



Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

DENNIS ROSEN  
Medicaid Inspector General

July 21, 2016

[REDACTED]  
Friedwald Center for Rehabilitation and Nursing  
475 New Hempstead Road  
New City, New York 10956

Re: MDS Final Audit Report  
Audit #: 13-4874  
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 Friedwald Center for Rehabilitation and Nursing 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 September 16, 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 \$46,951.35 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.

You have the right to challenge this action and determination by requesting an administrative hearing within sixty (60) days of the date of this notice. In accordance with 18 NYCRR §519.18(a), "The issues and documentation considered at the hearing are limited to issues directly relating to the final determination. An appellant may not raise issues regarding the methodology used to determine any rate of payment or fee, nor raise any new matter not considered by the department upon submission of objections to a draft audit or notice of proposed agency action." You may only request a hearing to challenge specific audit adjustments which you challenged in a response to the draft audit report.

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

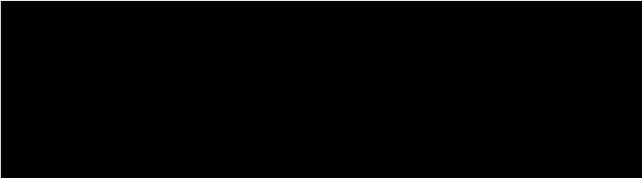
General Counsel  
Office of Counsel  
New York State Office of the Medicaid Inspector General  
800 North Pearl Street  
Albany, New York 12204

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

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

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

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



Division of Medicaid Audit  
Office of the Medicaid Inspector General



OFFICE OF THE MEDICAID INSPECTOR GENERAL  
FRIEDWALD CENTER FOR REHABILITATION AND NURSING  
AUDIT # 13-4874  
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$3.05	13,975	\$42,623.75
Non-Medicare/Part D Eligible	\$3.10	1,396	\$4,327.60
Total			<u>\$46,951.35</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  
 FRIEDWALD CENTER FOR REHABILITATION AND NURSING  
 AUDIT #13-4874  
 FINDINGS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS				
					DISALLOW BED MOBILITY SELF PERFORMANCE	DISALLOW TRANSFER SELF PERFORMANCE	DISALLOW EATING SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW SPECIAL TREATMENTS, PROCEDURES
1	RLB	RLA	1.15	0.91	1	1	1	1	
2	RMX	RMA	1.96	1.17	1	1	1	1	
3	RMC	RMA	1.27	1.17	1	1	1	1	
4	RMB	RMA	1.22	1.17	1	1		1	
5	CC1	CA1	0.98	0.77	1	1	1	1	1
6	CB1	CA1	0.86	0.77	1	1	1	1	
7	PA1	PA1	0.46	0.46					
8	RMC	RMA	1.27	1.17	1	1	1	1	
9	SSC	CA2	1.12	0.84	1	1	1	1	
11	PE1	PA1	0.79	0.46	1	1	1	1	
<b>TOTALS</b>					<u>9</u>	<u>9</u>	<u>8</u>	<u>9</u>	<u>1</u>

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
FRIEDWALD CENTER FOR REHABILITATION AND NURSING  
AUDIT #13-4874  
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. 1, 2, 3, 4, 5, 8, 9, 11

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 6

**Transfer Self-Performance**

In 4 instances, documentation did not support resident required total assist every time. 2, 5, 9, 11

In 4 instances, documentation did not support resident required weight bearing assist three or more times. 1, 3, 6, 8

In 1 instance, documentation did not support resident required supervision one or more times. 4

Eating Self-Performance

In 2 instances, documentation did not support resident required total assist every time. 8, 9

In 2 instances, documentation did not support resident required non weight bearing assist three or more times. 1, 5

In 4 instances, documentation did not support resident required supervision one or more times. 2, 3, 6, 11

Toilet Use Self-Performance

In 3 instances, documentation did not support resident required total assist every time. 5, 9, 11

In 6 instances, documentation did not support resident required weight bearing assist three or more times. 1, 2, 3, 4, 6, 8

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 1 instance, documentation did not support the number of days with MD orders during the look back period. 5

RUGS-II Classifications Overturned

In 9 instances, the RUG classifications were overturned. 1, 2, 3, 4, 5, 6, 8, 9, 11

*10 NYCRR §86-2.10, Volume A-2*

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
FRIEDWALD CENTER FOR REHABILITATION & NURSING  
AUDIT #13-4874  
ANALYSIS OF PROVIDER RESPONSE**

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 #2**

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

Item #: G0110Aa, G0110Ba, G0110Ha, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, Eating, and Toilet Use are not supported by documentation.

