Switch

A FIELD GUIDE FOR SNF ADMINISTRATORS & OPERATORS

# The Cheapest Star on the Board

A points-first playbook for moving your CMS staffing rating — and knowing what each quarter of work will actually buy.

01 / THE FRAME

# Your staffing star is arithmetic, not effort

The CMS staffing rating is a 380-point score built from six measures, with published cut points. That means the distance between your star and the next one is a specific, knowable number — and some points cost far less than others.

Most staffing improvement plans start with a resolution: staff more, cover better, reduce turnover. Reasonable goals, and almost impossible to sequence, because nothing tells you which one moves the number or by how much.

The rating itself is more cooperative than that. Every measure has a maximum point value. Every measure except one is scored on deciles against the national distribution. And the point thresholds for each star are published. Put those together and the question stops being "how do we improve staffing?" and becomes **"where are our cheapest 50 points?"**

Fifty, because that is roughly what a star costs.

| STAFFING RATING | 1 STAR | 2 STARS | 3 STARS | 4 STARS | 5 STARS |
|---|---|---|---|---|---|
| Points required | under 155 | 155–204 | 205–254 | 255–319 | 320–380 |

The two middle bands are 50 points wide; the top band is wider. The floor — every measure in its worst decile — is 45 points, not zero. So a building at one star isn't starting from nothing: it is starting from 45 and needs 110 more to reach two stars, then 50 for each of the next two steps.

This guide is how to find those points.

# Six measures, 380 points

Print this page. It is the whole scoring system on one sheet.

| MEASURE | HOW IT'S SCORED | MAX |
|---|---|---|
| Case-mix adjusted total nurse HPRD | Deciles, in 10-point steps (lowest decile 10 → highest 100) | 100 |
| Case-mix adjusted RN HPRD | Deciles, in 10-point steps | 100 |
| Weekend total nurse HPRD | Deciles, in 5-point steps | 50 |
| Total nurse turnover | Deciles, 5-point steps (lowest turnover earns 50) | 50 |
| RN turnover | Deciles, 5-point steps | 50 |
| Administrator turnover | Banded: 0 departures 30 · 1 departure 25 · 2+ departures 10 | 30 |
| Total available | | 380 |

Two structural facts fall straight out of that table, and they set the priorities for everything after it.

250

### Hours are worth 250 points

The two HPRD measures plus weekend coverage. Every decile you climb on the big two is worth 10 points each — the largest single-step moves available anywhere on the board.

130

### Stability is worth 130 points

The three turnover measures. Roughly a third of the score, entirely independent of how many hours you staffed — and on a twelve-month lookback, so it cannot be moved this quarter.

If measures are missing but your hours data is valid, **CMS rescales your score to the same 380-point maximum** rather than penalizing you for the gap — which is the one piece of good news in the methodology.

03 / THE ASYMMETRY

# A bad staffing star always costs you. A good one usually doesn't pay.

CMS starts with your health inspection rating, then adds one star only if your staffing rating is five stars — and subtracts one star if it is one star. Four stars earns nothing.

The penalty is unconditional; the bonus sits at the very top of the scale. Which produces this:

| | FACILITY A | FACILITY B |
|---|---|---|
| Health inspections | 2 stars | 4 stars |
| Staffing — before | 1 star | 3 stars |
| Overall — before | 1 star | 4 stars |
| *Both run the same plan and gain one staffing star. Identical effort.* | | |
| Staffing — after | 2 stars | 4 stars |
| Overall — after | 2 stars | 4 stars |
| Net change | +1 overall star | No change |

**Escaping one star is the highest-yield move on the board.** Nothing between two and four stars changes your overall rating — so your first 110 points are worth a full star publicly, and the next 50 buy nothing until you reach five.

That is an argument about sequencing — not about whether to bother.

# Four rules that skip the points entirely

Before optimizing anything, make sure none of these applies. Each one assigns a one-star staffing rating outright — no matter how the six measures scored — and a one-star staffing rating pulls a full star off your overall.

