



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

August 12, 2016

██████████
Westgate Nursing Home
525 Beahan Road
Rochester, New York 14624

Re: MDS Final Audit Report
Audit #: 13-4300
Provider ID#: ██████████

Dear ██████████

This is the final audit report of findings with regard to the Office of the Medicaid Inspector General's (OMIG) Minimum Data Set (MDS) audit of Westgate Nursing Home for the census period ending July 25, 2012. In accordance with 18 NYCRR §517.6, this final audit report represents the OMIG's final determination on issues found during OMIG's review.

Since you did not respond to our draft audit report dated May 6, 2016, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$9,193.92 was calculated using the number of Medicaid days paid for the rate period January 1, 2013 through June 30, 2013 and the change in the direct component of your Medicaid rate as calculated by the Department of Health's Bureau of Long Term Care Reimbursement (BLTCR). The calculation of this overpayment is detailed in Attachment A. BLTCR will adjust your Medicaid rates for the relevant rate period to reflect the change in the direct component. The findings explanation, regulatory references, and applicable adjustment can be found in the attachments following Attachment A.

The Provider has the right to challenge this action and determination by requesting an administrative hearing within 60 days of the date of this notice. In accordance with 18 NYCRR 519.18(a), "The issues and documentation considered at the hearing are limited to issues directly relating to the final determination. An appellant may not raise issues regarding the methodology used to determine any rate of payment or fee, nor raise any new matter not considered by the department upon submission of objections to a draft audit or notice of proposed agency action."

If the Provider wishes to request a hearing, the request must be submitted in writing to:

General Counsel
New York State
Office of the Medicaid Inspector General
Office of Counsel
800 North Pearl Street
Albany, New York 12204

Questions regarding the request for a hearing should be directed to Office of Counsel, at [REDACTED]

If a hearing is held, the Provider may have a person represent it or the Provider may represent itself. If the Provider chooses to be represented by someone other than an attorney, the Provider must supply along with its hearing request a signed authorization permitting that person to represent the Provider at the hearing; the Provider may call witnesses and present documentary evidence on its behalf.

For a full listing of hearing rights please see 18 NYCRR Part 519.

Should you have any questions regarding the above, please contact [REDACTED]
[REDACTED].

[REDACTED]

Division of Medicaid Audit
Office of the Medicaid Inspector General

[REDACTED]

OFFICE OF THE MEDICAID INSPECTOR GENERAL
WESTGATE NURSING HOME
AUDIT 13-4300
CALCULATION OF AUDIT IMPACT

| RATE TYPE | DECREASED IN DIRECT COMPONENT OF RATE* | MEDICAID DAY | IMPACT |
|-----------------------------------|---|--------------|-------------------|
| Part B Eligible/Part B D Eligible | \$0.89 | 9,045 | \$8,050.05 |
| Non-Medicare/Part D Eligible | \$0.91 | 1,257 | \$1,143.87 |
| Total | | | <u>\$9,193.92</u> |

*Rounded to nearest 1/100th New York State Department of Health Bureau of Managed Long Term
Care Rate Setting / FFS

