



STATE OF NEW YORK
OFFICE OF THE MEDICAID INSPECTOR GENERAL
800 North Pearl Street
Albany, New York 12204

ANDREW M. CUOMO
GOVERNOR

JAMES C. COX
MEDICAID INSPECTOR GENERAL

July 11, 2014

[REDACTED]
Teresian House Nursing Home
200 Washington Avenue Extension
Albany, New York 12203

Re: Medicaid PRI Audit #11-1041
NPI Number: [REDACTED]
Provider Number: [REDACTED]

Dear [REDACTED]

This is the final audit report of findings with regard to the Office of the Medicaid Inspector General's ("OMIG") Patient Review Instruments ("PRI") audit of Teresian House Nursing Home ("Facility") for the audit period July 1, 2005 through December 31, 2008. In accordance with 18 NYCRR Section 517.6, this final audit report represents the OMIG's final determination on issues raised in the (revised) draft audit report.

In your response to the draft audit report dated January 8, 2014, you identified specific audit findings with which you disagreed. Your comments have been considered (see Attachment A-1) and the report has been either revised accordingly and/or amended to address your comments (see Attachment A-2). Consideration of your comments resulted in an overall reduction of \$309,078 to the total Medicaid overpayment shown in the (revised) draft audit report.

The findings applicable to the September 1, 2006 through March 31, 2009 Medicaid rates resulted in a Medicaid overpayment of \$695,451 as detailed in Attachment A-2. This overpayment is subject to Department of Health ("DOH") and Division of Budget ("DOB") final approval. While not anticipated, any difference between the calculated overpayment and the final DOH and DOB amount will be resolved with the Facility by the OMIG Bureau of Collections Management. The finding explanation, regulatory reference, and applicable adjustment can be found in the exhibits following Attachment A-2.

In accordance with 18 NYCRR Part 518 which regulates the collection of overpayments, your repayment options are described below.

OPTION #1: Make full payment by check or money order within 20 days of the date of the final audit report. The check should be made payable to the New York State Department of Health and be sent with the attached Remittance Advice to:

[REDACTED]
New York State Department of Health
Medicaid Financial Management
GNARESP Corning Tower, Room 2739
File #11-1041
Albany, New York 12237-0048

OPTION #2: Enter into a repayment agreement with the Office of the Medicaid Inspector General. If your repayment terms exceed 90 days from the date of the final audit report, recoveries of amounts due are subject to interest charges at the prime rate plus 2%. If the process of establishing the repayment agreement exceeds 20 days from the date of the final audit report, the OMIG will impose a 50% withhold after 20 days until the agreement is established. OMIG acceptance of the repayment agreement is based on your repaying the Medicaid overpayment as agreed. The OMIG will adjust the rate of recovery, or require payment in full, if your unpaid balance is not being repaid as agreed. In addition, if you receive an adjustment in your favor while you owe funds to the State, such adjustment will be applied against any amount owed. If you wish to enter into a repayment agreement, please contact the Bureau of Collections Management within 20 days at the following:

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

[REDACTED]

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. You may not request a hearing to raise issues related to rate setting or rate setting methodology. In addition, you may not raise any issue that was raised or could have been raised at a rate appeal with your rate setting agency. 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]

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

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 a signed authorization permitting that person to represent you along with your hearing request. At the hearing, you may call witnesses and present documentary evidence on your behalf.

Should you have any questions regarding the above, please contact [REDACTED]
[REDACTED] or through email at [REDACTED]

Sincerely,

[REDACTED]
Division of Medicaid Audit
Office of the Medicaid Inspector General

Attachments:

- ATTACHMENT A-1 – Analysis of Provider Response
- ATTACHMENT A-2 - Calculation of Medicaid Overpayment
- ATTACHMENT B - Change in RUG Counts for PRIs submitted on September 21, 2006 and December 6, 2006
- ATTACHMENT C - Detailed Findings by Sample Number
- ATTACHMENT D - Detailed Findings by Disallowance

CERTIFIED MAIL [REDACTED]
RETURN RECEIPT REQUESTED

**NEW YORK STATE
OFFICE OF THE MEDICAID INSPECTOR GENERAL
REMITTANCE ADVICE**

NAME AND ADDRESS OF AUDITEE

[REDACTED]
Teresian House Nursing Home
200 Washington Avenue Extension
Albany, New York 12203

PROVIDER ID [REDACTED]

AUDIT #11-1041

AMOUNT DUE: \$695,451

AUDIT	<input type="checkbox"/> PROVIDER
	<input checked="" type="checkbox"/> RATE
TYPE	<input type="checkbox"/> PART B
	<input type="checkbox"/> OTHER:

CHECKLIST

1. To ensure proper credit, please enclose this form with your check.
2. Make checks payable to: *New York State Department of Health*
3. Record the Audit Number on your check.
4. Mail check to:

[REDACTED]
New York State Department of Health
Medicaid Financial Management
GNARESP Corning Tower, Room 2739
File #11-1041
Albany, New York 12237-0048

5. If the provider number shown above is incorrect, please enter the correct number below.

[REDACTED]

CORRECT PROVIDER NUMBER

TERESIAN HOUSE NURSING HOME

AUDIT # 11-1041

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

FACILITY OBJECTIONS TO TOILETING FINDINGS:**Level 3 Adjustments:**

Sample #87 - Disallow Toileting: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Level 4 Adjustments:

Sample #66 - Disallow Toileting: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample #76 - Disallow Toileting: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Level 5 Adjustments:

Sample #19 - Disallow Toileting: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample #27 - Disallow Toileting: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample #34 - Disallow Toileting: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample #45 - Disallow Toileting: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample #57 - Disallow Toileting: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample #58 - Disallow Toileting: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample #108 - Disallow Toileting: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample #121 - Disallow Toileting: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample #123 - Disallow Toileting: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample #130 - Disallow Toileting: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample #143 - Disallow Toileting: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample #149 - Disallow Toileting: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample #178 - Disallow Toileting: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample #309 - Disallow Toileting: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample #69

Facility Comment: Facility claims a level 5 toileting. The Facility position states that the toileting record establishes that resident was on a documented plan and received the services as required for level 5 statuses. The Facility notes that while there are days in which the 2-4 hour intervals for services requirement is not clear, a review of the entire period shows that the services were required, received, and documented for the dates in question. Therefore, the Facility notes the Level 5 category is appropriate.

OMIG Response: Although there are toileting schedules, the toileting times are preprinted and not specific as to when the resident voided. The specific time that the toileting assistance was provided must be present in each instance. The times are not highlighted on the submitted schedules as noted in Facility policy. Also, there is no indication if toileting was performed 15 minutes outside the scheduled time of the time written in the box and initialed per Facility policy.

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

Sample #124

Facility Comment: Facility claims a level 5 toileting. The Facility position states that the toileting record establishes that resident was on a documented plan and received the services as required for level 5 statuses. The Facility notes that while there are days in which the 2-4 hour intervals for services requirement is not clear, a review of the entire period shows that the services were required, received, and documented for the dates in question. Therefore, the Facility notes the Level 5 category is appropriate.

OMIG Response: Although there are toileting schedules, the toileting times are preprinted and not specific as to when the resident voided. The specific time that the toileting assistance was provided must be present in each instance. The times are not highlighted on the submitted schedules as noted in Facility policy. Also there is no indication if toileting was performed 15 minutes outside the scheduled time of the time written in the box and initialed per Facility policy.

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

Sample #133

Facility Comment: Facility claims a level 5 toileting. The Facility position states that the toileting record establishes that resident was on a documented plan and received the services as required for level 5 statuses. The Facility notes that while there are days in which the 2-4 hour intervals for services requirement is not clear, a review of the entire period shows that the services were required, received, and documented for the dates in question. Therefore, the Facility notes the Level 5 category is appropriate.

OMIG Response: Although there are toileting schedules, the toileting times are preprinted and not specific as to when the resident voided. The specific time that the toileting assistance was provided must be present in each instance. The times are not highlighted on the submitted schedules as noted in Facility policy. Also, there is no indication if toileting was performed 15 minutes outside the scheduled time of the time written in the box and initialed per Facility policy.

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

Sample #167

Facility Comment: Facility claims a level 5 toileting. The Facility position states that the toileting record establishes that resident was on a documented plan and received the services as required for level 5 statuses. The Facility notes that while there are days in which the 2-4 hour intervals for services requirement is not clear, a review of the entire period shows that the services were required, received, and documented for the dates in question. Therefore, the Facility notes the Level 5 category is appropriate.

OMIG Response: Although there are toileting schedules, the toileting times are preprinted and not specific as to when the resident voided. The specific time that the toileting assistance was provided must be present in each instance. There are missing initials in several date/time slots, 9/06; incomplete. The times are not highlighted on the submitted schedules as noted in Facility policy. Also, there is no indication if toileting was performed 15 minutes outside the scheduled time of the time written in the box and initialed per Facility policy.

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

Sample #212

Facility Comment: Facility claims a level 5 toileting. The Facility position states that the toileting record establishes that resident was on a documented plan and received the services as required for level 5 statuses. The Facility notes that while there are days in which the 2-4 hour intervals for services requirement is not clear, a review of the entire period shows that the services were required, received, and documented well above the 60% rule. Therefore, the Facility notes the Level 5 category is appropriate.

OMIG Response: Although there are toileting schedule, the toileting times are preprinted and not specific as to when the resident voided. The specific time that the toileting assistance was provided must be present in each instance. The times are not highlighted on the submitted schedules as noted in Facility policy. Also, there is no indication if toileting was performed 15 minutes outside the scheduled time of the time written in the box and initialed per Facility policy.