1. **Four or more days in a quarter with no RN hours.**
   On any day when one or more residents were in the building. Four days. This is the cliff most operators have never been shown, and it can erase an otherwise strong quarter.

2. **Failing to submit staffing data by the deadline.**
   No submission, no rating — one star for the quarter. On the turnover measures specifically, missing any quarter in the calculation window earns the lowest possible score automatically.

3. **Failing a CMS staffing audit.**
   Facilities that don't respond to an audit, or where the audit finds significant discrepancies between hours reported and hours verified, receive a one-star staffing rating for three months. Repeat findings extend it.

4. **Data CMS considers invalid.**
   Implausible hours or missing census data can void the rating for the quarter. Related: 100% daily turnover on any day — usually caused by changed employee IDs — excludes you from the nurse turnover measures entirely.

**Check these first.** A building sitting on cliff #1 can add hours all year and never see the rating move. Points optimization only matters once none of the four applies.

# Where your 380 points actually are

Every point level has a published numeric range — Table A2 of the CMS users' guide. Look your own numbers up against it, fill this in, and the priority order answers itself.

| | | | | |
|---|---|---|---|---|
| A | Total nurse HPRD — decile | × 10 | _____ | / 100 |
| B | RN HPRD — decile | × 10 | _____ | / 100 |
| C | Weekend total nurse HPRD — decile | × 5 | _____ | / 50 |
| D | Total nurse turnover — decile | × 5 | _____ | / 50 |
| E | RN turnover — decile | × 5 | _____ | / 50 |
| F | Administrator turnover — 30 / 25 / 10 | | _____ | / 30 |
| Σ | Your staffing score — compare against the cut points on page 02 | | _____ | / 380 |

WHAT A SINGLE DECILE IS WORTH

## 10 points on either HPRD measure. 5 on the rest.

Climbing one decile on both hours measures is 20 points. Climbing two is 40. That is most of a star from the hours measures alone — and hours are the only measures that can respond inside a single quarter.

Now subtract each line from its maximum. The largest gaps are where your points are, and the ones sitting in the hours measures are the ones you can still move before the next refresh.

# Four moves, ranked by how fast they pay

THIS QUARTER

## 1. Capture every hour you already staff

250 UP TO

The only lever where the work is done and just the credit is missing. Contract and per diem hours arrive from several sources in different formats and get job-code-mapped at quarter-end under deadline. Reconcile at the time of the shift, fix the mapping in writing, and audit one closed quarter against the invoices.

THIS QUARTER

## 2. Fix weekends as their own plan

50 POINTS

A separate 50-point measure, aggregated across every weekend day — thin Saturdays don't get averaged away by strong Tuesdays. It's hard because weekend coverage is usually built as the leftover of the weekday schedule. Give it its own target and its own labor pool.

1–2 QUARTERS

## 3. Protect RN hours specifically

100+ POINTS

RN coverage is its own 100-point measure and sits inside total nurse hours, so an unfilled RN hour costs twice. With an experienced RN taking about 78 days to recruit, a vacancy is a quarter-long staffing problem, not a hiring problem — and four uncovered days trips cliff #1.

TWELVE MONTHS

## 4. Reduce churn

130 POINTS

130 points, on a twelve-month lookback, and the measures count agency clinicians alongside employees once they pass 120 hours in a 90-day window. Nothing here moves this quarter — which is the argument for starting before you need the result.

**Sequence matters more than intensity.** Levers 1 and 2 can show up in the next refresh. Lever 4 shows up a year from now. A building that starts at the bottom of that list waits four quarters to see anything at all.

# What a staffing partner has to do to move the number

Outside labor touches five of the six measures. Five questions decide whether it helps or quietly hurts.

1. **Do the hours arrive PBJ-ready?**
   Correct job codes, correct dates, correct pay type, reconciled at the shift rather than at quarter-end. Hours you can't file cleanly are hours you don't get credit for — and they were already paid for.

2. **Does each clinician keep the same employee ID?**
   Every quarter, without exception. Changing IDs make returning clinicians look new, and can void your turnover measures outright. This is the single most overlooked question on this page.

