



Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

DENNIS ROSEN  
Medicaid Inspector General

August 3, 2016

[REDACTED]  
Hill Haven Nursing Home  
(aka Hill Haven Rochester General Hospital)  
(aka Rochester General Long Term Care, Inc.)  
1550 Empire Boulevard  
Webster, New York 14580

Re: MDS Final Audit Report  
Audit #: 13-4392  
Provider ID#: [REDACTED]

Dear [REDACTED]

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 Hill Haven Nursing Home (aka Hill Haven Rochester General Hospital) (aka Rochester General Long Term Care, Inc.) 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 March 31, 2016, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$41,264.41 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.

You have the right to challenge this action and determination by requesting an administrative hearing within sixty (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." You may only request a hearing to challenge specific audit adjustments which you challenged in a response to the draft audit report.

If you wish to request a hearing, the request must be submitted in writing to:

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

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

Pursuant to 18 NYCRR §519.18, at the hearing you have the right to:

- (a) request the department to reschedule the hearing (adjournment);
- (b) be represented by an attorney, or other representative, or to represent himself/herself;
- (c) have an interpreter, at no charge, if the appellant does not speak English or is deaf and cannot afford one (the appellant must advise the department prior to the hearing if an interpreter will be needed);
- (d) produce witnesses and present written and/or oral evidence to explain why the action taken was wrong;
- (e) cross-examine witnesses of the department.

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

[REDACTED]

Division of Medicaid Audit  
Office of the Medicaid Inspector General

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
HILL HAVEN NURSING HOME  
AUDIT 13-4392  
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$1.12	33,767	\$37,819.04
Non-Medicare/Part D Eligible	\$1.13	3,049	\$3,445.37
Total			<u>\$41,264.41</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  
HILL HAVEN NURSING HOME  
AUDIT #13-4392  
FINDINGS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS									
					DISALLOW BED MOBILITY SELF PERFORMANCE	DISALLOW EATING SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW ACTIVE DISEASE DIAGNOSIS	DISALLOW HEIGHT (INCHES)	DISALLOW WEIGHT (POUNDS)	DISALLOW SKIN CONDITIONS	DISALLOW SPECIAL TREATMENTS, PROCEDURES	DISALLOW PHYSICAL THERAPY	
1	SSC	SSC	1.12	1.12										
2	CB1	CB1	0.86	0.86										
3	IA1	IA1	0.61	0.61										
4	CC1	CC1	0.98	0.98										
5	CC1	CC1	0.98	0.98										
6	CB1	CB1	0.86	0.86										
7	CC1	CC1	0.98	0.98										
8	SSC	SSC	1.12	1.12										
9	CC1	PE1	0.98	0.79					1					
10	CC1	CC1	0.98	0.98										
11	PE1	PE1	0.79	0.79					1					
12	PE1	PE1	0.79	0.79										
13	CC1	CC1	0.98	0.98	1								1	
14	PE1	PE1	0.79	0.79										
15	CB1	CB1	0.86	0.86									1	
16	PB1	PB1	0.58	0.58										
17	SE1	SE1	1.15	1.15										
18	RMB	RMB	1.22	1.22										
19	CC1	CC1	0.98	0.98									1	
20	CC1	CC1	0.98	0.98										
21	SSB	SSB	1.06	1.06										
22	CC2	CC2	1.12	1.12										
23	RMA	RMA	1.17	1.17										
24	CB2	CB2	0.91	0.91										
25	CC1	PE1	0.98	0.79					1					1

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					DISALLOW BED MOBILITY SELF PERFORMANCE	DISALLOW EATING SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW ACTIVE DISEASE DIAGNOSIS	DISALLOW HEIGHT (INCHES)	DISALLOW WEIGHT (POUNDS)	DISALLOW SKIN CONDITIONS	DISALLOW SPECIAL TREATMENTS, PROCEDURES	DISALLOW PHYSICAL THERAPY	
26	PD1	PD1	0.72	0.72										
27	CB1	CB1	0.86	0.86										
28	RMC	RMC	1.27	1.27										
29	SSA	SSA	1.03	1.03										
30	CB1	CB1	0.86	0.86										
31	RMC	RMC	1.27	1.27										
32	IA1	IA1	0.61	0.61										
33	IB1	IB1	0.78	0.78										
34	RMC	RMC	1.27	1.27	1	1								
35	CC1	CC1	0.98	0.98										
36	SSB	SSB	1.06	1.06										
37	SSC	PE1	1.12	0.79						1				
38	CB1	PD1	0.86	0.72								1		
39	CC1	CC1	0.98	0.98									1	
40	CC1	PE1	0.98	0.79			1						1	
41	CB1	CB1	0.86	0.86										
42	CC1	CC1	0.98	0.98										
43	SSB	CB2	1.06	0.91						1				
44	RMC	RMC	1.27	1.27										
45	PE1	PE1	0.79	0.79				1	1					
46	RMA	CA1	1.17	0.77										1
TOTALS					1	1	5	1	1	1	2	6	1	

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 HILL HAVEN NURSING HOME  
 AUDIT #13-4392  
 MDS DETAILED FINDINGS

**MDS FINDINGS**

**SAMPLE SELECTION**

**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. 13

**Eating Self-Performance**

In 1 instance, documentation did not support resident required total assist every time. 34

**Toilet Use Self-Performance**

In 5 instances, documentation did not support resident required total assist every time. 11, 13, 25, 34, 40

**Active Disease Diagnosis**

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 diseases coded relate to the resident's functional, cognitive, mood or behavior status, medical treatments, nursing monitoring, or risk of death. MDS 3.0 manual guidelines will be followed when examining the medical records.

*42 CFR §483.20 (b) (xvii)*  
*MDS Manual 3.0 I0100-18000*

In 1 instance, documentation did not support pneumonia as an active diagnosis during the 7 day look back. 9

**Swallowing/Nutritional Status**

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 conditions that could affect the residents' ability to maintain adequate nutrition and hydration. MDS 3.0 manual guidelines will be followed when examining the medical records.

*42 CFR §483.20 (b) (xvii)*  
*MDS 3.0 Manual K0100-0700*

In 1 instance, documentation did not support resident height. 45

In 1 instance, documentation did not support resident weight in the past 30 days. 45

**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). 37

In 2 instances, documentation did not support the application of ointments/medications. 37, 43

**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 4 instances, documentation did not support the number of days with MD exams during the look back period. 13, 19, 25, 40

In 2 instances, documentation did not support the number of days with MD orders during the look back period. 15, 38

**Skilled Therapy**

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 qualified therapist, in conjunction with the physician and nursing staff, is responsible for determining the necessity for and the frequency and duration of the therapy provided to residents. Rehabilitation (i.e., via Speech-Language Services, and Occupational and Physical Therapies) and respiratory, psychological, and recreational therapy helps the residents to attain or maintain their highest level of well-being and improve their quality of life.

MDS 3.0 manual guidelines will be followed when reviewing the documentation provided by the facility.

*42 CFR §483.20 (b) (xvii)*  
*MDS 3.0 Manual O0400-0700*

Physical Therapy

In 1 instance, documentation did not support an order for therapy. 46

RUGS-II Classifications Overturned

In 7 instances, the RUG classifications were overturned. 9, 25, 37, 38, 40, 43, 46

*10 NYCRR §86-2.10, Volume A-2*