

Exhibit 270

(Issued: XX-XX-12: Implementation/Effective Date: XX-XX-12)

CASPER Report
MDS 3.0 Resident Level Quality Measure Report

Facility ID: THFR01
Facility Name: SUNNY HILLS
CCN: 123456
City/State: WALTHAM, MA
Data was calculated on: 12/01/2011

Report Period: 04/01/11-09/30/11
Run Date: 12/16/11
Report Version Number: 1.00

Note: S = short stay, L = long stay; X=triggerred, b = not triggered or excluded

Resident Name	Resident ID	A0310A/B/F	SR Moderate/Severe Pain (S)	SR Moderate/Severe Pain (L)	Hi-Risk Pressure Ulcer (L)	New/Worsened Pres. Ulcer (S)	Physical Restraints (L)	Falls (L)	Falls w/Major Injury (L)	Psychoactive Meds Without Condition (L)	Antianxiety/Hypnotic Med (L)	Behavior Symptoms Affecting Others (L)	Depressive Symptoms (L)	Urinary Tract Infection (L)	Catheter Inserted and Left in Bladder (L)	Lo-Risk Res Lose Bowel/Bladder Control (L)	Excessive Weight Loss (L)	Need for Increased ADL Help (L)	Quality Measure Count
Active Residents																			
DOE, JOHN	4566544	02/99/99	b	b	b	b	b	X	X	X	b	X	b	b	b	X	b	b	5
DOE, JOHN	3214789	02/99/99	b	X	b	b	b	X	X	X	b	b	X	b	b	b	b	b	5
DOE, JOHN	8765432	02/99/99	b	b	b	b	b	b	b	b	b	X	b	b	b	X	b	b	2
DOE, JOHN	4567891	99/99/11	b	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	1
DOE, JOHN	12343567	02/99/99	b	b	b	b	b	b	b	X	b	b	b	b	b	b	b	b	1
DOE, JOHN	7788997	03/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
DOE, JOHN	1231231	02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
DOE, JOHN	9632147	02/99/99	b	b	b	b	b	b	b	X	b	b	b	X	b	b	b	b	2
DOE, JOHN	7654321	02/99/99	b	X	b	b	b	X	X	b	b	b	b	b	b	X	b	b	4
DOE, JOHN	8877665	03/99/99	b	b	b	b	b	b	b	X	b	X	b	b	b	b	b	b	2
DOE, JOHN	2345678	03/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	X	b	b	1
Discharged Residents																			
DOE, JOHN	7531595	04/99/99	b	b	b	b	b	X	X	b	X	b	X	b	b	b	X	b	5
DOE, JOHN	3456789	02/99/99	b	b	b	b	b	X	X	X	X	X	b	b	b	b	X	b	6
DOE, JOHN	7849516	99/99/10	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
DOE, JOHN	9876543	99/99/10	b	b	b	b	b	X	X	X	b	b	b	b	b	b	b	b	3