



STATE OF NEW YORK
OFFICE OF THE MEDICAID INSPECTOR GENERAL
800 North Pearl Street
Albany, New York 12204

ANDREW M. CUOMO
GOVERNOR

JAMES C. COX
MEDICAID INSPECTOR GENERAL

January 23, 2014

[REDACTED]
The Pines Health Care and Rehabilitation Center at Olean
2245 West State Street
Olean, New York 14760

Re: Medicaid PRI Audit #11-1046
NPI Number: [REDACTED]
Provider Number: [REDACTED]

Dear [REDACTED]

This is the final audit report of findings with regard to the Office of the Medicaid Inspector General's ("OMIG") Patient Review Instruments ("PRI") audit of The Pines Health Care and Rehabilitation Center at Olean ("Facility") for the audit period July 1, 2005 through December 31, 2008. In accordance with 18 NYCRR Section 517.6, this final audit report represents the OMIG's final determination on issues raised in the draft audit report.

Since you did not respond to our revised draft audit report dated October 2, 2013, the findings in the final audit report remain identical to the revised draft audit report. The OMIG has attached the sample detail for the paid claims determined to be in error.

The findings applicable to the September 1, 2006 through March 31, 2009 Medicaid rates resulted in a Medicaid overpayment of \$213,770 as detailed in Attachment A. This overpayment is subject to Department of Health ("DOH") and Division of Budget ("DOB") final approval. While not anticipated, any difference between the calculated overpayment and the final DOH and DOB amount will be resolved with the Facility by the OMIG Bureau of Collections Management. The finding explanation, regulatory reference, and applicable adjustment can be found in the exhibits following Attachment A.

In accordance with 18 NYCRR Part 518 which regulates the collection of overpayments, your repayment options are described below.

OPTION #1: Make full payment by check or money order within 20 days of the date of the final audit report. The check should be made payable to the New York State Department of Health and be sent with the attached Remittance Advice to:


New York State Department of Health
Medicaid Financial Management
GNARESP Corning Tower, Room 2739
File #11-1046
Albany, New York 12237-0048

OPTION #2: Enter into a repayment agreement with the OMIG. If your repayment terms exceed 90 days from the date of the final audit report, recoveries of amounts due are subject to interest charges at the prime rate plus 2%. If the process of establishing the repayment agreement exceeds 20 days from the date of the final audit report, the OMIG will impose a 15% withhold after 20 days until the agreement is established. The OMIG may require financial information from you to establish the terms of the repayment agreement. If additional information is requested, the OMIG must receive the information within 30 days of the request or a 50% withhold will be imposed. OMIG acceptance of the repayment agreement is based on your repaying the Medicaid overpayment as agreed. The OMIG will adjust the rate of recovery, or require payment in full, if your unpaid balance is not being repaid as agreed. The OMIG will notify you no later than 5 days after initiating such action. If you wish to enter into a repayment agreement, you must forward your written request within 20 days to the following:

Bureau of Collections Management
New York State Office of the Medicaid Inspector General
800 North Pearl Street
Albany, New York 12204


If within 20 days, you fail to make full payment or contact the OMIG to make repayment arrangements, the OMIG will establish a withhold equal to 50% of your Medicaid billings to secure payment and liquidate the overpayment amount, interest and/or penalty, not barring any other remedy allowed by law. The OMIG will provide notice to you no later than 5 days after the withholding of any funds.

In addition, if you receive an adjustment in your favor while you owe funds to the State, such adjustment will be applied against the amount owed.

You have the right to challenge this action and determination by requesting an administrative hearing within sixty (60) days of the date of this notice. You may not request a hearing to raise issues related to rate setting or rate setting methodology. In addition, you may not raise any issue that was raised or could have been raised at a rate appeal with your rate setting agency. You may only request a hearing to challenge specific audit adjustments which you challenged in a response to the draft audit report.

If you wish 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, New York 12204

Questions regarding the request for a hearing should be directed to the Office of Counsel, at [REDACTED]

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 a signed authorization permitting that person to represent you along with your hearing request. At the hearing, you may call witnesses and present documentary evidence on your behalf.

