



Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

DENNIS ROSEN  
Medicaid Inspector General

September 26, 2016

[REDACTED]  
Central Island Healthcare  
825 Old Country Road  
Plainview, New York 11803

Re: MDS Final Audit Report  
Audit #: 13-4860  
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 Central Island Healthcare 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 September 8, 2015, 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 \$122,991.69 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  
CENTRAL ISLAND HEALTHCARE  
AUDIT # 13-4860  
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASE IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$7.14	17,046	\$121,708.44
Non-Medicare/Part D Eligible	\$7.25	177	\$1,283.25
Total			<u>\$122,991.69</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  
 CENTRAL ISLAND HEALTHCARE  
 AUDIT #13-4860  
 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	DISALLOW OCCUPATION THERAPY	DISALLOW PHYSICAL THERAPY	
1	PE1	IA1	0.79	0.61	1	1						
2	RMC	RMA	1.27	1.17	1	1	1					
3	RMX	RMA	1.96	1.17	1	1						
4	IB1	IB1	0.78	0.78								
5	CC2	CA2	1.12	0.84	1	1			1			
6	IB2	IA2	0.80	0.65	1	1			1			
7	PA1	PA1	0.46	0.46								
8	PD2	IA2	0.73	0.65	1	1			1			
9	RMC	RMA	1.27	1.17	1	1	1		1			
10	PC2	PA2	0.67	0.48	1	1			1			
11	CA1	CA1	0.77	0.77	1	1			1	1		
12	RHC	RMA	1.40	1.17	1	1			1			
13	CC1	CA1	0.98	0.77	1	1			1			
14	IA1	IA1	0.61	0.61								
15	RHB	RMA	1.27	1.17	1	1						
16	SSC	CA2	1.12	0.84	1	1	1		1			
17	CC1	CA1	0.98	0.77	1	1	1		1			
18	PC2	PA2	0.67	0.48	1	1			1			
19	RMC	RMA	1.27	1.17	1	1			1			

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					DISALLOW BED MOBILITY SELF PERFORMANCE	DISALLOW TRANSFER SELF PERFORMANCE	DISALLOW EATING SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW SPECIAL TREATMENTS, PROCEDURES	DISALLOW OCCUPATION THERAPY	DISALLOW PHYSICAL THERAPY
20	RMA	CA1	1.17	0.77						1	1
21	PA1	PA1	0.46	0.46							
22	PA1	PA1	0.46	0.46							
23	SSC	CA1	1.12	0.77	1	1		1			
24	PD1	IA1	0.72	0.61	1	1		1			
25	RHC	RMA	1.40	1.17	1	1		1			
26	RMB	RMB	1.22	1.22							
27	CB1	PA2	0.86	0.48	1	1		1	1		
TOTALS					20	20	4	19	2	1	1

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
CENTRAL ISLAND HEALTHCARE  
AUDIT #13-4860  
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 1 instance, documentation did not support resident required total assist every time.	1
In 12 instances, documentation did not support resident required weight bearing assist three or more times.	3, 5, 9, 12, 13, 15, 16, 17, 19, 23, 25, 27
In 7 instances, documentation did not support resident required non weight bearing assist three or more times.	2, 6, 8, 10, 11, 18, 24

**Transfer Self-Performance**

In 3 instances, documentation did not support resident required total assist every time.	1, 13, 23
In 10 instances, documentation did not support resident required weight bearing assist three or more times.	2, 3, 5, 9, 12, 15, 16, 17, 19, 25
In 7 instances, documentation did not support resident required non weight bearing assist three or more times.	6, 8, 10, 11, 18, 24, 27

Eating Self-Performance

In 3 instances, documentation did not support resident required weight bearing assist three or more times. 2, 9, 17

In 1 instance, documentation did not support resident required non weight bearing assist three or more times. 16

Toilet Use Self-Performance

In 5 instances, documentation did not support resident required total assist every time. 1, 5, 13, 17, 23

In 10 instances, documentation did not support resident required weight bearing assist three or more times. 2, 3, 8, 9, 12, 16, 19, 24, 25, 27

In 4 instances, documentation did not support resident required non weight bearing assist three or more times. 6, 10, 11, 18

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 00100-0300, 00600-0700*

In 1 instance, documentation did not support the number of days with MD exams during the look back period. 27

In 2 instances, documentation did not support the number of days with MD orders during the look back period. 11, 27

**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 O0400-0700*

**Occupational Therapy**

In 1 instance, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 20

**Physical Therapy**

In 1 instance, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 20

**RUGS-II Classifications Overturned**

In 20 instances, the RUG classifications were overturned. 1, 2, 3, 5, 6, 8, 9, 10, 12, 13, 15, 16, 17, 18, 19, 20, 23, 24, 25, 27

