



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 30, 2016

[REDACTED]
Sayville Nursing and Rehabilitation Center
(aka Petit Fleur Nursing Home)
300 Broadway Avenue
Sayville, New York 11782

Re: MDS Final Audit Report
Audit #: 13-4885
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 Sayville Nursing and Rehabilitation Center (aka Petit Fleur Nursing Home) 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 April 29, 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 \$28,642.50 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 [REDACTED]

[REDACTED]

Division of Medicaid Audit
Office of the Medicaid Inspector General

[REDACTED]

OFFICE OF THE MEDICAID INSPECTOR GENERAL
SAYVILLE NURSING AND REHABILITATION CENTER
AUDIT 13-4885
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$1.36	20,891	\$28,411.76
Non-Medicare/Part D Eligible	\$1.39	166	\$230.74
Total			<u>\$28,642.50</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
 SAYVILLE NURSING AND REHABILITATION CENTER
 AUDIT #13-4885
 FINDINGS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS									
					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	MISSING SPECIAL TREATMENTS, PROCEDURES RECORD		
1	RHC	RMA	1.40	1.17	1	1	1			1				
2	CC1	CA1	0.98	0.77	1		1		1	1		1		
3	RMA	RMA	1.17	1.17										
4	CC1	CA1	0.98	0.77	1		1		1	1				
5	IB1	CA1	0.78	0.77		1	1			1				
6	CC1	PA1	0.98	0.46									1	
7	RMA	RMA	1.17	1.17										
8	RMA	RMA	1.17	1.17										
9	RHC	RMA	1.40	1.17	1		1			1				
10	RMA	RMA	1.17	1.17										
11	CA1	CA1	0.77	0.77			1			1				
12	RMA	RMA	1.17	1.17										
13	RMC	RMA	1.27	1.17	1		1			1				
14	CB1	CA1	0.86	0.77	1		1			1				
15	RHC	RMA	1.40	1.17	1		1			1				
16	RMA	RMA	1.17	1.17				1			1			

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 SAYVILLE NURSING AND REHABILITATION CENTER
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17	RMA	RMA	1.17	1.17		1		1						
18	RMC	RMA	1.27	1.17	1		1			1				
19	RMA	RMA	1.17	1.17										
20	RMC	RMA	1.27	1.17	1		1		1	1				
21	IB1	IA1	0.78	0.61			1			1				
22	RHB	RMA	1.27	1.17			1			1				
23	RMA	RMA	1.17	1.17										
TOTALS					9	3	13	2	3	13	1	1	1	

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
SAYVILLE NURSING AND REHABILITATION CENTER
AUDIT #13-4885
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.	4
In 7 instances, documentation did not support resident required weight bearing assist three or more times.	1, 2, 9, 13, 15, 18, 20
In 1 instance, documentation did not support resident required non weight bearing assist three or more times.	14

Bed Mobility Support Provided

In 2 instances, documentation did not support resident was a one person physical help at least once.	1, 17
In 1 instance, documentation did not support resident was setup at least once.	5

Transfer Self-Performance

In 2 instances, documentation did not support resident required total assist every time.	2, 4
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In 11 instances, documentation did not support resident required weight bearing assist three or more times. 1, 5, 9, 11, 13, 14, 15, 18, 20, 21, 22

Transfer Support Provided

In 2 instances, documentation did not support resident was set up at least once. 16, 17

Eating Self-Performance

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 20

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

Toilet Use Self-Performance

In 2 instances, documentation did not support resident required total assist every time. 2, 4

In 11 instances, documentation did not support resident required weight bearing assist three or more times. 1, 5, 9, 11, 13, 14, 15, 18, 20, 21, 22

Toilet Use Support Provided

In 1 instance, documentation did not support resident was set up at least once. 16

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. 2

Medical Record

In 1 instance, no medical record was available for review. 6

18 NYCRR 517.3

RUGS-II Classifications Overturned

In 13 instances, the RUG classifications were overturned. 1, 2, 4, 5, 6, 9, 13, 14, 15, 18, 20, 21, 22

