.5%
The time period for data used in reporting is 10/1/2024 through 9/30/2025.								
Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened[1]					0.0%	100	2.6%	2.4%
Higher percentages are better.								
Percentage of SNF residents who are at or above an expected ability to care for themselves and move around at discharge[1]					53.7%	90	60.0%	55.5%

	Provider 335184				NY	US	
Claims-Based Short-Stay Measures	**Observed Rate[3]**	**Expected Rate[3]**	**Risk-Adjusted Rate[3]**	**Rating Points**	**Risk-Adjusted Rate**	**Observed Rate**	**Risk-Adjusted Rate**
Higher percentages are better. The time period for data used in reporting is 10/1/2022-9/30/2024.							
Rate of successful return to home or community from a SNF[1]	21.7%	NR	31.1%	15	46.7%	50.6%	50.6%[4]
Lower percentages are better. The time period for data used in reporting is 1/1/2025 through 12/31/2025.							
Percentage of residents who were re-hospitalized after a nursing home admission[1]	22.7%	26.0%	20.8%	75	20.6%	23.8%	23.7%
Percentage of residents who had an outpatient emergency department visit[1]	11.0%	12.0%	10.3%	60	9.6%	11.2%	12.0%

[1]These measures are risk adjusted.
[2]This measure includes some imputed data because there are fewer than 20 resident assessments or stays across the four quarters. This value is used in calculating the QM points and used in the QM rating calculation but will not be displayed on Care Compare.
*[3]The observed rate is the actual rate observed for the facility without any risk-adjustment; the expected rate is the rate that would be expected for the facility given the risk-adjustment profile of the facility. For successful community discharge, the risk-adjusted rate is calculated as (predicted rate / expected rate) * US Observed rate and is referred to as the risk-standardized rate. For rehospitalization and emergency department visits, the risk-adjusted rate is calculated as (observed rate / expected rate) * US observed rate. Only the risk-adjusted or risk-standardized rate will appear on Care Compare.*
[4]For this measure, this value is the National Benchmark, rather than the national average of the risk-adjusted rate.
NR = Not Reported. The expected rate is not reported for this measure.

Short-Stay and Overall Quality Measure Scores and Ratings

Unadjusted Short-Stay Quality Measure Score	NA
Total Short-Stay Quality Measure Score (unadjusted short-stay QM score*1150/800)[1]	NA
Short-Stay Quality Measure Star Rating	Not Available[2]
Total Quality Measure Score	NA[2]
Overall Quality Measure Star Rating	Not Available[2]

[1]An adjustment factor of 1150/800 is applied to the unadjusted total short-stay score to allow the long- and short-stay QMs to count equally in the total QM score.
[2]This measure is downgraded or suppressed because the data could not be verified through an audit.

Quality Measures that are Not Included in the QM Rating

	Provider 335184					NY	US
MDS Long-Stay Measures	**2025Q2**	**2025Q3**	**2025Q4**	**2026Q1**	**4Q avg**	**4Q avg**	**4Q avg**
Higher percentages are better.							
Percentage of residents assessed and appropriately given the seasonal influenza vaccine. The time period for data used in reporting is 07/01/2024 through 06/30/2025					91.4%	95.3%	95.5%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	97.7%	97.1%	97.3%	96.1%	97.0%	91.5%	93.5%
Lower percentages are better.							
Percentage of residents who were physically restrained	0.0%	0.0%	0.0%	0.2%	0.1%	0.2%	0.1%
Percentage of residents with new or worsened bowel or bladder incontinence	24.0%	22.8%	19.4%	25.2%	22.8%	19.5%	19.0%
Percentage of residents who lose too much weight	5.8%	5.1%	3.0%	6.6%	5.1%	5.8%	5.2%
Percentage of residents who have depressive symptoms	0.0%	0.0%	0.0%	0.0%	0.0%	19.5%	12.8%
Percentage of residents who received an antianxiety or hypnotic medication	14.9%	13.8%	14.3%	14.4%	14.3%	13.2%	19.5%
MDS Short-Stay Measures							
Higher percentages are better.							
Percentage of residents assessed and appropriately given the seasonal influenza vaccine. The time period for data used in reporting is 07/01/2024 through 06/30/2025					74.9%	78.8%	79.8%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	79.4%	81.6%	80.5%	83.4%	80.9%	77.4%	82.0%

Additional Notes Regarding the Quality Measure Tables

"d<20" means the denominator (number of eligible resident assessments) for the measure summed across all four quarters is less than 20. If sufficient data are available for imputation, a four-quarter average is displayed. This value is used in calculating the QM points and used in the QM rating calculation but will not be displayed on Care Compare.