Should you have any questions regarding the above, please contact [REDACTED] at [REDACTED] or through email at [REDACTED]

Sincerely,

[REDACTED]
Division of Medicaid Audit
Office of the Medicaid Inspector General

Attachments:

- ATTACHMENT A - Calculation of Medicaid Overpayment
- ATTACHMENT B - Change in RUG Counts for PRIs submitted on September 14, 2006 and December 6, 2006
- ATTACHMENT C - Detailed Findings by Sample Number
- ATTACHMENT D - Detailed Findings by Disallowance

CERTIFIED MAIL [REDACTED]
RETURN RECEIPT REQUESTED

**NEW YORK STATE
OFFICE OF THE MEDICAID INSPECTOR GENERAL
REMITTANCE ADVICE**

NAME AND ADDRESS OF AUDITEE

[REDACTED]
The Pines Health Care and
Rehabilitation Center at Olean
2245 West State Street
Olean, New York 14760

NPI #: [REDACTED]
PROVIDER #: [REDACTED]

AUDIT #11-1046

AMOUNT DUE: \$213,770

AUDIT	<input type="checkbox"/>	PROVIDER
TYPE	<input checked="" type="checkbox"/>	RATE
	<input type="checkbox"/>	PART B
	<input type="checkbox"/>	OTHER:

CHECKLIST

1. To ensure proper credit, please enclose this form with your check.
2. Make checks payable to: *New York State Department of Health*
3. Record the Audit Number on your check.
4. Mail check to:

[REDACTED]
New York State Department of Health
Medicaid Financial Management
GNARESP Corning Tower, Room 2739
File #11-1046
Albany, New York 12237-0048

5. If the provider number shown above is incorrect, please enter the correct number below.

[REDACTED]

CORRECT PROVIDER NUMBER

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 THE PINES HEALTHCARE AND REHABILITATION CENTER AT OLEAN
 AUDIT #11-1046
 CALCULATION OF MEDICAID OVERPAYMENT

<u>Service</u>	<u>Effective Period</u>	<u>Part B Non-Elig.</u>		<u>Part B-Elig</u>		<u>Difference</u>	<u>Medicaid Days</u>	<u>Medicaid Impact</u>
		<u>From</u>	<u>To</u>	<u>From</u>	<u>To</u>			
NF	09/01/06 - 11/30/06	152.00	149.39	151.63	149.02	2.61	8899	\$ 23,226
NF	12/01/06 - 12/31/06	150.88	148.74	150.51	148.37	2.14	3129	6,696
NF	01/01/07 - 03/31/07	160.92	158.70	160.54	158.32	2.22	8746	19,416
NF	04/01/07 - 12/31/07	160.02	157.81	159.64	157.43	2.21	27008	59,688
NF	01/01/08 - 03/31/08	166.23	163.98	165.84	163.59	2.25	9254	20,822
NF	04/01/08 - 12/31/08	165.05	162.81	164.66	162.42	2.24	27909	62,516
NF	01/01/09 - 03/31/09	161.34	159.04	160.94	158.64	2.30	9307	21,406

TOTAL MEDICAID OVERPAYMENT \$ 213,770

NOTE: Rate Setting name is Cattaraugus County Public Nursing Home

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 THE PINES HEALTHCARE AND REHABILITATION CENTER AT OLEAN
 CHANGE IN RUG CATEGORIES
 SEPTEMBER 14, 2006

RUG CATEGORY	CHANGE IN RUG CATEGORY			ADJUSTED
	REPORTED	INCREASE	DECREASE	
BA	0			0
BB	0			0
BC	0			0
CA	2			2
CB	17	6		23
CC	14		5	9
CD	3		2	1
PA	9			9
PB	0			0
PC	28	8		36
PD	18		3	15
PE	8		2	6
RA	1			1
RB	10		1	9
SA	4			4
SB	3		1	2
TOTAL	117	14	14	117

Dementia Patient Per Diem Calculation

CA	0			0
BA	0			0
PA	3			3
PB	0			0
TOTAL	3	0	0	3

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 THE PINES HEALTHCARE AND REHABILITATION CENTER AT OLEAN
 CHANGE IN RUG CATEGORIES
 DECEMBER 6, 2006

ATTACHMENT B
 PAGE 2 OF 2

RUG CATEGORY	CHANGE IN RUG CATEGORY			ADJUSTED
	REPORTED	INCREASE	DECREASE	
BA	0			0
BB	0			0
BC	0			0
CA	2			2
CB	19	4		23
CC	14		5	9
CD	2		1	1
PA	9			9
PB	0			0
PC	29	8		37
PD	18		3	15
PE	7		2	5
RA	0			0
RB	8		1	7
SA	4	1		5
SB	4		1	3
TOTAL	116	13	13	116

