



Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

DENNIS ROSEN  
Medicaid Inspector General

August 31, 2016

██████████  
Waters Edge at Port Jefferson for Rehabilitation and Nursing  
(aka Port Jefferson Health Care Facility)  
150 Dark Hollow Road  
Port Jefferson, New York 11777

Re: MDS Final Audit Report  
Audit #: 13-4482  
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 Waters Edge at Port Jefferson for Rehabilitation and Nursing (aka Port Jefferson Health Care Facility) 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.

We received your response to our draft audit report dated May 4, 2016. Your comments have been considered (see Attachment D) and the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$100,444.84 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. If the Provider wishes 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, NY 12204

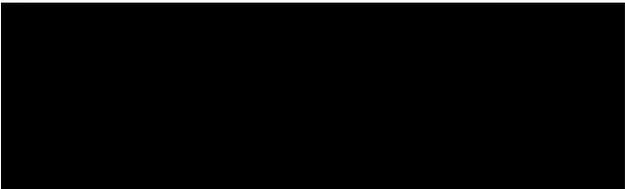
Questions regarding the request for a hearing should be directed to Office of Counsel, at ██████████

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."

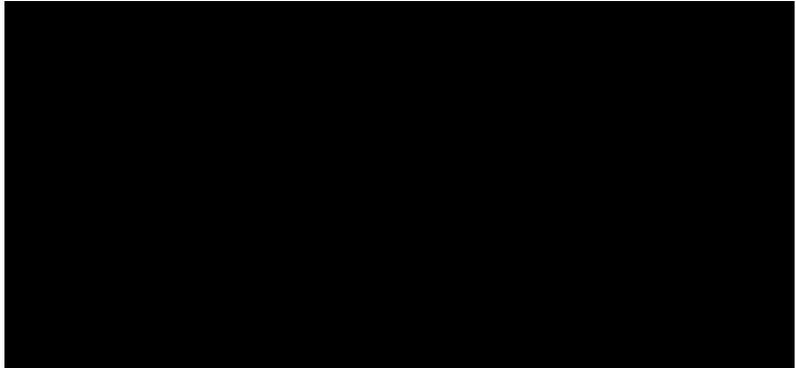
If a hearing is held, you may have a person represent you or you may represent yourself. If you choose to be represented by someone other than an attorney, you must supply along with your hearing request a signed authorization permitting that person to represent you at the hearing; you may call witnesses and present documentary evidence on your 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]



Division of Medicaid Audit  
Office of the Medicaid Inspector General



OFFICE OF THE MEDICAID INSPECTOR GENERAL  
WATERS EDGE AT PORT JEFFERSON FOR REHABILITATION AND NURSING  
AUDIT 13-4482  
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$8.15	11,186	\$91,165.90
Non-Medicare/Part D Eligible	\$8.27	1,122	\$9,278.94
Total			<u>\$100,444.84</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  
WATERS EDGE AT PORT JEFFERSON FOR REHABILITATION AND NURSING  
AUDIT #13-4482  
FINDINGS BY SAMPLE NUMBER

Sample #	[REDACTED]	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS			
						DISALLOW BED MOBILITY SELF PERFORMANCE	DISALLOW TRANSFER SELF PERFORMANCE	DISALLOW EATING SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE
1	[REDACTED]	PC1	PA1	0.66	0.46	1			1
2	[REDACTED]	SSB	CA1	1.06	0.77	1	1	1	1
3	[REDACTED]	RMC	RMA	1.27	1.17	1	1		1
4	[REDACTED]	CC1	PA1	0.98	0.46	1	1	1	1
5	[REDACTED]	CC1	IA1	0.98	0.61	1	1	1	1
6	[REDACTED]	RMX	RMA	1.96	1.17	1	1		1
7	[REDACTED]	RUC	RUA	1.82	1.37	1	1	1	1
8	[REDACTED]	RMA	RMA	1.17	1.17				
9	[REDACTED]	CC1	PA1	0.98	0.46	1	1	1	1
10	[REDACTED]	RMC	RMA	1.27	1.17	1	1	1	1
11	[REDACTED]	RMC	RMA	1.27	1.17	1	1		1
TOTALS						10	9	6	10

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
WATERS EDGE AT PORT JEFFERSON FOR REHABILITATION AND NURSING  
AUDIT #13-4482  
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 10 instances, documentation did not support resident required weight bearing assist three or more times.

