



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 29, 2016

██████████
Central Island Healthcare
825 Old Country Road
Plainview, New York 11803

Re: MDS Final Audit Report
Audit #: 13-4861
Provider ID#: ██████████

Dear ██████████

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 July 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 March 23, 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 \$192,327.69 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 ██████████.

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 13-4861
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$11.34	16,645	\$188,754.30
Non-Medicare/Part D Eligible	\$11.49	311	\$3,573.39
Total			<u>\$192,327.69</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 #13-4861
 FINDINGS BY SAMPLE NUMBER

Sample #			Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS														
	Reported RUG	Derived RUG			DISALLOW BED MOBILITY SELF PERFORMANCE	DISALLOW TRANSFER SELF PERFORMANCE	DISALLOW EATING SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW ACTIVE DISEASE	DISALLOW SKIN CONDITIONS	DISALLOW SPECIAL TREATMENTS, PROCEDURES	DISALLOW SPEECH THERAPY	DISALLOW OCCUPATION THERAPY	DISALLOW PHYSICAL THERAPY	DISALLOW NURSING REHABILITATION CLAIMED				
20	RMC	RMA	1.27	1.17	1	1		1											
21	IB1	IA1	0.78	0.61	1	1		1	1										
22	SSC	CA2	1.12	0.84	1	1		1		1									
23	RUC	RUA	1.82	1.37	1	1		1											
24	RVB	RVB	1.39	1.39															
25	RMA	RMA	1.17	1.17															
26	RUA	RUA	1.37	1.37															
27	RMA	RMA	1.17	1.17															
28	CA2	CA2	0.84	0.84		1		1			1								
29	SSC	CA1	1.12	0.77	1	1		1											
30	RMA	PC1	1.17	0.46														1	
31	RHC	IA2	1.40	0.65	1	1		1						1		1			
TOTALS					22	23	1	24	1	1	1	1	6	4	1				

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
CENTRAL ISLAND HEALTHCARE
AUDIT #13-4861
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 16 instances, documentation did not support resident required weight bearing assist three or more times. 1, 3, 6, 8, 10, 11, 13, 14, 15, 18, 19, 20, 22, 23, 29, 31

In 6 instances, documentation did not support resident required non weight bearing assist three or more times. 2, 4, 5, 7, 9, 21

Transfer Self-Performance

In 2 instances, documentation did not support resident required total assist every time. 13, 29

In 16 instances, documentation did not support resident required weight bearing assist three or more times. 1, 2, 3, 6, 8, 10, 11, 14, 15, 18, 19, 20, 22, 23, 28, 31

In 5 instances, documentation did not support resident required non weight bearing assist three or more times. 4, 5, 7, 9, 21

Eating Self-Performance

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 2

Toilet Use Self-Performance

In 4 instances, documentation did not support resident required total assist every time. 13, 18, 22, 29

In 14 instances, documentation did not support resident required weight bearing assist three or more times. 1, 2, 3, 6, 8, 10, 11, 14, 15, 19, 20, 23, 28, 31

In 6 instances, documentation did not support resident required non weight bearing assist three or more times. 4, 5, 7, 9, 17, 21

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 dementia as an active physician documented diagnosis in the past 60 days. 21

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 correct number of ulcer(s). 22

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 orders during the look back period. 28

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

Speech-Language Pathology

In 1 instance, documentation did not support resident received speech therapy services. 11

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

Occupational Therapy

In 6 instances, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 9, 12, 15, 16, 19, 31

Physical Therapy

In 4 instances, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 10, 19, 30, 31

Restorative Nursing Programs

In 1 instance, documentation did not support resident participated in a nursing rehabilitation program. 4

RUGS-II Classifications Overturned

In 26 instances, the RUG classifications were overturned. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 29,30, 31

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
CENTRAL ISLAND HEALTH CARE
AUDIT # 13-4861
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"> • Resident Cover Sheet • Resident ADL Tracking Policy • ADL Tracker /Nurse's Signature Sheet • ADL Summary Evaluation Form • Progress/Interim Record dated 05/07/12 • Radiology Report • Physical Therapy Discharge Summary • C.N.A. Plan of Care/ Activities of Daily Living • Care Plan for Potential for Falls/Injury, Loss of Voluntary Bladder and Bowel Control, Potential for skin Breakdown 	Denied	MDS with ARD 5/18/12 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"> • Resident Cover Sheet • Physician's Progress/Interim Note dated 06/19/12 • C. N. A. Plan of Care / Activities of Daily Living • ADL Tracker / Nurse's Signature Sheet • ADL Summary Evaluation Form • Care Plans for Impaired Skin Integrity (two), Potential for Skin 	Denied	MDS with ARD 6/27/12 Self Performance in bed mobility, transfer, eating and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.

