



Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

DENNIS ROSEN  
Medicaid Inspector General

September 29, 2016

[REDACTED]  
The Grand Pavilion for Rehab and Nursing at Rockville Centre  
(aka Rockville Operating, LLC)  
41 Maine Avenue  
Rockville Centre, New York 11570

Re: MDS Final Audit Report  
Audit #: 13-4659  
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 The Grand Pavilion for Rehab and Nursing at Rockville Centre (aka Rockville Operating, LLC) for the census period ending June 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 May 5, 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 \$50,452.48 was calculated using the number of Medicaid days paid for the rate period January 1, 2013 through June 30, 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  
THE GRAND PAVILION FOR REHAB AND NURSING AT ROCKVILLE CENTRE  
AUDIT 13-4659  
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$2.56	19,708	\$50,452.48
Non-Medicare/Part D Eligible	\$2.60	0	\$0.00
Total			<u>\$50,452.48</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  
 THE GRAND PAVILION FOR REHAB AND NURSING AT ROCKVILLE CENTRE  
 AUDIT #13-4659  
 FINDINGS BY SAMPLE NUMBER

Sample #			Reported	Derived	Reported	Derived	DETAILED FINDINGS									
	Reported RUG	Derived RUG	RUG Weight	RUG Weight	RUG Weight	RUG Weight	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 TOILET USE SUPPORT PROVIDED	DISALLOW SPECIAL TREATMENTS PROCEDURES	DISALLOW OCCUPATION THERAPY	DISALLOW PHYSICAL THERAPY
1	CC2	CA2	1.12	0.84	1	0.84	1	1	1	1	1	1	1			
2	CC1	CA1	0.98	0.77	1	0.77	1	1	1	1	1	1	1			
3	CC1	CA1	0.98	0.77	1	0.77	1	1	1	1	1	1	1			
4	CA2	CA2	0.84	0.84	1	0.84	1	1	1	1	1	1	1			
5	SSB	CA2	1.06	0.84	1	0.84	1	1	1	1	1	1	1			
6	RMA	RMA	1.17	1.17	1	1.17	1	1	1	1	1	1	1			
7	RMB	RMA	1.22	1.17	1	1.17	1	1	1	1	1	1	1			
8	RHC	RMA	1.40	1.17	1	1.17	1	1	1	1	1	1	1	1	1	1
9	CA1	CA1	0.77	0.77	1	0.77	1	1	1	1	1	1	1			
10	CB1	CA1	0.86	0.77	1	0.77	1	1	1	1	1	1	1			
11	CA2	CA2	0.84	0.84	1	0.84	1	1	1	1	1	1	1			
12	RHC	RMA	1.40	1.17	1	1.17	1	1	1	1	1	1	1			
13	CC1	CA1	0.98	0.77	1	0.77	1	1	1	1	1	1	1			
14	SSC	CA2	1.12	0.84	1	0.84	1	1	1	1	1	1	1			
15	PD1	PA1	0.72	0.46	1	0.46	1	1	1	1	1	1	1			
16	CC2	CA2	1.12	0.84	1	0.84	1	1	1	1	1	1	1			
17	RMC	RMA	1.27	1.17	1	1.17	1	1	1	1	1	1	1			
18	PE1	IA1	0.79	0.61	1	0.61	1	1	1	1	1	1	1			
19	CA2	CA2	0.84	0.84	1	0.84	1	1	1	1	1	1	1			
20	CB2	CA2	0.91	0.84	1	0.84	1	1	1	1	1	1	1			
21	IB1	CA1	0.78	0.77	1	0.77	1	1	1	1	1	1	1			
22	RMC	RMA	1.27	1.17	1	1.17	1	1	1	1	1	1	1			
23	RMC	RMA	1.27	1.17	1	1.17	1	1	1	1	1	1	1			
TOTALS					21	21	1	22	2	11	22	2	2	1	1	

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
THE GRAND PAVILION FOR REHAB AND NURSING AT ROCKVILLE CENTRE  
AUDIT #13-4659  
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 6 instances, documentation did not support resident required total assist every time.	1, 2, 3, 13, 14, 16
In 7 instances, documentation did not support resident required weight bearing assist three or more times.	5, 8, 12, 17, 18, 22, 23
In 8 instances, documentation did not support resident required non weight bearing assist three or more times.	4, 7, 9, 10, 11, 15, 19, 20

**Bed Mobility Support Provided**

In 1 instance, documentation did not support resident was a one person physical help at least once.	8
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**Transfer Self-Performance**

In 7 instances, documentation did not support resident required total assist every time.	1, 2, 3, 13, 14, 16, 18
In 9 instances, documentation did not support resident required weight bearing assist three or more times.	5, 8, 10, 12, 17, 20, 21, 22, 23