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

Sample #308

Facility Comment: Facility claims a level 5 toileting. The Facility position states that the toileting record establishes that resident was on a documented plan and received the services as required for level 5 statuses. The Facility notes that while there are days in which the 2-4 hour intervals for services requirement is not clear, a review of the entire period shows that the services were required, received, and documented for the dates in question. Therefore, the Facility notes the Level 5 category is appropriate.

OMIG Response: Toileting times are preprinted and not specific as to when the resident voided. The specific time that the toileting assistance was provided must be present in each instance. The times are not highlighted on the submitted schedules as noted in Facility policy. Also there is no indication if toileting was performed 15 minutes outside the scheduled time of the time written in the box and initialed per Facility policy.

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

FACILITY OBJECTIONS TO DEMENTIA ADD-ON FINDINGS:

Sample #222

Facility Comment: Facility states physician diagnosis of Alzheimer dementia. Facility states the Plans of Care they have provided specifically address social and sensory deprivation and impaired cognition and self-care deficits all due and related to the dementia through a varied program of staff and resident involvement in activities and other behavior modification steps. Facility also notes that the Social Services Interim Assessments address it. Facility notes that MDS's indicates involvement in activities. Facility notes that MDS evaluations show that the resident did not suffer further memory decline and that behavioral issues remained under control.

OMIG Response: Facilities to whom the dementia add-on is given shall demonstrate and document positive outcomes from implementation or continuation of programs/operations and policies designed to improve care of eligible dementia patients. The add-on shall be recouped from facilities in which such positive outcomes are not demonstrated. Documentation previously submitted and new documentation was reviewed and shows no documentation to support positive outcomes or attendance at particular programs for dementia. Although the MDS shows a Dementia diagnosis and supports ADL coded on the PRI, there are no documented outcomes that support plan of care.

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

Sample #226

Facility Comment: The Facility states they have provided documentation establishing a diagnosis of dementia for this September, 2006 admission. Plans of Care they have provided specifically address social and sensory deprivation and impaired cognition, self-care deficits and behavioral issues, all due and related to dementia through a varied program of staff and resident involvement in activities and other specific behavioral steps. Facility also notes that the Social Services Interim

Assessments address it resident's involvement in activities and staff cueing and reinforcement of appropriate decision making with good results. The Facility notes this is confirmed by the MDS evaluations included with the records which show that the resident did not suffer further decline.

OMIG Response: Facilities to which the dementia add-on is given shall demonstrate and document positive outcomes from implementation or continuation of programs/operations and policies designed to improve care of eligible dementia patients. The add-on shall be recouped from facilities in which such positive outcomes are not demonstrated. Resident admitted 9-12-2006, ATP ended 9-13-2006. Documentation previously submitted and new documentation was reviewed and shows no documentation to support positive outcomes or attendance at particular programs for dementia. Although the MDS shows a Dementia diagnosis and supports ADL coded on the PRI, there are no documented outcomes that support plan of care.

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

Sample #227

Facility Comment: Facility states physician diagnosis of Dementia. The Plans of Care they have provided specifically address impaired social well-being, impaired cognition, decreased adaptive skills, and wandering behaviors. Facility also notes that the Social Services Interim Assessments show evaluations indicating resident involvement in activities and staff cueing, and reinforcement of appropriate decision making. CP for social/sensory deprivation, impaired cognition and self-care deficit due to Dementia and activity assessment indicates involvement in activities. Facility notes that MDS's indicates involvement in activities. Facility notes that MDS evaluations show that the resident did not suffer further memory decline.

OMIG Response: Facilities to whom the dementia add-on is given shall demonstrate and document positive outcomes from implementation or continuation of programs/operations and policies designed to improve care of eligible dementia patients. The add-on shall be recouped from facilities in which such positive outcomes are not demonstrated. Documentation previously submitted and reviewed shows no documentation to support positive outcomes or attendance at particular programs for dementia. Although the MDS shows a Dementia diagnosis and supports ADL coded on the PRI, there are no documented outcomes that support plan of care.

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

Sample #230- Disallow Dementia Add-On

Facility Comment: Facility states physician diagnosis of Dementia with Psychotic Ideation. The Plans of Care they have provided specifically address impaired cognition, social sensory deprivation, impaired communication, self-care deficits elopement risk, and behavioral issues all due and related to the Dementia through a varied program of staff and resident involvement in activities including socialization and behavioral modalities. Facility also notes that the Social Services Interim Assessments show evaluations indicating resident involvement in activities and staff cueing, and reinforcement of appropriate decision making. CP for social/sensory deprivation, impaired cognition and self-care are deficit due to Dementia. Activity assessment indicates involvement in activities. Facility notes that MDS's indicates involvement in activities. Facility notes that MDS evaluations show that the resident did not suffer further memory decline.

OMIG Response: Facilities to whom the dementia add-on is given shall demonstrate and document positive outcomes from implementation or continuation of programs/operations and policies designed to improve care of eligible dementia patients. The add-on shall be recouped from facilities in which such positive outcomes are not demonstrated. Documentation previously submitted and reviewed shows no documentation to support positive outcomes or attendance at particular programs for dementia. Although the MDS shows a Dementia diagnosis and supports ADL coded on the PRI, there are no documented outcomes that support plan of care.

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

Sample #232

Facility Comment: Facility states physician diagnosis of Dementia. The Plans of Care they have provided specifically address impaired cognition and social/sensory deprivation due to and related to the Dementia through a varied program of staff and resident involvement in activities including socialization, resident encouragement in decision making, and other specific behavioral modification modalities. Facility also notes that the Social Services Interim Assessments show evaluations indicating resident involvement in activities and staff cueing, and reinforcement of appropriate decision making. CP for social/sensory deprivation, impaired cognition, and self-care deficit are due to Dementia. Activity assessment indicates involvement in activities. Facility notes that MDS's indicates involvement in activities. Facility notes that MDS evaluations show that the resident did not suffer further memory decline.

OMIG Response: Facilities to whom the dementia add-on is given shall demonstrate and document positive outcomes from implementation or continuation of programs/operations and policies designed to improve care of eligible dementia patients. The add-on shall be recouped from facilities in which such positive outcomes are not demonstrated. Documentation previously submitted and reviewed shows no documentation to support positive outcomes or attendance at particular programs for dementia. Although the MDS shows a Dementia diagnosis and supports ADL coded on the PRI, there are no documented outcomes that support plan of care.

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

Sample #235

Facility Comment: Facility states physician diagnosis of Alzheimer's Dementia. The Plans of Care they have provided specifically address impaired cognition and potential for psycho-emotional distress, all due and related to the dementia, through a varied program of staff and resident involvement in activities including socialization, psychiatric counseling, staff emotional therapy, and other specific behavioral modification modalities. Facility also notes that the Social Services Interim Assessments show evaluations indicating resident involvement in activities and staff reinforcement of socialization and counseling issues all with good results. Facility notes that MDS's indicates involvement in activities. Facility notes that MDS evaluations show that the resident minimal decline in ADL during period.

OMIG Response: Facilities to whom the dementia add-on is given shall demonstrate and document positive outcomes from implementation or continuation of programs/operations and policies designed to improve care of eligible dementia patients. The add-on shall be recouped from facilities in which such positive outcomes are not demonstrated. Documentation previously

submitted and reviewed shows no documentation to support positive outcomes or attendance at particular programs for dementia. Although the MDS shows a Dementia diagnosis and supports ADL coded on the PRI, there are no documented outcomes that support plan of care.

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

Sample #236

Facility Comment: Facility states physician diagnosis of Dementia. The Plans of Care they have provided specifically address impaired cognition/memory due and related to the dementia through a varied program of staff and resident involvement in activities including socialization, staff cueing, and other specific behavioral modification modalities. Facility also notes that the Social Services Interim Assessments show evaluations indicating resident involvement in activities and staff of socialization and counseling issues all with good results. Facility notes that MDS's indicates involvement in activities. Facility notes that MDS evaluations show that the resident did not suffer further memory decline.

OMIG Response: Facilities to whom the dementia add-on is given shall demonstrate and document positive outcomes from implementation or continuation of programs/operations and policies designed to improve care of eligible dementia patients. The add-on shall be recouped from facilities in which such positive outcomes are not demonstrated. Documentation previously submitted and reviewed shows no documentation to support positive outcomes or attendance at particular programs for dementia. Although the MDS shows a Dementia diagnosis and supports ADL coded on the PRI, there are no documented outcomes that support plan of care.

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

Sample #237

Facility Comment: Facility states physician diagnosis of dementia with delusions, depression and insomnia. The Plans of Care they have provided specifically address impaired cognition aberrant behavior/aggression and depression due and related to the dementia through a varied program of staff and resident involvement in activities including socialization, social work counseling, and other specific behavioral modification modalities. Facility also notes that the Social Services Interim Assessments show evaluations indicating resident involvement in activities and staff of socialization and counseling issues all with good results. Facility notes that MDS's indicates involvement in activities. Facility notes that MDS evaluations show that the resident did not suffer further memory decline.

OMIG Response: Facilities to whom the dementia add-on is given shall demonstrate and document positive outcomes from implementation or continuation of programs/operations and policies designed to improve care of eligible dementia patients. The add-on shall be recouped from facilities in which such positive outcomes are not demonstrated. Documentation previously submitted and reviewed shows no documentation to support positive outcomes or attendance at particular programs for dementia. Although the MDS shows a Dementia diagnosis and supports ADL coded on the PRI, there are no documented outcomes that support plan of care.