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 WESTGATE NURSING HOME
 AUDIT #13-4300
 FINDINGS BY SAMPLE NUMBER

| Sample # | Reported RUG | Derived RUG | Reported RUG Weight | Derived RUG Weight | DETAILED FINDINGS | | | | | | | | | |
|----------|--------------|-------------|---------------------|--------------------|----------------------------|-----------------------|--|------------------------------------|---|----------------------------------|--------------------------------------|---|--------------------------|---|
| | | | | | DISALLOW COGNITIVE PATTERN | DISALLOW BED MOBILITY | DISALLOW BED MOBILITY SELF PERFORMANCE | DISALLOW TRANSFER SELF PERFORMANCE | DISALLOW TRANSFER SELF SUPPORT PROVIDED | DISALLOW EATING SELF PERFORMANCE | DISALLOW TOILET USE SELF PERFORMANCE | DISALLOW TOILET USE SELF SUPPORT PROVIDED | DISALLOW SKIN CONDITIONS | DISALLOW SPECIAL TREATMENTS, PROCEDURES |
| 1 | PD1 | IA1 | 0.72 | 0.61 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | |
| 2 | IA1 | IA1 | 0.61 | 0.61 | | | | | | | | | | |
| 3 | PD1 | PC1 | 0.72 | 0.66 | 1 | | | | | | | | | |
| 4 | PB1 | PB1 | 0.58 | 0.58 | | | | | | | | | | |
| 5 | SSB | PD1 | 1.06 | 0.72 | | 1 | | 1 | | | 1 | 1 | | |
| 6 | CC1 | CC1 | 0.98 | 0.98 | | | | | | | | | 1 | |
| 7 | IA1 | IA1 | 0.61 | 0.61 | | | | | | | | | | |
| 8 | CC1 | CC1 | 0.98 | 0.98 | 1 | | 1 | | | 1 | | | | |
| 9 | PE1 | PE1 | 0.79 | 0.79 | | | | | | | | | | |
| 10 | IA1 | IA1 | 0.61 | 0.61 | 1 | | | | | | | | | |
| 11 | PE1 | PE1 | 0.79 | 0.79 | | | | | | | | | | |
| 12 | SSC | SSC | 1.12 | 1.12 | | | | | | | | | | |
| TOTALS | | | | | 1 | 3 | 2 | 2 | 2 | 1 | 2 | 2 | 1 | 1 |

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
WESTGATE NURSING HOME
AUDIT #13-4300
MDS DETAILED FINDINGS**

MDS FINDINGS

SAMPLE SELECTION

Cognitive Pattern

If the provider is unable to produce the supporting documentation for the patient, the service will be disallowed and the Case Mix will be adjusted. A repayment schedule will be developed.

Documentation must indicate the residents' ability to remember both recent and long past events and to think coherently. MDS 3.0 manual guidelines will be followed when examining the medical records.

*42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual 1.1-2.15*

*42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual C0100-C1600*

In 1 instance, documentation did not support the cognitive skill level/daily decision making claimed. 10

Functional Status-ADL Self-Performance and Support

If the provider is unable to produce the supporting documentation for the patient, the service will be disallowed and the Case Mix will be adjusted. A repayment schedule will be developed.

Documentation must indicate an assessment was done to evaluate the need for assistance with activities of daily living (ADL's), altered gait and balance, and decreased range of motion (ROM). MDS 3.0 manual guidelines will be followed when examining the medical records.

*42 CFR §483.20 (b) (xvii)
MDS Manual 3.0 G0100-0900*

Bed Mobility Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 8

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 3

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 1

Bed Mobility Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once. 5

In 1 instance, documentation did not support resident was a one person physical help at least once. 1

Transfer Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 8

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 1

Transfer Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once. 5

In 1 instance, documentation did not support resident was a one (1) person physical help at least once. 1

Eating Self-Performance

In 1 instance, documentation did not support resident required supervision one or more times. 1

Toilet Use Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 8

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 1

Toilet Use Support Provided

In 2 instances, documentation did not support resident was a one person physical help at least once. 1, 5

Skin Conditions

If the provider is unable to produce the supporting documentation for the patient, the service will be disallowed and the Case Mix will be adjusted. A repayment schedule will be developed.

Documentation must indicate an assessment of the documented risk, presence, appearance and change of pressure ulcers. This section also notes other skin ulcers, wounds, or lesions, and documents treatment categories related to skin injury or avoiding injury. MDS 3.0 manual guidelines will be followed when examining the medical records.

*42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual M0100-1200*

In 1 instance, documentation did not support correct number of ulcer(s). 5

In 1 instance, documentation did not support skin and ulcer treatments claimed. 5

In 1 instance, documentation did not support the application of ointments/medications. 5

Special Treatments, Procedures, and Programs

If the provider is unable to produce the supporting documentation for the patient, the service will be disallowed and the Case Mix will be adjusted. A repayment schedule will be developed.

The intent of the items in this section is to identify any special treatments, procedures, and programs that the resident received during the specific time periods. MDS 3.0 manual guidelines will be followed when examining the medical records.

*42 CFR §483.20 (b) (xv)
MDS 3.0 Manual O0100-0300, O0600-0700*

In 1 instance, documentation did not support the number of days with MD exams during the look back period. 6

In 1 instance, documentation did not support the number of days with MD orders during the look back period. 6

RUGS-II Classifications Overturned

In 3 instances, the RUG classifications were 1, 3, 5
overturned.

10 NYCRR §86-2.10, Volume A-2