



**Office of the
Medicaid Inspector
General**

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

June 1, 2016

[REDACTED]
Summit Park Nursing Care Center
50 Santorium Road, Building A
Pomona, New York 10970

Re: MDS Final Audit Report
Audit #: 13-1325
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 Summit Park Nursing Care Center 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.

Since you did not respond to our draft audit report dated November 12, 2014, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$171,437.23 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:

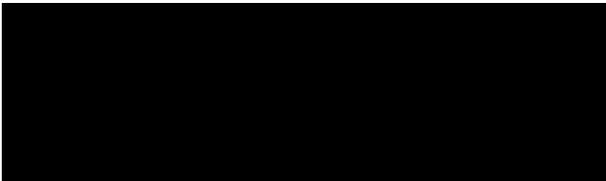
General Counsel
Office of Counsel
New York State Office of the Medicaid Inspector General
800 North Pearl Street
Albany, New York 12204

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

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

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

Should you have any questions regarding the above, please contact ██████████
██████████.



Division of Medicaid Audit
Office of the Medicaid Inspector General

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OFFICE OF THE MEDICAID INSPECTOR GENERAL
SUMMIT PARK NURSING CARE CENTER
AUDIT # 13-1325
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$5.83	28,738	\$167,542.54
Non-Medicare/Part D Eligible	\$5.91	659	\$3,894.69
Total			<u>\$171,437.23</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
 REVIEW OF MDS
 SUMMIT PARK NURSING CARE CENTER
 AUDIT #13-1325

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS																			
					DISALLOW BED MOBILITY SELF PERFORMANCE	DISALLOW BED MOBILITY SUPPORT PROVIDED	DISALLOW TRANSFER SELF PERFORMANCE	DISALLOW TRANSFER SUPPORT PROVIDED	DISALLOW EATING SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW HEMIPLEGIA/HEMIPARESIS	DISALLOW BEHAVIOR	DISALLOW TUBE FEEDING	DISALLOW MD EXAM	DISALLOW PHYSICAL THERAPY	DISALLOW RESPIRATORY THERAPY	DISALLOW NURSING REHABILITATION							
61	SSC	CA2	1.12	0.84	1		1		1	1														
62	SSC	CA2	1.12	0.84	1		1		1	1														
63	RMC	RMC	1.27	1.27																				
64	CC1	CC1	0.98	0.98																				
65	CC1	IA1	0.98	0.61	1	1	1	1	1	1	1			1										
66	PE1	PE1	0.79	0.79																				
67	PB1	PA1	0.58	0.46	1																			
68	SSC	SSC	1.12	1.12																				
69	BA1	BA1	0.47	0.47																				
70	PE1	PE1	0.79	0.79																				
71	SSB	SSB	1.06	1.06																				
TOTALS					30	12	27	10	19	31	14	1	1	1	2	1	1	3						

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 SUMMIT PARK NURSING CARE CENTER
 AUDIT #13-1325
 MDS DETAILED FINDINGS

MDS FINDINGS**SAMPLE SELECTION****Behavior**

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 behavioral symptoms in the last seven days, including those that are potentially harmful to the resident. MDS 3.0 manual guidelines will be followed when examining the medical records.

42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual E0100-E1100

In 1 instance, documentation did not support the presence of delusions. 14

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 20 instances, documentation did not support resident required total assist every time.

5, 8, 12, 16, 18, 24, 25, 26, 30, 34, 35,
 37, 38, 39, 40, 47, 55, 61, 62, 65

In 4 instances, documentation did not support resident required weight bearing assist three or more times.	2, 3, 10, 11
In 6 instances, documentation did not support resident required non weight bearing assist three or more times.	4, 7, 51, 54, 57, 67
<u>Bed Mobility Support Provided</u>	
In 5 instances, documentation did not support resident was a 2+ person physical help at least once.	5, 8, 38, 47, 65
In 7 instances, documentation did not support resident was a one person physical help at least once.	2, 4, 10, 12, 51, 54, 57
<u>Transfer Self-Performance</u>	
In 18 instances, documentation did not support resident required total assist every time.	2, 5, 8, 12, 16, 18, 24, 26, 30, 34, 35, 37, 38, 39, 47, 61, 62, 65
In 5 instances, documentation did not support resident required weight bearing assist three or more times.	1, 13, 17, 40, 55
In 4 instances, documentation did not support resident required non weight bearing assist three or more times.	4, 7, 11, 51
<u>Transfer Support Provided</u>	
In 6 instances, documentation did not support resident was a 2+ person physical help at least once.	5, 8, 12, 38, 47, 65
In 4 instances, documentation did not support resident was a one (1) person physical help at least once.	1, 2, 4, 51
<u>Eating Self-Performance</u>	
In 16 instances, documentation did not support resident required total assist every time.	2, 5, 8, 12, 16, 18, 24, 26, 34, 35, 39, 40, 47, 61, 62, 65
In 2 instances, documentation did not support resident required weight bearing assist three or more times.	55, 57
In 1 instance, documentation did not support resident required non weight bearing assist three or more times.	37