3. **Does coverage hold on weekends?**
   A partner whose fill rate collapses Friday afternoon isn't helping a measure scored specifically on Saturdays and Sundays.

4. **Do shifts that get accepted actually get worked?**
   PBJ reports hours worked, not scheduled. An accepted shift that no-shows contributes nothing to any measure — and still leaves you short.

5. **Do the same people come back?**
   The hours measures don't care who fills the shift. The turnover measures care about nothing else. A rotating cast keeps the hours column honest while the stability column erodes.

**Switch answers all five.** Providers return to buildings they already know, arrive fully credentialed, and work at a 96% work rate — and every Switch provider carries one persistent provider ID that never changes, shift to shift and quarter to quarter.

# What to do, and when to expect it

Staffing measures recalculate quarterly from PBJ. Submission is due 45 days after the quarter closes, and updated ratings typically post to Care Compare by the end of the following month — roughly two and a half months between the hours you work and the rating the public sees.

**Q1** **Clear the cliffs and fix capture.**

Confirm none of the four automatic one-star rules applies. Audit one closed quarter against contract invoices to find your real capture rate. Lock employee-ID continuity in writing with every labor source. Start turnover work now — it pays in Q4 of next year, not this one.

**Q2** **Attack weekends and RN gaps.**

Give weekend coverage its own plan, target, and pool. Treat RN gaps as the most expensive unfilled hour on the schedule, because they are double-weighted. Both can land in the same refresh.

**Q3** **Read the first real feedback.**

Your Q1 work appears on Care Compare around now. Re-score the worksheet on page 06 and check whether your decile actually moved — national distributions shift, so improvement is relative, not absolute.

**Q4** **Consolidate, and protect the gains.**

Hours improvements decay the moment coverage slips. The buildings that hold their gains are the ones that changed how shifts get filled, not the ones that pushed hard for two quarters.

One piece of good news to finish on: **the point thresholds are fixed published values, not a live ranking against your peers.** Table A2 of the users' guide lists the exact HPRD and turnover ranges for every point level. Your score doesn't depend on what other buildings do — improve your own numbers and you earn the points.

09 / SOURCES

# Every number in this guide, sourced

Five-Star methodology documents are revised regularly and older copies circulate widely — including on CMS's own site. Check the cover date on anything you rely on.


1 *CMS, Design for Care Compare Nursing Home Five-Star Quality Rating System: Technical Users' Guide, July 2026.*

Source for the entire scoring system described here: the six staffing measures, their maximum point values and decile scoring (p. 15); the 380-point scale, the star cut points in Table 3, the rescaling formula for missing measures, and the scoring exceptions that assign a one-star rating outright — no data submitted, four or more days with no RN hours while residents are present, and failed audits (p. 16); the turnover denominator and 90-day separation gap, the inclusion of agency staff, and the 100% daily turnover exclusion (pp. 13–14); and the overall rating calculation, including the five-star requirement for the staffing bonus and the one-star penalty (p. 24).

cms.gov → provider-enrollment-and-certification → usersguide.pdf

2 *NSI Nursing Solutions, 2026 National Health Care Retention & RN Staffing Report.*

Source for the average time to recruit an experienced RN (about 78 days), drawn from 2025 data across 527 participating hospitals.


**A note on what this guide is not.** This is an explanation of a public CMS methodology, not regulatory or legal advice. Your PBJ submissions and their accuracy remain your facility's responsibility, and decile placement depends on national distributions that change each refresh. Verify any figure against the current Technical Users' Guide before acting on it.

Switch

COVERAGE THAT SHOWS UP IN THE FILE

# Points you already earned still have to reach the file.

Switch fills shifts with credentialed providers who return to buildings they already know — arriving current, working at a 96% work rate, under the strictest cancellation policy in the category.

Hours that actually get worked are hours that reach your PBJ file. And your PBJ file is your staffing star.

See how Switch fills shifts →

Run your building's real turnover cost — switchcare.com/cna-turnover-calculator