variable label	Indicator	Format	precision	Category	Source	ShortDescription	LongDescription
avgrugcmi	Average RUGS NCMI (prevalence)	number	4 decimal places	Acuity	MDS (prevalence)	The average Resource Utilization Group Nursing Case Mix Index (a measure of the relative intensity of care of different nursing home populations) for all residents present on the 1st Thursday in April.	The Residential History File was used to establish the population of residents in all nursing facilities on the 1st Thursday in April. Aggregated at the facility level, the average Nursing Case Mix Index (NCMI) was calculated by applying the Resource Utilization Groups version III (RUG-III) resident classification system currently used by CMS to adjust Medicare payments in recognition of resident acuity. This system classifies residents into homogeneous categories based on their estimated resource utilization. Associated with each of these categories is a case-mix index or weight, which approximates the relative staff time associated with caring for the average resident in each group. Thus, the higher the NCMI score, the more severe the average acuity profile of the residents in a facility. The resident-level NCMI was calculated in two steps. First, the RUG-III 5.12 code (44 categories in total) was used to generate a RUG classification for each resident. Second, the RUG code was converted into an NCMI value following the CMS proposed rule regarding fiscal year 2004 Skilled Nursing Facility (SNF) payment policies (Centers for Medicare & Medicaid Services 2003).
avgrugcmi_cty	Average RUGS NCMI (prevalence)	number	4 decimal places	Acuity	MDS (prevalence)	The average Resource Utilization Group Nursing Case Mix Index (a measure of the relative intensity of care of different nursing home populations) for all residents present on the 1st Thursday in April.	The Residential History File was used to establish the population of residents in all nursing facilities on the 1st Thursday in April. Aggregated at the facility level, the average Nursing Case Mix Index (NCMI) was calculated by applying the Resource Utilization Groups version III (RUG-III) resident classification system currently used by CMS to adjust Medicare payments in recognition of resident acuity. This system classifies residents into homogeneous categories based on their estimated resource utilization. Associated with each of these categories is a case-mix index or weight, which approximates the relative staff time associated with caring for the average resident in each group. Thus, the higher the NCMI score, the more severe the average acuity profile of the residents in a facility. The resident-level NCMI was calculated in two steps. First, the RUG-III 5.12 code (44 categories in total) was used to generate a RUG classification for each resident. Second, the RUG code was converted into an NCMI value following the CMS proposed rule regarding fiscal year 2004 Skilled Nursing Facility (SNF) payment policies (Centers for Medicare & Medicaid Services 2003). This facility average is then averaged at the county level.
avgrugcmi_sta	Average RUGS NCMI (prevalence)	number	4 decimal places	Acuity	MDS (prevalence)	The average Resource Utilization Group Nursing Case Mix Index (a measure of the relative intensity of care of different nursing home populations) for all residents present on the 1st Thursday in April.	The Residential History File was used to establish the population of residents in all nursing facilities on the 1st Thursday in April. Aggregated at the facility level, the average Nursing Case Mix Index (NCMI) was calculated by applying the Resource Utilization Groups version III (RUG-III) resident classification system currently used by CMS to adjust Medicare payments in recognition of resident acuity. This system classifies residents into homogeneous categories based on their estimated resource utilization. Associated with each of these categories is a case-mix index or weight, which approximates the relative staff time associated with caring for the average resident in each group. Thus, the higher the NCMI score, the more severe the average acuity profile of the residents in a facility. The resident-level NCMI was calculated in two steps. First, the RUG-III 5.12 code (44 categories in total) was used to generate a RUG classification for each resident. Second, the RUG code was converted into an NCMI value following the CMS proposed rule regarding fiscal year 2004 Skilled Nursing Facility (SNF) payment policies (Centers for Medicare & Medicaid Services 2003). This facility average is then averaged at the state level.
avgrugcmi_2011p	Average RUGS NCMI 2011+ (prevalence)	number	4 decimal places	Acuity	MDS (prevalence)	The average Resource Utilization Group Nursing Case Mix Index (a measure of the relative intensity of care of different nursing home populations) for all residents present on the 1st Thursday in April. (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment. The average Nursing Case Mix Index (NCMI) was calculated by applying the Resource Utilization Groups version IV (RUG-IV) resident classification system currently used by CMS to adjust Medicare payments in recognition of resident acuity. This system classifies residents into homogeneous categories based on their estimated resource utilization. Associated with each of these categories is a nursing case-mix index, which approximates the relative staff time associated with caring for the average resident in each group. Thus, the higher the NCMI score, the more severe the average acuity profile of the residents in a facility. The NCMI for each resident was used to get the facility average.
avgrugcmi_2011p_cty	Average RUGS NCMI 2011+ (prevalence)	number	4 decimal places	Acuity	MDS (prevalence)	The average Resource Utilization Group Nursing Case Mix Index (a measure of the relative intensity of care of different nursing home populations) for all residents present on the 1st Thursday in April. (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment. The average Nursing Case Mix Index (NCMI) was calculated by applying the Resource Utilization Groups version IV (RUG-IV) resident classification system currently used by CMS to adjust Medicare payments in recognition of resident acuity. This system classifies residents into homogeneous categories based on their estimated resource utilization. Associated with each of these categories is a nursing case-mix index, which approximates the relative staff time associated with caring for the average resident in each group. Thus, the higher the NCMI score, the more severe the average acuity profile of the residents in a facility. The facility average NCMI was then aggregated to the county level.

avgrugcmi_2011p_sta	Average RUGS NCMI 2011+ (prevalence)	number	4 decimal places	Acuity	MDS (prevalence)	The average Resource Utilization Group Nursing Case Mix Index (a measure of the relative intensity of care of different nursing home populations) for all residents present on the 1st Thursday in April. (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment. The average Nursing Case Mix Index (NCMI) was calculated by applying the Resource Utilization Groups version IV (RUG-IV) resident classification system currently used by CMS to adjust Medicare payments in recognition of resident acuity. This system classifies residents into homogeneous categories based on their estimated resource utilization. Associated with each of these categories is a nursing case-mix index, which approximates the relative staff time associated with caring for the average resident in each group. Thus, the higher the NCMI score, the more severe the average acuity profile of the residents in a facility. The facility average NCMI was then aggregated to the state level.
pctlocare	% Low Care (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment. The 'broad' definition of low-care status is met if a resident does not require physical assistance in any of the four late-loss ADLs—bed mobility, transferring, using the toilet, and eating—and is not classified in either the 'Special Rehab' or 'Clinically Complex' Resource Utilization Group (RUG-III). This measure is then averaged at the facility level.
pctlocare_cty	% Low Care (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who were low care, according to the broad definition.	The Residential History File was used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment. The 'broad' definition of low-care status is met if a resident does not require physical assistance in any of the four late-loss ADLs—bed mobility, transferring, using the toilet, and eating—and is not classified in either the 'Special Rehab' or 'Clinically Complex' Resource Utilization Group (RUG-III). The facility average is then averaged at the county level.
pctlocare_sta	% Low Care (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who were low care, according to the broad definition.	The Residential History File was used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment. The 'broad' definition of low-care status is met if a resident does not require physical assistance in any of the four late-loss ADLs—bed mobility, transferring, using the toilet, and eating—and is not classified in either the 'Special Rehab' or 'Clinically Complex' Resource Utilization Group (RUG-III). The facility average is then averaged at the state level.
pctlocare_2011p	% Low Care 2011+ (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who were low care, according to the broad definition. (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment. The 'broad' definition of low-care status is met if a resident does not require physical assistance in any of the four late-loss ADLs—bed mobility, transferring, using the toilet, and eating—and is not classified in either the 'Special Rehab' or 'Clinically Complex' Resource Utilization Group (RUG-IV). This measure is then averaged at the facility level.
pctlocare_2011p_cty	% Low Care 2011+ (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who were low care, according to the broad definition. (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment. The 'broad' definition of low-care status is met if a resident does not require physical assistance in any of the four late-loss ADLs—bed mobility, transferring, using the toilet, and eating—and is not classified in either the 'Special Rehab' or 'Clinically Complex' Resource Utilization Group (RUG-IV). The facility average is then averaged at the county level.
pctlocare_2011p_sta	% Low Care 2011+ (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who were low care, according to the broad definition. (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment. The 'broad' definition of low-care status is met if a resident does not require physical assistance in any of the four late-loss ADLs—bed mobility, transferring, using the toilet, and eating—and is not classified in either the 'Special Rehab' or 'Clinically Complex' Resource Utilization Group (RUG-IV). The facility average is then averaged at the state level.
avgage	Average Age	number	2 decimal places	Resident Demographics	MDS (prevalence)	Average age of residents present on the 1st Thursday in April	The facility population on the 1st Thursday in April was found using the Residential History File (2000-2010) or the MDS assessments (2011+). Individual age was calculated using the date of birth from the Medicare denominator file. For individuals not covered by Medicare, age was calculated using the date of birth found on their most recent MDS assessment using Section AA: Identification Information, question 3 (2000-2010) or A0900 (2011+). All individual ages were then averaged to the facility level.
avgage_cty	Average Age	number	2 decimal places	Resident Demographics	MDS (prevalence)	Average age of residents residents on the 1st Thursday in April	The facility population on the 1st Thursday in April was found using the Residential History File (2000-2010) or the MDS assessments (2011+). Individual age was calculated using the date of birth from the Medicare denominator file. For individuals not covered by Medicare, age was calculated using the date of birth found on their most recent MDS assessment using Section AA: Identification Information, question 3 (2000-2010) or A0900 (2011+). All individual ages were then averaged to the county level.
avgage_sta	Average Age	number	2 decimal places	Resident Demographics	MDS (prevalence)	Average age of residents present on the 1st Thursday in April	The facility population on the 1st Thursday in April was found using the Residential History File (2000-2010) or the MDS assessments (2011+). Individual age was calculated using the date of birth from the Medicare denominator file. For individuals not covered by Medicare, age was calculated using the date of birth found on their most recent MDS assessment using Section AA: Identification Information, question 3 (2000-2010) or A0900 (2011+). All individual ages were then averaged to the state level.

pctfem	% Female (prevalence)	percent	2 decimal places	Resident Demographics	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are female	The facility population on the 1st Thursday in April was found using the Residential History File (2000-2010) or the MDS assessments (2011+). Each individual's sex was drawn from the MDS assessments using section AA: Identification Information, Question 2: Gender (2000-2010) or A0800 (2011+). The proportion of residents who are female was calculated at the facility level.
pctfem_cty	% Female (prevalence)	percent	2 decimal places	Resident Demographics	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are female	The facility population on the 1st Thursday in April was found using the Residential History File (2000-2010) or the MDS assessments (2011+). Each individual's sex was drawn from the MDS assessments using section AA: Identification Information, Question 2: Gender (2000-2010) or A0800 (2011+). The proportion of residents who are female was then aggregated to the county level.
pctfem_sta	% Female (prevalence)	percent	2 decimal places	Resident Demographics	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are female	The facility population on the 1st Thursday in April was found using the Residential History File (2000-2010) or the MDS assessments (2011+). Each individual's sex was drawn from the MDS assessments using section AA: Identification Information, Question 2: Gender (2000-2010) or A0800 (2011+). The proportion of residents who are female was then aggregated to the state level.
pctblack	% Black (prevalence)	percent	2 decimal places	Resident Demographics	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are Black	The Residential History File was used to establish facility, county, or state nursing home population on the 1st Thursday in April. Each individual's race was drawn from the most recent MDS assessment using Section AA: Identification Information, Question 4: Race/Ethnicity. If race was missing on the MDS it was drawn from the Medicare denominator file. On the MDS 'Black, not of Hispanic origin' is one of five race/ethnicity categories. The proportion of residents who are Black was calculated at the facility level.
pctblack_cty	% Black (prevalence)	percent	2 decimal places	Resident Demographics	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are Black	The Residential History File was used to establish facility, county, or state nursing home population on the 1st Thursday in April. Each individual's race was drawn from the most recent MDS assessment using Section AA: Identification Information, Question 4: Race/Ethnicity. If race was missing on the MDS it was drawn from the Medicare denominator file. On the MDS 'Black, not of Hispanic origin' is one of five race/ethnicity categories. The proportion of residents who are Black was then aggregated to the county level.
pctblack_sta	% Black (prevalence)	percent	2 decimal places	Resident Demographics	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are Black	The Residential History File was used to establish facility, county, or state nursing home population on the 1st Thursday in April. Each individual's race was drawn from the most recent MDS assessment using Section AA: Identification Information, Question 4: Race/Ethnicity. If race was missing on the MDS it was drawn from the Medicare denominator file. On the MDS 'Black, not of Hispanic origin' is one of five race/ethnicity categories. The proportion of residents who are Black was then aggregated to the state level.
pctblack_2011p	% Black 2011+ (prevalence)	percent	2 decimal places	Resident Demographics	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are Black (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment using Section A: Identification Information, Question A1000C: Race/Ethnicity, Black or African American. The proportion of residents in the facility who are Black was then calculated.
pctblack_2011p_cty	% Black 2011+ (prevalence)	percent	2 decimal places	Resident Demographics	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are Black (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment using Section A: Identification Information, Question A1000C: Race/Ethnicity, Black or African American. The proportion of residents who are Black was then aggregated to the county level.
pctblack_2011p_sta	% Black 2011+ (prevalence)	percent	2 decimal places	Resident Demographics	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are Black (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment using Section A: Identification Information, Question A1000C: Race/Ethnicity, Black or African American. The proportion of residents who are Black was then aggregated to the state level.
pcthisp	% Hispanic (prevalence)	percent	2 decimal places	Resident Demographics	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are Hispanic	The Residential History File was used to establish the facility, county, or state nursing home population on the 1st Thursday in April. Each individual's race was drawn from the most recent MDS assessment using Section AA: Identification Information, Question 4: Race/Ethnicity. If race was missing on the MDS it was drawn from the Medicare denominator file. On the MDS 'Hispanic' is one of five race/ethnicity categories. The proportion of residents who are Hispanic was calculated at the facility level.
pcthisp_cty	% Hispanic (prevalence)	percent	2 decimal places	Resident Demographics	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are Hispanic	The Residential History File was used to establish the facility, county, or state nursing home population on the 1st Thursday in April. Each individual's race was drawn from the most recent MDS assessment using Section AA: Identification Information, Question 4: Race/Ethnicity. If race was missing on the MDS it was drawn from the Medicare denominator file. On the MDS 'Hispanic' is one of five race/ethnicity categories. The proportion of residents who are Hispanic was then aggregated to the county level.
pcthisp_sta	% Hispanic (prevalence)	percent	2 decimal places	Resident Demographics	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are Hispanic	The Residential History File was used to establish the facility, county, or state nursing home population on the 1st Thursday in April. Each individual's race was drawn from the most recent MDS assessment using Section AA: Identification Information, Question 4: Race/Ethnicity. If race was missing on the MDS it was drawn from the Medicare denominator file. On the MDS 'Hispanic' is one of five race/ethnicity categories. The proportion of residents who are Hispanic was then aggregated to the state level.

pcthisp_2011p	% Hispanic 2011+ (prevalence)	percent	2 decimal places	Resident Demographics	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are Hispanic (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment using Section A: Identification Information, Question A1000D: Race/Ethnicity, Hispanic. The proportion of residents in the facility who are Hispanic was then calculated.
pcthisp_2011p_cty	% Hispanic 2011+ (prevalence)	percent	2 decimal places	Resident Demographics	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are Hispanic (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment using Section A: Identification Information, Question A1000D: Race/Ethnicity, Hispanic. The proportion of residents who are Hispanic was then aggregated to the county level.
pcthisp_2011p_sta	% Hispanic 2011+ (prevalence)	percent	2 decimal places	Resident Demographics	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are Hispanic (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment using Section A: Identification Information, Question A1000D: Race/Ethnicity, Hispanic. The proportion of residents who are Hispanic was then aggregated to the state level.
pctwhite	% White (prevalence)	percent	2 decimal places	Resident Demographics	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are White	The Residential History File was used to establish the facility, county, or state nursing home population on the 1st Thursday in April. Each individual's race was drawn from the most recent MDS assessment using Section AA: Identification Information, Question 4: Race/Ethnicity. If race was missing on the MDS it was drawn from the Medicare denominator file. On the MDS 'White' is one of five race/ethnicity categories. The proportion of residents who are White was calculated at the facility level.
pctwhite_cty	% White (prevalence)	percent	2 decimal places	Resident Demographics	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are White	The Residential History File was used to establish the facility, county, or state nursing home population on the 1st Thursday in April. Each individual's race was drawn from the most recent MDS assessment using Section AA: Identification Information, Question 4: Race/Ethnicity. If race was missing on the MDS it was drawn from the Medicare denominator file. On the MDS 'White' is one of five race/ethnicity categories. The proportion of residents who are White was then aggregated to the county level.
pctwhite_sta	% White (prevalence)	percent	2 decimal places	Resident Demographics	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are White	The Residential History File was used to establish the facility, county, or state nursing home population on the 1st Thursday in April. Each individual's race was drawn from the most recent MDS assessment using Section AA: Identification Information, Question 4: Race/Ethnicity. If race was missing on the MDS it was drawn from the Medicare denominator file. On the MDS 'White' is one of five race/ethnicity categories. The proportion of residents who are White was then aggregated to the state level.
pctwhite_2011p	% White 2011+ (prevalence)	percent	2 decimal places	Resident Demographics	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are White (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment using Section A: Identification Information, Question A1000F: Race/Ethnicity, White. The proportion of residents in the facility who are White was then calculated.
pctwhite_2011p_cty	% White 2011+ (prevalence)	percent	2 decimal places	Resident Demographics	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are White (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment using Section A: Identification Information, Question A1000F: Race/Ethnicity, White. The proportion of residents who are White was then aggregated to the county level.
pctwhite_2011p_sta	% White 2011+ (prevalence)	percent	2 decimal places	Resident Demographics	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are White (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment using Section A: Identification Information, Question A1000F: Race/Ethnicity, White. The proportion of residents who are White was then aggregated to the state level.
pctunder65	% < 65 Years Old (prevalence)	percent	2 decimal places	Resident Demographics	Medicare denominator	Proportion of residents present on 1st Thursday in April who are under 65 years old	The facility population on the 1st Thursday in April was found using the Residential History File (2000-2010) or the MDS assessments (2011+). Individual age was calculated using the date of birth from the Medicare denominator file. For individuals not covered by Medicare, age was calculated using the date of birth found on their most recent MDS assessment using Section AA: Identification Information, question 3 (2000-2010) or A0900 (2011+). The proportion of facility residents under age 65 was then calculated.
pctunder65_cty	% < 65 Years Old (prevalence)	percent	2 decimal places	Resident Demographics	Medicare denominator	Proportion of residents present on 1st Thursday in April who are under 65 years old	The facility population on the 1st Thursday in April was found using the Residential History File (2000-2010) or the MDS assessments (2011+). Individual age was calculated using the date of birth from the Medicare denominator file. For individuals not covered by Medicare, age was calculated using the date of birth found on their most recent MDS assessment using Section AA: Identification Information, question 3 (2000-2010) or A0900 (2011+). The proportion of facility residents under age 65 was then aggregated to the county level.
ptcunder65_sta	% < 65 Years Old (prevalence)	percent	2 decimal places	Resident Demographics	Medicare denominator	Proportion of residents present on 1st Thursday in April who are under 65 years old	The facility population on the 1st Thursday in April was found using the Residential History File (2000-2010) or the MDS assessments (2011+). Individual age was calculated using the date of birth from the Medicare denominator file. For individuals not covered by Medicare, age was calculated using the date of birth found on their most recent MDS assessment using Section AA: Identification Information, question 3 (2000-2010) or A0900 (2011+). The proportion of facility residents under age 65 was then aggregated to the state level.