Dementia Patient Per Diem Calculation

CA	0			0
BA	0			0
PA	3			3
PB	0			0
TOTAL	3	0	0	3

Sample#	DOB	Initials	PRIDate	Reported RUG		Derived RUG		Disallow Tolerating		Disallow Primary Medical Problem		Disallow OT Level		Disallow PT Level		Disallow Physician Visits		Disallow Transfer		Disallow Decubiti Level		Disallow Wound Care		Disallow Chemo Therapy		Disallow Transfusion	
				RUG	Weight	RUG	Weight	RUG	Weight	RUG	Weight	RUG	Weight	RUG	Weight	RUG	Weight	RUG	Weight	RUG	Weight	RUG	Weight	RUG	Weight	RUG	Weight
1			9/11/2006	RB	1.79	RB	1.79			X																	
2			9/11/2006	RB	1.79	RB	1.79			X																	
3			9/11/2006	RB	1.79	CB	1.18			X																	
4			9/12/2006	RB	1.79	RB	1.79			X																	
5			9/12/2006	RB	1.79	RB	1.79			X																	
6			9/12/2006	RB	1.79	RB	1.79			X																	
7			9/12/2006	RB	1.79	RB	1.79			X																	
8			9/14/2006	RB	1.79	RB	1.79			X																	
9			9/14/2006	RB	1.79	RB	1.79			X																	
10			9/14/2006	RB	1.79	RB	1.79			X																	
11			9/12/2006	SB	1.74	SB	1.74			X																	
12			9/12/2006	SB	1.74	SB	1.74			X																	
13			9/12/2006	SB	1.74	PD	1.17			X																	
14			9/11/2006	CD	1.64	CC	1.32			X																	
15			9/12/2006	CD	1.64	CD	1.64			X																	
16			9/12/2006	CD	1.64	CB	1.18			X																	
17			9/11/2006	RA	1.57	RA	1.57			X																	
18			9/11/2006	SA	1.51	SA	1.51			X																	
19			9/12/2006	SA	1.51	SA	1.51			X																	
20			9/12/2006	SA	1.51	SA	1.51			X																	
21			9/12/2006	SA	1.51	SA	1.51			X																	
22			9/11/2006	PE	1.41	PE	1.41			X																	
23			9/12/2006	PE	1.41	PE	1.41			X																	
24			9/12/2006	PE	1.41	PE	1.41			X																	
25			9/12/2006	PE	1.41	PD	1.17			X																	

PRIs SUBMITTED ON SEPTEMBER 14, 2006



DETAILED FINDINGS

Sample#	DOB	Initials	PRDate	Reported		Derived		Reported		Derived		Disallow Tolerating	Disallow Primary Medical Problem	Disallow OT Level	Disallow PT Level	Disallow Physician Visits	Disallow Transfer	Disallow Decubitis Level	Disallow Wound Care	Disallow Chemo Therapy	Disallow Transfusion		
				RUG	Weight	RUG	Weight	RUG	Weight	RUG	Weight												
26			9/12/2006	PE	1.41	PE	1.41																
27			9/12/2006	PE	1.41	PE	1.41																
28			9/12/2006	PE	1.41	PD	1.41																
29			9/12/2006	PE	1.41	PE	1.41																
30			9/11/2006	CC	1.32	CC	1.32																
31			9/11/2006	CC	1.32	CB	1.32																
32			9/11/2006	CC	1.32	CB	1.32																
33			9/11/2006	CC	1.32	CB	1.32																
34			9/11/2006	CC	1.32	CB	1.32																
35			9/11/2006	CC	1.32	CC	1.32																
36			9/11/2006	CC	1.32	CC	1.32																
37			9/12/2006	CC	1.32	CC	1.32																
38			9/12/2006	CC	1.32	CC	1.32																
39			9/12/2006	CC	1.32	CC	1.32																
40			9/12/2006	CC	1.32	CC	1.32																
41			9/12/2006	CC	1.32	CC	1.32																
42			9/12/2006	CC	1.32	CC	1.32																
43			9/12/2006	CC	1.32	CC	1.32																
44			9/11/2006	CB	1.18	CB	1.18																
45			9/11/2006	CB	1.18	CB	1.18																
46			9/11/2006	CB	1.18	CB	1.18																
47			9/11/2006	CB	1.18	CB	1.18																
48			9/11/2006	CB	1.18	PC	1.18																
49			9/11/2006	CB	1.18	CB	1.18																
50			9/12/2006	CB	1.18	PC	1.18																

