



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 27, 2016

[REDACTED]
Ruby Weston Manor
(aka Linden Gardens)
2237 Linden Blvd.
Brooklyn, New York 11207

Re: MDS Final Audit Report
Audit #: 13-1273
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 Ruby Weston Manor (aka Linden Gardens) 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.

In your response to the draft audit report dated November 25, 2014, 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 \$67,640.98 was calculated using the number of Medicaid days paid for the rate period July 1, 2012 through December 31, 2012 and the change in the direct component of your Medicaid rate as calculated by the Department of Health's Bureau of Long Term Care Reimbursement (BLTCR). The calculation of this overpayment is detailed in Attachment A. BLTCR will adjust your Medicaid rates for the relevant rate period to reflect the change in the direct component. The findings explanation, regulatory references, and applicable adjustment can be found in the attachments following Attachment A.

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

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

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

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
RUBY WESTON MANOR
AUDIT # 13-1273
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASE IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$2.12	26,594	\$56,379.28
Non-Medicare/Part D Eligible	\$2.15	5,238	\$11,261.70
Total			<u><u>\$67,640.98</u></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
 RUBY WESTON MANOR
 AUDIT #13-1273
 DISALLOWANCE BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DISALLOW COGNITIVE PATTERN	DISALLOW MOOD	DISALLOW BED MOBILITY	DISALLOW BED MOBILITY SELF PERFORMANCE	DISALLOW TRANSFER SUPPORT PROVIDED	DISALLOW TRANSFER SELF PERFORMANCE	DISALLOW EATING SUPPORT PROVIDED	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW ACTIVE DISEASE SUPPORT PROVIDED	DISALLOW SKIN CONDITIONS	DISALLOW MEDICATIONS	DISALLOW SPECIAL TREATMENTS, PROCEDURES	DISALLOW SPEECH THERAPY	DISALLOW OCCUPATIONAL THERAPY	DISALLOW PHYSICAL THERAPY	DISALLOW NURSING REHABILITATION
1	SSB	CB1	1.06	0.86								1									
2	SSC	SSB	1.12	1.06							1										
3	CB1	CB1	0.86	0.86																	
4	RMA	RMA	1.17	1.17																	
5	RML	RML	1.74	1.74																	
6	CA1	CA1	0.77	0.77																	
7	CC1	CC1	0.98	0.98																	
8	PA2	PA1	0.48	0.46																1	
9	IB1	IB1	0.78	0.78																	
10	SSB	SSA	1.06	1.03							1										
11	RMA	RMA	1.17	1.17																	
12	IB1	IB1	0.78	0.78																	
13	RMA	RMA	1.17	1.17																	
14	SSB	CB1	1.06	0.86											1						
15	IB1	PD1	0.78	0.72			1	1		1											
16	IA1	IA1	0.61	0.61																	
17	IB1	IB1	0.78	0.78																	
18	IB1	IB1	0.78	0.78	1					1											
19	RMC	RMC	1.27	1.27															1		
20	RMA	RMA	1.17	1.17															1		

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 RUBY WESTON MANOR
 AUDIT #13-1273
 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 1 instance, documentation did not support the making self-understood level claimed. 18

In 1 instance, documentation did not support the short term memory problem level claimed. 18

Mood

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 mood distress. MDS 3.0 manual guidelines will be followed when examining the medical records.