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

Sample #248

Facility Comment: Facility states physician diagnosis of dementia with Psych/Social Progress Notes and consultation reports indicating psychiatric determination of depression. The notes also denote tendency to wander, a need for redirection, and disruptive behavior. The Plans of Care they have provided specifically address impaired cognition, potential for ADL decline, and impaired social/sensory status and communication and impaired adaptive abilities all due and related to the dementia, through a varied program of staff and resident involvement in activities including one on one visits, social work counseling, encouragement in activities, and other specific behavioral modification modalities. Facility also notes that the Social Services Interim Assessments show evaluations indicating resident involvement in activities and staff of socialization and counseling issues all with good results. Facility notes that MDS's indicates involvement in activities. Facility notes that MDS evaluations show that the resident did not suffer further memory decline.

OMIG Response: Facilities to whom the dementia add-on is given shall demonstrate and document positive outcomes from implementation or continuation of programs/operations and policies designed to improve care of eligible dementia patients. The add-on shall be recouped from facilities in which such positive outcomes are not demonstrated. Documentation previously submitted and reviewed shows no documentation to support positive outcomes or attendance at particular programs for dementia. Although the MDS shows a Dementia diagnosis and supports ADL coded on the PRI, there are no documented outcomes that support plan of care.

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

Sample #249

Facility Comment: Facility states physician diagnosis of Alzheimer's dementia. The Plans of Care they have provided specifically address impaired cognition/memory, decreased response/adaptive skills, impaired communication and/sensory social stimulation, and wandering issues all due and related to the dementia through a varied program of staff and resident involvement in activities including one to one counseling by a social worker, and resident involvement in activities including socialization, social work counseling, and other specific behavioral modification modalities. Facility also notes that the Social Services Interim Assessments show evaluations indicating resident involvement in activities and staff reinforcement of socialization and counseling issues all with good results. Facility notes that MDS's indicates involvement in activities. Facility notes that MDS evaluations show that the resident had minimal decline in ADL during period.

OMIG Response: Facilities to whom the dementia add-on is given shall demonstrate and document positive outcomes from implementation or continuation of programs/operations and policies designed to improve care of eligible dementia patients. The add-on shall be recouped from facilities in which such positive outcomes are not demonstrated. Documentation previously submitted and reviewed shows no documentation to support positive outcomes or attendance at particular programs for dementia. Although the MDS shows a Dementia diagnosis and supports ADL coded on the PRI, there are no documented outcomes that support plan of care.

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

Sample #250

Facility Comment: Facility states physician diagnosis of Alzheimer's dementia. Psychiatric consultations also indicated issues of verbal disruption. The Plans of Care they have provided specifically address impaired self-care deficits, cognition/memory, impaired communication and/sensory social stimulation, decreased response/adaptive skills, and elopement potential, all due and related to the dementia through a varied program of staff and resident involvement in activities including one to one counseling by a psychologist, one to one visits by staff, and resident involvement in activities including socialization, social work counseling, and other specific behavioral modification modalities. Facility also notes that the Social Services Interim Assessments show evaluations indicating resident involvement in activities and staff reinforcement of socialization and counseling issues all with good results. Facility notes that MDS's indicates involvement in activities. Facility notes that MDS evaluations show the resident had minimal decline in ADL during period.

OMIG Response: Facilities to whom the dementia add-on is given shall demonstrate and document positive outcomes from implementation or continuation of programs/operations and policies designed to improve care of eligible dementia patients. The add-on shall be recouped from facilities in which such positive outcomes are not demonstrated. Documentation previously submitted and reviewed shows no documentation to support positive outcomes or attendance at particular programs for dementia. Although the MDS shows a Dementia diagnosis and supports ADL coded on the PRI, there are no documented outcomes that support plan of care.

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

Sample #265

Facility Comment: Facility states physician diagnosis of Dementia. The Plans of Care they have provided specifically address issues including potential for impaired psych emotional distress (verbal distress and anxiety), potential for impaired self-care deficits, impaired cognition/memory decreased response/adaptive skills, and aberrant behavior (wandering), all due and related to the dementia, through a varied program of staff and resident involvement. Facility also notes that the Social Services Interim Assessments show evaluations indicating resident involvement in activities and staff of socialization and counseling issues all with good results. Facility notes that MDS's indicates involvement in activities. Facility notes that MDS evaluations show that the resident did not suffer further memory decline.

OMIG Response: Facilities to whom the dementia add-on is given shall demonstrate and document positive outcomes from implementation or continuation of programs/operations and policies designed to improve care of eligible dementia patients. The add-on shall be recouped from facilities in which such positive outcomes are not demonstrated. Documentation previously submitted and reviewed shows no documentation to support positive outcomes or attendance at particular programs for dementia. Although the MDS shows a Dementia diagnosis and supports ADL coded on the PRI, there are no documented outcomes that support plan of care.

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

Sample #271

Facility Comment: Facility states physician diagnosis of dementia. The Plans of Care they have provided specifically address issues including potential for impaired social/sensory deprivation, psycho/social wellbeing, aberrant behavior (wandering, care resistance and verbal abuse), and potential for cognition/memory emotional distress (verbal distress and anxiety), and potential for impaired self-care deficits, all due and related to the dementia, through a varied and specific program of staff and resident involvement. Facility also notes that the Social Services Interim Assessments show evaluations indicating resident involvement in activities and staff cueing and reinforcement of appropriate decision making. CP for social/sensory deprivation, impaired cognition and self-care deficit due to Dementia and activity assessment indicates involvement in activities. Facility notes that MDS's indicates involvement in activities. Facility notes that MDS evaluations show that the resident did not suffer further memory decline.

OMIG Response: Facilities to whom the dementia add-on is given shall demonstrate and document positive outcomes from implementation or continuation of programs/operations and policies designed to improve care of eligible dementia patients. The add-on shall be recouped from facilities in which such positive outcomes are not demonstrated. Documentation previously submitted and reviewed shows no documentation to support positive outcomes or attendance at particular programs for dementia. Although the MDS shows a Dementia diagnosis and supports ADL coded on the PRI, there are no documented outcomes that support plan of care.

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

Sample #275

Facility Comment: Facility states physician diagnosis of Alzheimer's dementia. The Plans of Care they have provided specifically address impaired cognition/memory, and potential for elopement, all due and related to the dementia , through a varied program of staff and resident involvement in activities including one to one counseling by social worker and resident involvement in activities including socialization, social work counseling and other specific behavioral modification modalities. Facility also notes that the Social Services Interim Assessments show evaluations indicating resident involvement in activities and staff reinforcement of socialization and counseling issues all with good results. Facility notes that MDS's indicates involvement in activities. Facility notes that MDS evaluations show that the resident minimal decline in ADL during period.

OMIG Response: Facilities to whom the dementia add-on is given shall demonstrate and document positive outcomes from implementation or continuation of programs/operations and policies designed to improve care of eligible dementia patients. The add-on shall be recouped from facilities in which such positive outcomes are not demonstrated. Documentation previously submitted and reviewed shows no documentation to support positive outcomes or attendance at particular programs for dementia. Although the MDS shows a Dementia diagnosis and supports ADL coded on the PRI, there are no documented outcomes that support plan of care.

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

Sample #278

Facility Comment: Facility states physician diagnosis of Dementia. Psychiatric evaluation was also involved. The Plans of Care they have provided specifically address, impaired cognition/memory social/sensory deprivation, and psych emotional distress (anxiety and delusion), all due and related to the dementia, through a varied program of staff and resident involvement. Facility also notes that the Social Services Interim Assessments show evaluations indicating resident involvement in activities and staff of socialization and counseling issues all with good results. Facility notes that MDS's indicates involvement in activities. Facility notes that MDS evaluations show that the resident did not suffer further memory decline.

OMIG Response: Facilities to whom the dementia add-on is given shall demonstrate and document positive outcomes from implementation or continuation of programs/operations and policies designed to improve care of eligible dementia patients. The add-on shall be recouped from facilities in which such positive outcomes are not demonstrated. Documentation previously submitted and reviewed shows no documentation to support positive outcomes or attendance at particular programs for dementia. Although the MDS shows a Dementia diagnosis and supports ADL coded on the PRI, there are no documented outcomes that support plan of care.

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

Sample #280

Facility Comment: Facility states physician diagnosis of Dementia with Delusions. Psychiatric evaluation was also involved and a "mini-mental" test performed in February, 2006 showed a score of 19 out of 30. The Plans of Care they have provided specifically address impaired cognition/memory, self-care deficits, impaired mobility and potential for social/sensory deprivation all due and related to the dementia through a varied program of staff and resident involvement. Facility also notes that the Social Services Interim Assessments show evaluations indicating resident involvement in activities and staff of socialization and counseling issues all with good results. Facility notes that MDS's indicates involvement in activities. Facility notes that MDS evaluations show that the resident did not suffer further memory decline.

OMIG Response: Facilities to whom the dementia add-on is given shall demonstrate and document positive outcomes from implementation or continuation of programs/operations and policies designed to improve care of eligible dementia patients. The add-on shall be recouped from facilities in which such positive outcomes are not demonstrated. Documentation previously submitted and reviewed shows no documentation to support positive outcomes or attendance at particular programs for dementia. Although the MDS shows a Dementia diagnosis and supports ADL coded on the PRI, there are no documented outcomes that support plan of care.