DETAILED FINDINGS

Sample#	DOB	Initials	PRIDate	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Weight	Weight	DETAILED FINDINGS
76			9/12/2006	PD	PD	1.17	1.17	1.17	1.17	
77			9/12/2006	PD	PD	1.17	1.17	1.17	1.17	
78			9/12/2006	PD	PD	1.17	1.17	1.17	1.17	
79			9/11/2006	PC	PC	1.03	1.03	1.03	1.03	X
80			9/11/2006	PC	PC	1.03	1.03	1.03	1.03	X
81			9/11/2006	PC	PC	1.03	1.03	1.03	1.03	
82			9/11/2006	PC	PC	1.03	1.03	1.03	1.03	X
83			9/11/2006	PC	PC	1.03	1.03	1.03	1.03	X
84			9/11/2006	PC	PC	1.03	1.03	1.03	1.03	X
85			9/11/2006	PC	PC	1.03	1.03	1.03	1.03	
86			9/12/2006	PC	PC	1.03	1.03	1.03	1.03	
87			9/12/2006	PC	PC	1.03	1.03	1.03	1.03	
88			9/12/2006	PC	PC	1.03	1.03	1.03	1.03	
89			9/12/2006	PC	PC	1.03	1.03	1.03	1.03	X
90			9/12/2006	PC	PC	1.03	1.03	1.03	1.03	
91			9/12/2006	PC	PC	1.03	1.03	1.03	1.03	
92			9/12/2006	PC	PC	1.03	1.03	1.03	1.03	X
93			9/12/2006	PC	PC	1.03	1.03	1.03	1.03	
94			9/12/2006	PC	PC	1.03	1.03	1.03	1.03	X
95			9/12/2006	PC	PC	1.03	1.03	1.03	1.03	
96			9/12/2006	PC	PC	1.03	1.03	1.03	1.03	
97			9/12/2006	PC	PC	1.03	1.03	1.03	1.03	
98			9/12/2006	PC	PC	1.03	1.03	1.03	1.03	
99			9/12/2006	PC	PC	1.03	1.03	1.03	1.03	
100			9/12/2006	PC	PC	1.03	1.03	1.03	1.03	