avgadl	Long ADL (prevalence)	number	2 decimal places	Acuity	MDS (prevalence)	The average Activities of Daily Living (ADL) score for all residents present on the 1st Thursday in April.	The Residential History File was used to establish the population of all facilities in the state on the 1st Thursday in April. Individual scores were calculated from the Physical Functioning Self performance section of the MDS using Section G: Physical Functioning and Structural Problems, Question A: ADL self-performance. This score measures an individual's independence on 7 ADLs - bed mobility, transfer, locomotion on unit, dressing, eating, toilet use, and personal hygiene. If personal hygiene was missing on the MDS assessment, the score for dressing was used twice. Each ADL is scored from 0-4, with 0 indicating total independence in that ADL and 4 indicating total dependence in that ADL. The ADL score range is from 0 to 28, where 0 indicates completely independent and 28 completely dependent. All individuals' scores were then averaged.
avgadl_cty	Long ADL (prevalence)	number	2 decimal places	Acuity	MDS (prevalence)	The average Activities of Daily Living (ADL) score for all residents present on the 1st Thursday in April.	The Residential History File was used to establish the population of all facilities in the state on the 1st Thursday in April. Individual scores were calculated from the Physical Functioning Self performance section of the MDS using Section G: Physical Functioning and Structural Problems, Question A: ADL self-performance. This score measures an individual's independence on 7 ADLs - bed mobility, transfer, locomotion on unit, dressing, eating, toilet use, and personal hygiene. If personal hygiene was missing on the MDS assessment, the score for dressing was used twice. Each ADL is scored from 0-4, with 0 indicating total independence in that ADL and 4 indicating total dependence in that ADL. The ADL score range is from 0 to 28, where 0 indicates completely independent and 28 completely dependent. All individuals' scores were then aggregated to county level.
avgadl_sta	Long ADL (prevalence)	number	2 decimal places	Acuity	MDS (prevalence)	The average Activities of Daily Living (ADL) score for all residents present on the 1st Thursday in April.	The Residential History File was used to establish the population of all facilities in the state on the 1st Thursday in April. Individual scores were calculated from the Physical Functioning Self performance section of the MDS using Section G: Physical Functioning and Structural Problems, Question A: ADL self-performance. This score measures an individual's independence on 7 ADLs - bed mobility, transfer, locomotion on unit, dressing, eating, toilet use, and personal hygiene. If personal hygiene was missing on the MDS assessment, the score for dressing was used twice. Each ADL is scored from 0-4, with 0 indicating total independence in that ADL and 4 indicating total dependence in that ADL. The ADL score range is from 0 to 28, where 0 indicates completely independent and 28 completely dependent. All individuals' scores were then aggregated to the state level.
avgadl_2011p	Long ADL 2011+ (prevalence)	number	2 decimal places	Acuity	MDS (prevalence)	The average Activities of Daily Living (ADL) score for all residents present on the 1st Thursday in April. (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment using Section G: Functional Status, self-performance. This score measures an individual's independence on 7 ADLs - bed mobility, transfer, locomotion on unit, dressing, eating, toilet use, and personal hygiene. Each ADL is scored from 0-4, with 0 indicating total independence in that ADL and 4 indicating total dependence in that ADL, or the activity didn't occur. The ADL score range is from 0 to 28, where 0 indicates completely independent and 28 completely dependent. All individuals' scores were then averaged.
avgadl_2011p_cty	Long ADL 2011+ (prevalence)	number	2 decimal places	Acuity	MDS (prevalence)	The average Activities of Daily Living (ADL) score for all residents present on the 1st Thursday in April. (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment using Section G: Functional Status, self-performance. This score measures an individual's independence on 7 ADLs - bed mobility, transfer, locomotion on unit, dressing, eating, toilet use, and personal hygiene. Each ADL is scored from 0-4, with 0 indicating total independence in that ADL and 4 indicating total dependence in that ADL, or the activity didn't occur. The ADL score range is from 0 to 28, where 0 indicates completely independent and 28 completely dependent. All individuals' scores were then averaged. All individuals' scores were then averaged to county level.
avgadl_2011p_sta	Long ADL 2011+ (prevalence)	number	2 decimal places	Acuity	MDS (prevalence)	The average Activities of Daily Living (ADL) score for all residents present on the 1st Thursday in April. (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment using Section G: Functional Status, self-performance. This score measures an individual's independence on 7 ADLs - bed mobility, transfer, locomotion on unit, dressing, eating, toilet use, and personal hygiene. Each ADL is scored from 0-4, with 0 indicating total independence in that ADL and 4 indicating total dependence in that ADL, or the activity didn't occur. The ADL score range is from 0 to 28, where 0 indicates completely independent and 28 completely dependent. All individuals' scores were then averaged. All individuals' scores were then averaged to state level.
pctlowcps	% CPS = 0, 1, 2 (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April with a Cognitive Performance Scale (CPS) score of 0, 1, or 2 (low cognitive impairment).	The Residential History File was used to establish facility population on the 1st Thursday in April. Each individual's Cognitive Performance Score (CPS) was calculated from the most recent MDS assessment and the proportion of residents with a CPS score of 0, 1, or 2 was then calculated.
pctlowcps_cty	% CPS = 0, 1, 2 (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April with a Cognitive Performance Scale (CPS) score of 0, 1, or 2 (low cognitive impairment).	The Residential History File was used to establish facility population on the 1st Thursday in April. Each individual's Cognitive Performance Score (CPS) was calculated from the most recent MDS assessment and the proportion of residents with a CPS score of 0, 1, or 2 was then calculated. This proportion was then aggregated to the county level.

pctlowcps_sta	% CPS = 0, 1, 2 (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April with a Cognitive Performance Scale (CPS) score of 0, 1, or 2 (low cognitive impairment).	The Residential History File was used to establish facility population on the 1st Thursday in April. Each individual's Cognitive Performance Score (CPS) was calculated from the most recent MDS assessment and the proportion of residents with a CPS score of 0, 1, or 2 was calculated. This proportion was then aggregated to the state level.
pctlowcfs	% CFS = 1 (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April with a Cognitive Function Scale (CFS) score of 1 (low cognitive impairment).	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. Each individual's Cognitive Function Scale (CFS) score was calculated using the most recent MDS assessment. The CFS uses the newly available Brief Interview of Mental Status (BIMS) and integrates self-reported and staff-reported data on cognitive function. The proportion of residents with a CFS score of 1 (low cognitive impairment) was calculated.
pctlowcfs_cty	% CFS = 1 (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April with a Cognitive Function Scale (CFS) score of 1 (low cognitive impairment).	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. Each individual's Cognitive Function Scale (CFS) score was calculated using the most recent MDS assessment. The CFS uses the newly available Brief Interview of Mental Status (BIMS) and integrates self-reported and staff-reported data on cognitive function. The proportion of residents with a CFS score of 1 (low cognitive impairment) was calculated and aggregated to the county level.
pctlowcfs_sta	% CFS = 1 (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April with a Cognitive Function Scale (CFS) score of 1 (low cognitive impairment).	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. Each individual's Cognitive Function Scale (CFS) score was calculated using the most recent MDS assessment. The CFS uses the newly available Brief Interview of Mental Status (BIMS) and integrates self-reported and staff-reported data on cognitive function. The proportion of residents with a CFS score of 1 (low cognitive impairment) was calculated and aggregated to the state level.
pctmidcps	% CPS = 3, 4 (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April with a Cognitive Performance Scale (CPS) score of 3 or 4 (moderate cognitive impairment).	The Residential History File was used to establish facility population on the 1st Thursday in April. Each individual's Cognitive Performance Score (CPS) was calculated from the most recent MDS assessment and the proportion of residents with a CPS score of 3 or 4 was then calculated.
pctmidcps_cty	% CPS = 3, 4 (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April with a Cognitive Performance Scale (CPS) score of 3 or 4 (moderate cognitive impairment).	The Residential History File was used to establish facility population on the 1st Thursday in April. Each individual's Cognitive Performance Score (CPS) was calculated from the most recent MDS assessment and the proportion of residents with a CPS score of 3 or 4 was then calculated. This proportion was then aggregated to the county level.
pctmidcps_sta	% CPS = 3, 4 (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April with a Cognitive Performance Scale (CPS) score of 3 or 4 (moderate cognitive impairment).	The Residential History File was used to establish facility population on the 1st Thursday in April. Each individual's Cognitive Performance Score (CPS) was calculated from the most recent MDS assessment and the proportion of residents with a CPS score of 3 or 4 was then calculated. This proportion was then aggregated to the state level.
pctmidcfs	% CFS = 2,3 (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April with a Cognitive Function Scale (CFS) score of 2 or 3 (moderate cognitive impairment).	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. Each individual's Cognitive Function Scale (CFS) score was calculated using the most recent MDS assessment. The CFS uses the newly available Brief Interview of Mental Status (BIMS) and integrates self-reported and staff-reported data on cognitive function. The proportion of residents with a CFS score of 2 or 3 (moderate cognitive impairment) was calculated.
pctmidcfs_cty	% CFS = 2,3 (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April with a Cognitive Function Scale (CFS) score of 2 or 3 (moderate cognitive impairment).	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. Each individual's Cognitive Function Scale (CFS) score was calculated using the most recent MDS assessment. The CFS uses the newly available Brief Interview of Mental Status (BIMS) and integrates self-reported and staff-reported data on cognitive function. The proportion of residents with a CFS score of 2 or 3 (moderate cognitive impairment) was calculated and aggregated to the county level.
pctmidcfs_sta	% CFS = 2,3 (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents presents on the 1st Thursday in April with a Cognitive Function Scale (CFS) score of 2 or 3 (moderate cognitive impairment).	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. Each individual's Cognitive Function Scale (CFS) score was calculated using the most recent MDS assessment. The CFS uses the newly available Brief Interview of Mental Status (BIMS) and integrates self-reported and staff-reported data on cognitive function. The proportion of residents with a CFS score of 2 or 3 (moderate cognitive impairment) was calculated and aggregated to the state level.
pcthighcps	% CPS = 5, 6 (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April with a Cognitive Performance Scale (CPS) score of 5 or 6 (severe cognitive impairment).	The Residential History File was used to establish facility population on the 1st Thursday in April. Each individual's Cognitive Performance Score (CPS) was calculated from the most recent MDS assessment and the proportion of residents with a CPS score of 5 or 6 was then calculated.
pcthighcps_cty	% CPS = 5, 6 (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April with a Cognitive Performance Scale (CPS) score of 5 or 6 (severe cognitive impairment).	The Residential History File was used to establish facility population on the 1st Thursday in April. Each individual's Cognitive Performance Score (CPS) was calculated from the most recent MDS assessment and the proportion of residents with a CPS score of 5 or 6 was then calculated. This proportion was then aggregated to the county level.
pcthighcps_sta	% CPS = 5, 6 (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April with a Cognitive Performance Scale (CPS) score of 5 or 6 (severe cognitive impairment).	The Residential History File was used to establish facility population on the 1st Thursday in April. Each individual's Cognitive Performance Score (CPS) was calculated from the most recent MDS assessment and the proportion of residents with a CPS score of 5 or 6 was then calculated. This proportion was then aggregated to the state level.

pcthighcfs	% CFS = 4 (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April with a Cognitive Function Scale (CFS) score of 4 (severe cognitive impairment).	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. Each individual's Cognitive Function Scale (CFS) score was calculated using the most recent MDS assessment. The CFS uses the newly available Brief Interview of Mental Status (BIMS) and integrates self-reported and staff-reported data on cognitive function. The proportion of residents with a CFS score of 4 (severe cognitive impairment) was calculated.
pcthighcfs_cty	% CFS = 4 (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April with a Cognitive Function Scale (CFS) score of 4 (severe cognitive impairment).	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. Each individual's Cognitive Function Scale (CFS) score was calculated using the most recent MDS assessment. The CFS uses the newly available Brief Interview of Mental Status (BIMS) and integrates self-reported and staff-reported data on cognitive function. The proportion of residents with a CFS score of 4 (severe cognitive impairment) was calculated and aggregated to the county level.
pcthighcfs_sta	% CFS = 4 (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April with a Cognitive Function Scale (CFS) score of 4 (severe cognitive impairment).	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. Each individual's Cognitive Function Scale (CFS) score was calculated using the most recent MDS assessment. The CFS uses the newly available Brief Interview of Mental Status (BIMS) and integrates self-reported and staff-reported data on cognitive function. The proportion of residents with a CFS score of 4 (severe cognitive impairment) was calculated and aggregated to the state level.
pctdnr	% DNR (prevalence)	percent	2 decimal places	Resident Demographics	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are Do Not Resuscitate	The Residential History File was used to establish facility, county. or state nursing home population on the 1st Thursday in April. Each individual's Do Not Resuscitate (DNR) status was drawn from the most recent MDS admission or annual assessment using Section A: Identification and Background Information, Question 10b: Advanced directives, DNR. the proportion of residents with a 'yes' (indicating the resident has a filed DNR order) was calculated.
pctdnr_cty	% DNR (prevalence)	percent	2 decimal places	Resident Demographics	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are Do Not Resuscitate	The Residential History File was used to establish facility, county, or state nursing home population on the 1st Thursday in April. Each individual's Do Not Resuscitate (DNR) status was drawn from the most recent MDS admission or annual assessment using Section A: Identification and Background Information, Question 10b: Advanced directives, DNR. the proportion of residents with a 'yes' (indicating the resident has a filed DNR order) was calculated and aggregated to the county level.
pctdnr_sta	% DNR (prevalence)	percent	2 decimal places	Resident Demographics	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are Do Not Resuscitate	The Residential History File was used to establish facility, county, or state nursing home population on the 1st Thursday in April. Each individual's Do Not Resuscitate (DNR) status was drawn from the most recent MDS admission or annual assessment using Section A: Identification and Background Information, Question 10b: Advanced directives, DNR. the proportion of residents with a 'yes' (indicating the resident has a filed DNR order) was calculated and aggregated to the state level.
pctbedft	% Bedfast (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are bedfast	The Residential History File was used to establish facility, county, or state nursing home population on the 1st Thursday in April. Whether or not an individual was bedfast was drawn from the most recent MDS using Section G: Physical Functioning and Structural Problems, Question 6: Modes of Transfer, Bedfast all or most of the time. The proportion of residents with a 'yes' (indicating the resident is bedfast) was calculated.
pctbedft_cty	% Bedfast (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are bedfast	The Residential History File was used to establish facility, county, or state nursing home population on the 1st Thursday in April. Whether or not an individual was bedfast was drawn from the most recent MDS using Section G: Physical Functioning and Structural Problems, Question 6: Modes of Transfer, Bedfast all or most of the time. The proportion of residents with a 'yes' (indicating the resident is bedfast) was calculated and aggregated to the county level.
pctbedft_sta	% Bedfast (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are bedfast	The Residential History File was used to establish facility, county, or state nursing home population on the 1st Thursday in April. Whether or not an individual was bedfast was drawn from the most recent MDS using Section G: Physical Functioning and Structural Problems, Question 6: Modes of Transfer, Bedfast all or most of the time. The proportion of residents with a 'yes' (indicating the resident is bedfast) was calculated and aggregated to the state level.
pctbedft_2011p	% Bedfast 2011+ (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are bedfast (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. Whether or not an individual was bedfast was drawn from the most recent MDS using Section G: Functional Status, question G0110B values 4 or 8 (total dependence for transferring between surfaces). The proportion of residents with a 'yes' (indicating the resident is bedfast) was calculated.
pctbedft_2011p_cty	% Bedfast 2011+ (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are bedfast (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. Whether or not an individual was bedfast was drawn from the most recent MDS using Section G: Functional Status, question G0110B values 4 or 8 (total dependence for transferring between surfaces). The proportion of residents with a 'yes' (indicating the resident is bedfast) was calculated and aggregated to the county level.