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

Sample #283

Facility Comment: Facility states physician diagnosis of Dementia with Delusions. A "mini-mental" test performed in August, 2006 showed memory deficits. The Plans of Care they have provided specifically address impaired cognition/memory, and maximizing independence potential all due and related to the dementia, through a varied program of staff and resident involvement. Facility also

notes that the Social Services Interim Assessments show evaluations indicating resident involvement in activities and staff of socialization and counseling issues all with good results. Facility notes that MDS's indicates involvement in activities. Facility notes that MDS evaluations show that the resident did not suffer further memory decline.

OMIG Response: Facilities to whom the dementia add-on is given shall demonstrate and document positive outcomes from implementation or continuation of programs/operations and policies designed to improve care of eligible dementia patients. The add-on shall be recouped from facilities in which such positive outcomes are not demonstrated. Documentation previously submitted and reviewed shows no documentation to support positive outcomes or attendance at particular programs for dementia. Although the MDS shows a Dementia diagnosis and supports ADL coded on the PRI, there are no documented outcomes that support plan of care.

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

Sample #286

Facility Comment: Facility states physician diagnosis of Dementia. The Plans of Care they have provided specifically address issues including potential for psych emotional distress (anxiety and non-acceptance), need to maintain psych social wellbeing, impaired cognition/memory all due and related to the dementia through a varied program of staff and resident involvement. Facility also notes that the Social Services Interim Assessments show evaluations indicating resident involvement in activities and staff of socialization and counseling issues all with good results. Facility notes that MDS's indicates involvement in activities. Facility notes that MDS evaluations show that the resident did not suffer further memory decline.

OMIG Response: Facilities to whom the dementia add-on is given shall demonstrate and document positive outcomes from implementation or continuation of programs/operations and policies designed to improve care of eligible dementia patients. The add-on shall be recouped from facilities in which such positive outcomes are not demonstrated. Documentation previously submitted and reviewed shows no documentation to support positive outcomes or attendance at particular programs for dementia. Although the MDS shows a Dementia diagnosis and supports ADL coded on the PRI, there are no documented outcomes that support plan of care.

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

Sample #288

Facility Comment: Facility states physician diagnosis of Dementia. The Plans of Care they have provided specifically address issues including potential for impaired social/sensory deprivation, psycho/social wellbeing, impaired cognition/memory need to maintain psycho/social wellbeing associated with self-care deficits, and aberrant behavior (inappropriate sexual remarks and wandering) all due and related to the dementia through a varied and specific program of staff and resident involvement. Facility also notes that the Social Services Interim Assessments show evaluations indicating resident involvement in activities at Facility, counseling and behavior redirection, all with good results. Facility notes that MDS's indicates involvement in activities. Facility notes that MDS evaluations show that the resident did not suffer further memory decline.

OMIG Response: Facilities to whom the dementia add-on is given shall demonstrate and document positive outcomes from implementation or continuation of programs/operations and policies designed to improve care of eligible dementia patients. The add-on shall be recouped from facilities in which such positive outcomes are not demonstrated. Documentation previously submitted and reviewed shows no documentation to support positive outcomes or attendance at particular programs for dementia. Although the MDS shows a Dementia diagnosis and supports ADL coded on the PRI, there are no documented outcomes that support plan of care.

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

Sample #293

Facility Comment: Facility states physician diagnosis of dementia with associated anxiety, depression, and insomnia. The Plans of Care they have provided specifically address issues including impaired interpersonal relationships with staff and other residents (combative towards others), need to maintain psych/social wellbeing associated with increased dependence and self-care deficits, and aberrant behavior (aggression and obsessive/compulsive behaviors regarding meals and nutrition), and ineffective coping/impaired adaptive abilities (impaired judgment) all due and related to the dementia, through a varied program of staff and resident involvement in activities including one to one counseling by social worker, and resident involvement in activities including socialization, social work counseling, and other specific behavioral modification modalities. Facility also notes that the Social Services Interim Assessments show evaluations indicating resident involvement in activities, counseling and behavior redirection all with good results. Facility notes that MDS's indicates involvement in activities. Facility notes that MDS evaluations show that the resident minimal decline in ADL during period.

OMIG Response: Facilities to whom the dementia add-on is given shall demonstrate and document positive outcomes from implementation or continuation of programs/operations and policies designed to improve care of eligible dementia patients. The add-on shall be recouped from facilities in which such positive outcomes are not demonstrated. Documentation previously submitted and reviewed shows no documentation to support positive outcomes or attendance at particular programs for dementia. Although the MDS shows a Dementia diagnosis and supports ADL coded on the PRI, there are no documented outcomes that support plan of care.

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

Sample #295

Facility Comment: Facility states physician diagnosis of Dementia and a Geropsych Consultation noted related psychosis. A Behavior Risk Indicator Assessment notes issues regarding unwanted sexual and physical contact with staff and others, and verbal aggression. The Plans of Care they have provided specifically address issues including impaired cognition/memory, impaired adaptive abilities and impulse control, social/sensory deprivation, aberrant behavior (abusive/inappropriate conduct, resistive to care) wandering, and poor judgments all due and related to the dementia, through a varied and specific program of staff and resident involvement. Facility also notes that the Social Services Interim Assessments show evaluations indicating resident involvement in activities at Facility, counseling and behavior redirection, all with good results. Facility notes that MDS's indicates involvement in activities. Facility notes that MDS evaluations show that the resident did not suffer further memory decline.

OMIG Response: Facilities to whom the dementia add-on is given shall demonstrate and document positive outcomes from implementation or continuation of programs/operations and policies designed to improve care of eligible dementia patients. The add-on shall be recouped from facilities in which such positive outcomes are not demonstrated. Documentation previously submitted and reviewed shows no documentation to support positive outcomes or attendance at particular programs for dementia. Although the MDS shows a Dementia diagnosis and supports ADL coded on the PRI, there are no documented outcomes that support plan of care.

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

Sample #296

Facility Comment: Facility states physician diagnosis of dementia care plan for social/sensory deprivation, and impaired cognition. Facility also notes that the Social Services Interim Assessments show evaluations indicating resident involvement in activities, counseling and behavior redirection, all with good results. Facility notes that MDS's indicates involvement in activities. Facility notes that MDS evaluations show that the resident minimal decline in ADL during period.

OMIG Response: Facilities to whom the dementia add-on is given shall demonstrate and document positive outcomes from implementation or continuation of programs/operations and policies designed to improve care of eligible dementia patients. The add-on shall be recouped from facilities in which such positive outcomes are not demonstrated. Documentation previously submitted and reviewed shows no documentation to support positive outcomes or attendance at particular programs for dementia. Although the MDS shows a Dementia diagnosis and supports ADL coded on the PRI, there are no documented outcomes that support plan of care.

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

Sample #313

Facility Comment: Facility states physician diagnosis of dementia and associated depression. The Plans of Care they have provided specifically address issues including potential for nutritional deficits, depression, falls and adverse drug effects, all due and related to the dementia, through a varied program of staff and resident involvement. Facility also notes that the Social Services Interim Assessments show evaluations indicating resident involvement in activities and staff of socialization and counseling issues all with good results. Facility notes that MDS's indicates involvement in activities. Facility notes that MDS evaluations show that the resident did not suffer further memory decline.

OMIG Response: Facilities to whom the dementia add-on is given shall demonstrate and document positive outcomes from implementation or continuation of programs/operations and policies designed to improve care of eligible dementia patients. The add-on shall be recouped from facilities in which such positive outcomes are not demonstrated. Documentation previously submitted and reviewed shows no documentation to support positive outcomes or attendance at particular programs for dementia. Although the MDS shows a Dementia diagnosis and supports ADL coded on the PRI, there are no documented outcomes that support plan of care.

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

Sample #319

Facility Comment: Facility states physician diagnosis of Senile Dementia/Alzheimer's disease. The record also discloses psychiatric evaluations for evaluation of medication regime. The Plans of Care they have provided specifically address issues including potential social/sensory deprivation (communication impairment), impaired self-care deficits, cognition/memory, potential impairment of psychosocial wellbeing, impaired adaptive abilities (impulse control, coping, and aggression towards staff), and elopement risk all due and related to the dementia, through a varied program of staff and resident involvement in activities including one to one counseling by a psychologist, one to one visits by staff, and resident involvement in activities including socialization, social work counseling, and other specific behavioral modification modalities. Facility also notes that the Social Services Interim Assessments show evaluations indicating resident involvement in activities and staff reinforcement of socialization and counseling issues all with good results. Facility notes that MDS's indicates involvement in activities. Facility notes that MDS evaluations show that the resident minimal decline in ADL during period.

OMIG Response: Facilities to whom the dementia add-on is given shall demonstrate and document positive outcomes from implementation or continuation of programs/operations and policies designed to improve care of eligible dementia patients. The add-on shall be recouped from facilities in which such positive outcomes are not demonstrated. Documentation previously submitted and reviewed shows no documentation to support positive outcomes or attendance at particular programs for dementia. Although the MDS shows a Dementia diagnosis and supports ADL coded on the PRI, there are no documented outcomes that support plan of care.

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

FACILITY OBJECTIONS TO PRIMARY MEDICAL PROBLEM FINDINGS:

Sample #34 - Disallow Primary Medical Problem: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample #66 - Disallow Primary Medical Problem: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample #81 - Disallow Primary Medical Problem: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample #87- Disallow Primary Medical Problem: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample #69

Facility Comment: The Facility notes that though the diagnosis was not an acute condition, it was decidedly the primary medical problem needing the most nursing time during the review period and a significant barrier to the resident achieving a higher level of function. The clinical record (including that contained on the OMIG CD) demonstrates, including physician documentation of hemiparesis/hemiplegia diagnoses and ADL flow sheets, supporting the level of care required during the review period as well as the fact that the care provided was directly the result of the hemiparesis/hemiplegia suffered by the resident. MD progress note says "Pt. is on Aricept for her

dementia and Lexapro for mood disturbance; prone to wandering.” Diagnosis of hemiparesis noted on MDS. Care Plan documents self-care deficit r/t to hemiparesis dated 5/13/05.

