



**Office of the  
Medicaid Inspector  
General**

**ANDREW M. CUOMO**  
Governor

**DENNIS ROSEN**  
Medicaid Inspector General

October 20, 2016

[REDACTED]  
Nyack Manor Nursing Home  
476 Christian Herald Road  
Valley Cottage, New York 10989

Re: MDS Final Audit Report  
Audit #: 14-4895  
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 Nyack Manor Nursing Home for the census period ending January 25, 2013. In accordance with 18 NYCRR §517.6, this final audit report represents the OMIG's final determination on issues found during OMIG's review.

In your response to the draft audit report dated August 8, 2016, you identified specific audit findings with which you disagreed. Your comments have been considered (see Attachment D) and the report has been either revised accordingly and/or amended to address your comments (see Attachment D).

The Medicaid overpayment of \$106,384.76 was calculated using the number of Medicaid days paid for the rate period July 1, 2013 through December 31, 2013 and the change in the direct component of your Medicaid rate as calculated by the Department of Health's Bureau of Long Term Care Reimbursement (BLTCR). The calculation of this overpayment is detailed in Attachment A. BLTCR will adjust your Medicaid rates for the relevant rate period to reflect the change in the direct component. The findings explanation, regulatory references, and applicable adjustment can be found in the attachments following Attachment A.

The Provider has the right to challenge this action and determination by requesting an administrative hearing within 60 days of the date of this notice. If the Provider wishes to request a hearing, the request must be submitted in writing to:

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

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

In accordance with 18 NYCRR 519.18(a), "The issues and documentation considered at the hearing are limited to issues directly relating to the final determination. An appellant may not raise issues regarding the methodology used to determine any rate of payment or fee, nor raise any new matter not considered by the department upon submission of objections to a draft audit or notice of proposed agency action."

If a hearing is held, you may have a person represent you or you may represent yourself. If you choose to be represented by someone other than an attorney, you must supply along with your hearing request a signed authorization permitting that person to represent you at the hearing; you may call witnesses and present documentary evidence on your behalf.

For a full listing of hearing rights please see 18 NYCRR Part 519.

Should you have any questions regarding the above, please contact

Division of Medicaid Audit  
Office of the Medicaid Inspector General

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
NYACK MANOR NURSING HOME  
AUDIT 14-4895  
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$5.89	17,918	\$105,537.02
Non-Medicare/Part D Eligible	\$5.97	142	\$847.74
Total			<u>\$106,384.76</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  
 NYACK MANOR NURSING HOME  
 AUDIT #14-4895  
 ERRORS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow Cognitive Pattern	Disallow behavior	Disallow bed mobility self performance	Disallow transfer self performance	Disallow eating self performance	Disallow toilet use self performance	Disallow toilet use support provided	Disallow active disease diagnosis	Disallow swallowing/nutritional status	Disallow skin conditions	Disallow special treatments, procedures	Disallow occupation therapy	Disallow physical therapy	Disallow dementia add on
1	RHC	RMA	1.4	1.17			1	1	1									
2	CC1	IA1	0.98	0.61			1	1	1	1				1				
3	PB1	PA1	0.58	0.46					1									
4	PE1	IA1	0.79	0.61			1	1	1	1								
5	IA1	IA1	0.61	0.61														
6	PD1	IA1	0.72	0.61			1	1		1								
7	PE1	IA1	0.79	0.61			1	1	1	1								
8	IA1	BA1	0.61	0.47	1				1	1								
9	IB1	PA1	0.78	0.46	1				1	1								
10	IA1	PA1	0.61	0.46	1													
11	CC1	CA1	0.98	0.77			1	1	1	1		1		1				
12	PB1	PA1	0.58	0.46			1											
13	RMB	CA1	1.22	0.77			1	1	1	1					1		1	
14	IA1	IA1	0.61	0.61														
15	PD1	IA1	0.72	0.61			1	1		1								
16	IB1	IA1	0.78	0.61			1	1		1								
17	CB1	PA1	0.86	0.46			1	1		1								
18	RVC	RMA	1.53	1.17			1	1	1	1								
19	BA1	PA1	0.47	0.46	1													
20	IB1	IA1	0.78	0.61			1	1		1	1						1	
21	CB1	CA1	0.86	0.77			1	1		1								
22	IA1	IA1	0.61	0.61														
23	SSB	CA1	1.06	0.77			1	1	1	1			1					

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 NYACK MANOR NURSING HOME  
 AUDIT #14-4895  
 ERRORS BY SAMPLE NUMBER