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
SAYVILLE NURSING AND REHABILITATION CENTER
AUDIT #13-4885
ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
1	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> • Nursing Summary Note (12 pages) • Functional Assessment dated 07/23/12 (2 pages) • Discharge Summary and Instructions dated 07/23/12 (two pages) • Resident Data Form dated 07/2012 (two pages) 	Denied	The MDS Assessment Reference Date (ARD) is 07/30/12. Documentation does not support the MDS Manual Guidelines –Section G.
1	G0110Ab Support Provided Bed Mobility	<ul style="list-style-type: none"> • Nursing Summary Note (12 pages) • Functional Assessment dated 07/23/12 (2 pages) • Discharge Summary and 	Denied	Documentation does not support the MDS Manual Guidelines –Section G.

		<p>Instructions dated 07/23/12 (two pages)</p> <ul style="list-style-type: none"> Resident Data Form dated 07/2012 (two pages) 		
2	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110la Self-Performance Toilet Use		Denied	The MDS Assessment Reference Date (ARD) is 05/26/12. Documentation does not support the MDS Manual Guidelines –Section G.
4	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> Nursing Summary Note dated 06/22/12 (12 pages) Nurse's Notes (2 pages) Physician's Telephone Orders (2 pages) Comprehensive Care Plan (2 pages) Functional Assessment dated 04/16/12 	Denied	The MDS Assessment Reference Date (ARD) is 06/22/12. Documentation does not support the MDS Manual Guidelines –Section G.

5	G0110Aa Support Provided Bed Mobility	<ul style="list-style-type: none"> • Nursing Summary Note dated 04/20/12 (12 pages) • Podiatric Progress Note dated 05/30/12 • Physician Monthly Progress Note dated 05/02/12 and 05/18/12 • Physician's Order Forms (12 pages) • Physician Monthly Progress Note (2 pages) 	Denied	The MDS Assessment Reference Date (ARD) is 06/12/12. Documentation does not support the MDS Manual Guidelines –Section G.
9	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> • Nursing Summary Note dated 07/27/12 (12 pages) • Nurse's Notes (7 pages) • Functional Assessment dated 07/20/12 (2 pages) • Resident Data Form dated 07/12 (2 pages) 	Denied	The MDS Assessment Reference Date (ARD) is 07/27/12. Documentation does not support the MDS Manual Guidelines –Section G.

		<ul style="list-style-type: none"> • Admission Orders (3 pages) • Transfer Summary (4 pages) • PRI dated 07/17/12 (4 pages) • MD Order for Physical Therapy and Occupational Therapy both dated 07/21/12 • Physical Therapy Initial Evaluation dated 07/20/12 (2 pages) • Physical Therapy Progress Notes (2 pages) • Occupational Therapy Initial Evaluation dated 07/20/12 (2 pages) • Occupational Therapy Progress Notes (2 pages) 		
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		<ul style="list-style-type: none"> • Comprehensive Care Plans 		
13	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> • Nursing Summary Note dated 07/23/12 (12 pages) • PRI Completion Date of 05/28/12 (4 pages) • Transfer Summary dated 05/30/12 (3 pages) • Physical Therapy Initial Evaluation dated 05/31/12 (2 pages) • Physical Therapy Discharge Summary dated 07/20/12 (2 pages) • Comprehensive Care Plans: Requires Assist with ADL Functions, Diff. Walking, 	Denied	The MDS Assessment Reference Date (ARD) is 07/21/12. Documentation does not support the MDS Manual Guidelines --Section G.

		Dysphagia		
14	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> • Nursing Summary Note dated 6/6/12 (12 pages) • Resident Data Form dated 6/2012 (2 pages) • Nurse's Notes (2 pages) • Physician Order Form (4 pages) • Functional Assessment (2 pages) 	Denied	The MDS Assessment Reference Date (ARD) is 06/06/12. Documentation does not support the MDS Manual Guidelines –Section G.
	G0110Bb Support Provided Transfer		Accepted	This disallowance was reversed and will not be included in the final report.
15	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> • Nursing Summary Note dated 07/12/12 (12 pages) • Nurse's Notes (4 pages) • Nursing Note for Rehabilitation 	Denied	The MDS Assessment Reference Date (ARD) is 07/11/12. Documentation does not support the MDS Manual Guidelines –Section G.