"NA" is reported one of three reasons: 1) data are not available; 2) the denominator (number of eligible resident assessments or stays) summed across the four quarters is less than 20 and there are not sufficient data for imputation; or 3) too few measures have an adequate denominator to calculate a rating.

If the denominator for a measure is less than 20 in an individual quarter, the data may be displayed here, but will not be included in the MDS Quality Measures file on PDC.

SNF Quality Reporting Program (QRP) Measures:

Three of the short-stay QMs used in the Five-Star QM rating calculation are SNF QRP measures: "Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened", "Percentage of SNF residents who are at or above an expected ability to care for themselves and move around at discharge", and "Rate of successful return to home or community from a SNF". There are additional SNF QRP measures that are not included in the Five-Star ratings but are displayed on Care Compare. Information about these measures can be found on separate provider preview reports in the IQIES mailbox. Please watch for communication from CMS on the availability of these reports. Additional information about the SNF QRP measures can be found in the Quality of Resident Care section on the References page of this report.

Staffing Hours per Resident Day

PBJ data for **January 1 - March 31, 2026** (submitted and accepted by the May 15, 2026 deadline) are being used to calculate the staffing levels for three months starting with the **July 2026** Care Compare website update. The table below includes the reported, case-mix and adjusted staffing levels for your facility, using the PBJ data for **January 1 - March 31, 2026.** The case-mix staffing values are based on resident acuity levels using the nursing Case-mix Groups and corresponding nursing Case-mix Indexes from the Patient-Driven Payment Model (PDPM). The Five-Star Rating Technical Users' Guide contains a detailed explanation of the staffing rating and the case-mix adjustment methodology. The table also shows the weekend staffing levels (total nurse and RN) for your facility. Below the table is the average resident census for your facility, as well as details for calculating case-mix and adjusted staffing values.

Staffing Levels for January 1 - March 31, 2026 for Provider Number 335184						
	Reported Hours per Resident per Day (HRD)	**Reported HRD (Decimal)**	**National Average: Reported HRD (Decimal)**	**Case-Mix HRD**	**National Average: Case-Mix HRD**	**Case-Mix Adjusted HRD**
All days						
Total nurse (RN, LPN, LVN, and Nurse Aide) hours	3 hours and 43 minutes	3.724	3.861	2.881	3.834	**4.957**
RN hours	27 minutes	0.448	0.685	0.511	0.680	**0.597**
LPN/LVN hours	49 minutes	0.809	0.859	0.641	0.853	**1.077**
Nurse aide hours	2 hours and 28 minutes	2.467	2.317	1.729	2.301	**3.283**
Physical therapist[1] hours	3 minutes					
Weekend (Saturday and Sunday)						
Total nurse (RN, LPN, LVN, and Nurse Aide) hours	3 hours and 17 minutes	3.283	3.423	2.554	3.399	**4.368**
RN hours	13 minutes	0.220				

[1]Physical therapist hours are not included in the staffing rating calculation.

The average number of residents for your facility (based on MDS census) for January 1 - March 31, 2026 is 429.0.

The Nursing CMI ratio for your facility is 0.746. This is calculated as your facility's weighted average nursing case-mix index 1.053 divided by the national average nursing case-mix index 1.412.

The Case-Mix HRD values are calculated as: Nursing CMI Ratio * the national average of reported HRD.

The Case-Mix Adjusted HRD values are calculated as: (Reported HRD/Case-Mix HRD) * the national average of case-mix HRD.

Availability of Reported Staffing Data

Some providers will see 'Not Available' for the reported hours per resident per day in the table above and a staffing rating may not be displayed for these facilities. There are several reasons this could occur:

1. No MDS census data were available for the facility.
2. No on-time PBJ staffing data were submitted for the facility.
4. No nursing hours were reported (0 HRD).
5. Total reported nurse staffing was excessively high (>12.0 HRD).
6. Total reported nurse aide staffing was excessively high (>5.25 HRD).
7. A CMS audit identified significant discrepancies between the hours reported and the hours verified, or the nursing home failed to respond to an audit request.
14. No nursing hours were reported on weekends (0 HRD).
15. Total reported nurse staffing on weekends was excessively high (>12.0 HRD).
16. The total reported nurse aide staffing on weekends was excessively high (>5.25 HRD).
18. Other reason.