*10 NYCRR §86-2.10, Volume A-2*

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
CENTRAL ISLAND HEALTH CARE  
AUDIT # 13-4860  
**ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
Sample #1	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• Resident Face Sheet</li> <li>• ADL Tracker /Nurse's Signature Sheet</li> <li>• ADL Summary Evaluation Form</li> <li>• Care Plan for Potential for Falls/Injury, Loss of Voluntary Bladder control</li> </ul>	Denied	MDS with ARD 12/21/11 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.
Sample #2	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• Resident Face Sheet</li> <li>• C. N. A. Plan of Care / Activities of Daily Living</li> <li>• ADL Tracker / Nurse's Signature Sheet</li> <li>• ADL Summary Evaluation Form</li> <li>• Care Plans for Impaired Skin Integrity falls bladder control</li> <li>• Nutritional Quarterly review notes</li> </ul>	Denied	MDS with ARD 1/4/12 Self Performance in bed mobility, transfer, eating and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.
Sample #3	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, and G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• Resident Face Sheet</li> <li>• Resident ADL Tracker</li> <li>• ADL Summary Evaluation Form</li> <li>• History and Physical exam</li> <li>• Nursing admission/Readmission assessment form</li> </ul>	Denied	MDS with ARD 1/25/12 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.

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Sample #1	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• Resident Face Sheet</li> <li>• ADL Tracker /Nurse's Signature Sheet</li> <li>• ADL Summary Evaluation Form</li> <li>• Care Plan for Potential for Falls/Injury, Loss of Voluntary Bladder control</li> </ul>	Denied	MDS with ARD 12/21/11 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.
Sample #2	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• Resident Face Sheet</li> <li>• C. N. A. Plan of Care / Activities of Daily Living</li> <li>• ADL Tracker / Nurse's Signature Sheet</li> <li>• ADL Summary Evaluation Form</li> <li>• Care Plans for Impaired Skin Integrity falls bladder control</li> <li>• Nutritional Quarterly review notes</li> </ul>	Denied	MDS with ARD 1/4/12 Self Performance in bed mobility, transfer, eating and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.
Sample #3	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, and G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• Resident Face Sheet</li> <li>• Resident ADL Tracker</li> <li>• ADL Summary Evaluation Form</li> <li>• History and Physical exam</li> <li>• Nursing admission/Readmission assessment form</li> </ul>	Denied	MDS with ARD 1/25/12 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.

		<ul style="list-style-type: none"> <li>• Nursing notes 1/21/12-1/25/12</li> <li>• Care Plans for actual/Potential for Falls and self-care deficit bladder</li> </ul>		
Sample #5	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, and G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• Resident Face Sheet</li> <li>• ADL Summary Evaluation Form</li> <li>• ADL Tracker</li> <li>• Signature sheet</li> <li>• C.N.A. Plan of Care/ Activities of Daily Living</li> <li>• Care Plan – skin, falls self-care deficit, bladder control</li> </ul>	Denied	MDS with ARD 1/11/12 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.
Sample #6	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, and G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• Resident Face Sheet</li> <li>• ADL Summary Evaluation Form</li> <li>• ADL Tracker</li> <li>• Signature sheet</li> <li>• C.N.A. Plan of Care/ Activities of Daily Living</li> <li>• Care Plan – skin, falls self-care deficit, bladder control</li> </ul>	Denied	MDS with ARD 12/14/11 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.
Sample #8	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, and G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• Resident Face Sheet</li> <li>• ADL Summary Evaluation Form</li> <li>• ADL Tracker</li> <li>• Signature sheet</li> <li>• Toileting schedule sheet</li> <li>• Care Plan-grooming, falls, urinary incontinence</li> </ul>	Denied	MDS with ARD 1/25/12 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.
Sample	G0110Aa Self-	<ul style="list-style-type: none"> <li>• Resident Face Sheet</li> </ul>	Denied	MDS with ARD 1/12/12 Self

#9	Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• ADL Summary Evaluation Form</li> <li>• ADL Tracker</li> <li>• Signature sheet</li> <li>• CAN plan of care</li> <li>• Care Plan-nutrition toileting</li> </ul>		Performance in bed mobility, transfer toilet use and eating did not have documentation to support levels claimed. See MDS Manual - section G.
Sample #10	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, and G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• Resident Face Sheet</li> <li>• ADL Summary Evaluation Form</li> <li>• ADL Tracker</li> <li>• Signature sheet</li> <li>• C N A plan of care</li> <li>• Care Plan-restorative Walking and ROM Programs</li> </ul>	Denied	MDS with ARD 12/14/11 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.
Sample #12	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, and G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• Resident Face Sheet</li> <li>• ADL Summary Evaluation Form</li> <li>• ADL Tracker</li> <li>• Signature sheet</li> <li>• Care Plan-activities of daily living, urinary incontinence, skin breakdown</li> </ul>	Denied	MDS with ARD 1/2/12 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.
Sample #13	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, and G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• Resident Face Sheet</li> <li>• ADL Summary Evaluation Form</li> <li>• ADL Tracker</li> <li>• Signature sheet</li> <li>• C N A plan of care</li> </ul>	Denied	MDS with ARD 1/25/12 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.