OMIG Response: Additional documentation reviewed. Scanned documentation indicates that resident has had the CVA diagnosis since at least 2005. Facility scored eating, transfer, ADL as “1” requiring no supervision or physical assistance. Toileting ADL's as “5”. The hemiparesis is not affecting their functional ADL status.

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

Sample #240

Facility Comment: The Facility notes that though the diagnosis was not an acute condition, it was decidedly the primary medical problem needing the most nursing time during the review period and a significant barrier to the resident achieving a higher level of function. The clinical record (including that contained on the OMIG CD) demonstrates including physician documentation of hemiparesis/hemiplegia diagnoses and ADL flow sheets, supporting the level of care required during the review period as well as the fact that the care provided was directly the result of the hemiparesis/hemiplegia suffered by the resident.

2004 MD diagnoses of left sided CVA with R side Hemiplegia. Note in chart states resident required assistance with meals, opening containers, and cutting meat.

OMIG Response: Additional documentation reviewed. Scanned documentation indicates that resident has had the CVA diagnosis since at least 2004. MD note from 8/31/06 notes chronic R hemiplegia due to l sided CVA. Facility scored eating as a “2”. Transfer and toileting ADL's as “1's”, requiring no supervision or physical assistance. Primary Medical Problem during the ATP period indicates care of eyes due to s/p cataract surgery. Finding stands. The hemiparesis is not affecting their functional ADL status.

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

Sample #245

Facility Comment: The Facility notes that though the diagnosis was not an acute condition, it was decidedly the primary medical problem needing the most nursing time during the review period and a significant barrier to the resident achieving a higher level of function. The clinical record (including that contained on the OMIG CD) demonstrates, including physician documentation of hemiparesis/hemiplegia diagnoses and ADL flow sheets, supporting the level of care required during the review period as well as the fact that the care provided was directly the result of the hemiparesis/hemiplegia suffered by the resident.

MD progress note says “with left hemiplegia” of 8/17 and 10/12/06. Care plans note a self-care deficit secondary to partial dependence in dressing, grooming, and hygiene r/t hemiplegia. Nursing assessment indicates ADL assistance needed as result of hemi. Care plan indicates hemi.

OMIG Response: Additional documentation reviewed. Scanned documentation indicates that resident has had the CVA diagnosis since at least 2005. Facility scored eating, transfer, and toileting ADL's as “1's”, requiring no supervision or physical assistance. The submitted nurse's

notes indicate resident may also require minimal assistance secondary to osteoarthritis and the seizure disorder history. The hemiparesis is not affecting their functional ADL status.

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

Sample #247

Facility Comment: The Facility notes that though the diagnosis was not an acute condition, it was decidedly the primary medical problem needing the most nursing time during the review period and a significant barrier to the resident achieving a higher level of function. The clinical record (including that contained on the OMIG CD) demonstrates including physician documentation of hemiparesis/hemiplegia diagnoses and ADL flow sheets, supporting the level of care required during the review period as well as the fact that the care provided was directly the result of the hemiparesis/hemiplegia suffered by the resident.

Facility comments that the nurse's notes of 9/17 indicated needs partial assistance with all ADL MD. Progress note of 2005 notes s/p CVA with r hemiparesis. Note although resident is a diabetic, her daily ADL requires the most care.

OMIG Response: Additional documentation reviewed. Scanned documentation indicates that resident has had the CVA diagnosis since at least 2005. Facility scored eating as a "2", transfer, and toileting ADL's as "1's", requiring no supervision or physical assistance. The submitted nurse's notes indicate resident needs partial assistance with ADL. The nurse's notes documentation supports the primary med problem during the ATP period as diabetes. The hemiparesis is not affecting their functional ADL status.

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

FACILITY OBJECTIONS TO EATING:

Sample #41 – Disallow Eating: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

FACILITY OBJECTIONS TO TRANSFERS

Sample #2 – Disallow Transfer: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample #143 - Disallow Transfer: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

FACILITY OBJECTIONS TO PHYSICIAN'S VISITS

Sample #239 - Disallow Number of Physicians Visits: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

FACILITY OBJECTIONS TO PHYSICAL THERAPY FINDINGS:

Sample #2 – Disallow Physical Therapy: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

FACILITY OBJECTIONS TO OXYGEN DAILY

Sample #244

Facility Comment: Facility objects to this category stating that the OMIG findings stated that the clinical documentation did not support the daily frequency requirement for oxygen. Facility states the resident's physician ordered oxygen at 3L/min via nasal cannula at bedtime and prn. Facility notes the OMIG CD contained the MAR for September, 2006, but not for August. As part of Exhibit F, they have included record showing daily administration for August, 2006.

OMIG Response: Additional documentation reviewed. Facility submitted treatment records and nurses notes for August and September. To claim oxygen per PRI instructions, it must be administered daily and signed for. Additional documentation does not show a signature for oxygen on September 15th, 2006.

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

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 TERESIAN HOUSE NURSING HOME
 AUDIT #11-1041
 CALCULATION OF MEDICAID OVERPAYMENT

<u>Service</u>	<u>Effective Period</u>	<u>Part B Non-Elig.</u>		<u>Part B-Elig</u>		<u>Difference</u>	<u>Medicaid Days</u>	<u>Medicaid Impact</u>
		<u>From</u>	<u>To</u>	<u>From</u>	<u>To</u>			
NF	09/01/06 - 11/30/06	175.79	173.15	175.18	172.54	2.64	14731	\$ 38,890
NF	12/01/06 - 12/31/06	174.96	172.24	174.35	171.63	2.72	14719	40,036
NF	01/01/07 - 03/31/07	182.23	179.21	181.60	178.58	3.02	21982	66,386
NF	04/01/07 - 06/30/07	181.34	178.34	180.72	177.72	3.00	22378	67,134
NF	07/01/07 - 08/31/07	180.06	177.06	179.44	176.44	3.00	15182	45,546
NF	09/01/07 - 12/31/07	180.06	177.06	179.44	176.44	3.00	29716	89,148
NF	01/01/08 - 03/31/08	183.69	180.64	183.06	180.01	3.05	22636	69,040
NF	04/01/08 - 06/30/08	180.63	177.59	180.00	176.96	3.04	22387	68,056
NF	07/01/08 - 12/31/08	183.74	180.70	183.11	180.07	3.04	46018	139,895
NF	01/01/09 - 03/31/09	179.91	176.79	179.27	176.15	3.12	22859	71,320
TOTAL MEDICAID OVERPAYMENT								<u>\$ 695,451</u>

NOTE: Impact of the Dementia Per Diem Calculation handled as per diem disallowances on Schedule VII, Line "B".

OFFICE OF THE MEDICAID INSPECTOR GENERAL
TERESIAN HOUSE NURSING HOME
CHANGE IN RUG CATEGORIES
SEPTEMBER 21, 2006

RUG CATEGORY	CHANGE IN RUG CATEGORY			
	REPORTED INCREASE	DECREASE	ADJUSTED	
BA	3			3
BB	7			7
BC	3			3
CA	10		4	6
CB	28	8		36
CC	30		9	21
CD	0			0
PA	49	5		54
PB	16	16		32
PC	104		8	96
PD	23		2	21
PE	8		6	2
RA	3			3
RB	15			15
SA	0			0
SB	0			0
TOTAL	299	29	29	299

Dementia Patient Per Diem Calculation

CA	0		0	0
BA	2		2	0
PA	13		13	0
PB	8		8	0
TOTAL	23	0	23	0

OFFICE OF THE MEDICAID INSPECTOR GENERAL
TERESIAN HOUSE NURSING HOME
CHANGE IN RUG CATEGORIES
DECEMBER 6, 2006

RUG CATEGORY	CHANGE IN RUG CATEGORY			
	REPORTED INCREASE	DECREASE	ADJUSTED	
BA	3			3
BB	7			7
BC	3			3
CA	8		4	4
CB	27	7		34
CC	24		8	16
CD	0			0
PA	55	5		60
PB	15	18		33
PC	104		10	94
PD	24		2	22
PE	8		6	2
RA	3			3
RB	16			16
SA	1			1
SB	0			0
TOTAL	298	30	30	298

Dementia Patient Per Diem Calculation

CA	0		0	0
BA	2		2	0
PA	15		15	0
PB	8		8	0
TOTAL	25	0	25	0

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 REVIEW OF PATIENT REVIEW INSTRUMENT
 TERESIAN HOUSE NURSING HOME
 AUDIT #11-1041