In 6 instances, documentation did not support resident required non weight bearing assist three or more times. 4, 7, 9, 11, 15, 19

Transfer Support Provided

In 2 instances, documentation did not support resident was a one (1) person physical help at least once. 8, 21

Eating Self-Performance

In 9 instances, documentation did not support resident required total assist every time. 1, 2, 3, 5, 14, 16, 17, 18, 22

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 13

In 1 instance, documentation did not support resident required supervision one or more times. 8

Toilet Use Self-Performance

In 8 instances, documentation did not support resident required total assist every time. 1, 2, 3, 13, 14, 16, 17, 18

In 9 instances, documentation did not support resident required weight bearing assist three or more times. 5, 8, 10, 12, 15, 20, 21, 22, 23

In 5 instances, documentation did not support resident required non weight bearing assist three or more times. 4, 7, 9, 11, 19

Toilet Use Support Provided

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

In 1 instance, documentation did not support resident was a one person physical help at least once. 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 exams during the look back period. 9

In 1 instance, documentation did not support the number of days with MD orders during the look back period. 3

**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 reflected incorrect individual/concurrent/group minutes. 8

In 1 instance, documentation reflected incorrect days. 8

**Physical Therapy**

In 1 instance, documentation reflected incorrect individual/concurrent/group minutes. 8

In 1 instance, documentation reflected incorrect days. 8

**RUGS-II Classifications Overturned**

In 18 instances, the RUG classifications were overturned. 1, 2, 3, 5, 7, 8, 10, 12, 13, 14, 15, 16, 17, 18, 20, 21, 22, 23

*10 NYCRR §86-2.10, Volume A-2*

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 THE GRAND PAVILION FOR REHAB AND NURSING AT ROCKVILLE CENTRE  
 AKA ROCKVILLE OPERATING, LLC.  
 AUDIT #13-4659  
 ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
#1	Item #G0110Aa, G0110Ba, G0110Ha, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, Eating, Toilet Use.  Item #G0110Ib: ADL Support Provided for Toilet Use.	<ul style="list-style-type: none"> <li>• CNA Accountability Record.</li> <li>• Interdisciplinary Care Plans.</li> </ul>	Denied	<p>Documentation submitted to support all ADL levels claimed does not support the MDS Manual guidelines - Section G.</p> <p>There is also no documentation to support facility policy statement "the MDS coordinator and the rehab nurse interviews the staff and observes resident care to ensure that the CNAAR and MDS coincide."</p>
#2	Item #G0110Aa, G0110Ba, G0110Ha, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, Eating, Toilet Use.	<ul style="list-style-type: none"> <li>• CNA Accountability Records.</li> <li>• Interdisciplinary Care Plans.</li> </ul>	Denied	Documentation submitted to support all ADL levels claimed does not support the MDS Manual guidelines - Section G.
#3	Item #G0110Aa, G0110Ba, G0110Ha, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, Eating, Toilet Use.	<ul style="list-style-type: none"> <li>• CNA Accountability Record.</li> <li>• Interdisciplinary Care Plans.</li> </ul>	Denied	Documentation submitted to support all ADL levels claimed does not support the MDS Manual guidelines - Section G.

	Item #O0700: Physician Orders	<ul style="list-style-type: none"> <li>No additional documentation submitted.</li> </ul>	Denied	The draft report finding is unchanged and will be included in the final report.
#5	Item #G0110Aa, G0110Ba, G0110Ha, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, Eating, Toilet Use.	<ul style="list-style-type: none"> <li>CNA Accountability Record.</li> <li>Interdisciplinary Care Plans.</li> </ul>	Denied	Documentation submitted to support all ADL levels claimed does not support the MDS Manual guidelines - Section G.
#7	Item #G0110Aa, G0110Ba, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, and Toilet Use.	<ul style="list-style-type: none"> <li>CNA Accountability Record.</li> </ul>	Denied	Documentation submitted to support all ADL levels claimed does not support the MDS Manual guidelines - Section G.
#8	<p>Item #G0110Aa, G0110Ba, G0110Ha, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, Eating, Toilet Use.</p> <p>Item #G0110Ab, G0110Bb, G0110Ib: ADL Support Provided for Bed Mobility, Transfer, and Toilet Use.</p>	<ul style="list-style-type: none"> <li>Interdisciplinary Care Plans.</li> </ul>	Denied	Documentation submitted to support all ADL levels claimed does not support the MDS Manual guidelines - Section G.