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24	SSB	CA1	1.06	0.77			1	1	1									
25	IA1	IA1	0.61	0.61														
26	IA1	IA1	0.61	0.61					1	1								
27	RMA	RMA	1.17	1.17														
28	IA1	IA1	0.61	0.61														
29	PD1	IA1	0.72	0.61		1	1		1									
30	IA1	PA1	0.61	0.46	1													
31	PE1	IA1	0.79	0.61		1	1	1	1									
Totals					4	1	19	20	9	20	1	1	1	1	2	1	1	1

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 NYACK MANOR NURSING HOME  
 AUDIT #14-4895  
 MDS DETAILED FINDINGS**

**MDS FINDINGS****SAMPLE SELECTION****Cognitive Pattern**

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 residents' ability to remember both recent and long past events and to think coherently. MDS 3.0 manual guidelines will be followed when examining the medical records.

*42 CFR §483.20 (b) (xvii)*  
*MDS 3.0 Manual 1.1-2.15*

*42 CFR §483.20 (b) (xvii)*  
*MDS 3.0 Manual C0100-C1600*

In 4 instances, documentation did not support staff assessment for impaired cognition.

8, 9, 10, 30

**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 frequency of verbally abusive behavior.

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**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 3 instances, documentation did not support resident required total assist every time.	2, 4, 31
In 5 instances, documentation did not support resident required weight bearing assist three or more times.	1, 7, 11, 18, 24
In 11 instances, documentation did not support resident required non weight bearing assist three or more times.	6, 9, 12, 13, 15, 16, 17, 20, 21, 23, 29

**Transfer Self-Performance**

In 5 instances, documentation did not support resident required total assist every time.	2, 4, 23, 24, 31
In 7 instances, documentation did not support resident required weight bearing assist three or more times.	1, 7, 11, 17, 18, 21, 29
In 7 instances, documentation did not support resident required non weight bearing assist three or more times.	3, 6, 9, 13, 15, 16, 20
In 1 instance, documentation did not support resident required supervision one or more times.	8

**Eating Self-Performance**

In 5 instances, documentation did not support resident required total assist every time.	2, 4, 11, 18, 31
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In 2 instances, documentation did not support resident required weight bearing assist three or more times. 7, 23

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 24

In 1 instance, documentation did not support resident required supervision one or more times. 13

#### Toilet Use Self-Performance

In 11 instances, documentation did not support resident required total assist every time. 1, 2, 4, 7, 11, 18, 21, 23, 24, 29, 31

In 7 instances, documentation did not support resident required non weight bearing assist three or more times. 6, 9, 13, 15, 16, 17, 20

In 2 instances, documentation did not support resident required supervision one or more times. 8, 26

#### Toilet Use Support Provided

In 1 instance, documentation did not support resident was set up at least once. 26

#### Active Disease Diagnosis

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

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

*42 CFR §483.20 (b) (xvii)*  
*MDS Manual 3.0 I0100-18000*

In 1 instance, documentation did not support Alzheimer's/dementia as a physician documented diagnosis in the past 60 days. 20

In 1 instance, documentation did not support Alzheimer's/dementia as an active diagnosis during the 7 day look back. 20

**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  $\geq 501$ cc of fluids. 11

**Skin Conditions**

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 the documented risk, presence, appearance and change of pressure ulcers. This section also notes other skin ulcers, wounds, or lesions, and documents treatment categories related to skin injury or avoiding injury. MDS 3.0 manual guidelines will be followed when examining the medical records.

*42 CFR §483.20 (b) (xvii)*  
*MDS 3.0 Manual M0100-1200*

In 1 instance, documentation did not support surgical wounds or open lesions. 23

In 1 instance, documentation did not support the surgical wound care. 23

**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 exams during the look back period. 2

In 1 instance, documentation did not support the number of days with MD orders during the look back period. 11

### **Skilled Therapy**

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

The qualified therapist, in conjunction with the physician and nursing staff, is responsible for determining the necessity for and the frequency and duration of the therapy provided to residents. Rehabilitation (i.e., via Speech-Language Services, and Occupational and Physical Therapies) and respiratory, psychological, and recreational therapy helps the residents to attain or maintain their highest level of well-being and improve their quality of life. MDS 3.0 manual guidelines will be followed when reviewing the documentation provided by the facility.