1, 2, 3, 4, 5, 6, 7, 9, 10, 11

**Transfer Self-Performance**

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

4

In 8 instances, documentation did not support resident required weight bearing assist three or more times.

2, 3, 5, 6, 7, 9, 10, 11

**Eating Self-Performance**

In 2 instances, documentation did not support resident required weight bearing assist three or more times.

5, 7

In 4 instances, documentation did not support resident required non weight bearing assist three or more times.

2, 4, 9, 10

Toilet Use Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 4

In 8 instances, documentation did not support resident required weight bearing assist three or more times. 2, 3, 5, 6, 7, 9, 10, 11

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

RUGS-II Classifications Overturned

In 10 instances, the RUG classifications were overturned. 1, 2, 3, 4, 5, 6, 7, 9, 10, 11

*10 NYCRR §86-2.10, Volume A-2*

**OFFICE OF THE MEDICAID INSPECTOR GENERAL**  
**WATERS EDGE AT PORT JEFFERSON FOR REHABILITATION AND NURSING**  
**AUDIT #13-4482**

All OMIG disallowances were accepted by the Facility except for those shown below. The following details the disposition of the draft report disallowances after consideration of the Facility's draft audit report response comments.

.....

**Sample #1:**

**Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:**

G0110Aa Self-Performance Bed Mobility and G0110Ia Self-Performance Toilet Use

**Facility Comment:** "Resident has been OOB to wheelchair from at least 2/13/12 with severe leg pain and decreased ROM of motion. The level of help the resident requires of assist of one person for transfers in/out of bed, transfer on/off the toilet with assist of one and set/up assist with meals as reflected across the documentation of several disciplines clearly reflects need for assistance and supports the MDS documentation."

Please see facility documentation for additional facility comments.

**OMIG Response to Additional Facility Comments:**

The MDS Assessment Reference Date (ARD) is 06/28/12.

The 7-day look back period is 06/22/12 - 06/28/12.

***Documentation submitted and reviewed:***

- Monthly Note – Medical dated 03/13/12 and 05/01/12
- Subsequent Nursing Facility Care Visit dated 05/08/12 and 05/11/12
- Resident C.N.A. Documentation History Detail (19 pages)
- MDS 3.0

The MDS claimed Bed Mobility Self - Performance as Level 3/Extensive Assistance and Toilet Use Self - Performance as Level 2/Limited Assistance.

The Monthly Medical Note dated 03/13/12 and 05/01/12 and Subsequent Nursing Facility Care Visit dated 05/08/12 and 05/11/12 did not have documentation to support Self-Performance of Bed Mobility and Toilet Use. In addition, this documentation is outside the 7-day look back period.

The Resident C.N.A. Documentation History Detail did not have documentation of Self-Performance of Bed Mobility and Toilet Use. In addition, this documentation is outside the 7-day look back period.

The MDS is not a source document for coding self-performance of ADL levels.

### **ASSESSMENT**

**The ADL Self-Performance documentation for Bed Mobility, Transfer, and Toilet use does not support the MDS Manual 3.0 coding criteria §G0100-0900 as follows:**

- Documentation for ADL Self-Performance must record what the resident actually did, not what he or she might be capable of doing, within each ADL category over the last 7 days according to a performance based scale.
- Documentation for ADL Self-Performance should record the level of assistance actually provided to the resident, not the type and level of assistance he or she should receive according to the written plan of care. The level of assistance that is actually provided might differ from what is indicated in the plan.
- The focus for ADL coding is on the 7-day look back period only.
- The person completing the assessment must capture resident ADL self-performance 24 hours per day over the 7-day period.
- ADL self-performance coding options reflect real world situations where slight variations in self-performance are common.
- Must follow instructions for the Rule of Three

**Disposition:** The draft report finding is unchanged and will be included in the final report.

### **Sample #2:**

**Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:**

G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use

**Facility Comment:** "During the assessment period resident had two unstageable ulcers supporting the RUG category of Special care. Supporting documentation reflects that resident continually required care from staff supporting the MDS documentation."

Please see facility documentation for additional facility comments.

**OMIG Response to Additional Facility Comments:**

The MDS Assessment Reference Date (ARD) is 07/23/12.

