



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

May 12, 2014

[REDACTED]
Sheepshead Nursing and Rehabilitation Center
2840 Knapp Street
Brooklyn, New York 11235

Re: Medicaid PRI Audit #09-3812
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 Sheepshead Nursing and Rehabilitation Center ("Facility") for the audit period January 1, 2005 through December 31, 2006. In accordance with 18 NYCRR Section 517.6, this final audit report represents the OMIG's final determination on issues raised in the (revised) draft audit report.

In your response to the revised draft audit report dated October 21, 2013, you identified specific audit findings with which you disagreed. Your comments have been considered (see Attachment A-1) and the report has been either revised accordingly and/or amended to address your comments (See Attachment A-2). Consideration of your comments resulted in an overall reduction of \$490,937 to the total Medicaid overpayment shown in the revised draft audit report.

The findings applicable to the December 1, 2006 through March 31, 2009 Medicaid rates resulted in a Medicaid overpayment of \$166,005 as detailed in Attachment A-2. 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-2.

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

May 12, 2014

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:

[REDACTED]
New York State Department of Health
Medicaid Financial Management
GNARESP Corning Tower, Room 2739
File #09-3812
Albany, New York 12237-0048

OPTION #2: Enter into a repayment agreement with the Office of the Medicaid Inspector General. 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 50% withhold after 20 days until the agreement is established. 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. In addition, if you receive an adjustment in your favor while you owe funds to the State, such adjustment will be applied against any amount owed. If you wish to enter into a repayment agreement, please contact the Bureau of Collections Management within 20 days at the following:

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

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] or through email at [REDACTED].

Sincerely,

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

[REDACTED]
Attachments:

- ATTACHMENT A-1 – Analysis of Provider Response
- ATTACHMENT A-2 - Calculation of Medicaid Overpayment
- ATTACHMENT B - Change in RUG Counts for PRIs submitted on December 21, 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

██████████
Sheepshead Nursing and Rehabilitation
Center
2840 Knapp Street
Brooklyn, New York 11235

PROVIDER ID ██████████

AUDIT #09-3812

AMOUNT DUE: \$166,005

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

██████████
New York State Department of Health
Medicaid Financial Management
GNARESP Corning Tower, Room 2739
File #09-3812
Albany, New York 12237-0048

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

CORRECT PROVIDER NUMBER

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
SHEEPSHEAD NURSING AND REHABILITATION CENTER
AUDIT # 09-3812**

All OMIG disallowances were accepted by the Facility except for those shown below. The following details the disposition of final report disallowances after consideration of the Facility's draft audit report response comments.

REVERSAL COMMENTS

Based on information and documentation provided by the Facility, the following disallowances were reversed:

Sample # 9 – Disallow Occupational Therapy: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 12: Disallow Toileting: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 12: Disallow Physical Therapy: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 14: Disallow continual help with eating: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 14: Disallow MD Visits: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 14: Disallow Primary Medical Problem: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 15: Disallow Toileting: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 18: Disallow Continual Help with Eating: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 41: Disallow Occupational Therapy: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 46: Disallow Primary Medical Problem: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 48: Disallow Continual Help with Eating: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 48: Disallow Toileting: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 48: Disallow Physical Therapy: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 68: Disallow Physical Therapy: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 68: Disallow Occupational Therapy: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 77: Disallow Continual Help with Eating: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 77: Disallow Toileting : Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 77: Disallow Physical Therapy: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 77: Disallow MD Visits: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 77: Disallow Primary Medical Problem: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample #98: Disallow Level 4 Transfer: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 98: Disallow Physical Therapy: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 98: Disallow Occupational Therapy: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 100: Disallow Physical Therapy: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 100: Disallow Occupational Therapy: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 104: Disallow Suctioning: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 106: Disallow Occupational Therapy: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 106: Disallow MD Visits: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 106: Disallow Primary Medical Problem: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 108: Disallow Continual Help with Eating: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 108: Disallow Occupational Therapy: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 108: Disallow Physical Therapy: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 111: Disallow Occupational Therapy: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 111: Disallow Primary Medical Problem: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 127: Disallow Transfer: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 127: Disallow Toileting: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 127: Disallow Physical Therapy: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 133: Disallow MD Visits: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 145: Disallow Daily Suctioning: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 145: Disallow MD Visits: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 148: Disallow Suctioning. Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 148: Disallow Oxygen. Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 150: Disallow continual help with eating. Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 150: Disallow MD Visits. Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 150: Disallow Primary Medical Problem. Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 152: Disallow Transfer. Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 152: Disallow Primary Medical Problem. Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 153: Disallow MD Visits. Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 154: Disallow MD Visits. Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 155: Disallow Toileting. Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 155: Disallow MD Visits. Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 157: Disallow Toileting. Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 157: Disallow MD Visits. Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 157: Disallow Primary Problem. Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 158: Disallow continual help with eating. Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 158: Disallow Toileting. Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 158: Disallow MD Visits. Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 160: Disallow Primary Problem. Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 161: Disallow MD Visits. Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 164: Disallow continual help with eating. Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 165: Disallow continual help with eating. Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 169: Disallow continual help with eating. Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 169: Disallow MD Visits. Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 170: Disallow continual help with eating. Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 170: Disallow MD visits. Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 173: Disallow MD visits. Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