42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual D0100-D0650

In 3 instances, documentation did not support the frequency of depressive symptoms claimed. 28, 32, 34

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 1 instance, documentation did not support resident required weight bearing assist three or more times. 30

In 1 instance, documentation did not support resident required supervision one or more times. 21

In 1 instance, documentation supported that resident required more weight bearing assistance than claimed. 15

Bed Mobility Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once. 30

In 1 instance, documentation did not support resident was setup at least once. 21

In 1 instance, documentation supported that resident required more 2+ person physical help than claimed. 15

Transfer Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 25

In 3 instances, documentation did not support resident required weight bearing assist three or more times. 21, 23, 30

Transfer Support Provided

In 2 instances, documentation did not support resident was a 2+ person physical help at least once.	28, 30
In 1 instance, documentation did not support resident was a one (1) person physical help at least once.	21
In 1 instance, documentation did not support resident was set up at least once.	37

Eating Self-Performance

In 4 instances, documentation did not support resident required non weight bearing assist three or more times.	21, 30, 33, 36
In 1 instance, documentation did support resident required supervision 3 or more times.	18
In 1 instance, documentation supported that resident required more non-weight bearing assistance than claimed.	15

Toilet Use Self-Performance

In 1 instance, documentation did not support resident required total assist every time.	27
In 3 instances, documentation did not support resident required weight bearing assist three or more times.	21, 23, 30

Toilet Use Support Provided

In 5 instances, documentation did not support resident was a 2+ person physical help at least once.	2, 10, 22, 28, 30
In 2 instances, documentation did not support resident was a one person physical help at least once.	21, 27
In 1 instance, documentation did not support resident was set up at least once.	37

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-I8000

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

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) (xii)
MDS 3.0 Manual M0100-1200

In 1 instance, documentation did not support the number of skin treatments. 14

In 1 instance, documentation did not support surgical wounds or open lesions. 14

In 1 instance, documentation did not support the application of ointments/medications. 14

In 1 instance, documentation did not support the application of a dressing. 14

Medications

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 indicates the number of days that medication, antigen, or vaccine was received by subcutaneous, intramuscular or intradermal injection. MDS 3.0 manual guidelines will be followed when examining the medical records.

42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual N0300-N0410

In 1 instance, documentation did not support the number of injections given during the look back period. 32

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 3 instances, documentation did not support the number of days with MD orders during the look back period. 28, 32, 34

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

Restorative 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 O0400-0700

Speech-Language Pathology

- In 1 instance, documentation reflected incorrect individual/concurrent/group minutes. 31
- In 1 instance, documentation reflected incorrect days. 31
- In 1 instance, documentation did not support evaluation/reassessment for therapy. 31
- In 1 instance, documentation did not support medical necessity for therapy. 31
- In 1 instance, documentation did not support therapy reasonable for resident's condition. 31

Occupational Therapy

- In 4 instances, documentation reflected incorrect individual/concurrent/group minutes. 19, 20, 27, 31
- In 5 instances, documentation reflected incorrect days. 19, 20, 23, 27, 31
- In 4 instances, documentation did not support evaluation/reassessment for therapy. 19, 20, 27, 31
- In 2 instances, documentation did not support an order for therapy. 20, 27
- In 2 instances, documentation did not support medical necessity for therapy. 20, 31
- In 2 instances, documentation did not support therapy reasonable for resident's condition. 20, 31

Physical Therapy

- In 2 instances, documentation reflected incorrect individual/concurrent/group minutes. 27, 30

In 2 instances, documentation reflected incorrect days. 27, 30

In 2 instances, documentation did not support evaluation/reassessment for therapy. 27, 30

In 1 instance, documentation did not support medical necessity for therapy. 30

In 1 instance, documentation did not support therapy reasonable for resident's condition. 30

In 1 instances, documentation did not support an order for therapy. 30

Nursing Rehabilitation

In 1 instance, documentation did not support measurable goals and/or periodic evaluation of the walking training/practice nursing rehabilitation program. 8

RUGS-II Classifications Overturned

In 14 instances, the RUG classifications were overturned. 1, 2, 8, 10, 14, 15, 21, 22, 23, 27, 28, 30, 31, 32,