		<p>Breakdown, Potential for Falls/Injury, Self-Care Deficit Eating, Loss of Voluntary Bladder and Bowel Control</p> <ul style="list-style-type: none"> • Resident ADL Tracking Policy 		
Sample #3	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, and G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> • Resident Cover Sheet • Resident ADL Tracking Policy • ADL Tracker • ADL Summary Evaluation Form • Care Plans for actual/Potential for Falls and ADL Deficit Mobility/Transfer and Toileting, ADL Deficit Toileting • Toileting Schedule Sheet • C.N.A. Plan of Care/Activities of Daily Living • Psychiatric Evaluation dated 05/22/12 • Physician Progress/Interim Note dated 05/24/12 and 6/12 (illegible date due to write-over) 	Denied	MDS with ARD 6/13/12 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.
Sample #4	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, and G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> • Resident Cover Sheet • Resident ADL Tracking Policy • ADL Tracker / Nurse's Signature Sheet • ADL Summary Evaluation Form • Physician Progress/Interim Record dated 06/24/12 • Care Plan Potential for Falls/Injury, Loss of 	Denied	MDS with ARD 7/18/12 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.

		Voluntary Bowel and Bladder Control		
Sample #5	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, and G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> • Resident Cover Sheet • Resident ADL Tracking Policy • ADL Summary Evaluation Form • ADL Tracker • Physician Progress/Interim Note dated 05/07/12 • Care Plan ADL Deficit Mobility/Transfer, Actual/Potential for Falls and ADL Deficit Toileting/Incontinence • C.N.A. Plan of Care/Activities of Daily Living 	Denied	MDS with ARD 5/30/12 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"> • Resident Cover Sheet • Resident ADL Tracking Policy • ADL Tracker/ Nurse Signature Form • Physician Progress/Interim Note dated 06/07/12, 06/28/12, 7/1/12, and 7/3/12 • ADL Summary Evaluation Form • Care Plan Potential for Impaired Skin Breakdown, Actual/Potential for Falls, ADL Deficit Toileting • C.N.A. Plan of Care/Activities of Daily Living 		MDS with ARD 7/4/12 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.
Sample #7	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance	<ul style="list-style-type: none"> • Resident Cover Sheet • Resident ADL Tracking Policy • ADL Tracker 	Denied	MDS with ARD 5/25/12 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels

	Transfer, and G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> • ADL Summary Evaluation Form • Physician Progress/Interim Note dated 05/29/12 • Care Plan for Potential for Impaired Skin Breakdown, Actual/Potential for Falls, ADL Deficit Toileting • C.N.A. Plan of Care/ Activities of Daily Living 		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"> • Resident Cover Sheet • Resident ADL Tracking Policy • ADL Tracker /Nurse Signature form • ADL Summary Evaluation Form • Physician Progress/Interim Note dated 06/11/12 • Care Plan Potential for Impaired Skin Breakdown, Actual/ Potential for Falls, ADL Deficit Toileting/Incontinence • C. N. A. Plan of Care/ Activities of Daily Living • Certified Nursing Assistant Accountability Record/June 2012 	Denied	MDS with ARD 6/27/12 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.
Sample #9	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, and G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> • Resident Cover Sheet • Resident ADL Tracking Policy • ADL Tracker /Nurse Signature form • ADL Summary Evaluation Form • Physician Progress/Interim Record notes 	Denied	MDS with ARD 7/25/12 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"> • Care Plan for Potential for Skin Breakdown, Fall Risk/Potential for Injury, Toileting: Bowel and Bladder Incontinence • C. N. A. Plan of Care/Activity of Daily Living 		
Sample #10	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, and G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> • Resident Cover Sheet • Resident ADL Tracking Policy • ADL Summary Evaluation Form • Physician Progress/Interim Note dated 5/31/12 • Care Plan Potential for Falls/Injury, Potential for Skin Breakdown, Toileting: Bowel and Bladder Incontinence • C. N. A. Plan of Care/Activity of Daily Living • ADL Tracker/ Nursing Signature form 	Denied	MDS with ARD 6/20/12 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.
Sample #11	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, and G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> • Resident Cover Sheet • Resident ADL Tracking Policy • ADL Summary Evaluation Form • ADL Tracker/Nursing Signature form • Care Plan Potential for Actual/Potential for Falls, Potential for Skin Breakdown, ADL Deficit: Toileting • C. N. A. Plan of Care/Activity of Daily Living 	Denied	MDS with ARD 6/27/12 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.