Sample#	DOB	Initials	PRIDate	Reported		Derived		Reported		Derived		X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS	BT	BU	BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CI	CJ	CK	CL	CM	CN	CO	CP	CQ	CR	CS	CT	CU	CV	CW	CX	CY	CZ	DA	DB	DC	DD	DE	DF	DG	DH	DI	DJ	DK	DL	DM	DN	DO	DP	DQ	DR	DS	DT	DU	DV	DW	DX	DY	DZ	EA	EB	EC	ED	EE	EF	EG	EH	EI	EJ	EK	EL	EM	EN	EO	EP	EQ	ER	ES	ET	EU	EV	EW	EX	EY	EZ	FA	FB	FC	FD	FE	FF	FG	FH	FI	FJ	FK	FL	FM	FN	FO	FP	FQ	FR	FS	FT	FU	FV	FW	FX	FY	FZ	GA	GB	GC	GD	GE	GF	GG	GH	GI	GJ	GK	GL	GM	GN	GO	GP	GQ	GR	GS	GT	GU	GV	GW	GX	GY	GZ	HA	HB	HC	HD	HE	HF	HG	HH	HI	HJ	HK	HL	HM	HN	HO	HP	HQ	HR	HS	HT	HU	HV	HW	HX	HY	HZ	IA	IB	IC	ID	IE	IF	IG	IH	II	IJ	IK	IL	IM	IN	IO	IP	IQ	IR	IS	IT	IU	IV	IW	IX	IY	IZ	JA	JB	JC	JD	JE	JF	JG	JH	JI	JJ	JK	JL	JM	JN	JO	JP	JQ	JR	JS	JT	JU	JV	JW	JX	JY	JZ	KA	KB	KC	KD	KE	KF	KG	KH	KI	KJ	KK	KL	KM	KN	KO	KP	KQ	KR	KS	KT	KU	KV	KW	KX	KY	KZ	LA	LB	LC	LD	LE	LF	LG	LH	LI	LJ	LK	LL	LM	LN	LO	LP	LQ	LR	LS	LT	LU	LV	LW	LX	LY	LZ	MA	MB	MC	MD	ME	MF	MG	MH	MI	MJ	MK	ML	MM	MN	MO	MP	MQ	MR	MS	MT	MU	MV	MW	MX	MY	MZ	NA	NB	NC	ND	NE	NF	NG	NH	NI	NJ	NK	NL	NM	NN	NO	NP	NQ	NR	NS	NT	NU	NV	NW	NX	NY	NZ	OA	OB	OC	OD	OE	OF	OG	OH	OI	OJ	OK	OL	OM	ON	OO	OP	OQ	OR	OS	OT	OU	OV	OW	OX	OY	OZ	PA	PB	PC	PD	PE	PF	PG	PH	PI	PJ	PK	PL	PM	PN	PO	PP	PQ	PR	PS	PT	PU	PV	PW	PX	PY	PZ	QA	QB	QC	QD	QE	QF	QG	QH	QI	QJ	QK	QL	QM	QN	QO	QP	QQ	QR	QS	QT	QU	QV	QW	QX	QY	QZ	RA	RB	RC	RD	RE	RF	RG	RH	RI	RJ	RK	RL	RM	RN	RO	RP	RQ	RR	RS	RT	RU	RV	RW	RX	RY	RZ	SA	SB	SC	SD	SE	SF	SG	SH	SI	SJ	SK	SL	SM	SN	SO	SP	SQ	SR	SS	ST	SU	SV	SW	SX	SY	SZ	TA	TB	TC	TD	TE	TF	TG	TH	TI	TJ	TK	TL	TM	TN	TO	TP	TQ	TR	TS	TT	TU	TV	TW	TX	TY	TZ	UA	UB	UC	UD	UE	UF	UG	UH	UI	UJ	UK	UL	UM	UN	UO	UP	UQ	UR	US	UT	UU	UV	UW	UX	UY	UZ	VA	VB	VC	VD	VE	VF	VG	VH	VI	VJ	VK	VL	VM	VN	VO	VP	VQ	VR	VS	VT	VU	VV	VW	VX	VY	VZ	WA	WB	WC	WD	WE	WF	WG	WH	WI	WJ	WK	WL	WM	WN	WO	WP	WQ	WR	WS	WT	WU	WV	WW	WX	WY	WZ	XA	XB	XC	XD	XE	XF	XG	XH	XI	XJ	XK	XL	XM	XN	XO	XP	XQ	XR	XS	XT	XU	XV	XW	XX	XY	XZ	YA	YB	YC	YD	YE	YF	YG	YH	YI	YJ	YK	YL	YM	YN	YO	YP	YQ	YR	YS	YT	YU	YV	YW	YX	YY	YZ	ZA	ZB	ZC	ZD	ZE	ZF	ZG	ZH	ZI	ZJ	ZK	ZL	ZM	ZN	ZO	ZP	ZQ	ZR	ZS	ZT	ZU	ZV	ZW	ZX	ZY	ZZ	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL	BM	BN	BO	BP	BQ	BR	BS	BT	BU	BV	BW	BX	BY	BZ	CA	CB	CC	CD	CE	CF	CG	CH	CI	CJ	CK	CL	CM	CN	CO	CP	CQ	CR	CS	CT	CU	CV	CW	CX	CY	CZ	DA	DB	DC	DD	DE	DF	DG	DH	DI	DJ	DK	DL	DM	DN	DO	DP	DQ	DR	DS	DT	DU	DV	DW	DX	DY	DZ	EA	EB	EC	ED	EE	EF	EG	EH	EI	EJ	EK	EL	EM	EN	EO	EP	EQ	ER	ES	ET	EU	EV	EW	EX	EY	EZ	FA	FB	FC	FD	FE	FF	FG	FH	FI	FJ	FK	FL	FM	FN	FO	FP	FQ	FR	FS	FT	FU	FV	FW	FX	FY	FZ	GA	GB	GC	GD	GE	GF	GG	GH	GI	GJ	GK	GL	GM	GN	GO	GP	GQ	GR	GS	GT	GU	GV	GW	GX	GY	GZ	HA	HB	HC	HD	HE	HF	HG	HH	HI	HJ	HK	HL	HM	HN	HO	HP	HQ	HR	HS	HT	HU	HV	HW	HX	HY	HZ	IA	IB	IC	ID	IE	IF	IG	IH	II	IJ	IK	IL	IM	IN	IO	IP	IQ	IR	IS	IT	IU	IV	IW	IX	IY	IZ	JA	JB	JC	JD	JE	JF	JG	JH	JI	JJ	JK	JL	JM	JN	JO	JP	JQ	JR	JS	JT	JU	JV	JW	JX	JY	JZ	KA	KB	KC	KD	KE	KF	KG	KH	KI	KJ	KL	KM	KN	KO	KP	KQ	KR	KS	KT	KU	KV	KW	KX	KY	KZ	LA	LB	LC	LD	LE	LF	LG	LH	LI	LJ	LK	LM	LN	LO	LP	LQ	LR	LS	LT	LU	LV	LW	LX	LY	LZ	MA	MB	MC	MD	ME	MF	MG	MH	MI	MJ	MK	ML	MM	MN	MO	MP	MQ	MR	MS	MT	MU	MV	MW	MX	MY	MZ	NA	NB	NC	ND	NE	NF	NG	NH	NI	NJ	NK	NL	NM	NN	NO	NP	NQ	NR	NS	NT	NU	NV	NW	NX	NY	NZ	OA	OB	OC	OD	OE	OF	OG	OH	OI	OJ	OK	OL	OM	ON	OO	OP	OQ	OR	OS	OT	OU	OV	OW	OX	OY	OZ	PA	PB	PC	PD	PE	PF	PG	PH	PI	PJ	PK	PL	PM	PN	PO	PP	PQ	PR	PS	PT	PU	PV	PW	PX	PY	PZ	QA	QB	QC	QD	QE	QF	QG	QH	QI	QJ	QK	QL	QM	QN	QO	QP	QQ	QR	QS	QT	QU	QV	QW	QX	QY	QZ	RA	RB	RC	RD	RE	RF	RG	RH	RI	RJ	RK	RL	RM	RN	RO	RP	RQ	RR	RS	RT	RU	RV	RW	RX	RY	RZ	SA	SB	SC	SD	SE	SF	SG	SH	SI	SJ	SK	SL	SM	SN	SO	SP	SQ	SR	SS	ST	SU	SV	SW	SX	SY	SZ	TA	TB	TC	TD	TE	TF	TG	TH	TI	TJ	TK	TL	TM	TN	TO	TP	TQ	TR	TS	TT	TU	TV	TW
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**THE PINES HEALTH CARE AND REHABILITATION CENTER AT OLEAN
DETAILED FINDINGS**