Facility Comment:

Supporting Documentation:

ADL Logs dated 1/12/12 and 1/16/12 jointly support the following:

- Bed Mobility: "3/3" x 5 = 5 points
- Transfer: "4/3" x 4 and "8/8" x 1 = 1 point
- Eating: "1/1" x 5 = 1 point
- Toilet Use: "3/2" x 3 and "4/3" x 2 = 5 points.

Summary:

The facility responded, "We concur that the documentation does not support the original RUG of RMX. However, the two ADL Logs in the ARD look-back period, as detailed above and attached, do appear to support an ADL index of 12, according to the MDS "Rule of Three." Therefore, the facility believes that the derived RUG should be changed to RML rather than RMA.

OMIG Response:

MDS Assessment Reference Date (ARD) is 01/16/12.

The 7-day look back period is 01/10/12 - 01/16/12.

Documentation Submitted by the Facility and Reviewed:

- Section G Functional Status only documented dates 01/12/12 and 01/16/12 for the 7-day look back period.

Section G Functional Status forms that the facility provided have signatures for the 7A - 7P and 7P - 7A shifts for 01/12/12 and the 7- 3 and 3 -11 shifts for 01/16/12. Direct care staff/CNA's signatures/initials are missing for other dates of service and shifts during the 7-day look back period and there is no documentation in the record that any interviews were conducted with direct care staff regarding the care provided to the resident during their shift for the 7-day look back period.

Documentation does not support the MDS Manual's ADL coding criteria (Section G0110):

1. The MDS Manual defines ADL Self-Performance as - *what the resident actually did (not what he or she might be capable of doing) within each ADL category over the last 7 days according to a performance based scale.*
2. *Do not record the type and level of assistance that the resident "should" be receiving according to the written plan of care. The level of assistance actually provided might be very different from what is indicated in the plan. Record what actually happened.*
3. *The responsibility of the person completing the assessment is to capture the total picture of the resident's ADL self-performance over the 7-day period, 24 hours a day.*
4. *ADL self-performance coding options are intended to reflect real world situations where slight variations in self-performance are common.*
5. *Instructions for the Rule of Three.*
6. *Definition of Level 4/Total Dependence – Full staff performance of an activity with no participation by Resident for any aspect of the ADL activity and that the Resident must be unwilling or unable to perform any part of the activity over the entire 7-day look back period.*

In addition, documentation does not meet the MDS Manual's ADL coding criteria for staff interviews:

- *"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."*

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

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

### Sample #3

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

Item #: G0110Aa, G0110Ba, G0110Ha, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, Eating, and Toilet Use not supported by documentation.

#### Facility Comment:

Supporting Documentation:

ADL Log dated 1/14/12 supports the following:

- Bed Mobility: "3/2" x 3 = 4 points
- Transfer: "3/2" x 2 and "8/8" x 1 = 1 point
- Eating: "1/1" x 2 and "8/8" x 1 = 1 point
- Toilet Use: "3/3" x 3 = 5 points.

Summary:

The facility responded, "We concur that the documentation does not support the original RUG of RMC. However, the ADL Log in the ARD look-back period, as detailed above and attached does appear to support an ADL index of 11, according to the MDS "Rule of Three." Therefore, the facility believes that the derived RUG should be changed to RMB rather than RMA.

#### OMIG Response:

MDS Assessment Reference Date (ARD) is 01/17/12.

The 7-day look back period is 01/11/12 - 01/17/12.

#### Documentation Submitted by the Facility and Reviewed:

- Section G Functional Status only documented date 01/14/12 for the 7-day look back period.

Section G Functional Status form has signatures for the 7- 3, 3 -11, and 11 - 7 shifts for 1/14/12. Direct care staff/CNA's signatures/initials are missing for other dates of service and shifts during the 7-day look back period and there is no documentation in the record that any interviews were conducted with direct care staff regarding the care provided to the resident during their shift for the 7-day look back period.