Sample#	DOB	Initials	PRIDate	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow Toileting	Disallow Dementia Add-on	Disallow Primary Medical Problem	Disallow Eating	Disallow Transfer	Disallow Oxygen
PRIs SUBMITTED ON SEPTEMBER 21, 2006													
1			9/8/2006	RB	RB	1.79	1.79	1		1			
2			9/8/2006	RB	RB	1.79	1.79	1					
3			9/8/2006	RB	RB	1.79	1.79		1				
4			9/8/2006	RB	RB	1.79	1.79	1		1	1		
5			9/8/2006	RB	RB	1.79	1.79	1					
6			9/8/2006	RB	RB	1.79	1.79	1			1		
7			9/8/2006	RB	RB	1.79	1.79	1					
8			9/8/2006	RB	RB	1.79	1.79	1					
9			9/13/2006	RB	RB	1.79	1.79						
10			9/14/2006	RB	RB	1.79	1.79	1					
11			9/15/2006	RB	RB	1.79	1.79	1					
12			9/19/2006	RB	RB	1.79	1.79	1					
13			9/20/2006	RB	RB	1.79	1.79	1					
14			9/21/2006	RB	RB	1.79	1.79	1					
15			9/21/2006	RB	RB	1.79	1.79	1				1	
16			9/8/2006	RA	RA	1.57	1.57						
17			9/13/2006	RA	RA	1.57	1.57						
18			9/13/2006	RA	RA	1.57	1.57						
19			9/8/2006	PE	PE	1.41	1.41						
20			9/20/2006	PE	PE	1.41	1.41						
21			9/20/2006	PE	PD	1.41	1.17	1					
22			9/21/2006	PE	PD	1.41	1.17	1					
23			9/21/2006	PE	PD	1.41	1.17	1					
24			9/21/2006	PE	PD	1.41	1.17	1					
25			9/21/2006	PE	PD	1.41	1.17	1					

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 REVIEW OF PATIENT REVIEW INSTRUMENT
 TERESIAN HOUSE NURSING HOME
 AUDIT #11-1041

Sample#	DOB	Initials	PRIDate	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow Toileting	Disallow Dementia Add-on	Disallow Primary Medical Problem	Disallow Eating	Disallow Transfer	Disallow Oxygen
26			9/21/2006	PE	PD	1.41	1.17	1					
27			9/8/2006	CC	CC	1.32	1.32						
28			9/8/2006	CC	CC	1.32	1.32		1				
29			9/8/2006	CC	CB	1.32	1.18	1					
30			9/10/2006	CC	CC	1.32	1.32						
31			9/10/2006	CC	CC	1.32	1.32						
32			9/12/2006	CC	CC	1.32	1.32						
33			9/12/2006	CC	CC	1.32	1.32	1					
34			9/12/2006	CC	CC	1.32	1.32						
35			9/13/2006	CC	CC	1.32	1.32						
36			9/13/2006	CC	CB	1.32	1.18	1					
37			9/15/2006	CC	CB	1.32	1.18	1					
38			9/20/2006	CC	CB	1.32	1.18	1					
39			9/20/2006	CC	CC	1.32	1.32	1					
40			9/20/2006	CC	CC	1.32	1.32						
41			9/20/2006	CC	CB	1.32	1.18	1					
42			9/20/2006	CC	CC	1.32	1.32						
43			9/20/2006	CC	CB	1.32	1.18	1					
44			9/20/2006	CC	CC	1.32	1.32						
45			9/21/2006	CC	CC	1.32	1.32						
46			9/21/2006	CC	CC	1.32	1.32						
47			9/21/2006	CC	CC	1.32	1.32	1					
48			9/21/2006	CC	CB	1.32	1.18	1					
49			9/21/2006	CC	CB	1.32	1.18	1					
50			9/21/2006	CC	CC	1.32	1.32						

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 REVIEW OF PATIENT REVIEW INSTRUMENT
 TERESIAN HOUSE NURSING HOME
 AUDIT #11-1041

Sample#	DOB	Initials	PRIDate	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow Toileting	Disallow Dementia Add-on	Disallow Primary Medical Problem	Disallow Eating	Disallow Transfer	Disallow Oxygen
51			9/21/2006	CC	CC	1.32	1.32						
52			9/21/2006	CC	CC	1.32	1.32	1					
53			9/21/2006	CC	CC	1.32	1.32						
54			9/21/2006	CC	CC	1.32	1.32						
55			9/21/2006	CC	CC	1.32	1.32	1	1				
56			9/21/2006	CC	CB	1.32	1.18	1					
57			9/15/2006	BC	BC	1.25	1.25						
58			9/20/2006	BC	BC	1.25	1.25						
59			9/20/2006	BC	BC	1.25	1.25						
60			9/8/2006	CB	CB	1.18	1.18	1					
61			9/8/2006	CB	CB	1.18	1.18	1					
62			9/8/2006	CB	CB	1.18	1.18	1	1				
63			9/8/2006	CB	CB	1.18	1.18						
64			9/8/2006	CB	CB	1.18	1.18	1					
65			9/8/2006	CB	CB	1.18	1.18						
66			9/8/2006	CB	CB	1.18	1.18						
67			9/8/2006	CB	CB	1.18	1.18						
68			9/8/2006	CB	CB	1.18	1.18	1					
69			9/9/2006	CB	PB	1.18	0.83	1	1				
70			9/9/2006	CB	CB	1.18	1.18	1					
71			9/12/2006	CB	CB	1.18	1.18	1					
72			9/12/2006	CB	CB	1.18	1.18	1					
73			9/19/2006	CB	CB	1.18	1.18	1					
74			9/19/2006	CB	CB	1.18	1.18						
75			9/20/2006	CB	CB	1.18	1.18						

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 REVIEW OF PATIENT REVIEW INSTRUMENT
 TERESIAN HOUSE NURSING HOME
 AUDIT #11-1041

Sample#	DOB	Initials	PRIDate	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow Toileting	Disallow Dementia Add-on	Disallow Primary Medical Problem	Disallow Eating	Disallow Transfer	Disallow Oxygen
76			9/20/2006	CB	CB	1.18	1.18						
77			9/21/2006	CB	CB	1.18	1.18						
78			9/21/2006	CB	CB	1.18	1.18	1					
79			9/21/2006	CB	CB	1.18	1.18						
80			9/21/2006	CB	CB	1.18	1.18						
81			9/21/2006	CB	CB	1.18	1.18						
82			9/21/2006	CB	CB	1.18	1.18	1					
83			9/21/2006	CB	CB	1.18	1.18						
84			9/21/2006	CB	CB	1.18	1.18	1					
85			9/21/2006	CB	CB	1.18	1.18	1					
86			9/21/2006	CB	CB	1.18	1.18						
87			9/21/2006	CB	CB	1.18	1.18						
88			9/8/2006	PD	PC	1.17	1.03	1					
89			9/8/2006	PD	PD	1.17	1.17						
90			9/8/2006	PD	PD	1.17	1.17						
91			9/20/2006	PD	PC	1.17	1.03	1					
92			9/20/2006	PD	PC	1.17	1.03	1					
93			9/20/2006	PD	PD	1.17	1.17						
94			9/20/2006	PD	PD	1.17	1.17						
95			9/20/2006	PD	PC	1.17	1.03	1					
96			9/20/2006	PD	PD	1.17	1.17						
97			9/20/2006	PD	PD	1.17	1.17						
98			9/20/2006	PD	PC	1.17	1.03	1					
99			9/21/2006	PD	PD	1.17	1.17						
100			9/21/2006	PD	PD	1.17	1.17						

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 REVIEW OF PATIENT REVIEW INSTRUMENT
 TERESIAN HOUSE NURSING HOME
 AUDIT #11-1041

Sample#	DOB	Initials	PRIDate	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow Toileting	Disallow Dementia Add-on	Disallow Primary Medical Problem	Disallow Eating	Disallow Transfer	Disallow Oxygen
101			9/21/2006	PD	PC	1.17	1.03	1					
102			9/21/2006	PD	PD	1.17	1.17						
103			9/21/2006	PD	PD	1.17	1.17						
104			9/21/2006	PD	PD	1.17	1.17						
105			9/21/2006	PD	PD	1.17	1.17						
106			9/21/2006	PD	PD	1.17	1.17						
107			9/21/2006	PD	PD	1.17	1.17						
108			9/21/2006	PD	PD	1.17	1.17						
109			9/21/2006	PD	PC	1.17	1.03	1					
110			9/21/2006	PD	PC	1.17	1.03	1					
111			9/9/2006	BB	BB	1.03	1.03	1					
112			9/11/2006	BB	BB	1.03	1.03	1					
113			9/15/2006	BB	BB	1.03	1.03						
114			9/15/2006	BB	BB	1.03	1.03	1					
115			9/19/2006	BB	BB	1.03	1.03	1					
116			9/20/2006	BB	BB	1.03	1.03	1					
117			9/21/2006	BB	BB	1.03	1.03						
118			9/7/2006	PC	PB	1.03	0.83	1					
119			9/8/2006	PC	PC	1.03	1.03	1					
120			9/8/2006	PC	PC	1.03	1.03						
121			9/8/2006	PC	PC	1.03	1.03						
122			9/8/2006	PC	PC	1.03	1.03	1					
123			9/8/2006	PC	PC	1.03	1.03						
124			9/8/2006	PC	PB	1.03	0.83	1					
125			9/8/2006	PC	PB	1.03	0.83	1					

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 REVIEW OF PATIENT REVIEW INSTRUMENT
 TERESIAN HOUSE NURSING HOME
 AUDIT #11-1041

