



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 26, 2016

██████████
Adira at Riverside Rehabilitation and Nursing
(aka Michael Malotz Skilled Nursing Pavilion)
120 Odell Avenue
Yonkers, New York 10701

Re: MDS Final Audit Report
Audit #: 13-4880
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 Adira at Riverside Rehabilitation and Nursing (aka Michael Malotz Skilled Nursing Pavilion) 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 October 5, 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 \$46,560.09 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 ██████████.

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
ADIRA AT RIVERSIDE REHABILITATION AND NURSING
AUDIT # 13-4880
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASE IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$3.61	12,639	\$45,626.79
Non-Medicare/Part D Eligible	\$3.66	255	\$933.30
Total			<u>\$46,560.09</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
 ADIRA AT RIVERSIDE REHABILITATION AND NURSING
 AUDIT #13-4880
 ERRORS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived 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 tube feeding	Disallow physical therapy	Missing medical record
1	RMC	RMA	1.27	1.17	1									
2	CA1	CA1	0.77	0.77	1	1								
3	IA1	IA1	0.61	0.61			1	1						
4	RMC	CB1	1.27	0.86					1				1	
5	RMB	RMB	1.22	1.22			1							
6	CA1	CA1	0.77	0.77										
7	SSB	SSB	1.06	1.06			1			1				
8	IB2	IB2	0.8	0.8			1			1				
9	RMC	RMC	1.27	1.27										
10	SSB	CA1	1.06	0.77	1	1	1	1	1	1				
11	RMA	RMA	1.17	1.17										
12	SSC	IA1	1.12	0.61	1	1	1	1	1	1	1			
13	RHB	RHB	1.27	1.27										
14	PB1	PA1	0.58	0.46										1
15	CB1	CA1	0.86	0.77	1	1	1	1		1	1			
16	IB1	IB1	0.78	0.78			1			1				
17	SSA	CA1	1.03	0.77	1	1	1	1	1	1				
18	IB1	IB1	0.78	0.78										
19	PE1	PE1	0.79	0.79					1					
20	SSB	SSA	1.06	1.03			1	1		1				
Total					6	5	13	7	5	12	8	1	1	1

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
ADIRA AT RIVERSIDE REHABILITATION AND NURSING
AUDIT #13-4880
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.	12
In 2 instances, documentation did not support resident required weight bearing assist three or more times.	1, 10
In 1 instance, documentation did not support resident required non weight bearing assist three or more times.	15
In 2 instances, documentation did not support resident required supervision one or more times.	2, 17

Bed Mobility Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once.	12
In 3 instances, documentation did not support resident was a one person physical help at least once.	10, 15, 17

In 1 instance, documentation did not support resident was setup at least once.	2
<u>Transfer Self-Performance</u>	
In 6 instances, documentation did not support resident required total assist every time.	1, 7, 10, 12, 19, 20
In 6 instances, documentation did not support resident required weight bearing assist three or more times.	2, 5, 8, 15, 16, 17
In 1 instance, documentation did not support resident required supervision one or more times.	3
<u>Transfer Support Provided</u>	
In 2 instances, documentation did not support resident was a 2+ person physical help at least once.	12, 20
In 5 instances, documentation did not support resident was a one (1) person physical help at least once.	2, 3, 10, 15, 17
<u>Eating Self-Performance</u>	
In 3 instances, documentation did not support resident required total assist every time.	4, 10, 12
In 2 instances, documentation did not support resident required supervision one or more times.	2, 17
<u>Toilet Use Self-Performance</u>	
In 6 instances, documentation did not support resident required total assist every time.	1, 4, 7, 10, 12, 19
In 5 instances, documentation did not support resident required weight bearing assist three or more times.	2, 5, 8, 15, 17
In 1 instance, documentation did not support resident required supervision one or more times.	3
<u>Toilet Use Support Provided</u>	
In 1 instance, documentation did not support resident was a 2+ person physical help at least once.	20
In 7 instances, documentation did not support resident was a one person physical help at least once.	2, 3, 10, 12, 15, 16, 17

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 ≥ 501 cc of fluids. 12

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

Physical Therapy

In 1 instance, documentation did not support medical necessity for therapy and/or therapy was not reasonable for resident condition. 4

Medical Record

In 1 instance, no medical record was available for review. 14

18 NYCRR 517.3

RUGS-II Classifications Overturned

In 8 instances, the RUG classifications were overturned. 1, 4, 10, 12, 14, 15, 17, 20

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
ADIRA AT RIVERSIDE REHABILITATION AND NURSING
AUDIT #13-4880
ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
#1	G01110Aa Bed Mobility Self-Performance	ADL Tracking tool for 7 Day look back period.	Denied	MDS with ARD 01/14/12 Has one day documentation to support Facility daily /shift documentation in 7 day look back. Does not support rule of 3 for Bed Mobility; does not support total dependent for Transfer and Toilet use Must be dependent each time ADL occurs in 7 day look back. * See Section G of MDS Manual.
	G01110Ba Transfer Self-Performance	Nurse's Aides Assignment /Accountability Record	Denied	
	G01110Ia Toilet Use Self Performance		Denied	
#4	G01110Ha Eating	ADL Tracking Tool	Denied	MDS with ARD 01/13/12 Has no documentation to Support ADL Self-Performance during the 7 day look back. For eating and toilet use ADL Self-Performance documentation during the 7 day look back, does not meet the rule of three. * See Section G of MDS Manual. Documentation does not support that Physical Therapy Was reasonable for residents condition *See Section O of MDS Manual
	G01110Ia Toilet use Self-Performance	Nursing Progress Note Dated, 12/27/11- resident To Hospital , 01/6/12- resident 90 yrs. old, 01/07/12 – resident Very lethargic, 01/08/00- Resident very slow, weak Barley able to move on her own not eating, . 01/10/12 Hospice evaluation done Physical Therapy Documentation	Denied	
	O0400c Physical Therapy		Denied	