Documentation does not support the MDS Manual's ADL coding criteria (Section G0110):

1. The MDS Manual defines ADL Self-Performance as - *what the resident actually did (not what he or she might be capable of doing) within each ADL category over the last 7 days according to a performance based scale.*
2. *Do not record the type and level of assistance that the resident "should" be receiving according to the written plan of care. The level of assistance actually provided might be very different from what is indicated in the plan. Record what actually happened.*
3. *The responsibility of the person completing the assessment is to capture the total picture of the resident's ADL self-performance over the 7-day period, 24 hours a day.*
4. *ADL self-performance coding options are intended to reflect real world situations where slight variations in self-performance are common.*
5. *Instructions for the Rule of Three.*

In addition, documentation does not meet the MDS Manual's ADL coding criteria for staff interviews:

- *"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."*

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

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

#### Sample #4

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

Item #: G0110Aa, G0110Ba, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, and Toilet Use not supported by documentation.

Facility Comment:

Supporting Documentation:

ADL Log dated 11/30/11 supports the following:

- Bed Mobility: "3/2" x 3 = 4 points
- Transfer: "1/1" x 2 and "8/8" x 1 = 1 point
- Eating: "0/1" x 2 and "8/8" x 1 = 1 point
- Toilet Use: "3/2" x 3 = 4 points.

Summary:

The facility responded, "The ADL Log in the ARD look-back period, as detailed above and attached, does appear to support an ADL Index of 10, according to the MDS "Rule of Three." Therefore, the facility believes that the reported RUG of RMB is supported.

OMIG Response:

MDS Assessment Reference Date (ARD) is 12/01/11.

The 7-day look back period is 11/25/11 – 12/01/11.

Documentation Submitted by the Facility and Reviewed:

- Section G Functional Status only documented date 11/30/11 for the 7-day look back period.

Section G Functional Status form dated 11/30/11 that was provided has LPN signatures for the 7- 3, 3 -11, and 11 - 7 shifts. Direct care staff/CNA's signatures/initials are missing for other dates of service and shifts during the 7-day look back period and there is no documentation in the record that any interviews were conducted with direct care staff regarding the care provided to the resident during their shift for the 7-day look back period.

Documentation does not support the MDS Manual's ADL coding criteria (Section G0110):

1. The MDS Manual defines ADL Self-Performance as - *what the resident actually did (not what he or she might be capable of doing) within each ADL category over the last 7 days according to a performance based scale.*
2. *Do not record the type and level of assistance that the resident "should" be receiving according to the written plan of care. The level of assistance actually provided might be very different from what is indicated in the plan. Record what actually happened.*
3. *The responsibility of the person completing the assessment is to capture the total picture of the resident's ADL self-performance over the 7-day period, 24 hours a day.*
4. *ADL self-performance coding options are intended to reflect real world situations where slight variations in self-performance are common.*
5. *Instructions for the Rule of Three.*

In addition, documentation does not meet the MDS Manual's ADL coding criteria for staff interviews:

- *“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.”*

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

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

### Sample #5

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

Item #: G0110Aa, G0110Ba, G0110Ha, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, Eating, and Toilet Use not supported by documentation.

Facility Comment:

Supporting Documentation:

ADL Logs dated 1/13/12 and 1/18/12 jointly support the following:

- Bed Mobility: “3/3” x 6 = 5 points
- Transfer: “4/3” x 4 = 5 points
- Eating: “2/2” x 6 = 2 points
- Toilet Use: “4/3” x 6 = 5 points.

Summary:

The facility responded, “The two ADL Logs in the ARD look-back period, as detailed above and attached, as well as the quarterly review dated 1/19/12, do appear to support an ADL Index of 17, according to the MDS “Rule of Three.” Therefore, the facility believes that the reported RUG of CC1 is supported.

OMIG Response:

MDS Assessment Reference Date (ARD) is 01/19/12.

The 7-day look back period is 01/13/12 - 01/19/12.

Documentation Submitted by the Facility and Reviewed:

- Section G Functional Status only documented dates 01/13/12 and 01/18/12 for the 7-day look back period.