pctbedft_2011p_sta	% Bedfast 2011+ (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are bedfast (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. Whether or not an individual was bedfast was drawn from the most recent MDS using Section G: Functional Status, question G0110B values 4 or 8 (total dependence for transferring between surfaces). The proportion of residents with a 'yes' (indicating the resident is bedfast) was calculated and aggregated to the state level.
pctwalking	% Walk Independently in Corridor (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who can walk in corridor	The facility population on the 1st Thursday in April was found using the Residential History File (2000-2010) or the MDS assessments (2011+). Whether or not an individual was walking independently was drawn from the most recent MDS using section G, question 1A, part d ('walk in corridor,' 2000-2010) or G0110D1 ('walk in corridor,' 2011+). The proportion of residents with a 0 (independent) was calculated.
pctwalking_cty	% Walk Independently in Corridor (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who can walk in corridor	The facility population on the 1st Thursday in April was found using the Residential History File (2000-2010) or the MDS assessments (2011+). Whether or not an individual was walking independently was drawn from the most recent MDS using section G, question 1A, part d ('walk in corridor,' 2000-2010) or G0110D1 ('walk in corridor,' 2011+). The proportion of residents with a 0 (independent) was calculated and aggregated to the county level.
pctwalking_sta	% Walk Independently in Corridor (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who can walk in corridor	The facility population on the 1st Thursday in April was found using the Residential History File (2000-2010) or the MDS assessments (2011+). Whether or not an individual was walking independently was drawn from the most recent MDS using section G, question 1A, part d ('walk in corridor,' 2000-2010) or G0110D1 ('walk in corridor,' 2011+). The proportion of residents with a 0 (independent) was calculated and aggregated to the state level.
pctincont_bowel	% Bowel Incontinent (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are bowel incontinent	The Residential History File was used to establish facility, county, or state nursing home population on the 1st Thursday in April. Whether or not an individual was bowel incontinent was drawn from the most recent MDS using Section H: Continence in last 14 days, Question 1a, values 2, 3, or 4 (indicating 'occasionally,' 'frequently,' or 'always' incontinent in the past 14 days). The proportion of residents who are bowel incontinent was then calculated.
pctincont_bowel_cty	% Bowel Incontinent (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are bowel incontinent	The Residential History File was used to establish facility, county, or state nursing home population on the 1st Thursday in April. Whether or not an individual was bowel incontinent was drawn from the most recent MDS using Section H: Continence in last 14 days, Question 1a, values 2, 3, or 4 (indicating 'occasionally,' 'frequently,' or 'always' incontinent in the past 14 days). The proportion of residents who are bowel incontinent was then calculated and aggregated to the county level.
pctincont_bowel_sta	% Bowel Incontinent (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are bowel incontinent	The Residential History File was used to establish facility, county, or state nursing home population on the 1st Thursday in April. Whether or not an individual was bowel incontinent was drawn from the most recent MDS using Section H: Continence in last 14 days, Question 1a, values 2, 3, or 4 (indicating 'occasionally,' 'frequently,' or 'always' incontinent in the past 14 days). The proportion of residents who are bowel incontinent was then calculated and aggregated to the state level.
pctincont_bowel_2011p	% Bowel Incontinent 2011+ (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are bowel incontinent (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment using Section H: Bladder and Bowel, Question H0400, values 1, 2 or 3 (indicating 'occasionally,' 'frequently,' or 'always' incontinent in the past 7 days). The proportion of residents who are bowel incontinent was then calculated.
pctincont_bowel_2011p_cty	% Bowel Incontinent 2011+ (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are bowel incontinent (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment using Section H: Bladder and Bowel, Question H0400, values 1, 2 or 3 (indicating 'occasionally,' 'frequently,' or 'always' incontinent in the past 7 days). The proportion of residents who are bowel incontinent was then calculated and aggregated to the county level.
pctincont_bowel_2011p_sta	% Bowel Incontinent 2011+ (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are bowel incontinent (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment using Section H: Bladder and Bowel, Question H0400, values 1, 2 or 3 (indicating 'occasionally,' 'frequently,' or 'always' incontinent in the past 7 days). The proportion of residents who are bowel incontinent was then calculated and aggregated to the state level.
pctincont_bladr	% Bladder Incontinent (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are bladder incontinent	The Residential History File was used to establish facility, county, or state nursing home population on the 1st Thursday in April. Whether or not an individual was bowel incontinent was drawn from the most recent MDS using Section H: Continence in last 14 days, Question 1b, values 2, 3, or 4 (indicating 'occasionally,' 'frequently,' or 'always' incontinent in the past 14 days). The proportion of residents who are bladder incontinent was then calculated.
pctincont_bladr_cty	% Bladder Incontinent (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are bladder incontinent	The Residential History File was used to establish facility, county, or state nursing home population on the 1st Thursday in April. Whether or not an individual was bowel incontinent was drawn from the most recent MDS using Section H: Continence in last 14 days, Question 1b, values 2, 3, or 4 (indicating 'occasionally,' 'frequently,' or 'always' incontinent in the past 14 days). The proportion of residents who are bladder incontinent was then calculated and aggregated to the county level.

pctincont_bladr_sta	% Bladder Incontinent (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are bladder incontinent	The Residential History File was used to establish facility, county, or state nursing home population on the 1st Thursday in April. Whether or not an individual was bowel incontinent was drawn from the most recent MDS using Section H: Continence in last 14 days, Question 1b, values 2, 3, or 4 (indicating 'occasionally,' 'frequently,' or 'always' incontinent in the past 14 days). The proportion of residents who are bladder incontinent was then calculated and aggregated to the state level.
pctincont_bladr_2011p	% Bladder Incontinent 2011+ (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are bladder incontinent (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment using Section H: Bladder and Bowel, Question H0300, values 1, 2 or 3 (indicating 'occasionally,' 'frequently,' or 'always' incontinent in the past 7 days). The proportion of residents who are bladder incontinent was then calculated.
pctincont_bladr_2011p_cty	% Bladder Incontinent 2011+ (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are bladder incontinent (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment using Section H: Bladder and Bowel, Question H0300, values 1, 2 or 3 (indicating 'occasionally,' 'frequently,' or 'always' incontinent in the past 7 days). The proportion of residents who are bladder incontinent was then calculated and aggregated to the county level.
pctincont_bladr_2011p_sta	% Bladder Incontinent 2011+ (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are bladder incontinent (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment using Section H: Bladder and Bowel, Question H0300, values 1, 2 or 3 (indicating 'occasionally,' 'frequently,' or 'always' incontinent in the past 7 days). The proportion of residents who are bladder incontinent was then calculated and aggregated to the state level.
pctcath	% Catheter (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who have a catheter	The Residential History File was used to establish the population of residents in all nursing facilities on the 1st Thursday in April. Whether an individual had an indwelling catheter was drawn from the most recent MDS assessment using Section H: Continence in last 14 days, Question 3d: Appliances and Programs, Indwelling Catheter. The proportion of residents who have a catheter was then calculated.
pctcath_cty	% Catheter (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who have a catheter	The Residential History File was used to establish the population of residents in all nursing facilities on the 1st Thursday in April. Whether an individual had an indwelling catheter was drawn from the most recent MDS assessment using Section H: Continence in last 14 days, Question 3d: Appliances and Programs, Indwelling Catheter. The proportion of residents who have a catheter was then calculated and aggregated to the county level.
pctcath_sta	% Catheter (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who have a catheter	The Residential History File was used to establish the population of residents in all nursing facilities on the 1st Thursday in April. Whether an individual had an indwelling catheter was drawn from the most recent MDS assessment using Section H: Continence in last 14 days, Question 3d: Appliances and Programs, Indwelling Catheter. The proportion of residents who have a catheter was then calculated and aggregated to the state level.
pctcath_2011p	% Catheter 2011+ (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who have a catheter (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment using Section H: Bladder and Bowel, Question H0100A: Indwelling catheter in last 7 days. The proportion of residents with a catheter was then calculated.
pctcath_2011p_cty	% Catheter 2011+ (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who have a catheter (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment using Section H: Bladder and Bowel, Question H0100A: Indwelling catheter in last 7 days. The proportion of residents with a catheter was then calculated and aggregated to the county level.
pctcath_2011p_sta	% Catheter 2011+ (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who have a catheter (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment using Section H: Bladder and Bowel, Question H0100A: Indwelling catheter in last 7 days. The proportion of residents with a catheter was then calculated and aggregated to the state level.
pctchf	% CHF (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who have congestive heart failure	The facility population on the 1st Thursday in April was found using the Residential History File (2000-2010) or the MDS assessments (2011+). Whether an individual had congestive heart failure was drawn from the most recent MDS assessment using Section I: Disease Diagnoses, Question 1f (2000-2010) or Section I: Active Diagnoses, Question I0600 (2011+). Note that the MDS instructions state to check only those diseases that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death. The proportion of residents with CHF was then calculated.
pctchf_cty	% CHF (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who have congestive heart failure	The facility population on the 1st Thursday in April was found using the Residential History File (2000-2010) or the MDS assessments (2011+). Whether an individual had congestive heart failure was drawn from the most recent MDS assessment using Section I: Disease Diagnoses, Question 1f (2000-2010) or Section I: Active Diagnoses, Question I0600 (2011+). Note that the MDS instructions state to check only those diseases that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death. The proportion of residents with CHF was then calculated and aggregated to the county level.

pctchf_sta	% CHF (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who have congestive heart failure	The facility population on the 1st Thursday in April was found using the Residential History File (2000-2010) or the MDS assessments (2011+). Whether an individual had congestive heart failure was drawn from the most recent MDS assessment using Section I: Disease Diagnoses, Question 1f (2000-2010) or Section I: Active Diagnoses, Question I0600 (2011+). Note that the MDS instructions state to check only those diseases that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death. The proportion of residents with CHF was then calculated and aggregated to the state level.
pcthyper	% Hypertension (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April with hypertension	The facility population on the 1st Thursday in April was found using the Residential History File (2000-2010) or the MDS assessments (2011+). Whether an individual had hypertension was drawn from the most recent MDS assessment using Section I: Disease Diagnoses, Question 1h (2000-2010) or Section I: Active Diagnoses, Question I0700 (2011+). Note that the MDS instructions state 'check only those diseases that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death.' The proportion of residents with hypertension was then calculated.
pcthyper_cty	% Hypertension (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April with hypertension	The facility population on the 1st Thursday in April was found using the Residential History File (2000-2010) or the MDS assessments (2011+). Whether an individual had hypertension was drawn from the most recent MDS assessment using Section I: Disease Diagnoses, Question 1h (2000-2010) or Section I: Active Diagnoses, Question I0700 (2011+). Note that the MDS instructions state 'check only those diseases that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death.' The proportion of residents with hypertension was then calculated and aggregated to the county level.
pcthyper_sta	% Hypertension (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April with hypertension	The facility population on the 1st Thursday in April was found using the Residential History File (2000-2010) or the MDS assessments (2011+). Whether an individual had hypertension was drawn from the most recent MDS assessment using Section I: Disease Diagnoses, Question 1h (2000-2010) or Section I: Active Diagnoses, Question I0700 (2011+). Note that the MDS instructions state 'check only those diseases that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death.' The proportion of residents with hypertension was then calculated and aggregated to the state level.
pctschiz_bipol	% Schizophrenic or Bi-polar (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April with Schizophrenia or Bi-polar Disorder	The facility population on the 1st Thursday in April was found using the Residential History File (2000-2010) or the MDS assessments (2011+). Whether an individual had schizophrenia and/or bi-polar disorder was drawn from the most recent MDS assessment using Section I: Disease Diagnoses: questions 1ff (Bipolar disease) or 1gg (Schizophrenia) (2000-2010); OR Section I: Active Diagnoses, Questions I5900 (Bipolar Disease) or I6000 (Schizophrenia) (2011+). Note that the MDS instructions state 'check only those diseases that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death.' The proportion of residents with hypertension was then calculated.
pctschiz_bipol_cty	% Schizophrenic or Bi-polar (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April with Schizophrenia or Bi-polar Disorder	The facility population on the 1st Thursday in April was found using the Residential History File (2000-2010) or the MDS assessments (2011+). Whether an individual had schizophrenia and/or bi-polar disorder was drawn from the most recent MDS assessment using Section I: Disease Diagnoses: questions 1ff (Bipolar disease) or 1gg (Schizophrenia) (2000-2010); OR Section I: Active Diagnoses, Questions I5900 (Bipolar Disease) or I6000 (Schizophrenia) (2011+). Note that the MDS instructions state 'check only those diseases that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death.' The proportion of residents with hypertension was then calculated and aggregated to the county level.
pctschiz_bipol_sta	% Schizophrenic or Bi-polar (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April with Schizophrenia or Bi-polar Disorder	The facility population on the 1st Thursday in April was found using the Residential History File (2000-2010) or the MDS assessments (2011+). Whether an individual had schizophrenia and/or bi-polar disorder was drawn from the most recent MDS assessment using Section I: Disease Diagnoses: questions 1ff (Bipolar disease) or 1gg (Schizophrenia) (2000-2010); OR Section I: Active Diagnoses, Questions I5900 (Bipolar Disease) or I6000 (Schizophrenia) (2011+). Note that the MDS instructions state 'check only those diseases that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death.' The proportion of residents with hypertension was then calculated and aggregated to the state level.
pctvent	% Ventilator (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are on a ventilator	The Residential History File was used to establish facility, county, or state nursing home population on the 1st Thursday in April. Whether an individual was being treated with a ventilator/respirator was drawn from the most recent MDS assessment using Section P: Special treatments and procedures received during the last 14 days, question 1l: Ventilator/respirator. The proportion of residents with a ventilator was calculated.

pctvent_cty	% Ventilator (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are on a ventilator	The Residential History File was used to establish facility, county, or state nursing home population on the 1st Thursday in April. Whether an individual was being treated with a ventilator/respirator was drawn from the most recent MDS assessment using Section P: Special treatments and procedures received during the last 14 days, question 1l: Ventilator/respirator. The proportion of residents with a ventilator was calculated and aggregated to the county level.
pctvent_sta	% Ventilator (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are on a ventilator	The Residential History File was used to establish facility, county, or state nursing home population on the 1st Thursday in April. Whether an individual was being treated with a ventilator/respirator was drawn from the most recent MDS assessment using Section P: Special treatments and procedures received during the last 14 days, question 1l: Ventilator/respirator. The proportion of residents with a ventilator was calculated and aggregated to the state.
pctvent_2011p	% Ventilator 2011+ (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are on a ventilator (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment using Section O: Special Treatments, Procedures and Programs, Question I0100F2: Ventilator or Respirator while a resident during the last 14 days. The proportion of residents who were on a ventilator was then calculated.
pctvent_2011p_cty	% Ventilator 2011+ (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are on a ventilator (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment using Section O: Special Treatments, Procedures and Programs, Question I0100F2: Ventilator or Respirator while a resident during the last 14 days. The proportion of residents who were on a ventilator was then calculated and aggregated to the county level.
pctvent_2011p_sta	% Ventilator 2011+ (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who are on a ventilator (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment using Section O: Special Treatments, Procedures and Programs, Question I0100F2: Ventilator or Respirator while a resident during the last 14 days. The proportion of residents who were on a ventilator was then calculated and aggregated to the state level.
pctuti	% UTI (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April with a urinary tract infection	The facility population on the 1st Thursday in April was found using the Residential History File (2000-2010) or the MDS assessments (2011+). Whether an individual had a urinary tract infection (UTI) was drawn from the most recent MDS using Section I: Disease Diagnoses, Question 2c (Urinary tract infection in last 30 days) (2000-2010) or Section I: Active Diagnoses, Question I2300 (Urinary Tract Infection in last 30 days) (2011+). The proportion of residents with a UTI was calculated.
pctuti_cty	% UTI (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present in the county on the 1st Thursday in April with a urinary tract infection	The facility population on the 1st Thursday in April was found using the Residential History File (2000-2010) or the MDS assessments (2011+). Whether an individual had a urinary tract infection (UTI) was drawn from the most recent MDS using Section I: Disease Diagnoses, Question 2c (Urinary tract infection in last 30 days) (2000-2010) or Section I: Active Diagnoses, Question I2300 (Urinary Tract Infection in last 30 days) (2011+). The proportion of residents with a UTI was calculated and aggregated to the county level.
pctuti_sta	% UTI (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present in the state on the 1st Thursday in April with a urinary tract infection	The facility population on the 1st Thursday in April was found using the Residential History File (2000-2010) or the MDS assessments (2011+). Whether an individual had a urinary tract infection (UTI) was drawn from the most recent MDS using Section I: Disease Diagnoses, Question 2c (Urinary tract infection in last 30 days) (2000-2010) or Section I: Active Diagnoses, Question I2300 (Urinary Tract Infection in last 30 days) (2011+). The proportion of residents with a UTI was calculated and aggregated to the state level.
pctfall30	% Fallen (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who have fallen in the last 30 days	The Residential History File was used to establish facility, county, or state nursing home population on the 1st Thursday in April. Whether an individual had fallen in the last 30 days was drawn from the most recent MDS assessment using Section J: Health Conditions, Question 4: Fell in past 30 days. The proportion of residents who had fallen in the past 30 days was then calculated.
pctfall30_cty	% Fallen (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who have fallen in the last 30 days	The Residential History File was used to establish facility, county, or state nursing home population on the 1st Thursday in April. Whether an individual had fallen in the last 30 days was drawn from the most recent MDS assessment using Section J: Health Conditions, Question 4: Fell in past 30 days. The proportion of residents who had fallen in the past 30 days was then calculated and aggregated to the county level.
pctfall30_sta	% Fallen (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who have fallen in the last 30 days	The Residential History File was used to establish facility, county, or state nursing home population on the 1st Thursday in April. Whether an individual had fallen in the last 30 days was drawn from the most recent MDS assessment using Section J: Health Conditions, Question 4: Fell in past 30 days. The proportion of residents who had fallen in the past 30 days was then calculated and aggregated to the state level.
pctfall30_2011p	% Fallen 2011+ (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who have fallen since admission or prior assessment (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment using Section J: Heath Conditions, Question J1800: Any falls since admission or the prior assessment. The proportion of residents who had fallen since admission or prior assessment was then calculated.

