



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 27, 2016

[REDACTED]
Palm Gardens Center for Nursing and Rehabilitation
(aka Palm Gardens Care Center, LLC)
616 Avenue C
Brooklyn, New York 11218

Re: MDS Final Audit Report
Audit #: 14-1139
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 Palm Gardens Center for Nursing and Rehabilitation (aka Palm Gardens Care Center, LLC) 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.

We received your response to our draft audit report dated October 5, 2015. Your comments have been considered (see Attachment D) and the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$60,096.72 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
PALM GARDENS CENTER FOR NURSING AND REHABILITATION
AUDIT # 14-1139
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASE IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$2.34	20,519	\$48,014.46
Non-Medicare/Part D Eligible	\$2.37	5,098	\$12,082.26
Total			<u>\$60,096.72</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
 PALM GARDENS CENTER FOR NURSING AND REHABILITATION
 AUDIT #14-1139
 FINDINGS BY SAMPLE NUMBER

Sample #	[REDACTED]	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DISALLOWED SERVICES					
						DISALLOW BED MOBILITY SELF PERFORMANCE	DISALLOW BED MOBILITY SUPPORT PROVIDED	DISALLOW TRANSFER SUPPORT PROVIDED	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW TOILET USE SUPPORT PROVIDED	DISALLOW OCCUPATION THERAPY
1	[REDACTED]	RMA	PA1	1.17	0.46		1	1		1	1
2	[REDACTED]	RMA	RMA	1.17	1.17						
3	[REDACTED]	PE1	PD1	0.79	0.72	1		1	1	1	
4	[REDACTED]	RUX	RUL	2.38	1.98			1			
5	[REDACTED]	PA1	PA1	0.46	0.46						
6	[REDACTED]	PA1	PA1	0.46	0.46						
7	[REDACTED]	RHC	RHC	1.40	1.40						
8	[REDACTED]	IB1	IB1	0.78	0.78						
9	[REDACTED]	SSB	SSB	1.06	1.06						
10	[REDACTED]	RVC	RHC	1.53	1.40		1	1		1	
11	[REDACTED]	RUX	RUL	2.38	1.98		1	1		1	1
12	[REDACTED]	CC1	CB1	0.98	0.86		1	1		1	
13	[REDACTED]	CC2	CB2	1.12	0.91		1	1		1	
14	[REDACTED]	CC1	CB1	0.98	0.86			1		1	
15	[REDACTED]	IA1	IA1	0.61	0.61		1	1		1	
16	[REDACTED]	RHC	RHC	1.40	1.40						
17	[REDACTED]	RMB	RMB	1.22	1.22		1	1		1	

OFFICE OF THE MEDICAID INSPECTOR GENERAL
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 AUDIT #14-1139
 FINDINGS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">DISALLOW BED MOBILITY SELF PERFORMANCE</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">DISALLOW BED MOBILITY SUPPORT PROVIDED</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">DISALLOW TRANSFER SUPPORT PROVIDED</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">DISALLOW TOILET USE SELF PERFORMANCE</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">DISALLOW TOILET USE SUPPORT PROVIDED</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">DISALLOW OCCUPATION THERAPY</div> </div>						
18	SSC	SSA	1.12	1.03		1	1		1		
19	CC1	CB1	0.98	0.86			1			1	
20	RMC	RMC	1.27	1.27							
21	SSB	SSB	1.06	1.06							
22	PA1	PA1	0.46	0.46							
23	RMX	RML	1.96	1.74			1			1	
24	IA1	IA1	0.61	0.61							
25	IA1	IA1	0.61	0.61							
26	CC1	CB1	0.98	0.86			1			1	
27	RMC	RMB	1.27	1.22		1	1			1	
28	RHB	RHB	1.27	1.27							
29	RMC	RMB	1.27	1.22			1			1	
30	SSC	SSB	1.12	1.06			1			1	
31	CB1	CB1	0.86	0.86							
32	RHC	RHC	1.40	1.40							
TOTALS						<u>1</u>	<u>9</u>	<u>17</u>	<u>1</u>	<u>16</u>	<u>2</u>

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
PALM GARDENS CENTER FOR NURSING AND REHABILITATION
AUDIT #14-1139
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 weight bearing assist three or more times. 3

Bed Mobility Support Provided

In 2 instances, documentation did not support resident was a 2+ person physical help at least once. 10, 18

In 5 instances, documentation did not support resident was a one person physical help at least once. 11, 12, 13, 17, 27