Sample #12	O0400B Occupational Therapy	<ul style="list-style-type: none"> • Resident Cover Sheet • Rehabilitation Referral Form • Nurse's Notes 	Denied	MDS with ARD 6/27/12 documentation does not support the medical need for skilled Occupational Therapy services. See MDS Manual - section O.
Sample #13	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, and G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> • Resident Cover Sheet • Resident ADL Tracking Policy • ADL Tracker/Nursing Signature form • ADL Summary Evaluation Form • Physician's Progress/Interim Notes • Psychiatric Evaluation • Care Plan for Fall/Risk • Care Plan Potential for Falls Risk/Potential for Injury, Actual/Potential for Falls, Loss of Voluntary Bladder and Bowel Control • C. N. A. Plan of Care/Activity of Daily Living 	Denied	MDS with ARD 7/4/12 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.
Sample #14	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, and G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> • Resident Cover Sheet • Resident ADL Tracking Policy • ADL Tracker • ADL Summary Evaluation Form • Nurses Notes • History and Physical Exam • Physical Therapy Progress Note • Care Plan for Potential for Falls/Injury, Loss of Voluntary Bladder and Bowel Control • C. N. A. Plan of 	Denied	MDS with ARD 6/27/12 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.

		Care/Activity of Daily Living		
Sample #15	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, and G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> • Resident Cover Sheet • Resident ADL Tracking Policy • ADL Tracker/Nurse Signature form • ADL Summary Evaluation Form • Toileting Schedule Sheet • Physician Progress/Interim Notes • Psychiatric Evaluation • Care Plan for Potential for Falls/Injury, Loss of Voluntary Bladder and Bowel Control, Potential for Constipation • C. N. A. Plan of Care/Activity of Daily Living 	Denied	MDS with ARD 6/13/12 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.
	O0400B Occupational Therapy	<ul style="list-style-type: none"> • Nurses Notes • Occupational Therapy Discharge Summary 	Denied	MDS with ARD 6/13/12 The facility documentation does not support the medical need for skilled Occupational Therapy services. See MDS Manual - section O.
Sample #16	O0400B Occupational Therapy	<ul style="list-style-type: none"> • Nurse's notes dated 5/8/12, 5/14/12, 5/15/12, 06/06/12, 06/29/12, 07/16/12, 06/14/12, 06/15/12, 06/16/12, and 06/12/12. • Resident Cover Sheet 	Denied	MDS with ARD 6/27/12 The facility documentation does not support the medical need for skilled Occupational Therapy services. See MDS Manual - section O.
Sample #17	G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> • Resident Cover Sheet • Resident ADL Tracking Policy • ADL Tracker/Nurse Signature form • ADL Summary Evaluation 	Denied	MDS with ARD 6/27/12 Self Performance in toilet use did not have documentation to support levels claimed. See MDS Manual - section G.

		<ul style="list-style-type: none"> • Form • Physician Progress/Interim Notes • Psychiatric Evaluation • Care Plan for Toileting: Bowel and Bladder Incontinence and Potential for Falls/Injury • C. N. A. Plan of Care/Activity of Daily Living 		
Sample #18	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, and G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> • Resident Cover Sheet • Resident ADL Tracking Policy • ADL Tracker/Nurse Signature form • ADL Summary Evaluation Form • Physician Progress/Interim Note • Care Plan Potential for Constipation, Potential for Skin Breakdown • C. N. A. Plan of Care/Activity of Daily Living 	Denied	MDS with ARD 7/25/12 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.
Sample #19	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, and G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> • Resident Cover Sheet • Nurses Notes • ADL Tracker/Nurse Signature form • ADL Summary Evaluation Form • Physician Progress/Interim Note • Care Plan for Self-Care Deficit Grooming/personal Hygiene and Loss of Voluntary Bladder and Bowel Control 	Denied	MDS with ARD 7/11/12 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.