pctfall30_2011p_cty	% Fallen 2011+ (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who have fallen since admission or prior assessment (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment using Section J: Heath Conditions, Question J1800: Any falls since admission or the prior assessment. The proportion of residents who had fallen since admission or prior assessment was then calculated and aggregated to the county level.
pctfall30_2011p_sta	% Fallen 2011+ (prevalence)	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who have fallen since admission or prior assessment (2011+)	MDS assessments were used to establish the population of residents in all nursing facilities on the 1st Thursday in April. This measure was calculated from the most recent MDS assessment using Section J: Heath Conditions, Question J1800: Any falls since admission or the prior assessment. The proportion of residents who had fallen since admission or prior assessment was then calculated and aggregated to the state level.
avgrxnum	Average # Meds (prevalence)	number	2 decimal places	Acuity	MDS (prevalence)	Average number of medications in the past 7 days per resident present on the 1st Thursday in April	The Residential History File was used to establish the population of residents in all nursing facilities on the 1st Thursday in April. The number of different medications each individual received in the past 7 days was drawn from the most recent MDS assessment using Section O: Medications, Question 1: Number of Medications used in last seven days. The average number of different medications taken by residents in the past 7 days was calculated.
avgrxnum_cty	Average # Meds (prevalence)	number	2 decimal places	Acuity	MDS (prevalence)	Average number of medications in the past 7 days per resident present on the 1st Thursday in April	The Residential History File was used to establish the population of residents in all nursing facilities on the 1st Thursday in April. The number of different medications each individual received in the past 7 days was drawn from the most recent MDS assessment using Section O: Medications, Question 1: Number of Medications used in last seven days. The average number of different medications taken by residents in the past 7 days was calculated and aggregated to the county level.
avgrxnum_sta	Average # Meds (prevalence)	number	2 decimal places	Acuity	MDS (prevalence)	Average number of medications in the past 7 days per resident present on the 1st Thursday in April	The Residential History File was used to establish the population of residents in all nursing facilities on the 1st Thursday in April. The number of different medications each individual received in the past 7 days was drawn from the most recent MDS assessment using Section O: Medications, Question 1: Number of Medications used in last seven days. The average number of different medications taken by residents in the past 7 days was calculated and aggregated to the state level.
prevHIV	HIV patients	text	NA	Resident Demographics	MDS (prevalence)	Indicates whether on the 1st Thursday in April the facility had any residents with HIV or the proportion of facilities with at least one HIV positive resident	The Residential History File was used to establish facility population on the 1st Thursday in April. Whether a resident was HIV positive was drawn from the most recent MDS assessment using Section I: Diseases, Question 2: Infections. This variable indicates whether any facility residents were HIV positive.
prevHIV_cty	HIV patients	percent	2 decimal places	Resident Demographics	MDS (prevalence)	Indicates whether on the 1st Thursday in April the facility had any residents with HIV or the proportion of facilities with at least one HIV positive resident	The Residential History File was used to establish facility population on the 1st Thursday in April. Whether a resident was HIV positive was drawn from the most recent MDS assessment using Section I: Diseases, Question 2: Infections. Using the facility level variable indicating whether or not a facility had any HIV positive residents on the 1st Thursday in April we aggregated to the county level to determine the proportion of facilities with any HIV positive residents.
prevHIV_sta	HIV patients	percent	2 decimal places	Resident Demographics	MDS (prevalence)	Indicates whether on the 1st Thursday in April the facility had any residents with HIV or the proportion of facilities with at least one HIV positive resident	The Residential History File was used to establish facility population on the 1st Thursday in April. Whether a resident was HIV positive was drawn from the most recent MDS assessment using Section I: Diseases, Question 2: Infections. Using the facility level variable indicating whether or not a facility had any HIV positive residents on the 1st Thursday in April we aggregated to the state level to determine the proportion of facilities with any HIV positive residents.
pctobese	% obese	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who had a body mass index (BMI) of 35 or higher.	The facility population on the 1st Thursday in April was found using the Residential History File (2000-2010) or the MDS assessments (2011+). The proportion of residents with a body mass index (BMI) of 35 or greater was then calculated using the height and weight data from the most recent MDS assessment using Section K: Oral/Nutritional Status, Questions 1a (height in inches) and 1b (weight in lbs.) (2000-2010) or Section K: Swallowing/Nutritional Status, Questions K0200A (height in inches) and K0200B (weight in lbs.) (2011+). Calculations resulting in highly improbable BMI (<10 or >60) were set to missing. The proportion of residents with a BMI 35 or greater was calculated.
pctobese_cty	% obese	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who had a body mass index (BMI) of 35 or higher.	The facility population on the 1st Thursday in April was found using the Residential History File (2000-2010) or the MDS assessments (2011+). The proportion of residents with a body mass index (BMI) of 35 or greater was then calculated using the height and weight data from the most recent MDS assessment using Section K: Oral/Nutritional Status, Questions 1a (height in inches) and 1b (weight in lbs.) (2000-2010) or Section K: Swallowing/Nutritional Status, Questions K0200A (height in inches) and K0200B (weight in lbs.) (2011+). Calculations resulting in highly improbable BMI (<10 or >60) were set to missing. The proportion of residents with a BMI 35 or greater was calculated and aggregated to the county level.
pctobese_sta	% obese	percent	2 decimal places	Acuity	MDS (prevalence)	Proportion of residents present on the 1st Thursday in April who had a body mass index (BMI) of 35 or higher.	The facility population on the 1st Thursday in April was found using the Residential History File (2000-2010) or the MDS assessments (2011+). The proportion of residents with a body mass index (BMI) of 35 or greater was then calculated using the height and weight data from the most recent MDS assessment using Section K: Oral/Nutritional Status, Questions 1a (height in inches) and 1b (weight in lbs.) (2000-2010) or Section K: Swallowing/Nutritional Status, Questions K0200A (height in inches) and K0200B (weight in lbs.) (2011+). Calculations resulting in highly improbable BMI (<10 or >60) were set to missing. The proportion of residents with a BMI 35 or greater was calculated and aggregated to the state level.

agg_cmi	Average RUGS NCMI (all admits)	number	4 decimal places	Admissions	MDS (all admissions)	The average Resource Utilization Group Nursing Case Mix Index (a measure of the relative intensity of care of different nursing home populations) for all residents admitted during the calendar year.	Aggregated at the facility level, the average Nursing Case Mix Index (NCMI) was calculated by applying the Resource Utilization Groups version III (RUG-III) resident classification system currently used by CMS to adjust Medicare payments in recognition of resident acuity. This system classifies residents into homogeneous categories based on their estimated resource utilization. Associated with each of these categories is a case-mix index or weight, which approximates the relative staff time associated with caring for the average resident in each group. Thus, the higher the NCMI score, the more severe the average acuity profile of the residents in a facility. The resident-level NCMI was calculated in two steps. First, the RUG-III 5.12 code (44 categories in total) was used to generate a RUG classification for each resident. Second, the RUG code was converted into a NCMI value following the CMS proposed rule regarding fiscal year 2004 Skilled Nursing Facility (SNF) payment policies (Centers for Medicare & Medicaid Services 2003).
agg_cmi_cty	Average RUGS NCMI (all admits)	number	4 decimal places	Admissions	MDS (all admissions)	The average Resource Utilization Group Nursing Case Mix Index (a measure of the relative intensity of care of different nursing home populations) for all residents admitted during the calendar year.	Aggregated at the facility level, the average Nursing Case Mix Index (NCMI) was calculated by applying the Resource Utilization Groups version III (RUG-III) resident classification system currently used by CMS to adjust Medicare payments in recognition of resident acuity. This system classifies residents into homogeneous categories based on their estimated resource utilization. Associated with each of these categories is a case-mix index or weight, which approximates the relative staff time associated with caring for the average resident in each group. Thus, the higher the NCMI score, the more severe the average acuity profile of the residents in a facility. The resident-level NCMI was calculated in two steps. First, the RUG-III 5.12 code (44 categories in total) was used to generate a RUG classification for each resident. Second, the RUG code was converted into a NCMI value following the CMS proposed rule regarding fiscal year 2004 Skilled Nursing Facility (SNF) payment policies (Centers for Medicare & Medicaid Services 2003). The county average was calculated by averaging all facility averages in the county.
agg_cmi_sta	Average RUGS NCMI (all admits)	number	4 decimal places	Admissions	MDS (all admissions)	The average Resource Utilization Group Nursing Case Mix Index (a measure of the relative intensity of care of different nursing home populations) for all residents admitted during the calendar year.	Aggregated at the facility level, the average Nursing Case Mix Index (NCMI) was calculated by applying the Resource Utilization Groups version III (RUG-III) resident classification system currently used by CMS to adjust Medicare payments in recognition of resident acuity. This system classifies residents into homogeneous categories based on their estimated resource utilization. Associated with each of these categories is a case-mix index or weight, which approximates the relative staff time associated with caring for the average resident in each group. Thus, the higher the NCMI score, the more severe the average acuity profile of the residents in a facility. The resident-level NCMI was calculated in two steps. First, the RUG-III 5.12 code (44 categories in total) was used to generate a RUG classification for each resident. Second, the RUG code was converted into a NCMI value following the CMS proposed rule regarding fiscal year 2004 Skilled Nursing Facility (SNF) payment policies (Centers for Medicare & Medicaid Services 2003). The state average was calculated by averaging all facility averages in the state.
agg_cmi_2011p	Average RUGS NCMI 2011+ (all admits)	number	4 decimal places	Admissions	MDS (all admissions)	The average Resource Utilization Group Nursing Case Mix Index (a measure of the relative intensity of care of different nursing home populations) for all residents admitted during the calendar year. (2011+)	Nursing home admissions were identified using the MDS records. The average Nursing Case Mix Index (NCMI) was calculated by applying the Resource Utilization Groups version IV (RUG-IV) resident classification system currently used by CMS to adjust Medicare payments in recognition of resident acuity. This system classifies residents into homogeneous categories based on their estimated resource utilization. Associated with each of these categories is a nursing case-mix index, which approximates the relative staff time associated with caring for the average resident in each group. Thus, the higher the NCMI score, the more severe the average acuity profile of the residents in a facility. The NCMI for each resident was used to get the facility average.
agg_cmi_2011p_cty	Average RUGS NCMI 2011+ (all admits)	number	4 decimal places	Admissions	MDS (all admissions)	The average Resource Utilization Group Nursing Case Mix Index (a measure of the relative intensity of care of different nursing home populations) for all residents admitted during the calendar year. (2011+)	Nursing home admissions were identified using the MDS records. The average Nursing Case Mix Index (NCMI) was calculated by applying the Resource Utilization Groups version IV (RUG-IV) resident classification system currently used by CMS to adjust Medicare payments in recognition of resident acuity. This system classifies residents into homogeneous categories based on their estimated resource utilization. Associated with each of these categories is a nursing case-mix index, which approximates the relative staff time associated with caring for the average resident in each group. Thus, the higher the NCMI score, the more severe the average acuity profile of the residents in a facility. The facility average NCMI was then aggregated to the county level.
agg_cmi_2011p_sta	Average RUGS NCMI 2011+ (all admits)	number	4 decimal places	Admissions	MDS (all admissions)	The average Resource Utilization Group Nursing Case Mix Index (a measure of the relative intensity of care of different nursing home populations) for all residents admitted during the calendar year. (2011+)	Nursing home admissions were identified using the MDS records. The average Nursing Case Mix Index (NCMI) was calculated by applying the Resource Utilization Groups version IV (RUG-IV) resident classification system currently used by CMS to adjust Medicare payments in recognition of resident acuity. This system classifies residents into homogeneous categories based on their estimated resource utilization. Associated with each of these categories is a nursing case-mix index, which approximates the relative staff time associated with caring for the average resident in each group. Thus, the higher the NCMI score, the more severe the average acuity profile of the residents in a facility. The facility average NCMI was then aggregated to the state level.
agg_low_care	% Low Care (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who were low care, according to the broad definition.	Nursing home admissions were identified using the MDS records. The 'broad' definition of low-care status is met if a resident does not require physical assistance in any of the four late-loss ADLs—bed mobility, transferring, using the toilet, and eating—and is not classified in either the 'Special Rehab' or 'Clinically Complex' Resource Utilization Group (RUG-III). This was then averaged to the facility level.

agg_low_care_cty	% Low Care (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who were low care, according to the broad definition.	Nursing home admissions were identified using the MDS records. The 'broad' definition of low-care status is met if a resident does not require physical assistance in any of the four late-loss ADLs—bed mobility, transferring, using the toilet, and eating—and is not classified in either the 'Special Rehab' or 'Clinically Complex' Resource Utilization Group (RUG-III). The facility average was then averaged at the county level.
agg_low_care_sta	% Low Care (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who were low care, according to the broad definition.	Nursing home admissions were identified using the MDS records. The 'broad' definition of low-care status is met if a resident does not require physical assistance in any of the four late-loss ADLs—bed mobility, transferring, using the toilet, and eating—and is not classified in either the 'Special Rehab' or 'Clinically Complex' Resource Utilization Group (RUG-III). The facility average was then averaged at the state level.
agglocare_2011p	% Low Care 2011+ (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who were low care, according to the broad definition. (2011+)	Nursing home admissions were identified using the MDS records. The 'broad' definition of low-care status is met if a resident does not require physical assistance in any of the four late-loss ADLs—bed mobility, transferring, using the toilet, and eating—and is not classified in either the 'Special Rehab' or 'Clinically Complex' Resource Utilization Group (RUG-IV). This was then averaged to the facility level.
agglocare_2011p_cty	% Low Care 2011+ (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who were low care, according to the broad definition. (2011+)	Nursing home admissions were identified using the MDS records. The 'broad' definition of low-care status is met if a resident does not require physical assistance in any of the four late-loss ADLs—bed mobility, transferring, using the toilet, and eating—and is not classified in either the 'Special Rehab' or 'Clinically Complex' Resource Utilization Group (RUG-IV). The facility average was then averaged at the county level.
agglocare_2011p_sta	% Low Care 2011+ (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who were low care, according to the broad definition. (2011+)	Nursing home admissions were identified using the MDS records. The 'broad' definition of low-care status is met if a resident does not require physical assistance in any of the four late-loss ADLs—bed mobility, transferring, using the toilet, and eating—and is not classified in either the 'Special Rehab' or 'Clinically Complex' Resource Utilization Group (RUG-IV). The facility average was then averaged at the state level.
agg_hosp	% Admits from Acute Care	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of all admissions during the calendar year that were from an acute care hospital	Nursing home admissions were identified using the MDS records. Information about whether an individual was admitted to the facility from an acute care hospital was gathered from MDS section AB: Demographic Information, Question 2: Admitted from (2000-2010) or Section A: Identification Information, Question A1800: Entered From (2011+). The proportion of individuals admitted from acute care hospital was then calculated.
agg_hosp_cty	% Admits from Acute Care	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of all admissions during the calendar year that were from an acute care hospital	Nursing home admissions were identified using the MDS records. Information about whether an individual was admitted to the facility from an acute care hospital was gathered from MDS section AB: Demographic Information, Question 2: Admitted from (2000-2010) or Section A: Identification Information, Question A1800: Entered From (2011+). The proportion of individuals admitted from acute care hospital was then calculated and aggregated to the county level.
agg_hosp_sta	% Admits from Acute Care	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of all admissions during the calendar year that were from an acute care hospital	Nursing home admissions were identified using the MDS records. Information about whether an individual was admitted to the facility from an acute care hospital was gathered from MDS section AB: Demographic Information, Question 2: Admitted from (2000-2010) or Section A: Identification Information, Question A1800: Entered From (2011+). The proportion of individuals admitted from acute care hospital was then calculated and aggregated to the state level.
agg_home	% Admits from Home	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of all admissions during the calendar year that were from home	Nursing home admissions were identified using the MDS records. Information about whether an individual was admitted to the facility from home was gathered from MDS section AB: Demographic Information, Question 2: Admitted from home. The proportion of individuals admitted from home was then calculated.
agg_home_cty	% Admits from Home	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of all admissions during the calendar year that were from home	Nursing home admissions were identified using the MDS records. Information about whether an individual was admitted to the facility from home was gathered from MDS section AB: Demographic Information, Question 2: Admitted from home. The proportion of individuals admitted from home was then calculated and aggregated to the county level.
agg_home_sta	% Admits from Home	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of all admissions during the calendar year that were from home	Nursing home admissions were identified using the MDS records. Information about whether an individual was admitted to the facility from home was gathered from MDS section AB: Demographic Information, Question 2: Admitted from home. The proportion of individuals admitted from home was then calculated and aggregated to the state level.
agg_comm	% Admits from Community	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of all admissions during the calendar year that were from the community	Nursing home admissions were identified using the MDS records. Information about whether an individual was admitted to the facility from home was gathered from Section A: Identification Information, Question A1800: Entered From Community. The proportion of individuals admitted from home was then calculated.
agg_comm_cty	% Admits from Community	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of all admissions during the calendar year that were from the community	Nursing home admissions were identified using the MDS records. Information about whether an individual was admitted to the facility from home was gathered from Section A: Identification Information, Question A1800: Entered From Community. The proportion of individuals admitted from home was then calculated and aggregated to the county level.
agg_comm_sta	% Admits from Community	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of all admissions during the calendar year that were from the community	Nursing home admissions were identified using the MDS records. Information about whether an individual was admitted to the facility from home was gathered from Section A: Identification Information, Question A1800: Entered From Community. The proportion of individuals admitted from home was then calculated and aggregated to the state level.