In 2 instances, documentation did not support resident was setup at least once. 1, 15

Transfer Support Provided

In 14 instances, documentation did not support resident was a 2+ person physical help at least once. 3, 4, 10, 11, 12, 13, 14, 18, 19, 23, 26, 27, 29, 30

In 1 instance, documentation did not support resident was a one (1) person physical help at least once. 17

In 2 instances, documentation did not support resident was set up at least once. 1, 15

Toilet Use Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 3

Toilet Use Support Provided

In 12 instances, documentation did not support resident was a 2+ person physical help at least once. 3, 10, 12, 13, 14, 18, 19, 23, 26, 27, 29, 30

In 3 instances, documentation did not support resident was a one person physical help at least once. 11, 15, 17

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

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. 11

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

RUGS-II Classifications Overturned

In 15 instances, the RUG classifications were overturned.

1, 3, 4, 10, 11, 12, 13, 14, 18, 19, 23,
26, 27, 29, 30

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
PALM GARDENS CENTER FOR NURSING AND REHABILITATION
AUDIT #14-1139
ANALYSIS OF PROVIDER RESPONSE**

Finding	Provider Response	Accepted/Denied	Explanation
O0400B - Occupational Therapy	<ul style="list-style-type: none"> • A written statement re capping the resident's decline • OMIG Draft report • OT encounter notes • OT log • Rehabilitation orders • OT evaluation and plan of treatment • OT discharge summary • Care plan-self-care deficit • Self-evacuation assessment • CNA clinical accountability record and care program 	Denied	<p>The facility documentation provided did not have interdisciplinary documentation relevant to the ARD from the physician and licensed nursing staff to support the medical need for skilled Physical Therapy services.</p> <p>See MDS Manual – Section O.</p>
<p>G 0110Aa: Bed mobility – Self performance.</p> <p>G0110Bb: Transfer-Support Provided</p> <p>G0110Ia: Toilet use - Self performance</p> <p>G0110Ib: Toilet use - Support Provided.</p>	<ul style="list-style-type: none"> • A written statement by the facility stating their position regarding coding on the MDS • OMIG draft report • Policy on the Activity of Daily Living Tracker • Section G of the MDS for this resident • CNA clinical accountability record • Rehabilitation orders • Screen/Referral form • Summary of ADL's • Care Plan-falls, bowel elimination, contractures, incontinence, safe evacuation 	Denied	<p>The facility documentation does not support levels claimed.</p> <p>See MDS Manual – Section G</p>

	<p>in case of a disaster, dressing and grooming, bathing and personal hygiene, resident specific safe evacuation form,</p> <ul style="list-style-type: none"> • Comprehensive care plan meeting form. 		
G0110Bb - Transfer - Support Provided.	<ul style="list-style-type: none"> • A written statement by the facility stating their position regarding coding on the MDS • OMIG draft report • Policy on the Activity of Daily Living Tracker • Section G of the MFDS for this resident • Hospital PRI • MD orders • CNA clinical accountability record • Rehab orders • ADL Summary • Comprehensive care plan meeting form • Care Plan- Falls, Locomotion/transfers, • PT Progress notes • OT progress notes • 7 day ADL sheet 	Denied	<p>The facility documentation does not support levels claimed.</p> <p>See MDS Manual – Section G</p>
G0110Ab – Bed Mobility - Support Provided	<ul style="list-style-type: none"> • A written statement by the facility stating their position regarding coding on the MDS 	Denied	<p>The facility documentation does not support levels claimed.</p>
G0110Bb: Transfer- Support Provided	<ul style="list-style-type: none"> • OMIG draft report • Policy on the Activity of Daily Living Tracker 		<p>See MDS Manual – Section G</p>

<p>G0110Ib: Toilet use - Support Provided.</p>	<ul style="list-style-type: none"> • Section G of the MDS for this resident • Rehab orders • ADL Summary • Care Plan- bed mobility, locomotion/transfer, bathing and personal hygiene, incontinence, falls, resident specific evacuation assessment form • Comprehensive care plan meeting form • OT progress notes • PT progress notes • Comprehensive care plan meeting form 		
<p>G0110Ab – Bed Mobility - Support Provided</p> <p>G0110Bb: Transfer- Support Provided</p> <p>G0110Ib: Toilet use - Support Provided.</p>	<ul style="list-style-type: none"> • A written statement by the facility stating their position regarding coding on the MDS • OMIG draft report • Policy on the Activity of Daily Living Tracker • Section G of the MDS for this resident • History and Physical exam • Summary of ADL's • Comprehensive care plan meeting form • Care plan-bed mobility, locomotion/transfer, dressing and grooming, toilet use, bathing and personal hygiene, falls /accidents, contractures, resident specific evacuation assessment form, 	<p>Denied</p>	<p>The facility documentation does not support levels claimed.</p> <p>See MDS Manual – Section G</p>