PRI FINDINGS**Sample Selection****Decubitus Level Disallowed**

The PRI instructions/clarifications state, *"For a patient to be cited as level 4, documentation by a licensed clinician must exist which describes the following three components: 1. A description of the patient's decubitus, 2. Circumstance or medical condition which led to the decubitus, 3. An active treatment plan."*

In addition, *"necrotic breakdown of skin and subcutaneous tissue which may involve muscle, fascia and bone"* must be documented.

10 NYCRR Section 86-2.30 (II) 16

In 1 instance, documentation did not support a necrosis qualifier. 13

Wound Care

The PRI instructions/clarifications define a wound as a *"subcutaneous lesion(s) resulting from surgery, trauma, or open cancerous ulcers."* Additionally, *"decubiti, stasis ulcers, skin tears and feeding tubes are excluded"* from wound care.

10 NYCRR Section 86-2.30 (II) 18G

In 1 instance, documentation did not support wound care due to surgery, trauma, or cancerous lesion during the past 28 days. 17

Chemotherapy

The PRI instructions/clarifications define chemotherapy as *"treatment of carcinoma through IV and/or oral chemical agents."*

10 NYCRR Section 86-2.30 (II) 18H

In 1 instance, the medical record did not support the chemotherapy during the past 28 days. 108

Transfusion

The PRI instructions/clarifications define transfusion as *"introduction of whole blood or blood components directly into the blood stream"* and there is a likelihood that the resident would *"still require" additional transfusions.*

10 NYCRR Section 86-2.30 (II) 18-I

In 1 instance, the medical record did not support transfusion during the past 28 days and/or that an additional transfusion would be required. 121

Eating

PRI instructions/clarifications state:

10 NYCRR Section 86-2.30 (III) 19

Level 3 eating continual help *"means that the patient requires a staff person's continual presence and help for reasons such as: patient tends to choke, has a swallowing problem, is learning to feed self, or is quite confused and forgets to eat."*

