



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

August 24, 2016

[REDACTED]
Sayville Nursing and Rehabilitation Center
(aka Petite Fleur Nursing Home SNF)
300 Broadway Avenue
Sayville, New York 11782

Re: MDS Final Audit Report
Audit #: 13-4884
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 Sayville Nursing and Rehabilitation Center (aka Petite Fleur Nursing Home SNF) for the census period ending January 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 November 12, 2015. 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 \$64,755.64 was calculated using the number of Medicaid days paid for the rate period July 1, 2012 through December 31, 2012 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 [REDACTED].

[REDACTED]

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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]
[REDACTED]

[REDACTED]

Division of Medicaid Audit
Office of the Medicaid Inspector General

[REDACTED]

OFFICE OF THE MEDICAID INSPECTOR GENERAL
SAYVILLE NURSING AND REHABILITATION CENTER
AUDIT # 13-4884
CALCULATION OF AUDIT IMPACT

| RATE TYPE | DECREASED IN DIRECT COMPONENT OF RATE* | MEDICAID DAYS | IMPACT |
|-----------------------------------|---|---------------|--------------------|
| Part B Eligible/Part B D Eligible | \$2.58 | 24,766 | \$63,896.28 |
| Non-Medicare/Part D Eligible | \$2.62 | 328 | \$859.36 |
| Total | | | <u>\$64,755.64</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
 SAYVILLE NURSING AND REHABILITATION CENTER
 AUDIT #13-4884
 FINDINGS BY SAMPLE NUMBER

| Sample # | 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 EATING SELF PERFORMANCE | DISALLOW TOILET USE SELF PERFORMANCE | DISALLOW TOILET USE SUPPORT PROVIDED | DISALLOW SPECIAL TREATMENTS, PROCEDURES | |
| 1 | RHB | RMA | 1.27 | 1.17 | 1 | | 1 | | | 1 | | |
| 2 | RMA | RMA | 1.17 | 1.17 | | | | | | | | |
| 3 | CA1 | CA1 | 0.77 | 0.77 | 1 | | | | | 1 | 1 | |
| 4 | IB1 | IA1 | 0.78 | 0.61 | 1 | | 1 | | | 1 | | |
| 5 | RMA | RMA | 1.17 | 1.17 | | | | | | | | |
| 6 | RMC | RMA | 1.27 | 1.17 | 1 | | 1 | | | 1 | | |
| 7 | CA1 | CA1 | 0.77 | 0.77 | 1 | | 1 | | | 1 | | |
| 8 | RMA | RMA | 1.17 | 1.17 | | | | | | | | |
| 9 | CB1 | CA1 | 0.86 | 0.77 | 1 | | 1 | | | 1 | | |
| 10 | RUA | RUA | 1.37 | 1.37 | | | | | | | | |
| 12 | RHB | RMA | 1.27 | 1.17 | 1 | 1 | 1 | | | 1 | | |
| 13 | RMA | RMA | 1.17 | 1.17 | | | | | | | | |
| 14 | RMC | RMA | 1.27 | 1.17 | 1 | 1 | 1 | 1 | | 1 | | |
| 15 | RMA | RMA | 1.17 | 1.17 | | | | | | 1 | | |
| 16 | RMA | RMA | 1.17 | 1.17 | | | | | | | | |
| 17 | RMB | RMA | 1.22 | 1.17 | | | 1 | | | 1 | | |
| 18 | CB1 | CA1 | 0.86 | 0.77 | 1 | 1 | 1 | | | 1 | | |
| 19 | PB1 | PA1 | 0.58 | 0.46 | 1 | | | | | | | |
| 20 | RHC | RMA | 1.40 | 1.17 | 1 | 1 | 1 | | | 1 | | |
| 21 | CB1 | CA1 | 0.86 | 0.77 | 1 | | 1 | | | 1 | | 1 |
| 22 | RUX | RUA | 2.38 | 1.37 | 1 | | 1 | | | 1 | | 1 |
| 23 | CC1 | CA1 | 0.98 | 0.77 | 1 | | 1 | 1 | | 1 | | |
| TOTALS | | | | | 14 | 4 | 13 | 2 | 14 | 1 | 3 | |

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
SAYVILLE NURSING AND REHABILITATION CENTER
AUDIT #13-4884
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 weight bearing assist three or more times. 3, 6, 9, 14, 20, 21, 22, 23

In 6 instances, documentation did not support resident required non weight bearing assist three or more times. 1, 4, 7, 12, 18, 19

Bed Mobility Support Provided

In 4 instances, documentation did not support resident was a one person physical help at least once. 12, 14, 18, 20