	<ul style="list-style-type: none"> • PT evaluation and treatment • CNA clinical accountability record 		
<p>G0110Ab – Bed Mobility - Support Provided</p> <p>G0110Bb: Transfer- Support Provided</p> <p>G0110Ib: Toilet use - Support Provided.</p>	<ul style="list-style-type: none"> • A written statement by the facility stating their position regarding coding on the MDS • OMIG draft report • Hoyer Lift Policy • Section G of this resident's MDS • Summary of ADL's • Admission History and Physical • Physician orders • Progress notes • CNA clinical accountability record • Screen/referral form • 7 day ADL tracker • Care plan-bed mobility, locomotion, contractures, safe evacuation, accidents/incidents, bathing /personal hygiene, bowel elimination, isolation • Comprehensive care plan meeting form 	Denied	<p>The facility documentation does not support levels claimed.</p> <p>See MDS Manual – Section G</p>
<p>G0110Ab – Bed Mobility - Support Provided</p> <p>G0110Bb: Transfer- Support Provided</p> <p>G0110Ib: Toilet use -</p>	<ul style="list-style-type: none"> • A written statement by the facility stating their position regarding coding on the MDS • OMIG draft report • Policy on the Activity of Daily Living Tracker • Section G of this resident's 	Denied	<p>The facility documentation does not support levels claimed.</p> <p>See MDS Manual – Section G</p>

<p>Support Provided.</p>	<p>MDS</p> <ul style="list-style-type: none"> • Summary of ADL's • CNA clinical accountability record • 7 day ADL sheets • Care Plan- bed mobility, locomotion, contractures, feeding tube, feeding, urinary incontinency, bowel elimination, falls/accidents/incidents, skin impairment, contractures, safe evacuation, evacuation assessment form, personal hygiene • OT progress notes • Comprehensive care plan meeting form • OT evaluation and treatment plan • PT daily treatment record • PT discharge summary • OT treatment record • OT daily treatment record • PT evaluation and treatment 		
<p>G0110Bb: Transfer-Support Provided</p> <p>G0110Ib: Toilet use - Support Provided.</p>	<ul style="list-style-type: none"> • A written statement by the facility stating their position regarding coding on the MDS • OMIG draft report • Policy on the Activity of Daily Living Tracker • Section G of this resident's MDS • Physician orders • Summary of ADL's 	<p>Denied</p>	<p>The facility documentation does not support levels claimed.</p> <p>See MDS Manual – Section G</p>

	<ul style="list-style-type: none"> • CNA clinical accountability record • Care Plan- bed mobility, locomotion, contractures, urinary incontinency, bowel elimination, falls/accidents/incidents, contractures, safe evacuation, evacuation assessment form, personal hygiene • Comprehensive care plan meeting form 		
<p>G0110Ab – Bed Mobility - Support Provided</p> <p>G0110Bb: Transfer- Support Provided</p> <p>G0110Ib: Toilet use - Support Provided</p>	<ul style="list-style-type: none"> • A written statement by the facility stating their position regarding coding on the MDS • OMIG draft report • Policy on the Activity of Daily Living Tracker • Hoyer lift policy • Section G of this resident's MDS • Therapy progress notes • Screen/Referral form • Summary of ADL's • 7 day ADL sheet • Comprehensive care plan meeting form • Care Plans-bed mobility, transfers, falls, evacuation assessment • OT progress notes • PT evaluation and progress notes 	<p>Denied</p>	<p>The facility documentation does not support levels claimed.</p> <p>See MDS Manual – Section G</p>