	<p>O0400B: Occupational Therapy.</p> <p>O0400C: Physical Therapy.</p>	<ul style="list-style-type: none"> <li>Occupational Therapy HCPC Code Billing Log.</li> <li>Physical Therapy HCPC Code Billing Log</li> </ul>	<p>Denied</p>	<p>Documentation provided does not support the medical need for skilled Physical Therapy services.</p> <p>See MDS Manual, Section O.</p>
#10	<p>Item #G0110Aa, G0110Ba, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, and Toilet Use.</p>	<ul style="list-style-type: none"> <li>CNA Accountability Record.</li> <li>Interdisciplinary Care Plans.</li> </ul>	<p>Denied</p>	<p>Documentation submitted to support all ADL levels claimed does not support the MDS Manual guidelines - Section G.</p>
#12	<p>Item #G0110Aa, G0110Ba, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, and Toilet Use.</p>	<ul style="list-style-type: none"> <li>CNA Accountability Record.</li> <li>Interdisciplinary Care Plans.</li> </ul>	<p>Denied</p>	<p>Documentation submitted to support all ADL levels claimed does not support the MDS Manual guidelines - Section G.</p>
#13	<p>Item #G0110Aa, G0110Ba, G0110Ha, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, Eating, and Toilet Use.</p>	<ul style="list-style-type: none"> <li>CNA Accountability Record.</li> <li>Interdisciplinary Care Plans.</li> </ul>	<p>Denied</p>	<p>Documentation submitted to support all ADL levels claimed does not support the MDS Manual guidelines - Section G.</p>
#14	<p>Item #G0110Aa, G0110Ba, G0110Ha, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer,</p>	<ul style="list-style-type: none"> <li>Nurses Progress Notes.</li> <li>Interdisciplinary</li> </ul>	<p>Denied</p>	<p>Documentation submitted to support all ADL levels claimed does not support the MDS Manual guidelines - Section G.</p>

	Eating, and Toilet Use.	Care Plans.		
#15	Item #G0110Aa, G0110Ba, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, and Toilet Use.	<ul style="list-style-type: none"> <li>• CNA Accountability Record.</li> <li>• Interdisciplinary Care Plans.</li> </ul>	Denied	Documentation submitted to support all ADL levels claimed does not support the MDS Manual guidelines - Section G.
#16	Item #G0110Aa, G0110Ba, G0110Ha, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, Eating, and Toilet Use.	<ul style="list-style-type: none"> <li>• CNA Accountability Record.</li> <li>• Interdisciplinary Care Plans.</li> </ul>	Denied	Documentation submitted to support all ADL levels claimed does not support the MDS Manual guidelines - Section G.
#17	Item #G0110Aa, G0110Ba, G0110Ha, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, Eating, and Toilet Use.	<ul style="list-style-type: none"> <li>• CNA Accountability Record.</li> <li>• Interdisciplinary Care Plans.</li> </ul>	Denied	Documentation submitted to support all ADL levels claimed does not support the MDS Manual guidelines - Section G.
	Item #O0400C: Physical Therapy.		Accepted	The following disallowance was reversed and will not be included in the Final Report.
#18	Item #G0110Aa, G0110Ba, G0110Ha, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, Eating, and Toilet Use.	<ul style="list-style-type: none"> <li>• Interdisciplinary Care Plans.</li> </ul>	Denied	Documentation submitted to support all ADL levels claimed does not support the MDS Manual guidelines - Section G.

#20	Item #G0110Aa, G0110Ba, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, and Toilet Use.	<ul style="list-style-type: none"> <li>• CNA Accountability Record.</li> <li>• Interdisciplinary Care Plans.</li> </ul>	Denied	Documentation submitted to support all ADL levels claimed does not support the MDS Manual guidelines - Section G.
#21	Item #G0110Ba, G0110Ia: ADL Self-Performance for Transfer, Toilet Use.  Item #G0110Bb: ADL Support Provided for Transfer.	<ul style="list-style-type: none"> <li>• CNA Accountability Record.</li> <li>• Interdisciplinary Care Plans.</li> </ul>	Denied	Documentation submitted to support all ADL levels claimed does not support the MDS Manual guidelines - Section G.
#22	Item #G0110Aa, G0110Ba, G0110Ha, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, Eating, Toilet Use.	Interdisciplinary Care Plans.	Denied	Documentation submitted to support all ADL levels claimed does not support the MDS Manual guidelines - Section G.
#23	Item #G0110Aa, G0110Ba, G0110Ia: ADL Self-Performance for Bed Mobility, Transfer, and Toilet Use.	<ul style="list-style-type: none"> <li>• CNA Accountability Record.</li> <li>• Interdisciplinary Care Plans.</li> </ul>	Denied	Documentation submitted to support all ADL levels claimed does not support the MDS Manual guidelines - Section G.