agg_nh	% Any Prior NH stay	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who had had a prior nursing home stay	Nursing home admissions were identified using the MDS records. Information about whether an individual had had a prior nursing home stay was gathered from MDS section AB: Demographic Information, Question 5 ('residential history 5 years prior to entry,' with a 'yes' to response categories a and/or b). The proportion of individuals with prior nursing home stays was then calculated.
agg_adl	Long ADL (all admits)	number	2 decimal places	Admissions	MDS (all admissions)	The average Activities of Daily Living (ADL) score for all residents admitted during the calendar year. Range is from 0 to 28. 0 indicates completely independent and 28 completely dependent.	Nursing home admissions were identified using the MDS records. Individual scores were calculated from the Physical Functioning Self performance section of the MDS (section G,A), which measures an individual's independence on 7 ADLs - bed mobility, transfer, locomotion on unit, dressing, eating, toilet use, and personal hygiene. If personal hygiene was missing on the MDS assessment, the score for dressing was used twice. Each ADL is scored from 0-4, with 0 indicating total independence in that ADL and 4 indicating total dependence in that ADL. All individuals scores were then averaged for the facility.
aggadl_2011p	Long ADL 2011+ (all admits)	number	2 decimal places	Admissions	MDS (all admissions)	The average Activities of Daily Living (ADL) score for all residents admitted during the calendar year. Range is from 0 to 28. 0 indicates completely independent and 28 completely dependent. (2011+)	Nursing home admissions were identified using the MDS records. This measure was calculated using Section G: Functional Status, self-performance. This score measures an individual's independence on 7 ADLs - bed mobility, transfer, locomotion on unit, dressing, eating, toilet use, and personal hygiene. Each ADL is scored from 0-4, with 0 indicating total independence in that ADL and 4 indicating total dependence in that ADL, or the activity didn't occur. The ADL score range is from 0 to 28, where 0 indicates completely independent and 28 completely dependent. All individuals' scores were then averaged.
aggadl_2011p_cty	Long ADL 2011+ (all admits)	number	2 decimal places	Admissions	MDS (all admissions)	The average Activities of Daily Living (ADL) score for all residents admitted during the calendar year. Range is from 0 to 28. 0 indicates completely independent and 28 completely dependent. (2011+)	Nursing home admissions were identified using the MDS records. This measure was calculated using Section G: Functional Status, self-performance. This score measures an individual's independence on 7 ADLs - bed mobility, transfer, locomotion on unit, dressing, eating, toilet use, and personal hygiene. Each ADL is scored from 0-4, with 0 indicating total independence in that ADL and 4 indicating total dependence in that ADL, or the activity didn't occur. The ADL score range is from 0 to 28, where 0 indicates completely independent and 28 completely dependent. All individuals' scores were then averaged and aggregated to the county level.
aggadl_2011p_sta	Long ADL 2011+ (all admits)	number	2 decimal places	Admissions	MDS (all admissions)	The average Activities of Daily Living (ADL) score for all residents admitted during the calendar year. Range is from 0 to 28. 0 indicates completely independent and 28 completely dependent. (2011+)	Nursing home admissions were identified using the MDS records. This measure was calculated using Section G: Functional Status, self-performance. This score measures an individual's independence on 7 ADLs - bed mobility, transfer, locomotion on unit, dressing, eating, toilet use, and personal hygiene. Each ADL is scored from 0-4, with 0 indicating total independence in that ADL and 4 indicating total dependence in that ADL, or the activity didn't occur. The ADL score range is from 0 to 28, where 0 indicates completely independent and 28 completely dependent. All individuals' scores were then averaged and aggregated to the state level.
agg_cps	% CPS = 5, 6 (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year with a Cognitive Performance Scale (CPS) score of 5 or 6 (severe cognitive impairment).	Nursing home admissions were identified using the MDS records. Each individual's Cognitive Performance Scale (CPS) score was calculated from the admission MDS assessment and the proportion of individuals with a CPS score of 5 or 6 was calculated.
agghighcfs	% CFS = 4 (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year with a Cognitive Function Scale (CFS) score of 4 (severe cognitive impairment).	Nursing home admissions were identified using the MDS records. Each individual's Cognitive Function Scale (CFS) score was calculated from the admission MDS assessment and the proportion of individuals with a CFS score of 4 was calculated.
agghighcfs_cty	% CFS = 4 (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year with a Cognitive Function Scale (CFS) score of 4 (severe cognitive impairment).	Nursing home admissions were identified using the MDS records. Each individual's Cognitive Function Scale (CFS) score was calculated from the admission MDS assessment and the proportion of individuals with a CFS score of 4 was calculated and aggregated to the county level.
agghighcfs_sta	% CFS = 4 (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year with a Cognitive Function Scale (CFS) score of 4 (severe cognitive impairment).	Nursing home admissions were identified using the MDS records. Each individual's Cognitive Function Scale (CFS) score was calculated from the admission MDS assessment and the proportion of individuals with a CFS score of 4 was calculated and aggregated to the state level.
agg_dnr	% DNR (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year with a Do Not Resuscitate order	All MDS records each year were first aggregated to the facility using the Federal Facility Provider number found on the MDS. Information about whether an individual had a Do Not Resuscitate (DNR) order was gathered from MDS Section A 10b. The proportion of individuals admitted with a DNR was then calculated.
adm_bed	Number of Admissions/Bed	number	2 decimal places	Admissions	MDS (all admissions)	Number of admissions divided by total number of beds	All MDS records each year were first aggregated to the facility using the Federal Facility Provider number found on the MDS. All of the pre-admission and admission MDS records were then counted each year for each facility and divided by the total number of beds in the facility. See description of the variable 'totbeds' for complete details about how the total number of beds was derived from OSCAR data. Due to the change to MDS 3.0, only 9 months of MDS data were available in 2010. Therefore, we derived annual rates for 2010 by multiplying the number of MDS admissions in each facility by 1.33 before dividing by the number of beds.

adm_bed_cty	Number of Admissions/Bed	number	2 decimal places	Admissions	MDS (all admissions)	Number of admissions divided by total number of beds	All MDS records each year were first aggregated to the facility using the Federal Facility Provider number found on the MDS. All of the pre-admission and admission MDS records were then counted each year for each facility and divided by the total number of beds in the facility. See description of the variable 'totbeds' for complete details about how the total number of beds was derived from OSCAR data. Due to the change to MDS 3.0, only 9 months of MDS data were available in 2010. Therefore, we derived annual rates for 2010 by multiplying the number of MDS admissions in each facility by 1.33 before dividing by the number of beds. The facility rate was then aggregated to the county level.
adm_bed_sta	Number of Admissions/Bed	number	2 decimal places	Admissions	MDS (all admissions)	Number of admissions divided by total number of beds	All MDS records each year were first aggregated to the facility using the Federal Facility Provider number found on the MDS. All of the pre-admission and admission MDS records were then counted each year for each facility and divided by the total number of beds in the facility. See description of the variable 'totbeds' for complete details about how the total number of beds was derived from OSCAR data. Due to the change to MDS 3.0, only 9 months of MDS data were available in 2010. Therefore, we derived annual rates for 2010 by multiplying the number of MDS admissions in each facility by 1.33 before dividing by the number of beds. The facility rate was then aggregated to the state level.
agg_u65	% < 65 Years Old (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who were below age 65	Nursing home admissions were identified using the MDS records. Each individual's age at admission was calculated from the date of birth listed on the MDS assessment. The proportion of individuals under age 65 at admission was then calculated and aggregated to the facility level.
agg_u65_cty	% < 65 Years Old (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who were below age 65	Nursing home admissions were identified using the MDS records. Each individual's age at admission was calculated from the date of birth listed on the MDS assessment. The proportion of individuals under age 65 at admission was then calculated and aggregated to the county level.
agg_u65_sta	% < 65 Years Old (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who were below age 65	Nursing home admissions were identified using the MDS records. Each individual's age at admission was calculated from the date of birth listed on the MDS assessment. The proportion of individuals under age 65 at admission was then calculated and aggregated to the state level.
agg_black	% Black (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who were Black	Nursing home admissions were identified using the MDS records. Information about each individual's race was gathered from MDS Section AA 4 (race/ethnicity). The proportion of individuals admitted to all facilities who were 'Black, not of Hispanic origin' (response #3) was then calculated and aggregated to the facility level.
agg_black_cty	% Black (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who were Black	Nursing home admissions were identified using the MDS records. Information about each individual's race was gathered from MDS Section AA 4 (race/ethnicity). The proportion of individuals admitted to all facilities who were 'Black, not of Hispanic origin' (response #3) was then calculated and aggregated to the county level.
agg_black_sta	% Black (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who were Black	Nursing home admissions were identified using the MDS records. Information about each individual's race was gathered from MDS Section AA 4 (race/ethnicity). The proportion of individuals admitted to all facilities who were 'Black, not of Hispanic origin' (response #3) was then calculated and aggregated to the state level.
aggblack_2011p	% Black 2011+ (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who were Black (2011+)	Nursing home admissions were identified using the MDS records. Information about each individual's race was gathered from MDS using Section A: Identification Information, Question A1000C: Race/Ethnicity, Black or African American. The proportion of individuals admitted to all facilities who were Black was then calculated and aggregated to the facility level.
aggblack_2011p_cty	% Black 2011+ (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who were Black (2011+)	Nursing home admissions were identified using the MDS records. Information about each individual's race was gathered from MDS using Section A: Identification Information, Question A1000C: Race/Ethnicity, Black or African American. The proportion of individuals admitted to all facilities who were Black' was then calculated and aggregated to the county level.
aggblack_2011p_sta	% Black 2011+ (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who were Black (2011+)	Nursing home admissions were identified using the MDS records. Information about each individual's race was gathered from MDS using Section A: Identification Information, Question A1000C: Race/Ethnicity, Black or African American. The proportion of individuals admitted to all facilities who were Black was then calculated and aggregated to the state level.
agg_hispanic	% Hispanic (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who were Hispanic	Nursing home admissions were identified using the MDS records. Information about each individual's race was gathered from MDS Section AA 4 (race/ethnicity). The proportion of individuals at the facility who were 'Hispanic' (response #4) was then calculated.
agg_hispanic_cty	% Hispanic (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who were Hispanic	Nursing home admissions were identified using the MDS records. Information about each individual's race was gathered from MDS Section AA 4 (race/ethnicity). The proportion of individuals who were 'Hispanic' (response #4) was then calculated and aggregated to the county level.
agg_hispanic_sta	% Hispanic (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who were Hispanic	Nursing home admissions were identified using the MDS records. Information about each individual's race was gathered from MDS Section AA 4 (race/ethnicity). The proportion of individuals who were 'Hispanic' (response #4) was then calculated and aggregated to the state level.
agghisp_2011p	% Hispanic 2011+ (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who were Hispanic (2011+)	Nursing home admissions were identified using the MDS records. Information about each individual's race was gathered from MDS using Section A: Identification Information, Question A1000D: Race/Ethnicity, Hispanic. The proportion of individuals at the facility who were 'Hispanic' was then calculated.

agghisp_2011p_cty	% Hispanic 2011+ (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who were Hispanic (2011+)	Nursing home admissions were identified using the MDS records. Information about each individual's race was gathered from MDS using Section A: Identification Information, Question A1000D: Race/Ethnicity, Hispanic. The proportion of individuals who were 'Hispanic' was then calculated and aggregated to the county level.
agghisp_2011p_sta	% Hispanic 2011+ (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who were Hispanic (2011+)	Nursing home admissions were identified using the MDS records. Information about each individual's race was gathered from MDS using Section A: Identification Information, Question A1000D: Race/Ethnicity, Hispanic. The proportion of individuals who were 'Hispanic' was then calculated and aggregated to the state level.
agg_white	% White (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who were White	Nursing home admissions were identified using the MDS records. Information about each individual's race was gathered from MDS Section AA 4 (race/ethnicity). The proportion of individuals admitted in the facility who were 'White, not of Hispanic origin' (response #5) was then calculated.
agg_white_cty	% White (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who were White	Nursing home admissions were identified using the MDS records. Information about each individual's race was gathered from MDS Section AA 4 (race/ethnicity). The proportion of individuals admitted who were 'White, not of Hispanic origin' (response #5) was then calculated and aggregated to the county level.
agg_white_sta	% White (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who were White	Nursing home admissions were identified using the MDS records. Information about each individual's race was gathered from MDS Section AA 4 (race/ethnicity). The proportion of individuals admitted who were 'White, not of Hispanic origin' (response #5) was then calculated and aggregated to the state level.
aggwhite_2011p	% White 2011+ (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who were White (2011+)	Nursing home admissions were identified using the MDS records. Information about each individual's race was gathered from MDS Section A: Identification Information, Question A1000F: Race/Ethnicity, White. The proportion of individuals admitted in the facility who were White was then calculated.
aggwhite_2011p_cty	% White 2011+ (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who were White (2011+)	Nursing home admissions were identified using the MDS records. Information about each individual's race was gathered from MDS Section A: Identification Information, Question A1000F: Race/Ethnicity, White. The proportion of individuals admitted who were White was then calculated and aggregated to the county level.
aggwhite_2011p_sta	% White 2011+ (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who were White (2011+)	Nursing home admissions were identified using the MDS records. Information about each individual's race was gathered from MDS Section A: Identification Information, Question A1000F: Race/Ethnicity, White. The proportion of individuals admitted who were White was then calculated and aggregated to the state level.
agg_female	% Female (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who were female	Nursing home admissions were identified using the MDS records. Each individual's gender was drawn from the MDS assessments using Section AA: Identification Information, Question 2: Gender (2000-2010) or A0800 (2011+). The proportion of individuals admitted to the facility who were female was then calculated.
agg_female_cty	% Female (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who were female	Nursing home admissions were identified using the MDS records. Each individual's gender was drawn from the MDS assessments using Section AA: Identification Information, Question 2: Gender (2000-2010) or A0800 (2011+). The proportion of individuals admitted who were female was then calculated and aggregated to the county level.
agg_female_sta	% Female (all admits)	percent	2 decimal places	Admissions	MDS (all admissions)	Proportion of residents admitted during the calendar year who were female	Nursing home admissions were identified using the MDS records. Each individual's gender was drawn from the MDS assessments using Section AA: Identification Information, Question 2: Gender (2000-2010) or A0800 (2011+). The proportion of individuals admitted who were female was then calculated and aggregated to the state level.
pctNHdaysSNF	% NH days SNF	percent	2 decimal places	Facility Characteristics	Residential History File	Proportion of all nursing home days during the calendar year that were SNF (skilled nursing facility) Medicare covered days	The Residential History File (RHF) was used to establish the number of nursing home days for all residents in the facility in the calendar year. The RHF was also used to determine the number of those days that were skilled nursing facility (SNF) Medicare covered days. The proportion of days that were SNF was then calculated using these two counts.
pctNHdaysSNF_cty	% NH days SNF	percent	2 decimal places	Facility Characteristics	Residential History File	Proportion of all nursing home days during the calendar year that were SNF (skilled nursing facility) Medicare covered days	The Residential History File (RHF) was used to establish the number of nursing home days for all residents in the county in the calendar year. The RHF was also used to determine the number of those days that were skilled nursing facility (SNF) Medicare covered days. The proportion of days that were SNF was then calculated using these two counts and aggregated to the county level.
pctNHdaysSNF_sta	% NH days SNF	percent	2 decimal places	Facility Characteristics	Residential History File	Proportion of all nursing home days during the calendar year that were SNF (skilled nursing facility) Medicare covered days	The Residential History File (RHF) was used to establish the number of nursing home days for all residents in the state in the calendar year. The RHF was also used to determine the number of those days that were skilled nursing facility (SNF) Medicare covered days. The proportion of days that were SNF was then calculated using these two counts and aggregated to the state level.
hospptyr	# hospitalizations per resident year	number	2 decimal places	Quality Indicators	Residential History File	Number of hospitalizations during the calendar year for every 365 nursing home resident days	The Residential History File (RHF) was used to determine the number of nursing home days for all residents in the facility during the calendar year. (Facilities with fewer than 4500 nursing home days were set to LNE.) This number of nursing homes days was then divided by 365 to establish the number of resident years. The RHF was then used to count the number of hospitalizations of Medicare fee-for-service residents that occurred directly from the nursing home during the calendar
hospptyr_cty	# hospitalizations per resident year	number	2 decimal places	Quality Indicators	Residential History File	Number of hospitalizations during the calendar year for every 365 nursing home resident days	The Residential History File (RHF) was used to establish the number of nursing home days for all residents in all facilities in the county during the calendar year. This number was then divided by 365 to establish the number of resident years. The RHF was then used to count the number of hospitalizations of Medicare fee-for-service residents that occurred directly from nursing homes in the county during the calendar year.
hospptyr_sta	# hospitalizations per resident year	number	2 decimal places	Quality Indicators	Residential History File	Number of hospitalizations during the calendar year for every 365 nursing home resident days	The Residential History File (RHF) was used to establish the number of nursing home days for all residents in all facilities in the state during the calendar year. This number was then divided by 365 to establish the number of resident years. The RHF was then used to count the number of hospitalizations of Medicare fee-for-service residents that occurred directly from nursing homes in the state during the calendar year.
pctHMO	% HMO	percent	2 decimal places	Resident Demographics	Residential History File	Proportion of residents present on the 1st Thursday in April who were covered by a Medicare HMO (Health Maintenance Organization).	The Residential History File was used to determine the facility, county, or state nursing home population on the 1st Thursday in April. The proportion of residents covered by a Medicare Health Maintenance Organization (HMO) was then determined based on Medicare enrollment records.