Transfer Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 22

In 6 instances, documentation did not support resident required weight bearing assist three or more times. 6, 14, 17, 18, 20, 23

In 6 instances, documentation did not support resident required non weight bearing assist three or more times. 1, 4, 7, 9, 12, 21

Eating Self-Performance

In 2 instances, documentation did not support resident required weight bearing assist three or more times. 14, 23

Toilet Use Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 22

In 9 instances, documentation did not support resident required weight bearing assist three or more times. 3, 6, 9, 14, 17, 18, 20, 21, 23

In 4 instances, documentation did not support resident required non weight bearing assist three or more times. 1, 4, 7, 12

Toilet Use Support Provided

In 1 instance, documentation did not support resident was set up at least once. 15

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 2 instances, documentation did not support the number of days with MD exams during the look back period. 3, 21

In 1 instance, documentation did not support a drug or biological given by intravenous push, epidural pump, or drip through a central line or peripheral port during the look back period. 22

RUGS-II Classifications Overturned

1, 4, 6, 9, 12, 14, 17, 18, 19, 20, 21, 22, 23

In 13 instances, the RUG classifications were overturned.

10 NYCRR §86-2.10, Volume A-2

OFFICE OF THE MEDICAID INSPECTOR GENERAL
SAYVILLE NURSING AND REHABILITATION CENTER
AUDIT #13-4884

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.

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Sample #21

Disallowance O0600 Physician exams

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

Disallowance A O0600 Physician Exam

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

Sample #1: Disallow self-performance GO110A bed mobility, GO110B Transfer, GO110I Toilet use

Facility Comment:

The facility provided information that they feel will substantiate and support the areas disallowed by the auditors.

OMIG Response:

The MDS Assessment Reference Date (ARD) is 10/31/11.
The 7-day look back period is 10/31/11 – 10/25/11.

Documentation submitted and reviewed:

- Nursing Summary Note for Late Loss ADLs (Activities of Daily Living) Policy

- Reference Key Conversion of ADL Assistance Terminology
- Written recap of the resident stay addressing ADL level of care provided
- Toileting sheet
- ADL Care Plan
- Functional status assessment sheet change of status
- PT progress notes

ASSESSMENT

The ADL Self-Performance documentation 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
- 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.
- 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.

Documentation does not support the MDS Manual ADL coding instructions

- Direct care staff from each shift caring for the resident must be consulted to learn what the resident does for him/herself during each episode of each ADL activity definition, as well as the type and level of staff assistance provided. Documentation does not support that an interview was conducted with staff at the end of each shift during the 7-day look back period.

Documentation does not support MDS manual Chapter 4 - Care Area Assessment (CAA): Process and Care Planning:

- Completed MDS must be analyzed and combined with other relevant information to develop and individualized care plan.

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

Sample #4: Disallow self-performance GO110A bed mobility, GO110B Transfer, GO110I Toilet use

Facility Comment:

The facility provided information that they feel will substantiate and support the areas disallowed by the auditors.

OMIG Response:

The MDS Assessment Reference Date (ARD) was Jan. 16, 2012.

The 7 day look back was 1/16/12-1/10/12.

Documentation submitted and reviewed:

- Nursing Summary Note for Late Loss ADLs (Activities of Daily Living) Policy
- Reference Key Conversion of ADL Assistance Terminology
- Written recap of the resident stay addressing ADL level of care provided
- ADL Care Plan
- Functional status assessment sheet

ASSESSMENT

The ADL Self-Performance documentation 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
- The focus for ADL coding is on the 7-day look back period only.
- 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.
- 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.

Documentation does not support the MDS Manual ADL coding instructions

- Direct care staff from each shift caring for the resident must be consulted to learn what the resident does for him/herself during each episode of each ADL activity definition, as well as the type and level of staff assistance provided. Documentation does not support that an interview was conducted with staff at the end of each shift during the 7-day look back period.

Documentation does not support the MDS manual Chapter 4: Care Area Assessment (CAA) Process and Care Planning:

- Completed MDS must be analyzed and combined with other relevant information to develop an individualized care plan.

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

Sample #6: Disallow self-performance GO110A bed mobility, GO110B Transfer, GO110I Toilet use

Facility Comment:

The facility provided information that they feel will substantiate and support the areas disallowed by the auditors.

OMIG Response:

The MDS Assessment Reference Date (ARD) was 1/4/12.

The 7 day look back was 1/4/12-12/29/11.