Scoring Exceptions for the Staffing Rating

The following criteria have been added to the usual scoring rules for assigning the staffing rating.

1. Providers that fail to submit any staffing data by the required deadline will receive a one-star staffing for the quarter.
2. Providers that submit staffing data indicating that there were four or more days in the quarter with no RN staffing hours (job codes 5-7) on days when there were one or more residents in the facility, regardless of reported staffing levels, will receive a one-star staffing rating for the quarter.
3. CMS conducts audits of nursing homes to verify the data submitted and to ensure accuracy. Facilities for which the audit identifies significant discrepancies between the hours reported and the hours verified or those who fail to respond to an audit request will receive a one-star staffing rating.

Staffing Turnover

PBJ data from October 1, 2024 to March 31, 2026 are used to calculate annual nursing staff and RN turnover measures and to report the number of administrator turnovers among eligible administrators in the 12-month reporting period between January 1, 2025 to December 31, 2025. PBJ does not collect information on employee termination dates; instead a turnover is identified based on gaps in days worked. The turnover measures include employees and agency staff that have worked at least 120 hours at your facility in the 90-day period starting from the first observed workday between October 1, 2024 to June 30, 2025. Individuals no longer associated with a nursing home are defined as eligible employees who have a period of 90 or more days during which they do not work at all. The data listed below report the nursing, RN, and administrator turnover measures for your facility January 1, 2025 to December 31, 2025. (Note that data from 2024Q4 - 2025Q2 are used to identify individuals who are eligible for the turnover measure, while data from 2026Q1 are used to identify individuals who had a 90-day or more gap in days worked that started within the last 90 days of 2025Q4.)

These turnover measures will be posted on Nursing Home Care Compare starting with the **July 2026** update. The turnover measures are updated quarterly using a rolling 12-month period. Detailed information on how turnover is calculated is available in the Technical Users' Guide. Find the link on the References Page of this report.

PBJ Nurse Staffing Turnover for January 1, 2025 to December 31, 2025 for Provider Number 335184				
	Turnover Rate	**Number of Eligible Staff[1]**	**Number of Eligible Staff Identified as Turned over**	**Displayed on Care Compare[2]**
Nursing staff turnover	42.7%	424	181	Yes
RN turnover	34.8%	46	16	Yes
Administrator turnover		N.A.	N.A.	No - code 2

N.A. = Not Available. N.A. in the table above indicates that the value could not be calculated based on the data submitted.
[1]The number of eligible staff is based on a count of the number of eligible 'employment spells.' For more details on the methodology used to calculate nursing staff turnover, please see the measure specifications, available at the location listed in the references below.
[2]Some providers will see "Not Available" on the Care Compare website for one or more turnover measures if there is a "No" along with a code listed in this column of the table.

Availability of Turnover Data

Some providers will see 'Not Available' for one or more of the turnover measures in the table above or on Care Compare. There are several reasons this could occur:

Nursing Staff and RN Turnover Exclusion Codes

1. No data or invalid PBJ nursing data submitted for one of more quarters between October 1, 2024 to March 31, 2026. See the table below for the quarters with missing or invalid PBJ data.
2. Fewer than 5 eligible nurse (or RN) employees or agency staff.
3. 100% total nurse turnover on a single day. If you see this code in the table above, up to two dates on which it appears your nursing home had 100% turnover on a single day are listed below. In this case, you may need to submit data to link employee identifiers. See additional information on the References page of this report.

18. Other reason.

Days with 100% turnover for all nursing staff

No Dates with 100% nurse turnover

Availability of Turnover Data (continued)

Administrator Turnover Exclusion Codes

1. No data or invalid PBJ nursing data submitted for one of more quarters between October 1, 2024 to March 31, 2026. See the table below for the quarters with missing or invalid PBJ data.
2. No administrator hours were submitted for one or more quarters between October 1, 2024 to March 31, 2026. See the table below for the quarters with no administrator hours.
3. No eligible administrator employees or agency staff.
4. Too many administrators: there are 4 or more days in one or more quarters between October 1, 2024 to March 31, 2026 with five or more different people reported under job code 1 (administrator) on the same day.