In 10 instances, documentation did not support continual help with eating. 2, 6, 8, 10, 33, 34, 61, 118, 122, 128

Level 4 eating is *"totally fed by hand: patient does not manually participate."*

In 1 instance, documentation did not support that the resident was totally fed by hand. 16

Transfer

The PRI instructions/clarifications state:

10 NYCRR Section 86-2.30 (III) 21

Level 4 transfer *"requires two people to provide constant supervision and/or physical lift. May need lifting equipment. Documentation must support a logical medical reason why the patient required two people to transfer."*

In 1 instance, documentation did not support the resident; required two people or the use of lifting equipment to transfer. 3

Toileting

The PRI instructions/clarifications state:

10 NYCRR Section 86-2.30 (III) 22

Level 4 toileting resident is *"incontinent 60% or more of the time; does not use a bathroom. The patient may be bed bound or mentally confused to the extent that a scheduled toileting program is not beneficial."*

In 1 instance, documentation did not support incontinence 60% of the time. 121

Level 5 toileting resident is *"incontinent of bowel and/or bladder but is taken to a bathroom every two to four hours during the day and as needed at night."* Additionally, PRI clarifications state that *"the resident's care plan must establish a toileting assistance program that is based on an assessment of the resident's needs. The assessment should establish the needs of the resident which lead to the development of the program."* To meet Toileting Level 5 there must be a *"care plan established for the resident based on an assessment."* The toileting schedule must include *"the name or initials of the health care worker performing the toileting assistance and the specific time the toileting assistance was provided must be present in each instance assistance is provided."*

In 39 instances, documentation did not support an individualized toileting schedule, the specific time the resident was toileted, the toileting schedule contained blanks, and/or or the toileting schedule contained intervals greater than four hours.

1, 2, 4, 13, 14, 16, 19, 25, 28, 31, 32, 33, 34, 35, 36, 39, 42, 45, 53, 55, 61, 62, 63, 64, 65, 70, 79, 80, 82, 83, 84, 89, 92, 94, 101, 103, 104, 122, 126

Physical Therapy

PRI instructions/clarifications state:

10 NYCRR Section 86-2.30 (V) 27A

PRI instructions/clarifications state *"there must be an order for restorative therapy."*

PRI instructions/clarifications also state *"in order for therapy to qualify as restorative, treatment is provided at least five days per week and 2.5 hours per week."*

In 2 instances, documentation did not support treatment five days/ 2.5 hours per week. 3, 120

Occupational Therapy

PRI instructions/clarifications state:

Title 10 NYCRR Section 86-2.30 (V) 27A

PRI instructions/clarifications state *"there must be an order for restorative therapy."*

In order for therapy to qualify as restorative therapy *"there is positive potential for improved functional status within a short and predictable period of time"...* Qualifier for maintenance therapy is *"to maintain and/or retard deterioration of current functional/ADL status."*

In 1 instance, documentation did not support the positive potential for improvement within a short and/or predictable period of time. 9

PRI instructions/clarifications also state *"in order for therapy to qualify as restorative, treatment is provided at least five days per week and 2.5 hours per week."*

In 3 instances, documentation did not support treatment five days/ 2.5 hours per week. 3, 9, 120

PRI instructions/clarifications further state *"in order for therapy to qualify as restorative the resident must continue to show improvement during treatment."*

In 1 instance, documentation did not support continued improvement in ADL/functional status through the past 28 days. 9

Number of Physician Visits

The PRI instructions/clarifications state that allowable physician visits are those in which *"the patient has a medical condition that (1) is unstable and changing or (2) is stable, but there is high risk of instability."*

10 NYCRR Section 86-2.30 (V) 28

In 2 instances, documentation did not support the number of physician visits claimed were for unstable or potentially unstable conditions. 1, 118

Primary Medical Problem

The PRI instructions/clarifications state: *"The primary medical problem should be selected based on the condition that has created the most need for nursing time during the past four weeks."*

10 NYCRR Section 86-2.30 (i) (VI) 30

In 6 instances, documentation did not support that the primary medical problem (ICD-9 code) was based on the condition that created the most need for nursing time. 4, 10, 11, 17, 48, 50

RUGS-II Classifications Overturned

In 22 instances, the RUG-II classifications were overturned.

3, 13, 14, 16, 25, 28, 31, 32, 33, 34, 39, 42, 48, 50, 61, 62, 63, 64, 65, 70, 120, 122

10 NYCRR Section 86-2.11