Variable	Label	Type	Decimals	Category	Source	Short Description	Long Description
pctHMO_cty	% HMO	percent	2 decimal places	Resident Demographics	Residential History File	Proportion of residents present on the 1st Thursday in April who were covered by a Medicare HMO (Health Maintenance Organization).	The Residential History File was used to determine the facility, county, or state nursing home population on the 1st Thursday in April. The proportion of residents covered by a Medicare Health Maintenance Organization (HMO) was then determined based on Medicare enrollment records.
pctHMO_sta	% HMO	percent	2 decimal places	Resident Demographics	Residential History File	Proportion of residents present on the 1st Thursday in April who were covered by a Medicare HMO (Health Maintenance Organization).	The Residential History File was used to determine the facility, county, or state nursing home population on the 1st Thursday in April. The proportion of residents covered by a Medicare Health Maintenance Organization (HMO) was then determined based on Medicare enrollment records.
SNFrehosp30_dir	30-day SNF rehospitalization	percent	2 decimal places	Quality Indicators	Residential History File	Proportion of patients admitted to SNF who were rehospitalized directly from SNF within 30 days of hospital discharge.	The Residential History File (RHF) was used to identify all patients admitted from hospital to SNF in the calendar year. SNF admission had to take place within 3 days of hospital discharge and those people with admission to LTACH or IRF during those 3 days were excluded. Therefore, the denominator was all those admitted within 3 days of hospital discharge without intervening stay in LTACH or IRF. Patients transferred directly from one SNF to another within the 3-day hospital to SNF window were counted in the denominator of the second SNF (and the numerator of the second SNF if they were rehospitalized). The numerator was the number of those patients who were readmitted to hospital from the SNF within 30 days of the hospital discharge date. One day was allowed between SNF discharge and hospital readmission.
SNFrehosp30_dir_cty	30-day SNF rehospitalization	percent	2 decimal places	Quality Indicators	Residential History File	Proportion of patients admitted to SNF who were rehospitalized directly from SNF within 30 days of hospital discharge.	The Residential History File (RHF) was used to identify all patients admitted from hospital to SNF in the calendar year. SNF admission had to take place within 3 days of hospital discharge and those people with admission to LTACH or IRF during those 3 days were excluded. Therefore, the denominator was all those admitted within 3 days of hospital discharge without intervening stay in LTACH or IRF. Patients transferred directly from one SNF to another within the 3-day hospital to SNF window were counted in the denominator of the second SNF (and the numerator of the second SNF if they were rehospitalized). The numerator was the number of those patients who were readmitted to hospital from the SNF within 30 days of the hospital discharge date. One day was allowed between SNF discharge and hospital readmission.
SNFrehosp30_dir_sta	30-day SNF rehospitalization	percent	2 decimal places	Quality Indicators	Residential History File	Proportion of patients admitted to SNF who were rehospitalized directly from SNF within 30 days of hospital discharge.	The Residential History File (RHF) was used to identify all patients admitted from hospital to SNF in the calendar year. SNF admission had to take place within 3 days of hospital discharge and those people with admission to LTACH or IRF during those 3 days were excluded. Therefore, the denominator was all those admitted within 3 days of hospital discharge without intervening stay in LTACH or IRF. Patients transferred directly from one SNF to another within the 3-day hospital to SNF window were counted in the denominator of the second SNF (and the numerator of the second SNF if they were rehospitalized). The numerator was the number of those patients who were readmitted to hospital from the SNF within 30 days of the hospital discharge date. One day was allowed between SNF discharge and hospital readmission.
PROV1680	Provider ID number	number	NA	Facility Identification	OSCAR/CASPER	ID number assigned to the facility by CMS	ID number assigned to the facility by CMS.
accpt_id	NA	number	NA	Facility Identification	OSCAR/CASPER	ID number assigned to the facility by us in order to track facilities over time despite name, owner, etc changes	ID number assigned to the facility by us in order to track facilities over time despite name, owner, etc changes.
PROV0475	Facility Name	text	NA	Facility Identification	OSCAR/CASPER	NA	NA
PROV2720	Street Address	text	NA	Facility Identification	OSCAR/CASPER	NA	NA
PROV3225	City	text	NA	Facility Identification	OSCAR/CASPER	NA	NA
state	State	text	NA	Facility Identification	OSCAR/CASPER	NA	NA
PROV2905	Zip Code	text	NA	Facility Identification	OSCAR/CASPER	NA	NA
county	County code	number	NA	Facility Identification	OSCAR/CASPER	NA	NA
totbeds	# of Beds	number	no decimal places	Facility Characteristics	OSCAR/CASPER	Number of beds as reported on the annual OSCAR (imputed from previous year if missing or implausible); For county and state this is the total number of beds among all facilities	A two step process is used to create the total number of beds. Some facilities report the number of available beds instead of the number of Medicare/Medicaid certified beds. Therefore, if the number of residents is less than or equal to the number of certified beds, we use the number of certified beds as the total beds. If, however, the number of residents is greater than the number of certified beds we use the number of available beds for total beds. This is done to keep the number of beds and all staffing related variables consistent because if a facility is reporting available beds they are also most likely reporting staffing related to available beds. We further clean the total beds data by determining if the number of beds in a facility is consistent over time. If the number of beds is missing in the current survey, or implausible based on previous years' data, we impute totbeds based on previous values.

totbeds_cty	# of Beds	number	no decimal places	Facility Characteristics	OSCAR/CASPER	Number of beds as reported on the annual OSCAR (imputed from previous year if missing or implausible); For county and state this is the total number of beds among all facilities	A two step process is used to create the total number of beds. Some facilities report the number of available beds instead of the number of Medicare/Medicaid certified beds. Therefore, if the number of residents is less than or equal to the number of certified beds, we use the number of certified beds as the total beds. If, however, the number of residents is greater than the number of certified beds we use the number of available beds for total beds. This is done to keep the number of beds and all staffing related variables consistent because if a facility is reporting available beds they are also most likely reporting staffing related to available beds. We further clean the total beds data by determining if the number of beds in a facility is consistent over time. If the number of beds is missing in the current survey, or implausible based on previous years' data, we impute totbeds based on previous values.
totbeds_sta	# of Beds	number	no decimal places	Facility Characteristics	OSCAR/CASPER	Number of beds as reported on the annual OSCAR (imputed from previous year if missing or implausible); For county and state this is the total number of beds among all facilities	A two step process is used to create the total number of beds. Some facilities report the number of available beds instead of the number of Medicare/Medicaid certified beds. Therefore, if the number of residents is less than or equal to the number of certified beds, we use the number of certified beds as the total beds. If, however, the number of residents is greater than the number of certified beds we use the number of available beds for total beds. This is done to keep the number of beds and all staffing related variables consistent because if a facility is reporting available beds they are also most likely reporting staffing related to available beds. We further clean the total beds data by determining if the number of beds in a facility is consistent over time. If the number of beds is missing in the current survey, or implausible based on previous years' data, we impute totbeds based on previous values.
profit	For-profit	text	NA	Facility Characteristics	OSCAR/CASPER	Indicates whether or not the facility is for-profit; For county and state this is the proportion of facilities that are for-profit	Each facility's profit status was drawn from the annual OSCAR or CASPER data, specifically the ownership variable. Ownership is a 12 category variable with 3 for-profit categories (individual, partnership, or corporation).
profit_cty	For-profit	percent	2 decimal places	Facility Characteristics	OSCAR/CASPER	Indicates whether or not the facility is for-profit; For county and state this is the proportion of facilities that are for-profit	Each facility's profit status was drawn from the annual OSCAR or CASPER data, specifically the ownership variable. Ownership is a 12 category variable with 3 for-profit categories (individual, partnership, or corporation).
profit_sta	For-profit	percent	2 decimal places	Facility Characteristics	OSCAR/CASPER	Indicates whether or not the facility is for-profit; For county and state this is the proportion of facilities that are for-profit	Each facility's profit status was drawn from the annual OSCAR or CASPER data, specifically the ownership variable. Ownership is a 12 category variable with 3 for-profit categories (individual, partnership, or corporation).
hospbase	Hospital-based	text	NA	Facility Characteristics	OSCAR/CASPER	Indicates whether or not facility is hospital-based; For county and state this is the proportion of facilities that are hospital-based	Whether a facility was hospital-based was derived from the annual OSCAR or CASPER data.
hospbase_cty	Hospital-based	percent	2 decimal places	Facility Characteristics	OSCAR/CASPER	Indicates whether or not facility is hospital-based; For county and state this is the proportion of facilities that are hospital-based	Whether a facility was hospital-based was derived from the annual OSCAR or CASPER data.
hospbase_sta	Hospital-based	percent	2 decimal places	Facility Characteristics	OSCAR/CASPER	Indicates whether or not facility is hospital-based; For county and state this is the proportion of facilities that are hospital-based	Whether a facility was hospital-based was derived from the annual OSCAR or CASPER data.
multifac	Multi-facility	text	NA	Facility Characteristics	OSCAR/CASPER	Indicates whether or not facility is part of a chain; For county and state this is the proportion of facilities that are part of chains	Whether a facility was owned or leased by a multi-facility (chain) organization was derived from the annual OSCAR or CASPER data.
multifac_cty	Multi-facility	percent	2 decimal places	Facility Characteristics	OSCAR/CASPER	Indicates whether or not facility is part of a chain; For county and state this is the proportion of facilities that are part of chains	Whether a facility was owned or leased by a multi-facility (chain) organization was derived from the annual OSCAR or CASPER data.
multifac_sta	Multi-facility	percent	2 decimal places	Facility Characteristics	OSCAR/CASPER	Indicates whether or not facility is part of a chain; For county and state this is the proportion of facilities that are part of chains	Whether a facility was owned or leased by a multi-facility (chain) organization was derived from the annual OSCAR or CASPER data.
paymcaid	% Medicaid	percent	2 decimal places	Facility Characteristics	OSCAR/CASPER	Proportion of facility residents whose primary support is Medicaid; For county and state this is the average proportion among all facilities	The number of facility residents whose primary support was Medicaid (at the time of the annual survey) was drawn from the annual OSCAR or CASPER data, as was the total number of facility residents. The proportion of residents whose primary support was Medicaid was then calculated.
paymcaid_cty	% Medicaid	percent	2 decimal places	Facility Characteristics	OSCAR/CASPER	Proportion of facility residents whose primary support is Medicaid; For county and state this is the average proportion among all facilities	The number of facility residents whose primary support was Medicaid (at the time of the annual survey) was drawn from the annual OSCAR or CASPER data, as was the total number of facility residents. These numbers were aggregated to the county and the proportion of residents whose primary support was Medicaid was then calculated.
paymcaid_sta	% Medicaid	percent	2 decimal places	Facility Characteristics	OSCAR/CASPER	Proportion of facility residents whose primary support is Medicaid; For county and state this is the average proportion among all facilities	The number of facility residents whose primary support was Medicaid (at the time of the annual survey) was drawn from the annual OSCAR or CASPER data, as was the total number of facility residents. These numbers were aggregated to the state and the proportion of residents whose primary support was Medicaid was then calculated.

paymcare	% Medicare	percent	2 decimal places	Facility Characteristics	OSCAR/CASPER	Proportion of facility residents whose primary support is Medicare; For county and state this is the average proportion among all facilities	The number of facility residents whose primary support was Medicare (at the time of the annual survey) was drawn from the annual OSCAR or CASPER data, as was the total number of facility residents. The proportion of residents whose primary support was Medicare was then calculated.
paymcare_cty	% Medicare	percent	2 decimal places	Facility Characteristics	OSCAR/CASPER	Proportion of facility residents whose primary support is Medicare; For county and state this is the average proportion among all facilities	The number of facility residents whose primary support was Medicare (at the time of the annual survey) was drawn from the annual OSCAR or CASPER data, as was the total number of facility residents. These numbers were aggregated to the county and the proportion of residents whose primary support was Medicare was then calculated.
paymcare_sta	% Medicare	percent	2 decimal places	Facility Characteristics	OSCAR/CASPER	Proportion of facility residents whose primary support is Medicare; For county and state this is the average proportion among all facilities	The number of facility residents whose primary support was Medicare (at the time of the annual survey) was drawn from the annual OSCAR or CASPER data, as was the total number of facility residents. These numbers were aggregated to the state and the proportion of residents whose primary support was Medicare was then calculated.
restrain	% Restrained	percent	2 decimal places	Quality	OSCAR/CASPER	Proportion of facility residents who were restrained. For county and state this is the proportion of all residents in all facilities who were restrained.	The number of facility residents who were restrained (at the time of the annual survey) was drawn from the annual OSCAR or CASPER data, as was the total number of facility residents. The proportion of residents who were restrained was then calculated.
restrain_cty	% Restrained	percent	2 decimal places	Quality	OSCAR/CASPER	Proportion of facility residents who were restrained. For county and state this is the proportion of all residents in all facilities who were restrained.	The number of facility residents who were restrained (at the time of the annual survey) was drawn from the annual OSCAR or CASPER data, as was the total number of facility residents. These numbers were aggregated to the county and the proportion of residents who were restrained was then calculated.
restrain_sta	% Restrained	percent	2 decimal places	Quality	OSCAR/CASPER	Proportion of facility residents who were restrained. For county and state this is the proportion of all residents in all facilities who were restrained.	The number of facility residents who were restrained (at the time of the annual survey) was drawn from the annual OSCAR or CASPER data, as was the total number of facility residents. These numbers were aggregated to the state and the proportion of residents who were restrained was then calculated.
rnhrppd	RN HPRD	number	2 decimal places	Staffing	OSCAR/CASPER	RN hours per resident day; For county and state this is the average RN HPRD among all facilities	Facilities report the number of Registered Nurse (RN) hours during the two weeks prior to their annual survey. CMS converts the number of hours into full-time equivalents (based on a 35 hour work week) and this is what is reported on the annual OSCAR or CASPER data. We convert the FTEs back into hours, by multiplying by 35, and divide the total number of RN hours by the number of residents in the facility (also drawn from the OSCAR or CASPER) to arrive at the RN hours per resident day (HPRD). We also clean this variable when the FTEs reported are implausible. We set to missing when total FTEs are 995 or higher or if there are more RN and LPNs reported than the number of beds in a facility. We also verify staffing variables based on a facility's data from previous years and impute based on previous data if staffing levels are less than 1/3 the median of previous years or greater than 3 times the median, for example.
rnhrppd_cty	RN HPRD	number	2 decimal places	Staffing	OSCAR/CASPER	RN hours per resident day; For county and state this is the average RN HPRD among all facilities	Facilities report the number of Registered Nurse (RN) hours during the two weeks prior to their annual survey. CMS converts the number of hours into full-time equivalents (based on a 35 hour work week) and this is what is reported on the annual OSCAR or CASPER data. We convert the FTEs back into hours, by multiplying by 35, and divide the total number of RN hours by the number of residents in the facility (also drawn from the OSCAR or CASPER) to arrive at the RN hours per resident day (HPRD). We also clean this variable when the FTEs reported are implausible. We set to missing when total FTEs are 995 or higher or if there are more RN and LPNs reported than the number of beds in a facility. We also verify staffing variables based on a facility's data from previous years and impute based on previous data if staffing levels are less than 1/3 the median of previous years or greater than 3 times the median, for example. At the county level, RN HPRD is simply the average for all facilities in the county.
rnhrppd_sta	RN HPRD	number	2 decimal places	Staffing	OSCAR/CASPER	RN hours per resident day; For county and state this is the average RN HPRD among all facilities	Facilities report the number of Registered Nurse (RN) hours during the two weeks prior to their annual survey. CMS converts the number of hours into full-time equivalents (based on a 35 hour work week) and this is what is reported on the annual OSCAR or CASPER data. We convert the FTEs back into hours, by multiplying by 35, and divide the total number of RN hours by the number of residents in the facility (also drawn from the OSCAR or CASPER) to arrive at the RN hours per resident day (HPRD). We also clean this variable when the FTEs reported are implausible. We set to missing when total FTEs are 995 or higher or if there are more RN and LPNs reported than the number of beds in a facility. We also verify staffing variables based on a facility's data from previous years and impute based on previous data if staffing levels are less than 1/3 the median of previous years or greater than 3 times the median, for example. At the state level, RN HPRD is simply the average for all facilities in the state.

