



## CASPER Report MDS 3.0 Facility Level Quality Measure Report

Facility ID:	Report Period:
racility id.	Report Feriou.
CCN:	Comparison Group:
Facility Name:	Run Date:
City/State:	Report Version Number
Data was calculated on:	

Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Group Group State Average	Group National Average	Group National Percentile