Section G Functional Status form that was provided has signatures for the 7- 3, 3 –11, 11 - 7 shifts for dates 01/13/12 and 01/18/12. Direct care staff/CNA's signatures/initials are missing for other dates of service and shifts during the 7-day look back period and there is no documentation in the record that any interviews were conducted with direct care staff regarding the care provided to the resident during their shift for the 7-day look back period.

Documentation does not support the MDS Manual's ADL coding criteria (Section G0110):

1. The MDS Manual defines ADL Self-Performance as - *what the resident actually did (not what he or she might be capable of doing) within each ADL category over the last 7 days according to a performance based scale.*
2. *Do not record the type and level of assistance that the resident "should" be receiving according to the written plan of care. The level of assistance actually provided might be very different from what is indicated in the plan. Record what actually happened.*
3. *The responsibility of the person completing the assessment is to capture the total picture of the resident's ADL self-performance over the 7-day period, 24 hours a day.*
4. *ADL self-performance coding options are intended to reflect real world situations where slight variations in self-performance are common.*
5. *Instructions for the Rule of Three.*
6. *Definition of Level 4/Total Dependence – Full staff performance of an activity with no participation by Resident for any aspect of the ADL activity and that the Resident must be unwilling or unable to perform any part of the activity over the entire 7-day look back period.*

In addition, documentation does not meet the MDS Manual's ADL coding criteria for staff interviews:

- *"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."*

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

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

#### **Sample #6**

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

Item #: G0110Aa, G0110Ba, G0110Ha, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, Eating, and Toilet Use not supported by documentation.

Facility Comment:

Supporting Documentation:

ADL Log dated 11/18/11 supports the following:

- Bed Mobility: "2/2" x 3 = 3 points
- Transfer: "3/2" x 3 = 4 points
- Eating: "1/1" x 3 = 1 point
- Toilet Use: "3/2" x 3 = 4 points

Summary:

The facility responded, "The ADL Log in the ARD look-back period, as detailed above and attached, as well as the comprehensive care plan dated 11/21/11, do appear to support an ADL Index of 12, according to the MDS "Rule of Three." Therefore, the facility believes that the reported RUG of CB1 is supported.

OMIG Response:

MDS Assessment Reference Date (ARD) is 11/20/11.

The 7-day look back period is 11/14/11 – 11/20/11.

Documentation Submitted by the Facility and Reviewed:

- Section G Functional Status only documented date 11/18/11.

Section G Functional Status form that was provided has signatures for the 7- 3, 3 –11, 11 - 7 shifts for the date of service 11/18/11. Direct care staff/CNA's signatures/initials are missing for other dates of service and shifts during the 7-day look back period and there is no documentation in the record that any interviews were conducted with direct care staff regarding the care provided to the resident during their shift for the 7-day look back period.

Documentation does not support the MDS Manual's ADL coding criteria (Section G0110):

1. The MDS Manual defines ADL Self-Performance as - *what the resident actually did (not what he or she might be capable of doing) within each ADL category over the last 7 days according to a performance based scale.*
2. *Do not record the type and level of assistance that the resident "should" be receiving according to the written plan of care. The level of assistance actually provided might be very different from what is indicated in the plan. Record what actually happened.*
3. *The responsibility of the person completing the assessment is to capture the total picture of the resident's ADL self-performance over the 7-day period, 24 hours a day.*
4. *ADL self-performance coding options are intended to reflect real world situations where slight variations in self-performance are common.*

5. *Instructions for the Rule of Three.*

In addition, documentation does not meet the MDS Manual's ADL coding criteria for staff interviews:

- *"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."*

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

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

**Sample #8**

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

Item #: G0110Aa, G0110Ba, G0110Ha, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, Eating, and Toilet Use not supported by documentation.

Facility Comment:

Supporting Documentation:

ADL Log dated 1/20/12 supports the following:

- Bed Mobility: "3/2" x 3 = 4 points
- Transfer: "3/2" x 2 and "8/8" x 1 = 1 point
- Eating: "4/2" and "8/8" x 1 = 1 point
- Toilet Use: "3/2" x 3 = 4 points

**Summary:**

The facility responded, "The ADL Log in the ARD look-back period, as detailed above and attached, does not appear to support an ADL Index of 10, according to the MDS "Rule of Three." Therefore, the facility believes that the derived RUG should be changed from RMC to RMB rather than RMA.