lpnhrppd	LPN HPRD	number	2 decimal places	Staffing	OSCAR/CASPER	LPN hours per resident day; For county and state this is the average LPN HPRD among all facilities	Facilities report the number of Licensed Practical Nurse (LPN) hours during the two weeks prior to their annual survey. CMS converts the number of hours into full-time equivalents (based on a 35 hour work week) and this is what is reported on the annual OSCAR or CASPER data. We convert the FTEs back into hours, by multiplying by 35, and divide the total number of LPN hours by the number of residents in the facility (also drawn from the OSCAR or CASPER) to arrive at the LPN hours per resident day (HPRD). We also clean this variable when the FTEs reported are implausible. We set to missing when total FTEs are 995 or higher or if there are more RN and LPNs reported than the number of beds in a facility. We also verify staffing variables based on a facility's data from previous years and impute based on previous data if staffing levels are less than 1/3 the median of previous years or greater than 3 times the median, for example.
lpnhrppd_cty	LPN HPRD	number	2 decimal places	Staffing	OSCAR/CASPER	LPN hours per resident day; For county and state this is the average LPN HPRD among all facilities	Facilities report the number of Licensed Practical Nurse (LPN) hours during the two weeks prior to their annual survey. CMS converts the number of hours into full-time equivalents (based on a 35 hour work week) and this is what is reported on the annual OSCAR or CASPER data. We convert the FTEs back into hours, by multiplying by 35, and divide the total number of LPN hours by the number of residents in the facility (also drawn from the OSCAR or CASPER) to arrive at the LPN hours per resident day (HPRD). We also clean this variable when the FTEs reported are implausible. We set to missing when total FTEs are 995 or higher or if there are more RN and LPNs reported than the number of beds in a facility. We also verify staffing variables based on a facility's data from previous years and impute based on previous data if staffing levels are less than 1/3 the median of previous years or greater than 3 times the median, for example. At the county level, LPN HPRD is simply the average for all facilities in the county.
lpnhrppd_sta	LPN HPRD	number	2 decimal places	Staffing	OSCAR/CASPER	LPN hours per resident day; For county and state this is the average LPN HPRD among all facilities	Facilities report the number of Licensed Practical Nurse (LPN) hours during the two weeks prior to their annual survey. CMS converts the number of hours into full-time equivalents (based on a 35 hour work week) and this is what is reported on the annual OSCAR or CASPER data. We convert the FTEs back into hours, by multiplying by 35, and divide the total number of LPN hours by the number of residents in the facility (also drawn from the OSCAR) to arrive at the LPN hours per resident day (HPRD). We also clean this variable when the FTEs reported are implausible. We set to missing when total FTEs are 995 or higher or if there are more RN and LPNs reported than the number of beds in a facility. We also verify staffing variables based on a facility's data from previous years and impute based on previous data if staffing levels are less than 1/3 the median of previous years or greater than 3 times the median, for example. At the state level, LPN HPRD is simply the average for all facilities in the state.
cnahrppd	CNA HPRD	number	2 decimal places	Staffing	OSCAR/CASPER	CNA hours per resident day; For county and state this is the average CNA HPRD among all facilities	Facilities report the number of Certified Nursing Assistant (CNA) hours during the two weeks prior to their annual survey. CMS converts the number of hours into full-time equivalents (based on a 35 hour work week) and this is what is reported on the annual OSCAR or CASPER data. We convert the FTEs back into hours, by multiplying by 35, and divide the total number of CNA hours by the number of residents in the facility (also drawn from the OSCAR or CASPER) to arrive at the CNA hours per resident day (HPRD). We also clean this variable when the FTEs reported are implausible. We set to missing when total FTEs are 995 or higher or if there are more 3 times the number of CNAs reported than the number of beds in a facility. We also verify staffing variables based on a facility's data from previous years and impute based on previous data if staffing levels are less than 1/3 the median of previous years or greater than 3 times the median, for example.
cnahrppd_cty	CNA HPRD	number	2 decimal places	Staffing	OSCAR/CASPER	CNA hours per resident day; For county and state this is the average CNA HPRD among all facilities	Facilities report the number of Certified Nursing Assistant (CNA) hours during the two weeks prior to their annual survey. CMS converts the number of hours into full-time equivalents (based on a 35 hour work week) and this is what is reported on the annual OSCAR or CASPER data. We convert the FTEs back into hours, by multiplying by 35, and divide the total number of CNA hours by the number of residents in the facility (also drawn from the OSCAR or CASPER) to arrive at the CNA hours per resident day (HPRD). We also clean this variable when the FTEs reported are implausible. We set to missing when total FTEs are 995 or higher or if there are more 3 times the number of CNAs reported than the number of beds in a facility. We also verify staffing variables based on a facility's data from previous years and impute based on previous data if staffing levels are less than 1/3 the median of previous years or greater than 3 times the median, for example. At the county level, CNA HPRD is simply the average for all facilities in the county.
cnahrppd_sta	CNA HPRD	number	2 decimal places	Staffing	OSCAR/CASPER	CNA hours per resident day; For county and state this is the average CNA HPRD among all facilities	Facilities report the number of Certified Nursing Assistant (CNA) hours during the two weeks prior to their annual survey. CMS converts the number of hours into full-time equivalents (based on a 35 hour work week) and this is what is reported on the annual OSCAR or CASPER data. We convert the FTEs back into hours, by multiplying by 35, and divide the total number of CNA hours by the number of residents in the facility (also drawn from the OSCAR or CASPER) to arrive at the CNA hours per resident day (HPRD). We also clean this variable when the FTEs reported are implausible. We set to missing when total FTEs are 995 or higher or if there are more 3 times the number of CNAs reported than the number of beds in a facility. We also verify staffing variables based on a facility's data from previous years and impute based on previous data if staffing levels are less than 1/3 the median of previous years or greater than 3 times the median, for example. At the state level, CNA HPRD is simply the average for all facilities in the state.

dchrppd	DC Staff HPRD	number	2 decimal places	Staffing	OSCAR/CASPER	Direct-care staff hours per resident day; For county and state this is the average DC HPRD among all facilities	Facilities report the number of Registered Nurse (RN), Licensed Practical Nurse (LPN), and Certified Nursing Assistant (CNA) hours during the two weeks prior to their annual survey. CMS converts the number of hours into full-time equivalents (based on a 35 hour work week) and this is what is reported on the annual OSCAR or CASPER data. We convert the FTEs back into hours, by multiplying by 35, and divide the total number of RN plus LPN plus CNA hours by the number of residents in the facility (also drawn from the OSCAR or CASPER) to arrive at the direct-care hours per resident day (DC HPRD). Because this variable is created using the previous cleaned RN, LPN, and CNA hours (as described in RN HPRD, LPN HPRD, and CNA HPRD) we do not do any additional cleaning of this variable.
dchrppd_cty	DC Staff HPRD	number	2 decimal places	Staffing	OSCAR/CASPER	Direct-care staff hours per resident day; For county and state this is the average DC HPRD among all facilities	Facilities report the number of Registered Nurse (RN), Licensed Practical Nurse (LPN), and Certified Nursing Assistant (CNA) hours during the two weeks prior to their annual survey. CMS converts the number of hours into full-time equivalents (based on a 35 hour work week) and this is what is reported on the annual OSCAR or CASPER data. We convert the FTEs back into hours, by multiplying by 35, and divide the total number of RN plus LPN plus CNA hours by the number of residents in the facility (also drawn from the OSCAR and CASPER) to arrive at the direct-care hours per resident day (DC HPRD). Because this variable is created using the previous cleaned RN, LPN, and CNA hours (as described in RN HPRD, LPN HPRD, and CNA HPRD) we do not do any additional cleaning of this variable. At the county level, DC HPRD is simply the average for all facilities in the county.
dchrppd_sta	DC Staff HPRD	number	2 decimal places	Staffing	OSCAR/CASPER	Direct-care staff hours per resident day; For county and state this is the average DC HPRD among all facilities	Facilities report the number of Registered Nurse (RN), Licensed Practical Nurse (LPN), and Certified Nursing Assistant (CNA) hours during the two weeks prior to their annual survey. CMS converts the number of hours into full-time equivalents (based on a 35 hour work week) and this is what is reported on the annual OSCAR or CASPER data. We convert the FTEs back into hours, by multiplying by 35, and divide the total number of RN plus LPN plus CNA hours by the number of residents in the facility (also drawn from the OSCAR or CASPER) to arrive at the direct-care hours per resident day (DC HPRD). Because this variable is created using the previous cleaned RN, LPN, and CNA hours (as described in RN HPRD, LPN HPRD, and CNA HPRD) we do not do any additional cleaning of this variable. At the state level, DC HPRD is simply the average for all facilities in the state.
rn2nrs	RN/Nurses Ratio	number	2 decimal places	Staffing	OSCAR/CASPER	Ratio of number of RN FTEs divided by number of RN FTEs plus LPN FTEs; For county and state this is the average ratio among all facilities.	Registered Nurse (RN) and Licensed Practical Nurse (LPN) full-time equivalents (FTEs) were drawn from each facility's annual OSCAR or CASPER data. We also clean this variable when the FTEs reported are implausible. We set to missing when total FTEs are 995 or higher or if there are more 3 times the number of CNAs reported than the number of beds in a facility. We also verify staffing variables based on a facility's data from previous years and impute based on previous data if staffing levels are less than 1/3 the median of previous years or greater than 3 times the median, for example. A ratio was then calculated by dividing total RN FTEs by the total RN FTEs plus total LPN FTEs.
rn2nrs_cty	RN/Nurses Ratio	number	2 decimal places	Staffing	OSCAR/CASPER	Ratio of number of RN FTEs divided by number of RN FTEs plus LPN FTEs; For county and state this is the average ratio among all facilities.	Registered Nurse (RN) and Licensed Practical Nurse (LPN) full-time equivalents (FTEs) were drawn from each facility's annual OSCAR or CASPER data. We also clean this variable when the FTEs reported are implausible. We set to missing when total FTEs are 995 or higher or if there are more 3 times the number of CNAs reported than the number of beds in a facility. We also verify staffing variables based on a facility's data from previous years and impute based on previous data if staffing levels are less than 1/3 the median of previous years or greater than 3 times the median, for example. A ratio was then calculated by dividing total RN FTEs by the total RN FTEs plus total LPN FTEs. At the county level the average ratio was simply the mean of ratios for all facilities in the county.
rn2nrs_sta	RN/Nurses Ratio	number	2 decimal places	Staffing	OSCAR/CASPER	Ratio of number of RN FTEs divided by number of RN FTEs plus LPN FTEs; For county and state this is the average ratio among all facilities.	Registered Nurse (RN) and Licensed Practical Nurse (LPN) full-time equivalents (FTEs) were drawn from each facility's annual OSCAR or CASPER data. We also clean this variable when the FTEs reported are implausible. We set to missing when total FTEs are 995 or higher or if there are more 3 times the number of CNAs reported than the number of beds in a facility. We also verify staffing variables based on a facility's data from previous years and impute based on previous data if staffing levels are less than 1/3 the median of previous years or greater than 3 times the median, for example. A ratio was then calculated by dividing total RN FTEs by the total RN FTEs plus total LPN FTEs. At the state level the average ratio was simply the mean of ratios for all facilities in the state.
alzunit	Alzheimer's SCU	text	NA	Facility Characteristics	OSCAR/CASPER	Indicates whether or not facility has an Alzheimer's disease Special Care Unit (SCU); For county and state this is the proportion of facilities that have an Alzheimer's SCU	Whether a facility has an Alzheimer's Disease special care unit (SCU) was derived from the annual OSCAR or CASPER data. In the OSCAR or CASPER data this is reported as number of beds. If a facility reported having any Alzheimer's Disease beds they were considered to have an Alzheimer's Disease SCU.
alzunit_cty	Alzheimer's SCU	percent	2 decimal places	Facility Characteristics	OSCAR/CASPER	Indicates whether or not facility has an Alzheimer's disease Special Care Unit (SCU); For county and state this is the proportion of facilities that have an Alzheimer's SCU	Whether a facility has an Alzheimer's Disease special care unit (SCU) was derived from the annual OSCAR or CASPER data. In the OSCAR or CASPER data this is reported as number of beds. If a facility reported having any Alzheimer's Disease beds they were considered to have an Alzheimer's Disease SCU. The proportion of facilities in the county with an Alzheimer's SCU was then calculated.

alzunit_sta	Alzheimer's SCU	percent	2 decimal places	Facility Characteristics	OSCAR/CASPER	Indicates whether or not facility has an Alzheimer's disease Special Care Unit (SCU); For county and state this is the proportion of facilities that have an Alzheimer's SCU	Whether a facility has an Alzheimer's Disease special care unit (SCU) was derived from the annual OSCAR or CASPER data. In the OSCAR or CASPER data this is reported as number of beds. If a facility reported having any Alzheimer's Disease beds they were considered to have an Alzheimer's Disease SCU. The proportion of facilities in the state with an Alzheimer's SCU was then calculated.
anyunit	other SCU	text	NA	Facility Characteristics	OSCAR/CASPER	Indicates whether or not facility has any Special Care Unit (SCU) (excluding Ventilator Units); For county and state this is the proportion of facilities that have an SCU (excluding Ventilator units)	Whether a facility has any special care unit (SCU) was derived from the annual OSCAR or CASPER data. In the OSCAR or CASPER data this is reported as number of beds. If a facility reported having any SCU beds, excluding Ventilator beds, they were considered to have an SCU. We excluded Ventilator beds because, unlike other special care beds, these are generally not found in designated special units.
anyunit_cty	Other SCU	percent	2 decimal places	Facility Characteristics	OSCAR/CASPER	Indicates whether or not facility has any other Special Care Unit (SCU) (excluding Ventilator Units); For county and state this is the proportion of facilities that have an SCU (excluding Ventilator units)	Whether a facility has any special care unit (SCU) was derived from the annual OSCAR or CASPER data. In the OSCAR data this is reported as number of beds. If a facility reported having any SCU beds, excluding Ventilator beds, they were considered to have an SCU. We excluded Ventilator beds because, unlike other special care beds, these are generally not found in designated special units. The proportion of facilities in the county with any other SCU was then calculated.
anyunit_sta	Other SCU	percent	2 decimal places	Facility Characteristics	OSCAR/CASPER	Indicates whether or not facility has any other Special Care Unit (SCU) (excluding Ventilator Units); For county and state this is the proportion of facilities that have an SCU (Ventilator units)	Whether a facility has any special care unit (SCU) was derived from the annual OSCAR or CASPER data. In the OSCAR data this is reported as number of beds. If a facility reported having any SCU beds, excluding Ventilator beds, they were considered to have an SCU. We excluded Ventilator beds because, unlike other special care beds, these are generally not found in designated special units. The proportion of facilities in the state with any other SCU was then calculated.
acuindex2	Average Acuity Index	number	2 decimal places	Acuity	OSCAR/CASPER	Acuity Index is a measure of the care needed by a nursing home's residents. It is calculated based on the number of residents needing various levels of activities of daily living (ADL) assistance, the number of residents receiving special treatments, such as respiratory therapy or IV treatments, and the number of residents with certain diagnoses, such as dementia. At the county and state levels this is an average of all facility averages.	Average Acuity Index is calculated using the following formula: adlindex + stindex + addindex; where adlindex equals (# eating-dependent residents X 3) + (# eating-assisted residents X 2) + (# eating-independent residents) + (# toileting-dependent residents X 5) + (# toileting-assisted residents X 3) + (# toileting-independent residents) + (# transfer-dependent residents X 5) + (# transfer-assisted residents X 3) + (# transfer-independent residents) + (# bedfast residents X 5) + (# chairbound residents X 3) + (# ambulatory residents) divided by (total # residents); stindex equals (# residents receiving respiratory care) + (# residents receiving suctioning) + (# residents receiving IV therapy) + (# residents receiving tracheostomy care) divided by (total # residents); and addindex equals (# residents with dementia) + (# residents with psychiatric diagnosis) + (# residents with retardation) + (# residents receiving PT, OT or speech therapy) + (# residents receiving tube feedings) divided by (total # residents).
acuindex2_cty	Average Acuity Index	number	2 decimal places	Acuity	OSCAR/CASPER	Acuity Index is a measure of the care needed by a nursing home's residents. It is calculated based on the number of residents needing various levels of activities of daily living (ADL) assistance, the number of residents receiving special treatments, such as respiratory therapy or IV treatments, and the number of residents with certain diagnoses, such as dementia. At the county and state levels this is an average of all facility averages.	Average Acuity Index is calculated using the following formula: adlindex + stindex + addindex; where adlindex equals (# eating-dependent residents X 3) + (# eating-assisted residents X 2) + (# eating-independent residents) + (# toileting-dependent residents X 5) + (# toileting-assisted residents X 3) + (# toileting-independent residents) + (# transfer-dependent residents X 5) + (# transfer-assisted residents X 3) + (# transfer-independent residents) + (# bedfast residents X 5) + (# chairbound residents X 3) + (# ambulatory residents) divided by (total # residents); stindex equals (# residents receiving respiratory care) + (# residents receiving suctioning) + (# residents receiving IV therapy) + (# residents receiving tracheostomy care) divided by (total # residents); and addindex equals (# residents with dementia) + (# residents with psychiatric diagnosis) + (# residents with retardation) + (# residents receiving PT, OT or speech therapy) + (# residents receiving tube feedings) divided by (total # residents).
acuindex2_sta	Average Acuity Index	number	2 decimal places	Acuity	OSCAR/CASPER	Acuity Index is a measure of the care needed by a nursing home's residents. It is calculated based on the number of residents needing various levels of activities of daily living (ADL) assistance, the number of residents receiving special treatments, such as respiratory therapy or IV treatments, and the number of residents with certain diagnoses, such as dementia. At the county and state levels this is an average of all facility averages.	Average Acuity Index is calculated using the following formula: adlindex + stindex + addindex; where adlindex equals (# eating-dependent residents X 3) + (# eating-assisted residents X 2) + (# eating-independent residents) + (# toileting-dependent residents X 5) + (# toileting-assisted residents X 3) + (# toileting-independent residents) + (# transfer-dependent residents X 5) + (# transfer-assisted residents X 3) + (# transfer-independent residents) + (# bedfast residents X 5) + (# chairbound residents X 3) + (# ambulatory residents) divided by (total # residents); stindex equals (# residents receiving respiratory care) + (# residents receiving suctioning) + (# residents receiving IV therapy) + (# residents receiving tracheostomy care) divided by (total # residents); and addindex equals (# residents with dementia) + (# residents with psychiatric diagnosis) + (# residents with retardation) + (# residents receiving PT, OT or speech therapy) + (# residents receiving tube feedings) divided by (total # residents).
occpct	Occupany Rate	percent	2 decimal places	Facility Characteristics	OSCAR/CASPER	Number of occupied beds in facility divided by the total number of beds; For county and state this is the average among all facilities	Occupancy rate is the number of residents divided by total number of beds. The numerator comes directly from the OSCAR or CASPER. The denominator is a cleaned estimated number of beds in the facility - (see the description of totbeds for more information).