Documentation submitted and reviewed:

- Nursing Summary Note for Late Loss ADLs (Activities of Daily Living) Policy
- Reference Key Conversion of ADL Assistance Terminology
- Written recap of the resident stay addressing ADL level of care provided
- ADL Care Plan
- Functional status assessment sheet
- PT progress notes

ASSESSMENT

The ADL Self-Performance documentation 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
- The focus for ADL coding is on the 7-day look back period only.
- 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.
- 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.

Documentation does not support the MDS Manual' ADL coding instructions

- Direct care staff from each shift caring for the resident must be consulted to learn what the resident does for him/herself during each episode of each ADL activity definition, as well as the type and level of staff assistance provided. Documentation does not support that an interview was conducted with staff at the end of each shift during the 7-day look back period.

Documentation does not support MDS manual Chapter 4 - Care Area Assessment (CAA): Process and Care Planning:

- Completed MDS must be analyzed and combined with other relevant information to develop and individualized care plan.

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

Sample #9: Disallow self-performance GO110A bed mobility, GO110B Transfer, GO110I Toilet use

Facility Comment:

The facility provided information that they feel will substantiate and support the areas disallowed by the auditors.

OMIG Response:

The MDS Assessment Reference Date (ARD) was 1/17/12.

The 7 day look back was 1/17/12-1/11/12.

Documentation submitted and reviewed:

- Nursing Summary Note for Late Loss ADLs (Activities of Daily Living) Policy
- Reference Key Conversion of ADL Assistance Terminology
- Written recap of the resident stay addressing ADL level of care provided
- ADL Care Plan
- Functional status assessment sheet

ASSESSMENT

The ADL Self-Performance documentation 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
- The focus for ADL coding is on the 7-day look back period only.
- 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.

- 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.

Documentation does not support the MDS Manual' ADL coding instructions

- Direct care staff from each shift caring for the resident must be consulted to learn what the resident does for him/herself during each episode of each ADL activity definition, as well as the type and level of staff assistance provided. Documentation does not support that an interview was conducted with staff at the end of each shift during the 7-day look back period.

Documentation does not support MDS manual Chapter 4 - Care Area Assessment (CAA): Process and Care Planning:

- Completed MDS must be analyzed and combined with other relevant information to develop and individualized care plan.

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

Sample #12: Disallow self-performance GO110A bed mobility, GO110B Transfer, GO110I Toilet use and G0110A Bed Mobility support provided.

Facility Comment:

The facility provided information that they feel will substantiate and support the areas disallowed by the auditors.

OMIG Response:

The MDS Assessment Reference Date (ARD) was 11/16/11.

The 7 day look back was 11/16/11-1/10/11.

Documentation submitted and reviewed:

- Nursing Summary Note for Late Loss ADLs (Activities of Daily Living) Policy
- Reference Key Conversion of ADL Assistance Terminology
- Written recap of the resident stay addressing ADL level of care provided
- Care Plan
- Functional status assessment sheet
- PT notes
- Nursing rehab documentation

ASSESSMENT

The ADL Self-Performance documentation 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
- The focus for ADL coding is on the 7-day look back period only.
- 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.
- 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.

Documentation does not support the MDS Manual' ADL coding instructions

- Direct care staff from each shift caring for the resident must be consulted to learn what the resident does for him/herself during each episode of each ADL activity definition, as well as the type and level of staff assistance provided. Documentation does not support that an interview was conducted with staff at the end of each shift during the 7-day look back period.

Documentation does not support MDS manual Chapter 4 - Care Area Assessment (CAA): Process and Care Planning:

- Completed MDS must be analyzed and combined with other relevant information to develop and individualized care plan.

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

Sample #14: Disallow self-performance GO110A bed mobility, Go110B Transfer, GO110I Toilet use and G0110A Bed Mobility support provided.

Facility Comment:

The facility provided information that they feel will substantiate and support the areas disallowed by the auditors.

OMIG Response:

The MDS Assessment Reference Date (ARD) was 12/20/11.
The 7 day look back was 12/20/11-12/14/11.

Documentation submitted and reviewed:

- Nursing Summary Note for Late Loss ADLs (Activities of Daily Living) Policy
- Reference Key Conversion of ADL Assistance Terminology
- Written recap of the resident stay addressing ADL level of care provided
- Functional status assessment sheet
- PT notes
- Nursing note

ASSESSMENT

The ADL Self-Performance documentation 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
- The focus for ADL coding is on the 7-day look back period only.
- 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.
- 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.

Documentation does not support the MDS Manual' ADL coding instructions

- Direct care staff from each shift caring for the resident must be consulted to learn what the resident does for him/herself during each episode of each ADL activity definition, as well as the type and level of staff assistance provided. Documentation does not support that an interview was conducted with staff at the end of each shift during the 7-day look back period.