OMIG Response:

MDS Assessment Reference Date (ARD) is 01/23/12.

The 7-day look back period is 01/17/12 – 01/23/12.

Documentation Submitted by the Facility and Reviewed:

- Section G Functional Status only documented date 01/20/12.

Section G Functional Status form that was provided has signatures for the 7- 3, 3 –11, and 11 - 7 shifts for 1/20/12. Direct care staff/CNA's signatures/initials are missing for other dates of service and shifts during the 7-day look back period and there is no documentation in the record that any interviews were conducted with direct care staff regarding the care provided to the resident during their shift for the 7-day look back period.

Documentation does not support the MDS Manual's ADL coding criteria (Section G0110):

1. The MDS Manual defines ADL Self-Performance as - *what the resident actually did (not what he or she might be capable of doing) within each ADL category over the last 7 days according to a performance based scale.*
2. *Do not record the type and level of assistance that the resident "should" be receiving according to the written plan of care. The level of assistance actually provided might be very different from what is indicated in the plan. Record what actually happened.*
3. *The responsibility of the person completing the assessment is to capture the total picture of the resident's ADL self-performance over the 7-day period, 24 hours a day.*
4. *ADL self-performance coding options are intended to reflect real world situations where slight variations in self-performance are common.*
5. *Instructions for the Rule of Three.*
6. *Definition of Level 4/Total Dependence – Full staff performance of an activity with no participation by Resident for any aspect of the ADL activity and that the Resident must be unwilling or unable to perform any part of the activity over the entire 7-day look back period.*

In addition, documentation does not meet the MDS Manual's ADL coding criteria for staff interviews:

- *"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."*

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

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

**Sample #11**

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

Item #: G0110Aa, G0110Ba, G0110Ha, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, Eating, and Toilet Use not supported by documentation.

Facility Comment:

Supporting Documentation:

ADL Log dated 11/23/11 supports the following:

- Bed Mobility: "3/3" x 3 = 5 points
- Transfer: "4/3" x 3 = 5 points
- Eating: "1/1" x 2 and "8/8" x 1 = 1 point
- Toilet Use: "4/3" x 3 = 5 points

Summary:

The facility responded, "The ADL Log in the ARD look-back period, as detailed above and attached does not appear to support an ADL Index of 16, according to the MDS "Rule of Three." Therefore, the facility believes that the derived RUG of PE1 is supported."

OMIG Response:

MDS Assessment Reference Date (ARD) is 11/25/11.

The 7-day look back period is 11/19/11 - 11/25/11.

Documentation Submitted by the Facility and Reviewed:

- Section G Functional Status only documented date 11/23/11.

Section G Functional Status form that was provided has signatures for the 7- 3 and 3 –11 shifts for the date of service 11/23/11. Direct care staff/CNA's signatures/initials are missing for other dates of service and shifts during the 7-day look back period and there is no documentation in the record that any interviews were conducted with direct care staff regarding the care provided to the resident during their shift for the 7-day look back period.

Documentation does not support the MDS Manual's ADL coding criteria (Section G0110):

1. The MDS Manual defines ADL Self-Performance as - *what the resident actually did (not what he or she might be capable of doing) within each ADL category over the last 7 days according to a performance based scale.*
2. *Do not record the type and level of assistance that the resident "should" be receiving according to the written plan of care. The level of assistance actually provided might be very different from what is indicated in the plan. Record what actually happened.*

3. *The responsibility of the person completing the assessment is to capture the total picture of the resident's ADL self-performance over the 7-day period, 24 hours a day.*
4. *ADL self-performance coding options are intended to reflect real world situations where slight variations in self-performance are common.*
5. *Instructions for the Rule of Three.*
6. *Definition of Level 4/Total Dependence – Full staff performance of an activity with no participation by Resident for any aspect of the ADL activity and that the Resident must be unwilling or unable to perform any part of the activity over the entire 7-day look back period.*

In addition, documentation does not meet the MDS Manual's ADL coding criteria for staff interviews:

- *"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."*

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

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