Sample#	DOB	Initials	PRIDate	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow Toileting	Disallow Dementia Add-on	Disallow Primary Medical Problem	Disallow Earing	Disallow Transfer	Disallow Oxygen
126			9/8/2006	PC	PC	1.03	1.03	1					
127			9/8/2006	PC	PC	1.03	1.03						
128			9/8/2006	PC	PB	1.03	0.83	1					
129			9/8/2006	PC	PC	1.03	1.03	1					
130			9/8/2006	PC	PC	1.03	1.03						
131			9/8/2006	PC	PB	1.03	0.83	1					
132			9/8/2006	PC	PB	1.03	0.83	1					
133			9/8/2006	PC	PB	1.03	0.83	1					
134			9/8/2006	PC	PB	1.03	0.83	1					
135			9/8/2006	PC	PC	1.03	1.03	1					
136			9/8/2006	PC	PB	1.03	0.83	1					
137			9/8/2006	PC	PC	1.03	1.03	1					
138			9/8/2006	PC	PC	1.03	1.03	1					
139			9/8/2006	PC	PC	1.03	1.03	1					
140			9/8/2006	PC	PC	1.03	1.03						
141			9/8/2006	PC	PC	1.03	1.03	1					
142			9/8/2006	PC	PC	1.03	1.03						
143			9/8/2006	PC	PC	1.03	1.03						
144			9/10/2006	PC	PC	1.03	1.03						
145			9/12/2006	PC	PC	1.03	1.03	1		1			
146			9/13/2006	PC	PC	1.03	1.03	1					
147			9/13/2006	PC	PC	1.03	1.03						
148			9/15/2006	PC	PC	1.03	1.03						
149			9/15/2006	PC	PC	1.03	1.03						
150			9/15/2006	PC	PC	1.03	1.03	1		1			

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 REVIEW OF PATIENT REVIEW INSTRUMENT
 TERESIAN HOUSE NURSING HOME
 AUDIT #11-1041

Sample#	DOB	Initials	PRIDate	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow Toileting	Disallow Dementia Add-on	Disallow Primary Medical Problem	Disallow Eating	Disallow Transfer	Disallow Oxygen
151			9/18/2006	PC	PC	1.03	1.03	1					
152			9/19/2006	PC	PB	1.03	0.83	1					
153			9/19/2006	PC	PC	1.03	1.03	1		1			
154			9/19/2006	PC	PB	1.03	0.83	1					
155			9/19/2006	PC	PC	1.03	1.03						
156			9/19/2006	PC	PB	1.03	0.83	1					
157			9/19/2006	PC	PC	1.03	1.03	1					
158			9/20/2006	PC	PC	1.03	1.03	1					
159			9/20/2006	PC	PC	1.03	1.03	1					
160			9/20/2006	PC	PC	1.03	1.03	1					
161			9/20/2006	PC	PC	1.03	1.03						
162			9/20/2006	PC	PC	1.03	1.03						
163			9/20/2006	PC	PB	1.03	0.83	1					
164			9/20/2006	PC	PB	1.03	0.83	1					
165			9/20/2006	PC	PC	1.03	1.03						
166			9/20/2006	PC	PC	1.03	1.03	1					
167			9/20/2006	PC	PB	1.03	0.83	1					
168			9/20/2006	PC	PC	1.03	1.03	1					
169			9/20/2006	PC	PC	1.03	1.03						
170			9/20/2006	PC	PC	1.03	1.03						
171			9/20/2006	PC	PC	1.03	1.03	1					
172			9/20/2006	PC	PC	1.03	1.03	1					
173			9/20/2006	PC	PC	1.03	1.03						
174			9/20/2006	PC	PC	1.03	1.03						
175			9/20/2006	PC	PC	1.03	1.03	1				1	

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 REVIEW OF PATIENT REVIEW INSTRUMENT
 TERESIAN HOUSE NURSING HOME
 AUDIT #11-1041

Sample#	DOB	Initials	PRIDate	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow Toileting	Disallow Dementia Add-on	Disallow Primary Medical Problem	Disallow Eating	Disallow Transfer	Disallow Oxygen
176			9/20/2006	PC	PC	1.03	1.03	1					
177			9/20/2006	PC	PC	1.03	1.03	1					
178			9/20/2006	PC	PC	1.03	1.03						
179			9/20/2006	PC	PC	1.03	1.03	1					
180			9/20/2006	PC	PC	1.03	1.03						
181			9/20/2006	PC	PC	1.03	1.03	1					
182			9/20/2006	PC	PC	1.03	1.03						
183			9/21/2006	PC	PC	1.03	1.03	1					
184			9/21/2006	PC	PC	1.03	1.03	1					
185			9/21/2006	PC	PC	1.03	1.03						
186			9/21/2006	PC	PC	1.03	1.03	1					
187			9/21/2006	PC	PC	1.03	1.03						
188			9/21/2006	PC	PC	1.03	1.03						
189			9/21/2006	PC	PC	1.03	1.03	1					
190			9/21/2006	PC	PC	1.03	1.03	1					
191			9/21/2006	PC	PC	1.03	1.03	1					
192			9/21/2006	PC	PC	1.03	1.03	1					
193			9/21/2006	PC	PC	1.03	1.03	1					
194			9/21/2006	PC	PC	1.03	1.03	1					
195			9/21/2006	PC	PC	1.03	1.03						
196			9/21/2006	PC	PC	1.03	1.03						
197			9/21/2006	PC	PC	1.03	1.03	1		1			
198			9/21/2006	PC	PC	1.03	1.03	1					
199			9/21/2006	PC	PC	1.03	1.03			1			
200			9/21/2006	PC	PC	1.03	1.03	1					

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 REVIEW OF PATIENT REVIEW INSTRUMENT
 TERESIAN HOUSE NURSING HOME
 AUDIT #11-1041

Sample#	DOB	Initials	PRIDate	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow Toileting	Disallow Dementia Add-on	Disallow Primary Medical Problem	Disallow Eating	Disallow Transfer	Disallow Oxygen
201			9/21/2006	PC	PC	1.03	1.03	1					
202			9/21/2006	PC	PC	1.03	1.03	1					
203			9/21/2006	PC	PC	1.03	1.03	1					
204			9/21/2006	PC	PC	1.03	1.03	1					
205			9/21/2006	PC	PC	1.03	1.03						
206			9/21/2006	PC	PC	1.03	1.03						
207			9/21/2006	PC	PC	1.03	1.03	1					
208			9/21/2006	PC	PC	1.03	1.03						
209			9/21/2006	PC	PC	1.03	1.03	1					
210			9/21/2006	PC	PC	1.03	1.03						
211			9/21/2006	PC	PC	1.03	1.03	1					
212			9/21/2006	PC	PB	1.03	0.83	1					
213			9/21/2006	PC	PC	1.03	1.03						
214			9/21/2006	PC	PC	1.03	1.03						
215			9/21/2006	PC	PC	1.03	1.03						
216			9/21/2006	PC	PC	1.03	1.03	1					
217			9/21/2006	PC	PC	1.03	1.03	1					
218			9/21/2006	PC	PC	1.03	1.03	1					
219			9/21/2006	PC	PC	1.03	1.03	1					
220			9/21/2006	PC	PC	1.03	1.03						
221			9/21/2006	PC	PC	1.03	1.03						
222			9/8/2006	PB	PB	0.83	0.83		1				
223			9/8/2006	PB	PB	0.83	0.83						
224			9/8/2006	PB	PB	0.83	0.83						
225			9/8/2006	PB	PB	0.83	0.83						

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 REVIEW OF PATIENT REVIEW INSTRUMENT
 TERESIAN HOUSE NURSING HOME
 AUDIT #11-1041

Sample#	DOB	Initials	PRIDate	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow Toileting	Disallow Dementia Add-on	Disallow Primary Medical Problem	Disallow Eating	Disallow Transfer	Disallow Oxygen
226			9/13/2006	PB	PB	0.83	0.83	1					
227			9/15/2006	PB	PB	0.83	0.83	1					
228			9/15/2006	PB	PB	0.83	0.83						
229			9/15/2006	PB	PB	0.83	0.83						
230			9/19/2006	PB	PA	0.83	0.55	1		1			
231			9/20/2006	PB	PB	0.83	0.83						
232			9/21/2006	PB	PB	0.83	0.83	1					
233			9/21/2006	PB	PB	0.83	0.83						
234			9/21/2006	PB	PB	0.83	0.83						
235			9/21/2006	PB	PB	0.83	0.83	1					
236			9/21/2006	PB	PB	0.83	0.83	1					
237			9/21/2006	PB	PB	0.83	0.83	1					
238			9/11/2006	CA	CA	0.7	0.7						
239			9/16/2006	CA	CA	0.7	0.7						
240			9/19/2006	CA	PA	0.7	0.55		1				
241			9/20/2006	CA	CA	0.7	0.7						
242			9/21/2006	CA	CA	0.7	0.7						
243			9/21/2006	CA	CA	0.7	0.7						
244			9/21/2006	CA	PA	0.7	0.55					1	
245			9/21/2006	CA	PA	0.7	0.55		1				
246			9/21/2006	CA	CA	0.7	0.7						
247			9/21/2006	CA	PA	0.7	0.55		1				
248			9/13/2006	BA	BA	0.69	0.69	1					
249			9/14/2006	BA	BA	0.69	0.69	1					
250			9/18/2006	BA	BA	0.69	0.69	1					

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 REVIEW OF PATIENT REVIEW INSTRUMENT
 TERESIAN HOUSE NURSING HOME
 AUDIT #11-1041