*42 CFR §483.20 (b) (xvii)*

*MDS 3.0 Manual O0400-0500*

### **Occupational Therapy**

In 1 instance, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 13

### **Physical Therapy**

In 1 instance, documentation did not support evaluation/reassessment for therapy. 13

In 1 instance, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 13

**Dementia Add-on**

In 1 instance, documentation did not support the diagnosis of Alzheimer's/dementia required for the add-on. 20

*10 NYCRR §86-2.40 (z)(1)*

**RUGS-II Classifications Overturned**

In 24 instances, the RUG classifications were overturned. 1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 12, 13, 15, 16, 17, 18, 19, 20, 21, 23, 24, 29, 30, 31

*10 NYCRR §86-2.10, Volume A-2*

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 NYACK MANOR NURSING HOME  
 AUDIT #14-4895  
 ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
1	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• Resident Profile document (checklist)</li> <li>• Physical Functioning document</li> </ul>	Denied	<p>MDS with ARD 12/09/12 ADL Self-Performance documentation does not support MDS levels claimed for Bed Mobility, Transfer, and Toilet Use.</p> <p>See MDS Manual – Section G</p>
2	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• Resident Profile document (checklist)</li> <li>• “Physical Functioning” document</li> </ul>	Denied	<p>MDS with ARD 12/09/12 ADL Self-Performance documentation does not support MDS levels claimed for Bed Mobility, Transfer, Eating, and Toilet Use.</p> <p>See MDS Manual – Section G</p>
	O0600 Physician Exams	<ul style="list-style-type: none"> <li>• Progress Note dated 11/05/12</li> <li>• Progress Note dated 10/18/12</li> </ul>	Denied	<p>MDS with ARD 11/15/12 claimed 2 Physician Exams. Documentation supports 0 Physician Exams.</p> <p>See MDS Manual – Section O</p>
	O0700 Physician Orders (Note: Appealed by facility; not listed as finding in draft audit report)	<ul style="list-style-type: none"> <li>• Interim Physician's Order Form dated 11/14/12</li> <li>• Interim Physician's Order Form dated 11/08/12</li> <li>• Two (2) Interim Physician Order Forms dated 11/12/12</li> </ul>	Denied	<p>MDS with ARD 11/15/12 claimed 4 Physician Orders. Documentation supports 2 Physician Orders.</p> <p>See MDS Manual – Section O</p>

		<ul style="list-style-type: none"> <li>• Interim Physician Order Form dated 11/06/12</li> <li>• Interim Physician Form dated 11/05/12</li> </ul>		
3	G0110Ba Self-Performance Transfer	<ul style="list-style-type: none"> <li>• Resident Profile document (checklist)</li> <li>• Physical Functioning document</li> </ul>	Denied	<p>MDS with ARD 01/24/13 ADL Self-Performance documentation does not support MDS level claimed for Transfer.</p> <p>See MDS Manual – Section G</p>
6	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• Resident Profile document (checklist)</li> <li>• Physical Functioning document</li> </ul>	Denied	<p>MDS with ARD 01/23/13 ADL Self-Performance documentation does not support MDS levels claimed for Bed Mobility, Transfer, and Toilet Use.</p> <p>See MDS Manual – Section G</p>
7	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• Resident Profile document (checklist)</li> <li>• Physical Functioning document</li> </ul>	Denied	<p>MDS with ARD 01/01/13 ADL Self-Performance documentation does not support MDS levels claimed for Bed Mobility, Transfer, Eating, and Toilet Use.</p> <p>See MDS Manual – Section G</p>
8	B0700 Making Self Understood, C1000 Cognitive Skills for Daily Decision Making	<ul style="list-style-type: none"> <li>• Psychiatric Consultation</li> <li>• Physician Assessment &amp; Plan of Care</li> </ul>	Denied	<p>MDS with ARD 12/22/12 claimed Staff Assessment for Mental Status. Documentation does not support Staff Assessment/Interview during the 7-day look back period for Making Self Understood and Cognitive Skills for Daily Decision Making.</p>