10 NYCRR§86-2.10 volume: A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
RUBY WESTON MANOR
AUDIT #13-1273
ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
#1	I4300- Active Diagnosis, Aphasia	Physician Monthly Progress Note dated 12/02/11	Denied	MDS with ARD 01/05/12 documentation submitted was outside the ARD period.
#4	O0400C Physical Therapy		Accepted	
#5	O0400C Physical Therapy		Accepted	
#10	G0110Ib Toilet Use Support Provided	-ADL/Rehabilitation Potential Care Plan (mobility) -ADL/Mobility Care Plan -ADL/Rehabilitation Potential Care Plan (self-care) Bed Mobility/Personal Hygiene -ADL/Rehabilitation Potential Care Plan (Bathing and Personal Hygiene) -Alteration in Bowel Elimination Care Plan -Urinary Incontinence Care Plan -ADL/Rehabilitation Potential Care Plan (self-care) Dressing/Eating/Toilet Use	Denied	MDS with ARD 11/15/11 Has no documentation to support ADL support provided. *See Section G in MDS Manual
#11	O0400C Physical Therapy		Accepted	
#14	M1040E Surgical Wound	-PRI VII. Plan of Care Summary -Treatment Sheet -Nurse's Progress Notes -Doctor's Interim Order Sheet	Denied	MDS with ARD 12/14/11 Has no documentation to support Surgical Wound.

#19	<p>O0400C Physical Therapy</p> <p>O0400B Occupational Therapy</p>	<p>-Doctor Interim Order Sheet that documented Physician Orders for Rehab PT and Rehab OT; both orders dated 12/21/11.</p> <p>-Continuation of Therapy Orders dated 12/21/11.</p> <p>-Physical Therapy Annual Evaluation Dated 12/21/11.</p> <p>-Physical Therapy Re-evaluation Dated 12/21/11.</p>	<p>Accepted</p> <p>Denied</p>	<p>MDS with ARD 01/07/12 has no documentation to support Occupational Therapy assessment/reassessment.</p>
#21	<p>O0400C Physical Therapy</p> <p>O0400B Occupational Therapy</p> <p>G011Aa Bed Mobility Self Performance</p> <p>G0110Ba Transfer Self Performance</p> <p>G0110Ha Eating</p> <p>G0110Ia Toilet Use Self Performance</p> <p>G0110Ab Bed Mobility Support Provided</p> <p>G0100Bb Transfer Support Provided</p> <p>G0100Ib Toilet Use Support Provided</p>		<p>Accepted</p> <p>Accepted</p> <p>Denied</p> <p>Denied</p>	<p>MDS with ARD 11/22/11 Has no documentation to support ADL Self Performance during 7 day look back. *See Section G in MDS Manual</p> <p>MDS with ARD 11/22/11 Has no documentation to support ADL Support Provided during 7 day look back. *See Section G in MDS Manual</p>

#22	O0100H IV Medication	-Physician Order Form -Wyckoff Heights Medical Center History and Physical -Wyckoff Heights Medical Center Discharge Summary	Denied	MDS with ARD 11/22/11 Has no documentation of exact dates, times, doses and verification by staff that IV medications were administered during the 14 day look back.
	G0110IB Toilet Use Support Provided		Denied	MDS with ARD 11/22/11 Has no documentation to support ADL Support Provided during 7 day look back. *See Section G in MDS Manual
#23	G0110Ba Transfer Self Performance G0110Ia Toilet Use Self Performance	Accountability Record of January 2012	Denied	MDS with ARD 01/21/12 Has no documentation to support ADL Self Performance during 7 day look back. *See Section G in MDS manual
	O0400B Occupational Therapy		Denied	MDS with ARD 01/21/12 Occupational Therapy not supported by documentation. MDS claims 5 days 150 Minutes of Occupational Therapy and Daily Treatment Records documents 4 days 150 minutes.
#27	G0110Ia Toilet Use Self Performance	-MD order for Physical Therapy and Occupational therapy dated 08/26/11 -Nursing Assistant Clinical Accountability Record and Assignment for months Oct to Dec 2011 (*5 pages)	Denied	MDS of ARD 12/04/11 Has no documentation to support ADL Self Performance. *See Section G in MDS Manual
	G0110Ib Toilet Use Support Provided	-MD order for Physical Therapy and Occupational therapy dated 08/26/11 -Nursing Assistant Clinical Accountability Record and Assignment for months Oct to Dec 2011 (*5 pages)	Denied	MDS of ARD 12/04/11 Has no documentation to support ADL Support Provided. *See Section G in MDS Manual
	O0400C Physical Therapy	-MD order for Physical Therapy and Occupational therapy dated 08/26/11 -Nursing Assistant Clinical	Denied	MDS with ARD 12/04/11 Has no documentation to support continuation of Physical Therapy. Original