		<p>Referral dated 05/24/12 and 06/14/12</p> <ul style="list-style-type: none">• MD Order for Occupational Therapy dated 05/26/12• MD Order for Physical Therapy dated 06/14/12• Physician Order Forms (3 pages)• Functional Assessment dated 06/14/12 (2 pages)• Physical Therapy Initial Evaluation dated 06/14/12 (2 pages)• Physical Therapy Progress Notes (4 pages)• Physical Therapy Discharge Summary dated 07/19/12 (2 pages)		
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		<ul style="list-style-type: none"> • Occupational Therapy Initial Evaluation dated 05/25/12 (2 pages) • Occupational Therapy Progress Notes (3 pages) • Comprehensive Care Plan 		
18	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> • Nursing Summary Note dated 05/02/12 (12 pages) • Nurse's Notes (2 pages) • Nursing Note for Rehabilitation Referral dated 04/16/12 • MD Order for Physical Therapy dated 04/17/12 • Functional Assessment dated 05/01/12 and 04/17/12 (2 pages) 	Denied	The MDS Assessment Reference Date (ARD) is 05/01/12. Documentation does not support the MDS Manual Guidelines –Section G.

		<p>both)</p> <ul style="list-style-type: none"> • Physical Therapy Initial Evaluation dated 04/17/12 (2 pages) • Physical Therapy Progress Notes (3 pages) • Physical Therapy Discharge Summary dated 05/01/12 (2 pages) • Comprehensive Care Plan 		
20	G0110Aa Self-Performance Bed Mobility, G0110Ba Self-Performance Transfer, G0110Ha Self-Performance Eating, G0110la Self-Performance Toilet Use	<ul style="list-style-type: none"> • Nursing Summary Note dated 07/09/12 (12 pages) • Nursing Note for Rehabilitation Referral dated 06/21/12 • MD Order for Physical Therapy • Physical Therapy Initial Evaluation dated 	Denied	The MDS Assessment Reference Date (ARD) is 07/09/12. Documentation does not support the MDS Manual Guidelines –Section G.

		<p>06/22/12 (two pages)</p> <ul style="list-style-type: none"> Physical Therapy Progress Notes (four pages) 		
21	G0110Ba Self-Performance Transfer, G0110Ia Self-Performance Toilet Use	<ul style="list-style-type: none"> Nursing Summary Note dated 05/28/12 (12 pages) Resident Data Form dated 5/12 Comprehensive Care Plan Notes Physician Monthly Progress Note dated 05/10/12 Physician's Order Forms (4 pages) Occupational Therapy Initial Evaluation dated 12/7/11 (two pages) Occupational Therapy Progress Notes (two pages) Comprehensive Care Plan 	Denied	The MDS Assessment Reference Date (ARD) is 05/28/12. Documentation does not support the MDS Manual Guidelines –Section G.

		<p>Functional Assessment dated 5/21/12 (two pages)</p>		
<p>22</p>	<p>G0110Ba Self-Performance Transfer, G0110la Self-Performance Toilet Use</p>	<ul style="list-style-type: none"> • Nursing Summary Note (12 pages) • Resident Data Form April 2012 • Comprehensive Care Plans • Functional Assessment dated 12/30/11 • Physical Therapy Progress Notes (two pages) • Occupational Therapy Initial Evaluation dated 12/30/11 (two pages) • Occupational Therapy Progress Notes • Occupational Therapy Discharge Summary dated 04/27/12 (two pages) • Physical Therapy Initial Evaluation dated 05/23/12 (two pages) • Physical Therapy 	<p>Denied</p>	<p>The MDS Assessment Reference Date (ARD) is 04/27/12. Documentation does not support the MDS Manual Guidelines –Section G.</p>

		<p>Discharge Summary dated 06/20/12 (two pages)</p> <ul style="list-style-type: none">• Functional Assessment dated 7/23/12 (two pages)• Occupational Therapy Record (two pages)		
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