NEW YORK STATE | Office of the Medicaid Inspector General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

August 3, 2016

[redacted]
Hendon Garden Nursing and Rehabilitation Center
(aka Bishop Charles W. Maclean Episcopal Nursing Home)
17-11 Brookhaven Avenue
Far Rockaway, New York 11691

Re: MDS Final Audit Report
Audit #: 13-4845
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 Hendon Garden Nursing and Rehabilitation Center (aka Bishop Charles W. Maclean Episcopal 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 January 8, 2016, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of $40,080.05 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

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

Division of Medicaid Audit
Office of the Medicaid Inspector General

ATTACHMENT A

OFFICE OF THE MEDICAID INSPECTOR GENERAL
HENDON GARDEN NURSING AND REHABILITATION CENTER
AUDIT 13-4845
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	$2.72	13,790	$37,508.80
Non-Medicare/Part D Eligible	$2.75	935	$2,571.25
Total			$40,080.05

*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
HENDON GARDEN NURSING AND REHABILITATION CENTER
AUDIT #13-4845
FINDINGS BY SAMPLE NUMBER

Sample #	[redacted]	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS: DISALLOW BED MOBILITY SELF PERFORMANCE	DISALLOW BED MOBILITY SUPPORT PROVIDED	DISALLOW TRANSFER SELF PERFORMANCE	DISALLOW TRANSFER SUPPORT PROVIDED	DISALLOW EATING SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW TOILET USE SUPPORT PROVIDED	DISALLOW ACTIVE DISEASE DIAGNOSIS	DISALLOW SWALLOWING/NUTRITIONAL STATUS	DISALLOW OCCUPATION THERAPY
1		PE1	PD1	0.79	0.72	1	1				1				
2		CC1	CC1	0.98	0.98	1		1		1	1				
3		RMC	PD1	1.27	0.72										1
4		CC1	CC1	0.98	0.98	1		1		1	1				
5		RVB	RMA	1.39	1.17			1	1		1	1			
6		CC1	CC1	0.98	0.98			1			1				
7		PC1	PA1	0.66	0.46			1	1		1	1			
8		IA1	IB1	0.61	0.78								1		
9		SSC	CA1	1.12	0.77	1	1	1	1	1	1	1		1	
10		CA2	CA2	0.84	0.84	1	1	1	1		1	1			
11		IB1	IB1	0.78	0.78										
12		CC1	CB1	0.98	0.86	1	1	1		1	1				
13		IB1	IB1	0.78	0.78										
14		PB1	PB1	0.58	0.58										
15		SSA	PB1	1.03	0.58	1	1	1	1						
16		IA1	IA1	0.61	0.61										

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17		SSC	SSC	1.12	1.12	1		1		1	1				
18		CC1	CC1	0.98	0.98					1					
19		PE1	PE1	0.79	0.79	1		1			1				
20		PE1	PD1	0.79	0.72	1				1	1				
21		RHC	RHC	1.40	1.40										
TOTALS						10	5	11	5	7	12	4	1	1	1

OFFICE OF THE MEDICAID INSPECTOR GENERAL
HENDON GARDEN NURSING AND REHABILITATION CENTER
AUDIT #13-4845
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 8 instances, documentation did not support resident required total assist every time.	1, 2, 4, 9, 12, 17, 19, 20
In 2 instances, documentation did not support resident required non weight bearing assist three or more times.	10, 15
Bed Mobility Support Provided	
In 3 instances, documentation did not support resident was a 2+ person physical help at least once.	1, 9, 12
In 2 instances, documentation did not support resident was a one (1) person physical help at least once.	10, 15
Transfer Self-Performance	
In 7 instances, documentation did not support resident required total assist every time.	2, 4, 6, 9, 12, 17, 19
In 2 instances, documentation did not support resident required weight bearing assist three or more times.	5, 7

In 2 instances, documentation did not support resident required non weight bearing assist three or more times.	10, 15

Transfer Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once.	9
In 4 instances, documentation did not support resident was a one (1) person physical help at least once.	5, 7, 10, 15

Eating Self-Performance

In 5 instances, documentation did not support resident required total assist every time.	2, 4, 9, 17, 18
In 1 instance, documentation did not support resident required weight bearing assist three or more times.	12
In 1 instance, documentation did not support resident required non weight bearing assist three or more times.	20

Toilet Use Self-Performance

In 9 instances, documentation did not support resident required total assist every time.	1, 2, 4, 6, 9, 12, 17, 19, 20
In 2 instances, documentation did not support resident required weight bearing assist three or more times.	5, 7
In 1 instance, documentation did not support resident required non weight bearing assist three or more times.	10

Toilet Use Support Provided

In 4 instances, documentation did not support resident was a one person physical help at least once.	5, 7, 9, 10

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-I8000

In 1 instance, documentation did not support dementia as a physician documented diagnosis in the past 60 days. 8

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 feeding tube with requirement of >=51% calories, or 26%-50% calories with >= 501cc of fluids. 9

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

Occupational Therapy

In 1 instance, documentation did not support resident received therapy services.	3

RUGS-II Classifications Overturned

In 9 instances, the RUG classifications were overturned.	1, 3, 5, 7, 8, 9, 12, 15, 20

10 NYCRR §86-2.10, Volume A-2