	O0400B Occupational Therapy	Accountability Record and Assignment for months Oct to Dec 2011 (*5 pages) -MD order for Physical Therapy and Occupational therapy dated 08/26/11 -Nursing Assistant Clinical Accountability Record and Assignment for months Oct to Dec 2011 (*5 pages)	Denied	order was written on 8/26/11 for 5x/week for 8 weeks. MDS with ARD 12/04/11 Has no documentation to support continuation of Occupational Therapy. Original order was written on 8/26/11 for 5x/week for 8 weeks.
#28	O0600 Physician Exams O0700 Physician Orders G0100Ib Toilet Use Support Provided G0100Bb Transfer Support Provided D0200 Resident Mood	-Physician orders dated 01/18/12 and 01/11/12 -Physician Monthly note dated 01/13/12	Accepted Denied Denied Denied	MDS with ARD 01/24/12 Has no documentation to support 4 Physician Orders. Physician Order dated 01/11/12 was for FLU vaccine which is a standing order and cannot be counted. Order dated 01/18/12 was accepted. MDS with ARD 01/24/12 Has no documentation to support ADL Support Provided during 7 day look back. *See Section G in MDS Manual MDS with ARD 01/24/12 has no documentation of a staff interview or staff assessment of a depressive state that included frequency of depressive symptoms during the 14 day look back.
#29	G011Aa Bed Mobility Self Performance G0110Ba Transfer Self Performance G0110Ha Eating G0110Ia Toilet Use Self Performance		Accepted	

#30	G0110Aa Bed Mobility Self Performance G0110Ba Transfer Self Performance G0110Ha Eating G0110Ia Toilet Use Self Performance	-Resident Centered Toileting Program (*5 pages) -Doctor's Interim Order For Physical Therapy -Physician Order Form which includes a Physician order for Rehab Screen, PT and OT. -Physical Therapy Re-evaluation form.	Denied	MDS of ARD 01/11/12 has no documentation to support ADL Self Performance. *See Section G in MDS Manual
	G0110Ab Bed Mobility Support Provided G0100Bb Transfer Support Provided G0100Ib Toilet Use Support Provided	-Occupational Therapy Re-admission form. -Requesting Therapy Orders form. -An Occupational therapy/Problem/Goal/Intervention form.	Denied	MDS of ARD 01/11/12 has no documentation to support ADL Support Provided. *See Section G in MDS Manual.
	O0400C Physical Therapy		Denied	MDS with ARD 01/11/12 has no documentation to support Days and Minutes of Physical Therapy that was claimed on the MDS for the 7 day look back.
#31	O0400A Speech Therapy	-Therapy Log and Minutes for the week of 11/23/11-12/06/11 -Speech-Language Pathology Progress Note dated 11/10/11 to 12/02/11	Denied	MDS with ARD 12/01/11 Has no documentation of a Speech Therapy assessment/reassessment relevant to the ARD.
	O0400B Occupational Therapy	-Therapy Log and Minutes for the the week of 11/23/11-12/06/11 -Speech-Language Pathology Progress Note dated 11/10/11 to 12/02/11	Denied	MDS with ARD 12/01/12 Has no documentation of an Occupational Therapy assessment/reassessment relevant to the ARD.