The 7-day look back period is 07/17/12 - 07/23/12.

*Documentation submitted and reviewed:*

- MD Documentation - Wound Consultant dated 07/17/12
- Resident Treatment Administration Record for July 2012
- Physical Therapy Assessment dated 04/24/12
- Occupational Therapy Evaluation and Plan of Treatment (three pages) dated 06/20/12
- MDS 3.0

The MDS claimed Bed Mobility, Transfer, and Toilet Use Self - Performance as Level 3/Extensive Assistance and Eating Self-Performance as Level 2/Limited Assistance.

The MD Documentation Wound Consultant and Resident Treatment Administration Record did not have documentation of Self-Performance of Bed Mobility, Transfer, Eating, and Toilet Use.

The Physical Therapy Assessment dated 04/24/12 and the Occupational Therapy Evaluation and Plan of Treatment dated 06/20/12 are outside the 7-day look back period.

The MDS is not a source document for coding self-performance of ADL levels.

**ASSESSMENT**

**The ADL Self-Performance documentation for Bed Mobility, Transfer, and Toilet use does not support the MDS Manual 3.0 coding criteria §G0100-0900 as follows:**

- Documentation for ADL Self-Performance must record what the resident actually did, not what he or she might be capable of doing, within each ADL category over the last 7 days according to a performance based scale.
- Documentation for ADL Self-Performance should record the level of assistance actually provided to the resident, not the type and level of assistance he or she should receive according to the written plan of care. The level of assistance that is actually provided might differ from what is indicated in the plan.
- The focus for ADL coding is on the 7-day look back period only.
- The person completing the assessment must capture resident ADL self-performance 24 hours per day over the 7-day period.
- ADL self-performance coding options reflect real world situations where slight variations in self-performance are common.
- Must follow instructions for the Rule of Three

**Disposition:** The draft report finding is unchanged and will be included in the final report.

**Sample #3:**

**Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:**

G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ia Self-Performance Toilet Use

**Facility Comment:** "Review of the documentation clearly reflects that the resident had significant functional decline from 1/24/12 when he was discontinued from therapy. Resident was discharged at the time walking 75 feet with a rolling walker and upon rehabilitation assessment on 5/4/12 required maximum assistance from staff with his care needs. The documentation across several disciplines clearly validates the need for therapy for resident to return to his prior level of functioning."

Please see facility documentation for additional facility comments.

**OMIG Response to Additional Facility Comments:**

The MDS Assessment Reference Date (ARD) is 05/19/12.

The 7-day look back period is 05/13/12 - 05/19/12.

***Documentation submitted and reviewed:***

- Offsite Consultation Report dated 03/08/12
- Subsequent Nursing Facility Care Visit dated 03/24/12 and 05/11/12
- Physical Therapy Progress Notes dated 01/23/12 and 01/24/12
- Physical Therapy Assessment dated 05/04/12
- Progress Notes (4 pages)
- C.N.A. Documentation History Detail (74 pages)
- MDS 3.0

The MDS claimed Bed Mobility, Transfer, and Toilet Use Self - Performance as Level 3/Extensive Assistance.

The Offsite Consultation Report dated 03/08/12, Subsequent Nursing Facility Care Visit dated 03/24/12 and 05/11/12, Physical Therapy Notes dated 01/23/12 and 01/24/12, Physical Therapy Assessment dated 05/04/12, Nursing Notes dated 04/03/12, 04/04/12, 04/10/12, 04/11/12, 05/09/12, Dietary Note dated 04/11/12, Activities Note dated 04/17/12, Pharmacy Note dated 04/17/12, and Social Services Note dated 5/9/12 were reviewed. This documentation is outside the 7-day look back period.

The Nursing Progress Notes for the 7-day look back period dated 05/15/12 and 05/16/12 did not have documentation to support the Rule of 3 for Self-Performance of Bed Mobility, Transfer, and Toilet Use.

The Pharmacy Progress note dated 05/13/12 did not have documentation of Self-Performance of Bed Mobility, Transfer, and Toilet Use.

The Resident C.N.A. Documentation History Detail did not have documentation of Self-Performance of Bed Mobility, Transfer, and Toilet Use.

The MDS is not a source document for coding self-performance of ADL levels.