Sample #15	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer,	<ul style="list-style-type: none"> <li>• Resident Face Sheet</li> <li>• ADL Summary Evaluation Form</li> <li>• ADL Tracker</li> <li>• Signature sheet</li> <li>• Progress/Interim Notes</li> <li>• PT evaluation and Plan of Care</li> </ul>	Denied	MDS with ARD 1/9/12 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.
Sample #16	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, and G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• Resident Face Sheet</li> <li>• ADL Summary Evaluation Form</li> <li>• ADL Tracker</li> <li>• Signature sheet</li> <li>• MD progress notes/Interim Note</li> <li>• Nursing notes-10/13/11-11/6/11</li> <li>• C N A plan of care</li> <li>• Care Plan-urinary incontinence, ulcer tracking tool, ulcer plan of care skin integrity</li> <li>• Nutritional Quarterly review 11/21/11</li> </ul>	Denied	MDS with ARD MDS with ARD 11/16/11 Self Performance in bed mobility, transfer toilet use and eating did not have documentation to support levels claimed. See MDS Manual - section G.
Sample #17	O 0700 Physician Orders  Performance Bed Mobility, G0110Ba Self-Performance Transfer, and G0110Ia Self-Performance	<ul style="list-style-type: none"> <li>• Resident Face Sheet</li> <li>• ADL Tracker/Nurse Signature form</li> <li>• Care Plan for Skin Breakdown, nutritional feeding</li> <li>• C. N. A. Plan of Care/Activity of Daily Living</li> </ul>	Accepted  Denied	Disallowance was reversed and will not be included in the Final Report.  MDS with ARD 12/31/11 Self Performance in toilet use Bed mobility, transfer, toilet use and eating did not have documentation to support levels claimed. See MDS Manual -

	Toilet Use G011H Eating			section G.
Sample #18	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, and G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• Resident Face Sheet</li> <li>• Resident ADL Tracking Policy</li> <li>• ADL Tracker/Nurse Signature form</li> <li>• ADL Summary Evaluation Form</li> <li>• CN A plan of care</li> <li>• Care Plan-falls, urinary incontinence, skin breakdown</li> </ul>	Denied	MDS with ARD 12/28/11 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.
Sample #19	Performance Bed Mobility, G0110Ba Self-Performance Transfer, and G0110la Self-Performance Toilet Use G011H Eating	<ul style="list-style-type: none"> <li>• Resident Face Sheet</li> <li>• Resident ADL Tracking Policy</li> <li>• ADL Tracker/Nurse Signature form</li> <li>• ADL Summary Evaluation Form</li> <li>• C N A plan of care</li> <li>• Care Plan-falls, skin breakdown</li> </ul>	Denied	MDS with ARD 12/27/11 Self Performance in bed mobility, transfer ,eating and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.
Sample #20	O0400C Physical Therapy	<ul style="list-style-type: none"> <li>• Face sheet</li> <li>• OMIG finding sheet</li> <li>• PRI for hospital</li> <li>• PT evaluation and Plan of care</li> <li>• PT Discharge summary</li> <li>• OT Evaluation and Plan of care</li> </ul>	Denied	The MDS with ARD 1/21/12 contains no interdisciplinary documentation to support medical necessity for skilled PT. See MDS Manual - section O
Sample #23	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, and	<ul style="list-style-type: none"> <li>• Resident Face Sheet</li> <li>• ADL Tracker/Nurse Signature form</li> <li>• ADL Summary Evaluation Form</li> </ul>	Denied	MDS with ARD 1/11/12 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS

	G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• C N A plan of care</li> <li>• Care plan Fall Risk/Potential for Injury</li> <li>• Care Plan=ADL deficit: Toileting</li> <li>• Care Plan-Activities of Daily Living</li> </ul>		Manual - section G.
Sample #24	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, and G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• Resident Face Sheet</li> <li>• ADL Tracker/Nurse Signature form</li> <li>• ADL Summary Evaluation Form</li> <li>• C N A plan of care</li> <li>• Care plan skin, Falls, self-care deficit, bowel and bladder</li> </ul>	Denied	MDS with ARD 12/14/11 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.
Sample # 25	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, and G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> <li>• Resident Face Sheet</li> <li>• ADL Tracker/Nurse Signature form</li> <li>• ADL Summary Evaluation Form</li> <li>• C N A plan of care</li> <li>• Nursing notes from 1/7/12-1/20/12</li> <li>• MD Progress/interim reports</li> <li>• Care plan skin, Falls, self-care deficit, bowel and bladder</li> </ul>	Denied	MDS with ARD 1/19/12 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.
Sample # 27	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance	<ul style="list-style-type: none"> <li>• Resident Face Sheet</li> <li>• ADL Tracker/Nurse Signature form</li> <li>• ADL Summary Evaluation</li> </ul>	Denied	MDS with ARD 11/30/11 Self Performance in bed mobility, transfer and toilet use did not have documentation to support

	<p>Transfer, and G0110la Self- Performance Toilet Use</p>	<p>Form</p> <ul style="list-style-type: none"> <li>• C N A plan of care</li> <li>• Adaptive Equipment Sheet</li> <li>• MD progress/Interim Reports</li> <li>• MD orders</li> <li>• Care plan skin, Falls, self-care deficit, bowel and bladder</li> </ul>		<p>levels claimed. See MDS Manual - section G.</p>
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