18. Other reason

Your facility's submission of valid PBJ nursing data and administrator hours for quarters used by turnover measures						
	2024Q4	2025Q1	2025Q2	2025Q3	2025Q4	2026Q1
Valid PBJ data submitted	Yes	Yes	Yes	Yes	Yes	Yes
Administrator hours submitted	No	No	No	No	Yes	Yes

Note that in rare cases, turnover data may be reported on Care Compare even if one or more of the indicators of valid PBJ data in the table above is "No". This may occur if the data were later verified by a CMS audit.

Staffing Measures that are Used in the Staffing Rating

The table below shows the six specific staffing measures that are used to calculate the staffing rating, along with the measure values and the points assigned for each measure for your facility as well as the maximum number of points possible for each measure. The raw point total is the sum of the points for the individual measures. If the turnover measures are not available due to missing or invalid data, your facility will receive the minimum points for the corresponding turnover measures. If the turnover measures are not available for another reason, then the total score is rescaled so the maximum possible score for your facility is still 380 points. The rescaled score is used to assign the staffing rating. Please see the Technical Users' Guide for additional details including the cut point tables for each of the measures and for the total rescaled score.

Staffing Measure	Data for Provider 335184		Maximum Possible Points
	Measure Value	Points	
Adjusted Total nurse staffing (7 day)	4.957	N.A.	100
Adjusted RN staffing (7 day)	0.597	N.A.	100
Adjusted Total nurse staffing (weekends)	4.368	N.A.	50
Total nursing turnover (%)	42.689	N.A.	50
RN turnover (%)	34.783	N.A.	50
Number of administrator departures	N.A.	N.A.	30
Raw point total		N.A.	
Total points after rescaling (if any)		N.A.	380
Staffing rating	N.A.		

N.A. = 'Not Available'. Points for individual measures may show as N.A. if the measure value is Not Available. Point values will show as N.A. for all measures for special focus facilities, providers that are too new for a valid rating to be calculated, providers for which nurse staffing levels are not available, and providers that have had their staffing rating reduced to one star (see availability of reported staffing and scoring exceptions above).

References

Technical Details on the Five-Star Quality Rating System
The Five-Star Quality Rating System Technical Users' Guide includes detailed methodology for all domains of the rating system and can be found at:
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/downloads/usersguide.pdf

Provider Data Catalog
All of the data posted on the Care Compare website as well as additional details on some domains and measures are available for download on the Provider Data Catalog at:
https://data.cms.gov/provider-data/

Staffing
Information about staffing data submission is available on the CMS website at:
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html

For additional assistance with or questions related to the PBJ registration process, please contact 800-339-9313 or email iQIES@cms.hhs.gov.

CMS Memorandum QSO-22-08-NH regarding weekend staffing and staff turnover can be found at:
https://www.cms.gov/files/document/qso-22-08-nh.pdf

Instructions and templates for linking employee identifiers can be found in the **PBJ Provider User's Guide** at: https://qtso.cms.gov/providers/nursing-home-mdsswing-bed-providers/reference-manuals

Detailed Employee level staffing data can be found at:
https://data.cms.gov/quality-of-care/payroll-based-journal-daily-nurse-staffing

Quality of Resident Care
Detailed specifications (including risk-adjustment) for the MDS-based QMs, claims-based QMs and SNF QRP measures can be found in the Downloads section at:
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html

SNF Quality Reporting Training page can be found at:
https://www.cms.gov/medicare/quality/snf-quality-reporting-program/training

FY 2026 SNF Final Rule can be found at:
https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/List-of-SNF-Federal-Regulations

CMS Skilled Nursing Facility Information Center website can be found at:
https://www.cms.gov/snf-information-center

Additional information about Public Reporting of the SNF QRP Quality Measures can be found at:
https://www.cms.gov/medicare/quality/snf-quality-reporting-program/public-reporting

For questions about the SNF QRP measures please contact:
SNFQualityQuestions@cms.hhs.gov

PBJ Deadlines

Submission Deadline	PBJ Reporting Period	Posted on Care Compare and used for Staffing Ratings
May 15, 2026	January 1, 2026 - March 31, 2026	July 2026 - September 2026
August 14, 2026	April 1, 2026 - June 30, 2026	October 2026 - December 2026
November 14, 2026	July 1, 2026 - September 30, 2026	January 2027 - March 2027
February 14, 2027	October 1, 2026 - December 31, 2026	April 2027 - June 2027