## **ASSESSMENT**

**The ADL Self-Performance documentation for Bed Mobility, Transfer, and Toilet use does not support the MDS Manual 3.0 coding criteria §G0100-0900 as follows:**

- Documentation for ADL Self-Performance must record what the resident actually did, not what he or she might be capable of doing, within each ADL category over the last 7 days according to a performance based scale.
- Documentation for ADL Self-Performance should record the level of assistance actually provided to the resident, not the type and level of assistance he or she should receive according to the written plan of care. The level of assistance that is actually provided might differ from what is indicated in the plan.
- The focus for ADL coding is on the 7-day look back period only.
- The person completing the assessment must capture resident ADL self-performance 24 hours per day over the 7-day period.
- ADL self-performance coding options reflect real world situations where slight variations in self-performance are common.
- Must follow instructions for the Rule of Three

**Disposition:** The draft report finding is unchanged and will be included in the final report.

### **Sample #4:**

**Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:**

G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use

**Facility Comment:** "Resident with diagnosis of CVA with left hemi supporting the RUG category of clinically complex. The level of help resident requires of two person assist for all

transfers in and out of bed, on/off toilet and two person assist with bed mobility and set up for eating as documented across many disciplines supports the level of care the resident requires as documented on the MDS.”

Please see facility documentation for additional facility comments.

**OMIG Response to Additional Facility Comments:**

The MDS Assessment Reference Date (ARD) is 06/14/12.

The 7-day look back period is 06/08/12 - 06/14/12.

*Documentation submitted and reviewed:*

- Patient Review Instrument ( two pages) dated 05/27/11
- Subsequent Nursing Facility Care Visits dated 03/22/12 and 06/17/12
- Physical Therapy Assessments dated 06/14/11, 09/27/11, 03/14/12, and 06/04/12
- Progress Note – Discipline Nursing dated 03/18/12
- C.N.A. Documentation History Detail (22 pages)
- MDS 3.0

The MDS claimed Bed Mobility Self - Performance as Level 3/Extensive Assistance, Transfer and Toilet Use Self - Performance as Level 4/Total Assistance and Eating Self - Performance as Level 2/Limited Assistance.

The Patient Review Instrument (two pages) with a completion date of 05/27/11 is outside the 7-day look back period. In addition page 4 does not have a signature and date.

The Subsequent Nursing Facility Care Visit dated 03/22/12 and 06/17/12 does not have documentation of Self-Performance of ADL's. In addition, this documentation is outside the 7-day look back period.

Physical Therapy Assessments dated 06/14/11, 09/27/11, 03/14/12, and 06/04/12 and the Nursing Progress Note dated 03/18/12 is outside the 7-day look back period.

The Resident C.N.A. Documentation History Detail did not have documentation of Self-Performance of Bed Mobility, Transfer, Eating, and Toilet Use.

The MDS is not a source document for coding self-performance of ADL levels.

**ASSESSMENT**

**The ADL Self-Performance documentation for Bed Mobility, Transfer, and Toilet use does not support the MDS Manual 3.0 coding criteria §G0100-0900 as follows:**

- Documentation for ADL Self-Performance must record what the resident actually did, not what he or she might be capable of doing, within each ADL category over the last 7 days according to a performance based scale.
- Documentation for ADL Self-Performance should record the level of assistance actually provided to the resident, not the type and level of assistance he or she should receive

according to the written plan of care. The level of assistance that is actually provided might differ from what is indicated in the plan.

- The focus for ADL coding is on the 7-day look back period only.
- The person completing the assessment must capture resident ADL self-performance 24 hours per day over the 7-day period.
- ADL self-performance coding options reflect real world situations where slight variations in self-performance are common.
- Must follow instructions for the Rule of Three
- Full staff performance of an activity with NO participation by Resident is necessary to meet the definition of Level 4/Total Dependence. Resident must be unwilling or unable to perform any part of the activity over the entire 7-day look back period.

**Disposition:** The draft report finding is unchanged and will be included in the final report.

**Sample #5:**

**Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:**

G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use

**Facility Comment:** "Resident has a longstanding diagnosis of CVA with right hemiplegia strongly supporting the RUG category of clinically complex. As established by the documentation because of the diagnosis of CVA with right hemiplegia, resident has longstanding history of been non-ambulatory and unable to stand thus requiring two person assist for all transfers and toileting needs. Resident also has established longstanding history of contracture of the affected dominant right wrist and shoulder resulting in decreased self-feeding and bed mobility indicating a need for staff assistance. The supporting documentation strongly supports the RUG score."