occpct_cty	Occupany Rate	percent	2 decimal places	Facility Characteristics	OSCAR/CASPER	Number of occupied beds in facility divided by the total number of beds; For county and state this is the average among all facilities	Occupancy rate is the number of residents divided by total number of beds. The numerator comes directly from the OSCAR or CASPER. The denominator is a cleaned estimated number of beds in the facility - (see the description of totbeds for more information). The facility occupancy rate is then averaged across all facilities in the county.
occpct_sta	Occupany Rate	percent	2 decimal places	Facility Characteristics	OSCAR/CASPER	Number of occupied beds in facility divided by the total number of beds; For county and state this is the average among all facilities	Occupancy rate is the number of residents divided by total number of beds. The numerator comes directly from the OSCAR or CASPER. The denominator is a cleaned estimated number of beds in the facility - (see the description of totbeds for more information). The facility occupancy rate is then averaged across all facilities in the state.
anymdex	NP or PA	text	NA	Staffing	OSCAR/CASPER	Indicates whether or not facility has a physician extender, meaning a nurse practitioner or physician's assistant; For county and state this is the proportion of facilities that have an NP or PA	Whether a facility has any nurse practitioner (NP) or physician's assistant (PA) was derived from the annual OSCAR or CASPER data. In the OSCAR or CASPER data this is reported as number of hours of physician extender services. If a facility reported having any hours, the facility was considered to have an NP or PA.
anymdex_cty	NP or PA	percent	2 decimal places	Staffing	OSCAR/CASPER	Indicates whether or not facility has a physician extender, meaning a nurse practitioner or physician's assistant; For county and state this is the proportion of facilities that have an NP or PA	Whether a facility has any nurse practitioner (NP) or physician's assistant (PA) was derived from the annual OSCAR or CASPER data. In the OSCAR or CASPER data this is reported as number of hours of physician extender services. If a facility reported having any hours, the facility was considered to have an NP or PA. The proportion of facilities in the county with an NP or PA was then calculated.
anymdex_sta	NP or PA	percent	2 decimal places	Staffing	OSCAR/CASPER	Indicates whether or not facility has a physician extender, meaning a nurse practitioner or physician's assistant; For county and state this is the proportion of facilities that have an NP or PA	Whether a facility has any nurse practitioner (NP) or physician's assistant (PA) was derived from the annual OSCAR or CASPER data. In the OSCAR or CASPER data this is reported as number of hours of physician extender services. If a facility reported having any hours, the facility was considered to have an NP or PA. The proportion of facilities in the state with an NP or PA was then calculated.
la_herfbeds_cty	Herfindahl Index	number	4 decimal places	County Characteristics	OSCAR/CASPER	Measure of nursing home concentration/competition in the county ranging from 0 to 1. The closer to 1, the closer the county is to having a monopoly in nursing home beds.	The Herfinadahl index is calculated using data from the annual OSCAR or CASPER for all facilities in a county. Each facility's total beds (see description of variable 'totbeds') is squared and the sum for all facilities in the county is calculated, this sum is then divided by the sum of all county beds squared.
la_avgempbed_cty	Average # Empty Beds/NH	number	2 decimal places	County Characteristics	OSCAR/CASPER	Number of empty nursing home beds in the county divided by the number of nursing homes in the county	The average number of empty beds in the county is calculated using OSCAR or CASPER data. For each facility, the total number of residents is subtracted from the total number of beds (see description of 'totbeds') to determine the number of empty beds in the facility, then the mean of all facilities in the county is calculated.
NHCpain	% long stay with daily pain	number	2 decimal places	Quality	NH Compare	Proportion of long-stay residents with daily pain.	The percentage of long-stay residents in the nursing home during the second quarter of the year that had daily pain. These data were downloaded from CMS's Nursing Home Compare repository. Data on each nursing home is available in quarterly snapshots for each year. The data reported here are for the second quarter of each year. We chose this quarter because it coincides most closely with our 'prevalence' measures from the 1st Thursday of each April.
NHCpain_cty	% long stay with daily pain	number	2 decimal places	Quality	NH Compare	Proportion of long-stay residents with daily pain.	The average percentage of long-stay residents in all nursing homes in the county during the second quarter of the year that had daily pain. These data were downloaded from CMS's Nursing Home Compare repository. Data on each nursing home is available in quarterly snapshots for each year. The data reported here are for the second quarter of each year. We chose this quarter because it coincides most closely with our 'prevalence' measures from the 1st Thursday of each April.
NHCpain_sta	% long stay with daily pain	number	2 decimal places	Quality	NH Compare	Proportion of long-stay residents with daily pain.	The average percentage of long-stay residents in all nursing homes in the state during the second quarter of the year that had daily pain. These data were downloaded from CMS's Nursing Home Compare repository. Data on each nursing home is available in quarterly snapshots for each year. The data reported here are for the second quarter of each year. We chose this quarter because it coincides most closely with our 'prevalence' measures from the 1st Thursday of each April.
NHCpain_2011p	% long stay with daily pain 2011+	number	2 decimal places	Quality	NH Compare	Proportion of long-stay residents with daily pain (2011+)	The percentage of long-stay residents in the nursing home during the second quarter of the year that self-reported daily pain. These data were downloaded from CMS's Nursing Home Compare repository. Data on each nursing home is available in quarterly snapshots for each year. The data reported here are for the second quarter of each year. We chose this quarter because it coincides most closely with our 'prevalence' measures from the 1st Thursday of each April.
NHCpain_2011p_cty	% long stay with daily pain 2011+	number	2 decimal places	Quality	NH Compare	Proportion of long-stay residents with daily pain (2011+)	The average percentage of long-stay residents in all nursing homes in the county during the second quarter of the year that self-reported daily pain. These data were downloaded from CMS's Nursing Home Compare repository. Data on each nursing home is available in quarterly snapshots for each year. The data reported here are for the second quarter of each year. We chose this quarter because it coincides most closely with our 'prevalence' measures from the 1st Thursday of each April.
NHCpain_2011p_sta	% long stay with daily pain 2011+	number	2 decimal places	Quality	NH Compare	Proportion of long-stay residents with daily pain (2011+)	The average percentage of long-stay residents in all nursing homes in the state during the second quarter of the year that self-reported daily pain. These data were downloaded from CMS's Nursing Home Compare repository. Data on each nursing home is available in quarterly snapshots for each year. The data reported here are for the second quarter of each year. We chose this quarter because it coincides most closely with our 'prevalence' measures from the 1st Thursday of each April.
NHCADL	% long stay with ADL decline	number	2 decimal places	Quality	NH Compare	Proportion of long-stay residents with ADL decline	The percentage of long-stay residents in the facility with an increased need for help with activities of daily living. These data were downloaded from CMS's Nursing Home Compare repository. Data on each nursing home is available in quarterly snapshots for each year. The data reported here are for the second quarter of each year. We chose this quarter because it coincides most closely with our 'prevalence' measures from the 1st Thursday of each April.

Name	Label	Type	Format	Category	Source	Short Description	Long Description
NHCADL_cty	% long stay with ADL decline	number	2 decimal places	Quality	NH Compare	Proportion of long-stay residents with ADL decline	The average percentage of long-stay residents in all facilities in the county with an increased need for help with activities of daily living. These data were downloaded from CMS's Nursing Home Compare repository. Data on each nursing home is available in quarterly snapshots for each year. The data reported here are for the second quarter of each year. We chose this quarter because it coincides most closely with our 'prevalence' measures from the 1st Thursday of each April.
NHCADL_sta	% long stay with ADL decline	number	2 decimal places	Quality	NH Compare	Proportion of long-stay residents with ADL decline	The average percentage of long-stay residents in all facilities in the state with an increased need for help with activities of daily living. These data were downloaded from CMS's Nursing Home Compare repository. Data on each nursing home is available in quarterly snapshots for each year. The data reported here are for the second quarter of each year. We chose this quarter because it coincides most closely with our 'prevalence' measures from the 1st Thursday of each April.
NHCADL_2011p	% long stay with ADL decline 2011+	number	2 decimal places	Quality	NH Compare	Proportion of long-stay residents with ADL decline (2011+)	The percentage of long-stay residents in the facility with an increased need for help with activities of daily living. These data were downloaded from CMS's Nursing Home Compare repository. Data on each nursing home is available in quarterly snapshots for each year. The data reported here are for the second quarter of each year. We chose this quarter because it coincides most closely with our 'prevalence' measures from the 1st Thursday of each April.
NHCADL_2011p_cty	% long stay with ADL decline 2011+	number	2 decimal places	Quality	NH Compare	Proportion of long-stay residents with ADL decline (2011+)	The average percentage of long-stay residents in all facilities in the county with an increased need for help with activities of daily living. These data were downloaded from CMS's Nursing Home Compare repository. Data on each nursing home is available in quarterly snapshots for each year. The data reported here are for the second quarter of each year. We chose this quarter because it coincides most closely with our 'prevalence' measures from the 1st Thursday of each April.
NHCADL_2011p_sta	% long stay with ADL decline 2011+	number	2 decimal places	Quality	NH Compare	Proportion of long-stay residents with ADL decline (2011+)	The average percentage of long-stay residents in all facilities in the state with an increased need for help with activities of daily living. These data were downloaded from CMS's Nursing Home Compare repository. Data on each nursing home is available in quarterly snapshots for each year. The data reported here are for the second quarter of each year. We chose this quarter because it coincides most closely with our 'prevalence' measures from the 1st Thursday of each April.
NHCpu	% long stay with PU: low risk	number	2 decimal places	Quality	NH Compare	Proportion of low-risk long-stay residents with pressure ulcers	The percentage of low-risk long-stay residents in the facility with a pressure ulcer. These data were downloaded from CMS's Nursing Home Compare repository. Data on each nursing home is available in quarterly snapshots for each year. The data reported here are for the second quarter of each year. We chose this quarter because it coincides most closely with our 'prevalence' measures from the 1st Thursday of each April.
NHCpu_cty	% long stay with PU: low risk	number	2 decimal places	Quality	NH Compare	Proportion of low-risk long-stay residents with pressure ulcers	The percentage of low-risk long-stay residents in all facilities in the county with a pressure ulcer. These data were downloaded from CMS's Nursing Home Compare repository. Data on each nursing home is available in quarterly snapshots for each year. The data reported here are for the second quarter of each year. We chose this quarter because it coincides most closely with our 'prevalence' measures from the 1st Thursday of each April.
NHCpu_sta	% long stay with PU: low risk	number	2 decimal places	Quality	NH Compare	Proportion of low-risk long-stay residents with pressure ulcers	The percentage of low-risk long-stay residents in all facilities in the state with a pressure ulcer. These data were downloaded from CMS's Nursing Home Compare repository. Data on each nursing home is available in quarterly snapshots for each year. The data reported here are for the second quarter of each year. We chose this quarter because it coincides most closely with our 'prevalence' measures from the 1st Thursday of each April.
NHCpu_2011p	% long stay with PU: high risk 2011+	number	2 decimal places	Quality	NH Compare	Proportion of high-risk long-stay residents with pressure ulcers (2011+)	The percentage of high-risk long-stay residents in the facility with a pressure ulcer. These data were downloaded from CMS's Nursing Home Compare repository. Data on each nursing home is available in quarterly snapshots for each year. The data reported here are for the second quarter of each year. We chose this quarter because it coincides most closely with our 'prevalence' measures from the 1st Thursday of each April.
NHCpu_2011p_cty	% long stay with PU: high risk 2011+	number	2 decimal places	Quality	NH Compare	Proportion of high-risk long-stay residents with pressure ulcers (2011+)	The percentage of high-risk long-stay residents in all facilities in the county with a pressure ulcer. These data were downloaded from CMS's Nursing Home Compare repository. Data on each nursing home is available in quarterly snapshots for each year. The data reported here are for the second quarter of each year. We chose this quarter because it coincides most closely with our 'prevalence' measures from the 1st Thursday of each April.
NHCpu_2011p_sta	% long stay with PU: high risk 2011+	number	2 decimal places	Quality	NH Compare	Proportion of high-risk long-stay residents with pressure ulcers (2011+)	The percentage of high-risk long-stay residents in all facilities in the state with a pressure ulcer. These data were downloaded from CMS's Nursing Home Compare repository. Data on each nursing home is available in quarterly snapshots for each year. The data reported here are for the second quarter of each year. We chose this quarter because it coincides most closely with our 'prevalence' measures from the 1st Thursday of each April.
la_hbedstot_000e_cty	# Hospital Beds/1000 Elderly	number	2 decimal places	County Characteristics	Area Resource File	Number of hospital beds in the county for every 1000 persons age 65 or older	The number of hospital beds in the county for every 1000 persons age 65 and older is derived from the Area Resource File (ARF). We use the number of short-term general hospital beds in the county divided by the number of persons age 65 and multiply the result by 1000. The number of persons age 65 and over reported in the ARF is based on annual census estimates for each year, except in census years when actual numbers are reported.
la_hha000e_cty	# home health agencies/1000 elderly	number	2	County Characteristics	Area Resource File	Number of home health agencies in the county for every 1000 persons age 65 or older	The number of home health agencies in the county for every 1000 persons age 65 and older is derived from the Area Resource File (ARF). We use the number of home health agencies in the county divided by the number of persons age 65 and multiply the result by 1000. The number of persons age 65 and over reported in the ARF is based on annual census estimates for each year, except in census years when actual numbers are reported.
la_nursall_000e_cty	# Nurses/1000 Elderly	number	2 decimal places	County Characteristics	Area Resource File	Number of nurses (RNs & LPNs) in the county for every 1000 persons age 65 or older	The number of nurses in the county for every 1000 persons age 65 and older is derived from the Area Resource File (ARF). We use the number of nurses in the county divided by the number of persons age 65 and multiply the result by 1000. The number of nurses includes both RNs and LPNs who are working either full-time or part-time in nursing homes, short-term hospitals, and long-term hospitals. The number of persons age 65 and over reported in the ARF is based on annual census estimates for each year, except in census years when actual numbers are reported.
la_medmcpen_cty	MCO Penetration Rate	percent	2 decimal places	County Characteristics	Area Resource File	Medicare managed care organization penetration rate	The Medicare managed care organization (MCO) penetration rate is drawn from the Area Resource File as reported by the Centers for Medicare and Medicaid Services. It is the proportion of all Medicare beneficiaries in the county who are enrolled in a Medicare MCO.

adj_mrate_sta	Average Medicaid Per Diem	dollars	2 decimal places	State Policies	state policy survey	Total Medicaid nursing home spending in the state divided by the total number of Medicaid days in nursing homes	CPI-adjusted average daily Medicaid rate (2004 $) The consumer price index (U.S. city average of all items for all urban consumers, obtained from the Bureau of Labor Statistics, U.S. Department of Labor) was used to adjust the nominal rates to constant dollars.
tax_sta	Bed/Resident Tax	text	NA	State Policies	state policy survey	Indicates whether or not the state collects a daily bed or resident tax	Indicates whether or not the state collects a daily bed or resident tax. The amount may vary by year and by state.
casemix_sta	Medicaid Case Mix Reimbursement	text	NA	State Policies	state policy survey	Indicates whether or not state has a case mix reimbursement system	Case-mix reimbursement systems are used to adjust payments to nursing homes based on resident acuity level. The payment may vary by year and state.
bedhold_sta	Medicaid Bed Hold Payment	text	NA	State Policies	state policy survey	Indicates whether or not state has a Medicaid Bed Hold payment	Bedhold refers to a policy whereby a state pays the nursing home to hold a Medicaid resident's bed if the resident requires a hospital admission.
pthru_sta	Wage Pass-Through	text	NA	State Policies	state policy survey	Indicates whether or not state has a Medicaid wage pass-through policy	Wage pass-throughs are additional Medicaid payments to nursing homes that are earmarked for direct-care staff to increase wages or staffing levels.
pct_hcbs_sta	% Medicaid LTC Spending on HCBS	percent	2 decimal places	State Policies	hcbs.org	Proportion of state Medicaid long-term care dollars spent on home and community based services	Total amount spent on long-term care by each state's Medicaid program was obtained from hcbs.org, including spending on nursing home care and spending on various types of home and community based services (HCBS). The proportion of spending on HCBS was then calculated. Spending on both MR-DD and ICR-MR was excluded from the denominator and spending on MR-DD was excluded from the numerator.
pct_nh_sta	% Medicaid LTC Spending on NH Care	percent	2 decimal places	State Policies	hcbs.org	Proportion of state Medicaid long-term care dollars spent on nursing home care	Total amount spent on long-term care by each state's Medicaid program was obtained from hcbs.org, including spending on nursing home care and spending on various types of home and community based services (HCBS). The proportion of spending on nursing home care was then calculated. Spending on both MR-DD and ICR-MR was excluded from the denominator.