Sample#	DOB	Initials	PRIDate	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow Toileting	Disallow Dementia Add-on	Disallow Primary Medical Problem	Disallow Eating	Disallow Transfer	Disallow Oxygen
251			9/8/2006	PA	PA	0.55	0.55						
252			9/8/2006	PA	PA	0.55	0.55						
253			9/8/2006	PA	PA	0.55	0.55						
254			9/20/2006	PA	PA	0.55	0.55						
255			9/21/2006	PA	PA	0.55	0.55						
256			9/21/2006	PA	PA	0.55	0.55						
257			9/21/2006	PA	PA	0.55	0.55						
258			9/8/2006	PA	PA	0.55	0.55						
259			9/8/2006	PA	PA	0.55	0.55						
260			9/8/2006	PA	PA	0.55	0.55						
261			9/8/2006	PA	PA	0.55	0.55						
262			9/8/2006	PA	PA	0.55	0.55						
263			9/8/2006	PA	PA	0.55	0.55						
264			9/8/2006	PA	PA	0.55	0.55						
265			9/8/2006	PA	PA	0.55	0.55	1					
266			9/8/2006	PA	PA	0.55	0.55						
267			9/8/2006	PA	PA	0.55	0.55						
268			9/8/2006	PA	PA	0.55	0.55						
269			9/8/2006	PA	PA	0.55	0.55						
270			9/15/2006	PA	PA	0.55	0.55						
271			9/15/2006	PA	PA	0.55	0.55	1					
272			9/15/2006	PA	PA	0.55	0.55						
273			9/15/2006	PA	PA	0.55	0.55						
274			9/18/2006	PA	PA	0.55	0.55						
275			9/19/2006	PA	PA	0.55	0.55	1					

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 REVIEW OF PATIENT REVIEW INSTRUMENT
 TERESIAN HOUSE NURSING HOME
 AUDIT #11-1041

Sample#	DOB	Initials	PRIDate	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow Toileting	Disallow Dementia Add-on	Disallow Primary Medical Problem	Disallow Eating	Disallow Transfer	Disallow Oxygen
276			9/20/2006	PA	PA	0.55	0.55						
277			9/21/2006	PA	PA	0.55	0.55						
278			9/21/2006	PA	PA	0.55	0.55	1					
279			9/21/2006	PA	PA	0.55	0.55						
280			9/21/2006	PA	PA	0.55	0.55	1	1				
281			9/21/2006	PA	PA	0.55	0.55						
282			9/21/2006	PA	PA	0.55	0.55						
283			9/21/2006	PA	PA	0.55	0.55	1					
284			9/21/2006	PA	PA	0.55	0.55						
285			9/21/2006	PA	PA	0.55	0.55						
286			9/21/2006	PA	PA	0.55	0.55	1					
287			9/21/2006	PA	PA	0.55	0.55						
288			9/21/2006	PA	PA	0.55	0.55	1					
289			9/21/2006	PA	PA	0.55	0.55						
290			9/21/2006	PA	PA	0.55	0.55						
291			9/21/2006	PA	PA	0.55	0.55						
292			9/21/2006	PA	PA	0.55	0.55	1					
293			9/21/2006	PA	PA	0.55	0.55	1					
294			9/21/2006	PA	PA	0.55	0.55						
295			9/21/2006	PA	PA	0.55	0.55	1	1				
296			9/21/2006	PA	PA	0.55	0.55	1					
297			9/21/2006	PA	PA	0.55	0.55						
298			9/21/2006	PA	PA	0.55	0.55						
299			9/21/2006	PA	PA	0.55	0.55						

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 REVIEW OF PATIENT REVIEW INSTRUMENT
 TERESIAN HOUSE NURSING HOME
 AUDIT #11-1041

Sample#	DOB	Initials	PRIDate	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow Toileting	Disallow Dementia Add-on	Disallow Primary Medical Problem	Disallow Eating	Disallow Transfer	Disallow Oxygen
PRIs SUBMITTED ON DECEMBER 6, 2006													
300			12/4/2006	RB	RB	1.79	1.79	1					
301			12/4/2006	RB	RB	1.79	1.79						
302			12/5/2006	RB	RB	1.79	1.79	1					
303			12/6/2006	RB	RB	1.79	1.79						
304			12/4/2006	SA	SA	1.51	1.51						
305			12/4/2006	PD	PC	1.17	1.03	1					
306			12/5/2006	PD	PD	1.17	1.17						
307			12/4/2006	PC	PC	1.03	1.03	1					
308			12/5/2006	PC	PB	1.03	0.83	1					
309			12/5/2006	PC	PC	1.03	1.03						
310			12/5/2006	PC	PB	1.03	0.83	1					
311			12/5/2006	PC	PC	1.03	1.03	1					
312			12/4/2006	PA	PA	0.55	0.55						
313			12/4/2006	PA	PA	0.55	0.55		1				
314			12/4/2006	PA	PA	0.55	0.55						
315			12/4/2006	PA	PA	0.55	0.55						
316			12/5/2006	PA	PA	0.55	0.55						
317			12/5/2006	PA	PA	0.55	0.55						
318			12/5/2006	PA	PA	0.55	0.55						
319			12/6/2006	PA	PA	0.55	0.55		1				

Totals

133 25 12 5 4 2

TERESIAN HOUSE NURSING HOME DETAILED FINDINGS

PRI FINDINGS**Sample Selection****Oxygen - (Daily)**

PRI instructions/clarifications state *"For medical treatments having a daily frequency requirement, treatments must be provided every day of the four week period."*

10 NYCRR Section 86-2.30 (II) 18C

In 2 instances, documentation did not support the daily frequency requirement for oxygen. 15, 244

Eating

PRI instructions/clarifications state:

10 NYCRR Section 86-2.30 (III) 19

Level 3 eating continual help *"means that the patient requires a staff person's continual presence and help for reasons such as: patient tends to choke, has a swallowing problem, is learning to feed self, or is quite confused and forgets to eat."*

In 4 instances, documentation did not support continual help with eating. 145, 153, 197, 199

Level 4 eating is *"totally fed by hand: patient does not manually participate."*

In 1 instance, documentation did not support that the resident was totally fed by hand. 4

Transfer

The PRI instructions/clarifications state:

10 NYCRR Section 86-2.30 (III) 21

Level 3 transfer continuous assistance; *"requires one person to provide constant guidance, steadiness and/or physical assistance. Patient may participate in transfer."*

In 1 instance, documentation did not support constant guidance or physical assist in transfer. 230

Level 4 transfer *“requires two people to provide constant supervision and/or physically lift. May need lifting equipment. Documentation must support a logical medical reason why the patient required two people to transfer.”*

In 3 instances, documentation did not support the resident; required two people or the use of lifting equipment to transfer. 4, 6, 175

Toileting

The PRI instructions/clarifications state:

10 NYCRR Section 86-2.30 (III) 22

Level 4 toileting resident is *“incontinent 60% or more of the time; does not use a bathroom. The patient may be bed bound or mentally confused to the extent that a scheduled toileting program is not beneficial.”*

In 5 instances, documentation did not support incontinence 60% of the time. 55, 62, 82, 193, 207

Level 5 toileting resident is *“incontinent of bowel and/or bladder but is taken to a bathroom every two to four hours during the day and as needed at night.”* Additionally, PRI clarifications state that *“the resident’s care plan must establish a toileting assistance program that is based on an assessment of the resident’s needs. The assessment should establish the needs of the resident which lead to the development of the program.”* To meet Toileting Level 5 there must be a *“care plan established for the resident based on an assessment.”* The toileting schedule must include *“the name or initials of the health care worker performing the toileting assistance and the specific time the toileting assistance was provided must be present in each instance assistance is provided.”*

In 128 instances, documentation did not support an individualized toileting schedule, the specific time the resident was toileted, the toileting schedule contained blanks, and/or or the toileting schedule contained intervals greater than four hours. 1, 2, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14, 15, 21, 22, 23, 24, 25, 26, 29, 33, 36, 37, 38, 39, 41, 43, 47, 48, 49, 52, 56, 60, 61, 64, 68, 69, 70, 71, 72, 73, 78, 84, 85, 88, 91, 92, 95, 98, 101, 109, 110, 111, 112, 114, 115, 116, 118, 119, 122, 124, 125, 126, 128, 129,

ATTACHMENT D

131, 132, 133, 134, 135, 136, 137,
138, 139, 141, 145, 146, 150, 151,
152, 153, 154, 156, 157, 158, 159,
160, 163, 164, 166, 167, 168, 171,
172, 175, 176, 177, 179, 181, 183,
184, 186, 189, 190, 191, 192, 194,
197, 198, 200, 201, 202, 203, 204,
209, 211, 212, 216, 217, 218, 219,
300, 302, 305, 307, 308, 310, 311

Primary Medical Problem

The PRI instructions/clarifications state: *“The primary medical problem should be selected based on the condition that has created the most need for nursing time during the past four weeks.”*

10 NYCRR Section 86-2.30 (i) (VI) 30

In 12 instances, documentation did not support that the primary medical problem (ICD-9 code) was based on the condition that created the most need for nursing time.

1, 3, 28, 55, 62, 69, 150, 240, 245,
247, 280, 295

Dementia Add-on

PRI instructions/clarifications state: *“Facilities to whom the additional amount is paid shall demonstrate and document positive outcomes from the implementation or continuation of programs to improve the care of eligible dementia patients.”*

10 NYCRR Section 86-2.10 (o)

In 25 instances, there was no documentation found in the record of activities that meet these criteria.

222, 226, 227, 230, 232, 235, 236,
237, 248, 249, 250, 265, 271, 275,
278, 280, 283, 286, 288, 292, 293,
295, 296, 313, 319

RUGS-II Classifications Overturned

In 48 instances, the RUG-II classifications were overturned.

10 NYCRR Section 86-2.11

21, 22, 23, 24, 25, 26, 29, 36, 37, 38,
41, 43, 48, 49, 56, 69, 88, 91, 92, 95,
98, 101, 109, 110, 118, 124, 125, 128,
131, 132, 133, 134, 136, 152, 154,
156, 163, 164, 167, 212, 230, 240,
244, 245, 247, 305, 308, 310