Please see facility documentation for additional facility comments.

**OMIG Response to Additional Facility Comments:**

The MDS Assessment Reference Date (ARD) is 07/19/12.

The 7-day look back period is 07/13/12 - 07/19/12.

***Documentation submitted and reviewed:***

- Progress Notes dated 12/02/11(two pages), 03/13/12 (two pages), and 07/17/12.
- The Subsequent Nursing Facility Care Visit dated 01/09/12 and 04/07/12

- Physical Therapy Assessment dated 05/15/12 and 06/26/12
- Progress Note – Discipline Nursing (two pages)
- C.N.A. Documentation History Detail (30 pages)
- MDS 3.0

The MDS claimed Bed Mobility, Transfer, Eating, and Toilet Use Self - Performance as Level 3/Extensive Assistance.

The Progress Notes dated 12/02/11 and 03/13/12 and the Subsequent Nursing Facility Care Visit dated 01/09/12 and 04/07/12 is outside the 7-day look back period.

The Progress Note dated 07/17/12 did not have documentation of resident Self-Performance of Bed Mobility, Transfer, Eating, and Toilet Use.

The Physical Therapy Assessment dated 05/15/12 and 06/26/12 is outside the 7-day look back period.

The Nursing Progress Notes did not have a nursing note entry for the 7-day look back period.

The Resident C.N.A. Documentation History Detail did not have documentation of Self-Performance of Bed Mobility, Transfer, Eating, and Toilet Use.

The MDS is not a source document for coding self-performance of ADL levels.

## **ASSESSMENT**

**The ADL Self-Performance documentation for Bed Mobility, Transfer, and Toilet use does not support the MDS Manual 3.0 coding criteria §G0100-0900 as follows:**

- Documentation for ADL Self-Performance must record what the resident actually did, not what he or she might be capable of doing, within each ADL category over the last 7 days according to a performance based scale.
- Documentation for ADL Self-Performance should record the level of assistance actually provided to the resident, not the type and level of assistance he or she should receive according to the written plan of care. The level of assistance that is actually provided might differ from what is indicated in the plan.
- The focus for ADL coding is on the 7-day look back period only.
- The person completing the assessment must capture resident ADL self-performance 24 hours per day over the 7-day period.
- ADL self-performance coding options reflect real world situations where slight variations in self-performance are common.
- Must follow instructions for the Rule of Three

**Disposition:** The draft report finding is unchanged and will be included in the final report.

**Sample #6:**

**Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:**

G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ia Self-Performance Toilet Use

**Facility Comment:** "Review of the documentation from multiple disciplines has established that the resident has shown some decline in her ADL performance and required rehabilitation to return to her previous level of functioning. Supporting documentation also reflects that resident was treated with IV Primaxin for UTI. The combination of rehabilitation services plus IV therapy supports the MDS Rug score of RMX."

Please see facility documentation for additional facility comments.

**OMIG Response to Additional Facility Comments:** The MDS Assessment Reference Date (ARD) is 07/10/12. The 7-day look back period is 07/04/12 - 07/10/12.

**Documentation Submitted and Reviewed:**

- Subsequent Nursing Facility Care Visit dated 03/29/12, 06/02/12, and 06/29/12
- MD Order dated 06/29/12
- Progress Notes – Discipline Nursing (three pages)
- Medication Administration Record for June 2012
- Occupational Therapy Evaluation and Plan of Treatment (three pages) dated 07/04/12
- Physical Therapy Evaluation and Plan of Treatment (three pages) dated 07/04/12
- C.N.A. Documentation History Detail (65pages)
- MDS 3.0

The MDS claimed Bed Mobility, Transfer, and Toilet Use Self - Performance as Level 3/Extensive Assistance.

The Subsequent Nursing Facility Care Visit dated 03/29/12, 06/02/12, and 06/29/12 did not have documentation of Self-Performance Bed Mobility, Transfer, and Toilet Use. In addition, the notes dated 03/29/12 and 06/02/12 are outside the 7-day look back period.