		<ul style="list-style-type: none"> <li>• Physician's Order form</li> <li>• Cognitive Impairment Care Plan</li> <li>• Nyack Manor Face Sheet</li> </ul>		See MDS Manual – Section B0700 and C1000
	B0100Ba Self-Performance Transfer, G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• Resident Profile document (checklist)</li> <li>• Physical Functioning document</li> </ul>	Denied	MDS with ARD 01/01/13 ADL Self-Performance documentation does not support MDS levels claimed for Transfer and Toilet Use.  See MDS Manual – Section G
	G0110lb Support Provided Toilet Use		Accepted	Disallowance was reversed and will not be included in the final report.
	I4800 Dementia Diagnosis / Dementia Add-on		Accepted	Disallowance was reversed and will not be included in the final report.
9	B0700 Making Self Understood, C0700 Short Term Memory Problem, C1000 Cognitive Skills for Daily Decision Making	<ul style="list-style-type: none"> <li>• Physician Assessment and Plan of Care dated 12/27/12</li> <li>• Physician Assessment and Plan of Care dated 11/28/12</li> <li>• Physician Assessment and Plan of Care dated 10/19/12</li> <li>• "Potential for Abuse/Being Abused" Care Plan</li> </ul>	Denied	MDS with ARD 01/01/13 claimed Staff Assessment for Mental Status. There is no documentation of a Staff Assessment/Interview during the 7-day look back period to support Making Self Understood, Short Term Memory Problem, and Cognitive Skills for Decision Making.  See MDS Manual – Section B0700, C0700, and C1000
	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-	<ul style="list-style-type: none"> <li>• Resident Profile document (checklist)</li> </ul>	Denied	MDS with ARD 01/01/13 ADL Self-Performance documentation does not support MDS levels claimed for Bed Mobility, Transfer, and Toilet Use.

	Performance Transfer, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>Physical Functioning document</li> </ul>		See MDS Manual – Section G
10	B0700 Making Self Understood, C0700 Short Term Memory Problem, C1000 Cognitive Skills for Daily Decision Making	<ul style="list-style-type: none"> <li>Resident Profile document (checklist)</li> <li>History and Physical dated 04/07/12</li> <li>Physician Order form dated 01/07/13</li> <li>Social Services Notes dated 02/10/13</li> <li>"Incontinency" Care Plan</li> <li>Progress Note dated 11/05/12 (illegible)</li> <li>Progress Note dated 10/18/12 (illegible)</li> <li>Routine Medication document</li> </ul>	Denied	<p>MDS with ARD 01/23/13 claimed Staff Assessment for Mental Status. There is no documentation of a Staff Assessment/Interview during the 7-day look back period to support Making Self Understood, Short Term Memory Problem, and Cognitive Skills for Decision Making.</p> <p>See MDS Manual – Section B0700, C0700, and C1000</p>
11	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>Resident Profile document (checklist)</li> <li>Physical Functioning document</li> </ul>	Denied	<p>MDS with ARD 12/02/12 ADL Self-Performance documentation does not support MDS levels claimed for Bed Mobility, Transfer, Eating, and Toilet Use.</p> <p>See MDS Manual – Section G</p>
13	G0110Aa Self-Performance Bed	<ul style="list-style-type: none"> <li>Resident Profile document</li> </ul>	Denied	MDS with ARD 11/02/12 ADL Self-Performance documentation does not support MDS levels

	Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>(checklist)</li> <li>Physical Functioning document</li> </ul>		<p>claimed for Bed Mobility, Transfer, Eating, and Toilet Use.</p> <p>See MDS Manual – Section G</p>
	G0110Ab Support Provided Bed Mobility, G0010Bb Support Provided Transfer, G0110Ib Support Provided Toilet Use		Accepted	Disallowances were reversed and will not be included in the final report.
	O0400B Occupational Therapy	<ul style="list-style-type: none"> <li>Interim Physician Order Forms</li> <li>Plan of Treatment for Rehabilitation Form dated 11/1/12</li> <li>Weekly Progress Notes dated 11/8/12, 11/15/12, 11/22/12</li> <li>Discharge Summary dated 11/29/12</li> <li>Weekly Progress Note Addendums dated 10/11/12, 10/25/12, 10/18/12, 11/08/12, 11/01/12</li> <li>Service Log Matrix</li> </ul>	Denied	<p>MDS with ARD 11/02/12 The MDS with and ARD of 12/11/12 claimed 5 days, 180 minutes of Occupational Therapy.</p> <p>Documentation provided does not support the medical need for skilled Occupational Therapy services.</p> <p>See MDS Manual – Section O</p>
16	G0110Aa Self-Performance Bed Mobility, G0010Ba Self-Performance Transfer, G0110Ia Self-	<ul style="list-style-type: none"> <li>Resident Profile document (checklist)</li> <li>Physical Functioning</li> </ul>	Denied	<p>MDS with ARD 11/27/12 ADL Self-Performance documentation does not support MDS levels claimed for Bed Mobility, Transfer, and Toilet Use.</p> <p>See MDS Manual – Section G</p>