	O0400B Occupational Therapy O0400C Physical Therapy	<ul style="list-style-type: none"> • Resident Cover Sheet • Nurses Notes • ADL Tracker/Nurse Signature form • ADL Summary Evaluation Form • Physician Progress/Interim Note • Care Plan for Self-Care Deficits and Loss of Voluntary Bladder and Bowel Control 	Denied	MDS with ARD 7/11/12 documentation does not support a significant change in status to necessitate the medical need for skilled Occupational Therapy and Physical Therapy services. See MDS Manual - section O.
Sample #20	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, and G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> • Resident Cover Sheet • Resident ADL Tracking Policy • ADL Tracker /Nurse's Signature Sheet • ADL Summary Evaluation Form • Physician's Progress/Interim Note • Nurses Notes • Care Plan for Potential for Skin Breakdown, Potential for Falls/Injury, Toileting: Bowel and Bladder Incontinence • C.N.A. Plan of Care and Activities of Daily Living 	Denied	MDS with ARD 6/12/12 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.
Sample #21	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, and G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> • Resident Cover Sheet • ADL Tracker /Nurse's Signature Sheet • ADL Summary Evaluation Form • Physician's Progress/Interim Note • Nurses Notes • Restorative Walking 	Denied	MDS with ARD 6/14/12 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"> • Program • Social Service Notes • Cognition- Brief Interview for Mental Status • Care Plan for Cognitive Deficit/Memory Problem, Potential for Falls/Injury, Self-Care Deficit Grooming/Personal Hygiene, Living Loss of Voluntary Bladder and Bowel Control • C.N.A. Plan of Care and Activities of Daily 		
Sample #22	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, and G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> • Resident Cover Sheet • Resident ADL Tracking Policy • ADL Tracker • ADL Summary Evaluation Form • Care Plan for Potential for Skin Breakdown, Potential for Falls/Injury, Self-Care Deficit Grooming/Personal Hygiene, Loss of Voluntary Bladder and Bowel Control • C.N.A. Plan of Care and Activities of Daily Living 	Denied	MDS with ARD 6/29/12 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.
Sample #23	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, and G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> • Resident Cover Sheet • Resident ADL Tracking Policy • ADL Tracker/Nurse Signature Sheet • ADL Summary Evaluation Form • Physician's Progress/Interim Notes • Physician Order Forms (four 	Denied	MDS with ARD 5/27/12 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"> • pages) • Nurses Notes • C.N.A. Plan of Care 		
Sample #27	O0400A Speech Therapy O0400C Physical Therapy		Accepted	Disallowance was reversed and will be not be included in the Final Report:
Sample #29	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, and G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> • Resident Cover Sheet • Resident ADL Tracking Policy • ADL Tracker/ Nurse Signature Record • ADL Summary Evaluation Form • Physician's Progress/Interim Note • Care Plan for Potential for Skin Breakdown, Fall Risk/Potential for Injury, ADL Deficit Toileting, Activities of Daily Living 	Denied	MDS with ARD 6/27/12 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.
Sample #31	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, and G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> • Resident Cover Sheet • Nurses Notes • Physician Orders • C.N.A. Plan of Care/Activities of Daily Living • ADL Tracker/ Nurse Signature Record • ADL Summary Evaluation Form • Resident ADL Tracking Policy 	Denied	MDS with ARD 7/11/12 Self Performance in bed mobility, transfer and toilet use did not have documentation to support levels claimed. See MDS Manual - section G.
	O0400B Occupational Therapy	<ul style="list-style-type: none"> • Resident Cover Sheet • Nurses Notes • Physician Orders 	Denied	The MDS with ARD 7/11/12 contains no interdisciplinary documentation to support medical

	<p>O0400C Physical Therapy</p>	<ul style="list-style-type: none"> • C.N.A. Plan of Care/Activities of Daily Living • ADL Tracker/ Nurse Signature Record • ADL Summary Evaluation Form • Resident ADL Tracking Policy 		<p>necessity for skilled OT/PT. See MDS Manual - section O.</p>
--	--------------------------------	--	--	---