The MD Order dated 06/29/12 and Medication Administration Record for June 2012 did not have documentation of Self-Performance Bed Mobility, Transfer, and Toilet Use.

The Nursing Progress notes for the 7-day look back period dated 07/04/12, 07/05/12, and 07/06/12 did not have documentation of Self-Performance Bed Mobility, Transfer, and Toilet Use.

The Occupational Therapy Evaluation and Plan of Treatment and Physical Therapy Evaluation and Plan of Treatment both dated 07/04/12 did not have documentation to support the Rule of 3 for Self-Performance of Bed Mobility, Transfer, and Toilet Use.

The Resident C.N.A. Documentation History Detail did not have documentation of Self-Performance of Bed Mobility, Transfer, and Toilet Use.

The MDS is not a source document for coding self-performance of ADL levels.

## **ASSESSMENT**

**The ADL Self-Performance documentation for Bed Mobility, Transfer, and Toilet use does not support the MDS Manual 3.0 coding criteria §G0100-0900 as follows:**

- Documentation for ADL Self-Performance must record what the resident actually did, not what he or she might be capable of doing, within each ADL category over the last 7 days according to a performance based scale.
- Documentation for ADL Self-Performance should record the level of assistance actually provided to the resident, not the type and level of assistance he or she should receive according to the written plan of care. The level of assistance that is actually provided might differ from what is indicated in the plan.
- The focus for ADL coding is on the 7-day look back period only.
- The person completing the assessment must capture resident ADL self-performance 24 hours per day over the 7-day period.
- ADL self-performance coding options reflect real world situations where slight variations in self-performance are common.
- Must follow instructions for the Rule of Three

**Disposition:** The draft report finding is unchanged and will be included in the final report.

### **Sample #7:**

**Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:**

G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use

**Facility Comment:** "Resident is s/p left below knee amputation on 4/12/12 with resultant total decline in all areas of her ADL care to maximize assistance upon re-admission thus establishing the need for physical and occupational therapy to restore prior level of function. The left below the knee surgical stump did not fully heal until 5/29/12 and even after resident continued to

complain of pain to site delaying attempts of prosthesis. While resident improved in the area of self-feeding and bed mobility, she continued to require extensive assistance from nursing staff with transfers and toileting."

Please see facility documentation for additional facility comments.

**OMIG Response to Additional Facility Comments:**

The MDS Assessment Reference Date (ARD) is 07/24/12.

The 7-day look back period is 07/18/12 - 07/24/12.

*Documentation submitted and reviewed:*

- Physical Therapy Notes dated 04/11/12 (two pages) and 04/12/12
- Subsequent Nursing Facility Care Visit dated 05/08/12 and 05/29/12
- Occupational Therapy form dated 04/13/12
- Physical Therapy Progress Notes dated 03/29/12, 05/03/12, 05/24/12, 06/07/12, 06/28/12, and 07/11/12
- Physical Therapy Evaluation Form dated 04/13/12
- Occupational Therapy Progress Note dated 06/20/12
- Progress Notes – Discipline Nursing (eight pages)
- C.N.A. Documentation History Detail (48 pages) for 5/1/12 to 5/31/12
- MDS 3.0

The MDS claimed Bed Mobility, Transfer, Eating, and Toilet Use Self - Performance as Level 3/Extensive Assistance.

The facility documentation listed above is outside the 7-day look back period.

The MDS is not a source document for coding self-performance of ADL levels.

**ASSESSMENT**

**The ADL Self-Performance documentation for Bed Mobility, Transfer, and Toilet use does not support the MDS Manual 3.0 coding criteria §G0100-0900 as follows:**

- Documentation for ADL Self-Performance must record what the resident actually did, not what he or she might be capable of doing, within each ADL category over the last 7 days according to a performance based scale.
- Documentation for ADL Self-Performance should record the level of assistance actually provided to the resident, not the type and level of assistance he or she should receive according to the written plan of care. The level of assistance that is actually provided might differ from what is indicated in the plan.
- The focus for ADL coding is on the 7-day look back period only.
- The person completing the assessment must capture resident ADL self-performance 24 hours per day over the 7-day period.
- ADL self-performance coding options reflect real world situations where slight variations in self-performance are common.

- Must follow instructions for the Rule of Three

**Disposition:** The draft report finding is unchanged and will be included in the final report.

**Sample #8:**

The MDS Draft audit report dated May 4, 2016 did not have findings for this sample.