	Performance Toilet Use	document		
17	G0110Aa Self-Performance Bed Mobility, G0010Ba Self-Performance Transfer, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>Resident Profile document (checklist)</li> <li>Physical Functioning document</li> </ul>	Denied	<p>MDS with ARD 11/10/12 ADL Self-Performance documentation does not support MDS levels claimed for Bed Mobility, Transfer, and Toilet Use.</p> <p>See MDS Manual – Section G</p>
18	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>Resident Profile document (checklist)</li> <li>Physical Functioning document</li> </ul>	Denied	<p>MDS with ARD 12/05/12 ADL Self-Performance documentation does not support MDS levels claimed for Bed Mobility, Transfer, Eating, and Toilet Use.</p> <p>See MDS Manual – Section G</p>
	O0400C Physical Therapy		Accepted	Disallowances was reversed and will not be included in the final report.
20	G0110Aa Self-Performance Bed Mobility, G0010Ba Self-Performance Transfer, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>Resident Profile document (checklist)</li> <li>Physical Functioning document</li> </ul>	Denied	<p>MDS with ARD 01/01/13 ADL Self-Performance documentation does not support MDS levels claimed for Bed Mobility, Transfer, and Toilet Use.</p> <p>See MDS Manual – Section G</p>
	G0110Ab Support Provided Bed Mobility, G0010Bb Support Provided Transfer, G0110Ib Support Provided Toilet Use		Accepted	Disallowances were reversed and will not be included in the final report.
	I4800 Dementia Diagnosis /Dementia Add-on	<ul style="list-style-type: none"> <li>Physician Assessment and Plan of Care</li> <li>Physician Progress Notes</li> </ul>	Denied	<p>MDS with ARD 01/01/13 claimed Dementia Add-on. Lack of supporting ADL Self-Performance data does not support ADL score of 10 or less.</p> <p>See 10 NYCRR §86-2.40 (z)(2)</p>

21	G0110Aa Self-Performance Bed Mobility, G0010Ba Self-Performance Transfer, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• Resident Profile document (checklist)</li> <li>• Physical Functioning document</li> </ul>	Denied	<p>MDS with ARD 01/23/13 ADL Self-Performance documentation does not support MDS levels claimed for Bed Mobility, Transfer, and Toilet Use.</p> <p>See MDS Manual – Section G</p>
23	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• Resident Profile document (checklist)</li> <li>• Physical Functioning document</li> </ul>	Denied	<p>MDS with ARD 11/04/12 ADL Self-Performance documentation does not support MDS levels claimed for Bed Mobility, Transfer, Eating, and Toilet Use.</p> <p>See MDS Manual – Section G</p>
24	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• Resident Profile document (checklist)</li> <li>• Physical Functioning document</li> </ul>	Denied	<p>MDS with ARD 11/15/12 ADL Self-Performance documentation does not support MDS levels claimed for Bed Mobility, Transfer, Eating, and Toilet Use.</p> <p>See MDS Manual – Section G</p>
29	G0110Aa Self-Performance Bed Mobility, G0010Ba Self-Performance Transfer, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• Resident Profile document (checklist)</li> <li>• Physical Functioning document</li> </ul>	Denied	<p>MDS with ARD 11/15/12 ADL Self-Performance documentation does not support MDS levels claimed for Bed Mobility, Transfer, and Toilet Use.</p> <p>See MDS Manual – Section G</p>
30	C0700 Short Term Memory Problem C1000 Cognitive Skills for Daily Decision	<ul style="list-style-type: none"> <li>• Resident Profile document (checklist)</li> <li>• Nurses Notes</li> </ul>	Denied	<p>MDS with ARD 01/23/13 claimed Staff Assessment for Mental Status. There is no documentation of a Staff Assessment/Interview during the 7-day look back period to support Making, Short Term Memory</p>

	Making	<ul style="list-style-type: none"> <li>• Behavior Problem Care Plans</li> <li>• Interim Physician's Order Form</li> <li>• Routine Medication Form</li> <li>• Physician's Order Form</li> <li>• Physician Progress Note</li> <li>• Nyack Manor Face Sheet</li> <li>• Psychoactive Drug Use Care Plan</li> <li>•</li> </ul>		<p>Problem, and Cognitive Skills for Decision Making.</p> <p>See MDS Manual – Section C0700 and C1000</p>
31	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• Resident Profile document (checklist)</li> <li>• Physical Functioning document</li> </ul>	Denied	<p>MDS with ARD 11/08/12 ADL Self-Performance documentation does not support levels claimed for Bed Mobility, Transfer, Eating, and Toilet Use.</p> <p>See MDS Manual – Section G</p>