<p>G0110Bb: Transfer-Support Provided</p> <p>G0110Ib: Toilet use - Support Provided.</p>	<ul style="list-style-type: none"> • A written statement by the facility stating their position regarding coding on the MDS • OMIG draft report • Policy on the Activity of Daily Living Tracker • Hoyer lift policy • Section G of this resident's MDS • Physician orders • Rehabilitation Orders • CNA clinical accountability record • Screen/referral form • Summary of ADL's • Care Plans- locomotion/transfer, urinary incontinence, safe evacuation, resident specific evacuation evaluation, falls/accidents/incidents • Comprehensive care plan meeting form 	<p>Denied</p>	<p>The facility documentation does not support levels claimed.</p> <p>See MDS Manual – Section G</p>
<p>G0110Bb: Transfer-Support Provided</p> <p>G0110Ib: Toilet use - Support Provided.</p>	<ul style="list-style-type: none"> • A written statement by the facility stating their position regarding coding on the MDS • OMIG draft report • Policy on the Activity of Daily Living Tracker • Section G of this resident's MDS • Hospital PRI • Patient Transfer form • Patient information self- care status (not dated or signed) 	<p>Denied</p>	<p>The facility documentation does not support levels claimed.</p> <p>See MDS Manual – Section G</p>

	<ul style="list-style-type: none"> • CNA clinical accountability record • Summary of ADL's • Care Plans- locomotion/transfer, urinary incontinence, safe evacuation, resident specific evacuation evaluation, falls/accidents/incidents, toilet use • Comprehensive care plan meeting form • PT progress notes • OT progress notes • OT evaluation and treatment plan • Rehab orders • Consultation report 01/09/12 • Consultation report 01/05/12 		
<p>G0110Bb: Transfer- Support Provided</p> <p>G0110Ib: Toilet use - Support Provided.</p>	<ul style="list-style-type: none"> • A written statement by the facility stating their position regarding coding on the MDS • OMIG draft report • Policy on the Activity of Daily Living Tracker • Section G of this resident's MDS • Hoyer Lift Policy • Section G of this resident's MDS • MD orders • CNA clinical accountability record • Summary of ADL's 	<p>Denied</p>	<p>The facility documentation does not support levels claimed.</p> <p>See MDS Manual – Section G</p>

	<ul style="list-style-type: none"> • Care Plan- locomotion/transfer, urinary incontinence, falls/accidents/incidents, self-care deficits, feeding tube, resident specific evacuation assessment • Comprehensive care plan meeting form 		
<p>G0110Ab – Bed Mobility - Support Provided</p> <p>G0110Bb: Transfer- Support Provided</p> <p>G0110Ib: Toilet use - Support Provided</p>	<ul style="list-style-type: none"> • A written statement by the facility stating their position regarding coding on the MDS • OMIG draft report • Policy on the Activity of Daily Living Tracker • Section G of the MFDS for this resident • CNA clinical accountability record • Summary of ADL's • PT progress notes • PT Daily treatment • Care Plans- self-care deficits including bed mobility, locomotion, transfers, toilet use, bathing, incontinence, falls/accidents/incidents, skin impairment, safe evacuation, resident specific evacuation assessment • Comprehensive care plan meeting form 	<p>Denied</p>	<p>The facility documentation does not support levels claimed.</p> <p>See MDS Manual – Section G</p>

<p>G0110Bb: Transfer-Support Provided</p> <p>G0110Ib: Toilet use - Support Provided</p>	<ul style="list-style-type: none"> • A written statement by the facility stating their position regarding coding on the MDS • OMIG draft report • Policy on the Activity of Daily Living Tracker • Section G of this resident's MDS • CNA clinical accountability record • Summary of ADL's • Comprehensive care plan meeting form • Care Plans- locomotion/transfer, incontinence, skin impairment, bowel elimination, falls/accidents/incidents, contractures, evacuation evaluation • 7 day ADL sheet • PT evaluation and treatment plan • Consultation 8/2/12, 6/26/11, 11/7/12,6/25/12, 8/5/11, 12/7/11 	<p>Denied</p>	<p>The facility documentation does not support levels claimed.</p> <p>See MDS Manual – Section G.</p>
<p>G0110Bb: Transfer-Support Provided</p> <p>G0110Ib: Toilet use - Support Provided</p>	<ul style="list-style-type: none"> • A written statement by the facility stating their position regarding coding on the MDS • OMIG draft report • Policy on the Activity of Daily Living Tracker • Hoyer Lift Policy • Section G of this resident's 	<p>Denied</p>	<p>The facility documentation does not support levels claimed.</p> <p>See MDS Manual – Section G.</p>

	<p>MDS</p> <ul style="list-style-type: none">• MD orders• CNA clinical accountability record• Summary of ADL's• Care Plans- locomotion/transfers, incontinence, bowel elimination, falls/accidents/incidents, safe evacuation, safe evacuation evaluation• Comprehensive care plan meeting form• Rehab orders <p>o</p>		
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