**Sample #9:**

**Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:**

G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use

**Facility Comment:** "The RUG category of clinically complex is strongly supported by extensive documentation of CVA with left hemiplegia. The level of care is also strongly supported for an extensive period of time by all supporting documentation. Resident is non-ambulatory with left leg contracture therefore supporting MDS documentation. Also because of left side neglect and leg contractures, self-turning and positioning is difficult supporting MDS score for bed mobility. Limitations to her non-affected dominant right hand results in assistance with feeding as documented on the MDS."

Please see facility documentation for additional facility comments.

**OMIG Response to Additional Facility Comments:** The MDS Assessment Reference Date (ARD) is 07/18/12. The 7-day look back period is 07/12/12 - 07/18/12.

*Documentation submitted and reviewed:*

- Progress Note – Medical dated 06/27/12 (two pages)
- Physical Therapy Assessment dated 06/22/12
- Progress Note – Nursing dated 06/07/12
- Resident C.N.A. Documentation History Detail
- MDS 3.0

The MDS claimed Bed Mobility, Transfer, and Toilet Use Self - Performance as Level 3/Extensive Assistance and Eating Self - Performance as Level 2/Limited Assistance.

The Medical Progress Notes dated 06/27/12, Physical Therapy Assessment dated 06/22/12, and Nursing Progress Note dated 06/07/12 is outside the 7-day look back period.

The Resident C.N.A. Documentation History Detail did not have documentation of Self-Performance of Bed Mobility, Transfer, Eating, and Toilet Use.

The MDS is not a source document for coding self-performance of ADL levels.

## **ASSESSMENT**

**The ADL Self-Performance documentation for Bed Mobility, Transfer, and Toilet use does not support the MDS Manual 3.0 coding criteria §G0100-0900 as follows:**

- Documentation for ADL Self-Performance must record what the resident actually did, not what he or she might be capable of doing, within each ADL category over the last 7 days according to a performance based scale.
- Documentation for ADL Self-Performance should record the level of assistance actually provided to the resident, not the type and level of assistance he or she should receive according to the written plan of care. The level of assistance that is actually provided might differ from what is indicated in the plan.
- The focus for ADL coding is on the 7-day look back period only.
- The person completing the assessment must capture resident ADL self-performance 24 hours per day over the 7-day period.
- ADL self-performance coding options reflect real world situations where slight variations in self-performance are common.
- Must follow instructions for the Rule of Three

**Disposition:** The draft report finding is unchanged and will be included in the final report.

### **Sample #10:**

**Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:**

G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use

**Facility Comment:** "Resident presents with end stage renal disease with the potential for decline. Resident was discharged from therapy 1/25/12 ambulating 180 feet with rolling walker and more independent. Documentation across several disciplines reflects that the resident had declined in all areas of her ADL care and required rehabilitation services to restore to previous level, therefore supporting the RUG score of RMC."

Please see facility documentation for additional facility comments.

**OMIG Response to Additional Facility Comments:**

The MDS Assessment Reference Date (ARD) is 05/26/12.

The 7-day look back period is 05/20/12 - 05/26/12.

*Documentation submitted and reviewed:*

- Subsequent Nursing Facility Care Visit dated 03/31/12
- Physical Therapy Evaluation and Plan of Treatment (three pages)
- Physical Therapy Progress Notes dated 01/23/12, 01/24/12 and 01/25/12
- Progress Note – Nursing dated 04/28/12
- Resident C.N.A. Documentation History Detail (44 pages)
- MDS 3.0

The MDS claimed Bed Mobility, Transfer, and Toilet Use Self - Performance as Level 3/Extensive Assistance and Eating Self - Performance as Level 2/Limited Assistance.

The Subsequent Nursing Facility Care Visit dated 03/31/12, Physical Therapy Progress Notes dated 01/23/12, 01/24/12 and 01/25/12, and Nursing Progress Note dated 04/28/12 is outside the 7-day look back period.

The Physical Therapy Evaluation and Plan of Treatment (three pages) was not signed and dated. In addition, this documentation did not support the Rule of Three for Self-Performance for Bed Mobility, Transfer, Eating, and Toilet use.

The Resident C.N.A. Documentation History Detail did not have documentation of Self-Performance of Bed Mobility, Transfer, Eating, and Toilet Use.