Documentation does not support MDS manual Chapter 4 - Care Area Assessment (CAA): Process and Care Planning:

- Completed MDS must be analyzed and combined with other relevant information to develop and individualized care plan.

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

Sample #17: Disallow self-performance, GO110B Transfer, GO110I Toilet.

Facility Comment:

The facility provided information that they feel will substantiate and support the areas disallowed by the auditors.

OMIG Response:

The MDS Assessment Reference Date (ARD) was 12/13/11.

The 7 day look back was 12/13/11-12/7/11.

Documentation submitted and reviewed:

- Nursing Summary Note for Late Loss ADLs (Activities of Daily Living) Policy
- Reference Key Conversion of ADL Assistance Terminology
- Written recap of the resident stay addressing ADL level of care provided
- Functional status assessment sheet

ASSESSMENT

The ADL Self-Performance documentation 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
- The focus for ADL coding is on the 7-day look back period only.
- 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.
- 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.

Documentation does not support the MDS Manual' ADL coding instructions:

"Talk with direct care staff from each shift that has cared for the resident to learn what the resident does for himself during each episode of each ADL activity definition as well as the type and level of staff assistance provided."

The documentation does not support an interview was conducted with staff at the end of each shift during the 7-day look back period.

Documentation does not support the MDS manual Chapter 4: Care Area Assessment (CAA) Process and Care Planning:

Completed MDS must be analyzed and combined with other relevant information to develop an individualized care plan.

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

Sample #18: Disallow self-performance GO110A bed mobility, GO110B Transfer, GO110I Toilet use and G0110A Bed Mobility support provided.

Facility Comment:

The facility provided information that they feel will substantiate and support the areas disallowed by the auditors.

OMIG Response:

The MDS Assessment Reference Date (ARD) was 1/18/12.

The 7 day look back was 1/18/12-1/12/12.

Documentation submitted and reviewed:

- Nursing Summary Note for Late Loss ADLs (Activities of Daily Living) Policy
- Reference Key Conversion of ADL Assistance Terminology
- Written recap of the resident stay addressing ADL level of care provided
- Care Plan
- Functional status assessment

ASSESSMENT

The ADL Self-Performance documentation 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
- The focus for ADL coding is on the 7-day look back period only.
- 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.
- 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.

Documentation does not support the MDS Manual' ADL coding instructions

- Direct care staff from each shift caring for the resident must be consulted to learn what the resident does for him/herself during each episode of each ADL activity definition, as well as the type and level of staff assistance provided. Documentation

does not support that an interview was conducted with staff at the end of each shift during the 7-day look back period.

Documentation does not support MDS manual Chapter 4 - Care Area Assessment (CAA): Process and Care Planning:

- Completed MDS must be analyzed and combined with other relevant information to develop and individualized care plan.

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

Sample #19: Disallow self-performance GO110A bed mobility.

Facility Comment: The facility provided information that they feel will substantiate and support the areas disallowed by the auditors.

OMIG Response:

The MDS Assessment Reference Date (ARD) was 12/12/11.

The 7 day look back was 12/26/11-12/20/11.

Documentation submitted and reviewed:

- Nursing Summary Note for Late Loss ADLs (Activities of Daily Living) Policy
- Reference Key Conversion of ADL Assistance Terminology
- Written recap of the resident stay addressing ADL level of care provided
- Functional status assessment

ASSESSMENT

The ADL Self-Performance documentation 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
- The focus for ADL coding is on the 7-day look back period only.
- 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.
- 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.

Documentation does not support the MDS Manual' ADL coding instructions

- Direct care staff from each shift caring for the resident must be consulted to learn what the resident does for him/herself during each episode of each ADL activity definition, as well as the type and level of staff assistance provided. Documentation does not support that an interview was conducted with staff at the end of each shift during the 7-day look back period.

Documentation does not support MDS manual Chapter 4 - Care Area Assessment (CAA): Process and Care Planning:

Completed MDS must be analyzed and combined with other relevant information to develop and individualized care plan.

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

Sample #20: Disallow self-performance GO110A bed mobility, GO110B Transfer, GO110I Toilet use and G0110A Bed Mobility support provided.

Facility Comment:

The facility provided information that they feel will substantiate and support the areas disallowed by the auditors.

OMIG Response:

The MDS Assessment Reference Date (ARD) was 1/25/12.
The 7 day look back was 1/25/12-1/19/12.

Documentation Submitted and Reviewed:

- Nursing Summary Note for Late Loss ADLs (Activities of Daily Living) Policy
- Reference Key Conversion of ADL Assistance Terminology
- Written recap of the resident stay addressing ADL level of care provided
- Care Plan
- Functional status assessment
- PT notes

ASSESSMENT

The ADL Self-Performance documentation 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

- The focus for ADL coding is on the 7-day look back period only.
- 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.
- 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.