#5	<p>G0110Ab Bed Mobility Support Provided</p> <p>G0110Ba Transfer Self-Performance</p> <p>G0110Bb Transfer Support Provided</p> <p>G0110Ib Toilet Use Support Provided</p>	<p>Comprehensive Care Plan: ADL 's ADL Tracking Tool PT Progress Notes</p>	Accepted	The following disallowance was reversed and will not be included in the Final Report.
#6	<p>O0600 Physician Exams</p> <p>O0700 Physician Orders</p>	Physician exams and orders	Accepted	The following disallowance was reversed and will not be included in the Final Report.
#10	<p>G01110Aa Bed Mobility Self-Performance</p> <p>G0110Ab Bed Mobility Support Provided</p> <p>G0110Ba Transfer Self-Performance</p> <p>G0110Bb Transfer Support Provided</p> <p>G0110Ha Eating</p> <p>G0110Ia Toilet Use Self-Performance</p> <p>G0110Ib Toilet Use Support Provided</p>	<p>Hospice and Palliative care Nursing Progress Notes Dated 12/01/11 and 12/16/11</p> <p>Treatment Administration Record for wound Care</p>	<p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p> <p>Denied</p>	<p>MDS with ARD 12/20/11 Has no documentation to Support ADL Self-Performance or Support Provided level of Care during the 7 day look back.</p> <p>12/1/11 note outside ARD Look Back period</p> <p>12/16/11 Note does not document level of care given</p> <p>* See Section G of MDS Manual.</p>

<p>#12</p>	<p>K0500B Tube feeding G01110Aa Bed Mobility Self-Performance G01110Ab Bed Mobility Support Provided G01110Ba Transfer Self-Performance G01110Bb Transfer Support Provided G01110Ha Eating G01110Ia Toilet Use Self-Performance G01110Ib Toilet Use Support Provided</p>	<p>Comprehensive Care Plans: ADL 's, Tube Feeding, Dehydration and Nutrition Dietary Progress Notes Enteral Nutrition Certificate</p>	<p>Denied Denied Denied Denied Denied Denied Denied Denied</p>	<p>MDS with ARD 11/29/11 documentation does not Support the MDS criteria of total number of calories. During the 7 day look back period. *See section K in MDS manual Has no documentation to Support ADL Self-Performance or Support Provided level of Care during the 7 day look back. * See Section G of MDS Manual.</p>
<p>#14</p>	<p>G01110Aa Bed Mobility Self-Performance G01110Ab Bed Mobility Support Provided G01110Ba Transfer Self-Performance G01110Bb Transfer Support Provided G01110Ha Eating</p>	<p>CNA accountability Record for November 2011 Care Area Assessment Summary Note</p>	<p>Denied Denied Denied Denied Denied</p>	<p>MDS with ARD 11/24/11 Documentation does not have what level of care was actually provided to resident in the 7 day look back. * See Section G of MDS Manual.</p>

	G0110la Toilet Use Self-Performance		Denied	
	G0110lb Toilet Use Support Provided		Denied	
#15	G01110Aa Bed Mobility Self-Performance	CNA accountability Record for November 2011	Denied	MDS with ARD 11/24/11 Documentation does not have what level of care was actually provided to resident in the 7 day look back. * See Section G of MDS Manual.
	G01110Ab Bed Mobility Support Provided	Care Area Assessment Summary Note	Denied	
	G01110Ba Transfer Self-Performance		Denied	
	G01110Bb Transfer Support Provided		Denied	
	G01110la Toilet Use Self-Performance		Denied	
	G01110lb Toilet Use Support Provided		Denied	
#17	G01110Aa Bed Mobility Self-Performance	CNA accountability Record	Denied	MDS with ARD 11/24/11 Documentation does not have what level of care was actually provided to resident in the 7 day look back. Medication Administration Record is non=applicable documentation for determining ADL level of care * See Section G of MDS Manual.
	G01110Ab Bed Mobility Support Provided	Care Area Assessment Summary Note Comprehensive Care Plans:	Denied	
	G01110Ba Transfer Self-Performance	ADL 's, Medication Administration Record	Denied	

	G0110Bb Transfer Support Provided	Restorative Nursing Record	Denied	
	G0110Ha Eating		Denied	
	G0110Ia Toilet Use Self-Performance		Denied	
	G0110Ib Toilet Use Support Provided		Denied	
#20	G0110Ba Transfer Self-Performance		Denied	MDS with ARD of 1/17/12. Documentation does not have what level of care was actually provided to resident in the 7 day look back
	G0110Bb Transfer Support Provided	CNA accountability Record	Denied	
	G0110Ib Toilet Use Support Provided	Care Area Assessment Summary Note	Denied	
	G01110Aa Bed Mobility Self-Performance	Comprehensive Care Plans: ADL 's	Accepted	The following disallowance was reversed and will not be included in the Final Report.
	G0110Ab Bed Mobility Support Provided	Medication Administration Record	Accepted	
	G0110Ha Eating		Accepted	
	G0110Ia Toilet Use Self-Performance		Accepted	