The MDS is not a source document for coding Self-Performance of ADL levels.

**ASSESSMENT**

**The ADL Self-Performance documentation for Bed Mobility, Transfer, and Toilet use does not support the MDS Manual 3.0 coding criteria §G0100-0900 as follows:**

- Documentation for ADL Self-Performance must record what the resident actually did, not what he or she might be capable of doing, within each ADL category over the last 7 days according to a performance based scale.
- Documentation for ADL Self-Performance should record the level of assistance actually provided to the resident, not the type and level of assistance he or she should receive according to the written plan of care. The level of assistance that is actually provided might differ from what is indicated in the plan.
- The focus for ADL coding is on the 7-day look back period only.
- The person completing the assessment must capture resident ADL self-performance 24 hours per day over the 7-day period.

- ADL self-performance coding options reflect real world situations where slight variations in self-performance are common.
- Must follow instructions for the Rule of Three

**Disposition:** The draft report finding is unchanged and will be included in the final report.

**Sample #11:**

**Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:**

G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use

**Facility Comment:** "As per documentation, resident's chronic conditions gouty arthritis, pain, knee replacement, decreased mobility resulted in an acute flare up with resultant functional decline and resident requiring restorative rehabilitation services to restore to previous level of function."

Please see facility documentation for additional facility comments.

**OMIG Response to Additional Facility Comments:** The MDS Assessment Reference Date (ARD) is 07/20/12. The 7-day look back period is 07/14/12 - 07/20/12.

*Documentation submitted and reviewed:*

- Patient Review Instrument (three pages) dated 05/05/10
- Admission/Full Readmission Comprehensive Assessment dated 06/20/12
- Monthly Note dated 07/19/12
- Physical Therapy Assessment dated 06/22/12
- Occupational Therapy Evaluation and Plan of Treatment dated 07/13/12
- Progress notes (three pages)
- Resident C.N.A. Documentation History Detail (32 pages)
- C.N.A. Documentation Summary Report
- MDS 3.0

The MDS claimed Bed Mobility, Transfer, and Toilet Use Self - Performance as Level 3/Extensive Assistance and Eating Self - Performance as Level2/Limited Assistance.

The Patient Review Instrument (two pages) with a completion date of 05/05/10 is outside the 7-day look back period. In addition, page 4 does not have a signature and date.

The Admission/Full Readmission Comprehensive Assessment dated 06/20/12 and Physical Therapy Assessment dated 06/22/12 is outside the 7-day look back period.

The Monthly Note dated 07/19/12 did not have documentation of Self-Performance Bed Mobility, Transfer, and Toilet Use.

The Occupational Therapy Evaluation and Plan of Treatment dated 07/13/12 did not have documentation to support the Rule of 3 for Self-Performance of Bed Mobility, Transfer, eating, and Toilet Use. In addition, this documentation is outside the 7-day look back period.

The Progress notes (three pages) had two Nursing Note entries for the 7-day look back period dated 07/16/12 and 07/17/12. These notes did not have documentation of Self-Performance of Bed Mobility, Transfer, and Toilet Use.

The Resident C.N.A. Documentation History Detail and C.N.A. Documentation Summary Report did not have documentation of Self-Performance of Bed Mobility, Transfer, Eating, and Toilet Use.

The MDS is not a source document for coding Self-Performance of ADL levels.

## **ASSESSMENT**

**The ADL Self-Performance documentation for Bed Mobility, Transfer, and Toilet use does not support the MDS Manual 3.0 coding criteria §G0100-0900 as follows:**

- Documentation for ADL Self-Performance must record what the resident actually did, not what he or she might be capable of doing, within each ADL category over the last 7 days according to a performance based scale.
- Documentation for ADL Self-Performance should record the level of assistance actually provided to the resident, not the type and level of assistance he or she should receive according to the written plan of care. The level of assistance that is actually provided might differ from what is indicated in the plan.
- The focus for ADL coding is on the 7-day look back period only.
- The person completing the assessment must capture resident ADL self-performance 24 hours per day over the 7-day period.
- ADL self-performance coding options reflect real world situations where slight variations in self-performance are common.
- Must follow instructions for the Rule of Three

**Disposition:** The draft report finding is unchanged and will be included in the final report.