Documentation does not support the MDS Manual' ADL coding instructions

- Direct care staff from each shift caring for the resident must be consulted to learn what the resident does for him/herself during each episode of each ADL activity definition, as well as the type and level of staff assistance provided. Documentation does not support that an interview was conducted with staff at the end of each shift during the 7-day look back period.

Documentation does not support MDS manual Chapter 4 - Care Area Assessment (CAA): Process and Care Planning:

Completed MDS must be analyzed and combined with other relevant information to develop and individualized care plan.

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

Sample #21: Disallow self-performance GO110A bed mobility, GO110B Transfer, GO110I Toilet use.

Facility Comment:

The facility provided information that they feel will substantiate and support the areas disallowed by the auditors.

OMIG Response:

The MDS Assessment Reference Date (ARD) was 12/19/11.
The 7 day look back was 12/19/11-12/13/11.

Documentation submitted and reviewed:

- Nursing Summary Note for Late Loss ADLs (Activities of Daily Living) Policy
- Reference Key Conversion of ADL Assistance Terminology
- Written recap of the resident stay addressing ADL level of care provided
- MD monthly progress note
- Functional status assessment

- Podiatric note

ASSESSMENT

The ADL Self-Performance documentation 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
- The focus for ADL coding is on the 7-day look back period only.
- 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.
- 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.

Documentation does not support the MDS Manual' ADL coding instructions

- Direct care staff from each shift caring for the resident must be consulted to learn what the resident does for him/herself during each episode of each ADL activity definition, as well as the type and level of staff assistance provided. Documentation does not support that an interview was conducted with staff at the end of each shift during the 7-day look back period.

Documentation does not support MDS manual Chapter 4 - Care Area Assessment (CAA): Process and Care Planning:

- Completed MDS must be analyzed and combined with other relevant information to develop and individualized care plan.

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

Sample #22: Disallow self-performance GO110A bed mobility, GO110B Transfer, GO110I Toilet use.

Facility Comment:

The facility provided information that they feel will substantiate and support the areas disallowed by the auditors.

OMIG Response:

The MDS Assessment Reference Date (ARD) was 1/9/12.
The 7 day look back was 1/9/12-1/3/12.

Documentation submitted and reviewed:

- Nursing Summary Note for Late Loss ADLs (Activities of Daily Living) Policy
- Reference Key Conversion of ADL Assistance Terminology
- Written recap of the resident stay addressing ADL level of care provided
- Functional status assessment
- PT progress note

ASSESSMENT

The ADL Self-Performance documentation 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
- The focus for ADL coding is on the 7-day look back period only.
- 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.
- 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.

Documentation does not support the MDS Manual' ADL coding instructions

- Direct care staff from each shift caring for the resident must be consulted to learn what the resident does for him/herself during each episode of each ADL activity definition, as well as the type and level of staff assistance provided. Documentation does not support that an interview was conducted with staff at the end of each shift during the 7-day look back period.

Documentation does not support MDS manual Chapter 4 - Care Area Assessment (CAA): Process and Care Planning:

- Completed MDS must be analyzed and combined with other relevant information to develop and individualized care plan.

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

Sample #23: Disallow self-performance GO110A bed mobility, GO110B Transfer, GO110I Toilet use, and GO110H eating.

Facility Comment:

The facility provided information that they feel will substantiate and support the areas disallowed by the auditors.

OMIG Response:

The MDS Assessment Reference Date (ARD) was 12/19/11. The 7 day look back was 12/13/12-1/3/11.

Documentation submitted and reviewed:

- Nursing Summary Note for Late Loss ADLs (Activities of Daily Living) Policy
- Reference Key Conversion of ADL Assistance Terminology
- Written recap of the resident stay addressing ADL level of care provided
- Functional status assessment

ASSESSMENT

The ADL Self-Performance documentation 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
- The focus for ADL coding is on the 7-day look back period only.
- 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.
- 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.

Documentation does not support the MDS Manual' ADL coding instructions

- Direct care staff from each shift caring for the resident must be consulted to learn what the resident does for him/herself during each episode of each ADL activity definition, as well as the type and level of staff assistance provided. Documentation does not support that an interview was conducted with staff at the end of each shift during the 7-day look back period.

Documentation does not support MDS manual Chapter 4 - Care Area Assessment (CAA): Process and Care Planning:

- Completed MDS must be analyzed and combined with other relevant information to develop and individualized care plan.

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