Toilet Use Self-Performance

In 23 instances, documentation did not support resident required total assist every time. 2, 3, 5, 8, 12, 16, 18, 24, 25, 26, 30, 34, 35, 37, 38, 39, 40, 47, 55, 57, 61, 62, 65

In 4 instances, documentation did not support resident required weight bearing assist three or more times. 1, 10, 13, 17

In 4 instances, documentation did not support resident required non weight bearing assist three or more times. 4, 7, 11, 51

Toilet Use Support Provided

In 14 instances, documentation did not support resident was a one person physical help at least once. 1, 2, 3, 4, 5, 8, 10, 12, 16, 38, 47, 51, 57, 65

Active Disease Diagnosis

If the provider is unable to produce the supporting documentation for the patient, the service will be disallowed and the Case Mix will be adjusted. A repayment schedule will be developed.

Documentation must indicate the diseases coded relate to the resident's functional, cognitive, mood or behavior status, medical treatments, nursing monitoring, or risk of death. MDS 3.0 manual guidelines will be followed when examining the medical records.

*42 CFR §483.20 (b) (xvii)
MDS Manual 3.0 10100-18000*

In 1 instance, documentation did not support hemiplegia as a physician documented diagnosis in the past 60 days. 11

Swallowing/Nutritional Status

If the provider is unable to produce the supporting documentation for the patient, the service will be disallowed and the Case Mix will be adjusted. A repayment schedule will be developed.

Documentation must indicate an assessment of conditions that could affect the residents' ability to

maintain adequate nutrition and hydration. MDS 3.0 manual guidelines will be followed when examining the medical records.

42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual K0100-0700

In 1 instance, documentation did not support feeding tube with requirement of $\geq 51\%$ calories, or 26%-50% calories with ≥ 501 ml of fluids. 65

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

In 2 instances, documentation did not support the number of days with MD exams during the look back period. 10, 25

In 1 instance, documentation did not support seven days of respiratory therapy during the look back period. 2

Skilled Therapy

If the provider is unable to produce the supporting documentation for the patient, the service will be disallowed and the Case Mix will be adjusted. A repayment schedule will be developed.

The qualified therapist, in conjunction with the physician and nursing staff, is responsible for determining the necessity for and the frequency and duration of the therapy provided to residents. Rehabilitation (i.e., via Speech-Language Services, and Occupational and Physical Therapies) and respiratory, psychological, and recreational therapy helps the residents to attain or maintain their highest

level of well-being and improve their quality of life. MDS 3.0 manual guidelines will be followed when reviewing the documentation provided by the facility.

42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual 00400-0700

Physical Therapy

In 1 instance, documentation reflected incorrect individual/concurrent/group minutes. 1

In 1 instance, documentation reflected incorrect days. 1

In 1 instance, documentation did not support evaluation/reassessment for therapy. 1

In 1 instance, documentation did not support an order for therapy. 1

In 1 instance, documentation did not support medical necessity for therapy. 1

In 1 instance, documentation did not support therapy reasonable for resident's condition. 1

Nursing Rehabilitation

In 3 instances, documentation of procedures or techniques claimed not supported. 4, 35, 40

RUGS-II Classifications Overturned

In 34 instances, the RUG classifications were overturned. 1, 2, 3, 4, 5, 7, 8, 10, 11, 12, 13, 14, 16, 17, 18, 24, 25, 26, 30, 34, 35, 37, 38, 39, 40, 47, 51, 54, 55, 57, 61, 62, 65, 67

10 NYCRR §86-2.10 volume: A-2