NON-REVERSAL COMMENTS

Based on information and documentation provided by the Facility, the following disallowances were not reversed:

Sample # 12 Finding: #19 Continual help with eating qualifier not supported by documentation.

Facility Comment

The facility comments on one date out of the ATP period (December 7, 2006) states that the resident required continual help with eating.

OMIG Response

The Eating ADL care plan dated November 7, 2006 states that resident will continue to feed self after set up. A submitted nurse's note dated November 21, 2006 also states resident is supervision/set up help with eating. The PRI instructions state that the task is how the patient completed each ADL 60% or more of the time performed. One date submitted for review (December 7, 2006) does not fulfill this requirement.

Disposition:

The draft report finding is unchanged and will be included in the final report.

Sample # 14 Finding: #27 Positive potential for improvement through occupational therapy not supported by documentation.

Facility Comment

The facility states that the resident made significant functional progress in functional ADL status.

OMIG Response

The level of physical functioning/ADL status has not changed from the submitted September 22, 2006 OT evaluation through the submitted December 13, 2006 Occupational Therapy Discharge Summary, which is the last day of the ATP. Again, per the PRI instructions, there must be a positive potential for significant improvement in a resident's functional status within short and predictable period of time.

Disposition:

The draft report finding is unchanged and will be included in the final report.

Sample # 15 Finding: #19 Continual help with eating not supported by documentation and #21 One assist with constant guidance for transfer qualifier not supported by documentation.

Continual Help with Eating- Facility Comment

The facility submitted the PRI ADL Assessment summary of November and December 2006 to support continual help with eating as well as a PRI ADL documentation note dated December 1, 2006.

OMIG Response

The audit's 'ADL Notes for PRI' documented in the nurses notes dated November 23, 2006 state resident requires intermittent supervision and minimal physical assistance with minor parts of eating.

Disposition:

The draft report finding is unchanged and will be included in the final report.

One Assist with constant guidance for Transfer- Facility Comment

The facility submitted the PRI ADL Assessment summary for November and December 2006 and the PRI ADL documentation note dated December 1, 2006.

OMIG Response

The audit's 'ADL Notes for PRI' documented in the nurses notes dated November 23, 2006 note that the resident requires intermittent supervision and physical assistance for difficult maneuvers only.

Disposition:

The draft report finding is unchanged and will be included in the final report.

Sample # 18 Finding: #27 Positive potential for improvement through occupational therapy not supported by documentation.

Facility Comment

The facility states that their submitted documentation reflects the resident's positive potential for improvement within a reasonable and predictable period of time.

OMIG Response

In reviewing all of the submitted OT notes dating from the initial evaluation from November 7, 2006 to the December 26, 2006 OT discharge summary, there is little to no documented improvement in the resident's functional status. The PRI instructions for Restorative Therapy state *"there is a positive potential for improved functional status within a short and predictable period of time. Therapy plan of care and progress notes should support that patient has this potential/is improving."*

Disposition:

The draft report finding is unchanged and will be included in the final report.

Sample # 46 Finding: #27 Continued improvement in ADL/functional status through occupational therapy during ATP not supported by documentation.

Facility Comment

The facility states that restorative OT was reasonable and necessary and that the PRI qualifiers were substantiated.

OMIG Response

The December 19, 2006 OT evaluation for this readmission stated this was a "2 week trial" for estimated duration of program. This does not meet new admission or re-admission PRI qualifiers as stated in the PRI instructions as well as the PRI clarifications where it states that the therapy is needed for 4 consecutive weeks.

Disposition:

The draft report finding is unchanged and will be included in the final report.

Sample # 68 Finding: #19 Continual help with Eating qualifier not supported by documentation, #21 Two assist with constant supervision or physical lift qualifier for transfer not supported by documentation and #22 Level 5 toileting schedule does not meet criteria defined in PRI instructions and clarifications.

Continual help with Eating qualifier not supported by documentation -Facility Comment

The facility submitted the PRI ADL Assessment (their summary) to validate that resident required continual help with eating along with the December 2, 2006 PRI ADL documentation.

OMIG Response

The PRI ADL assessment tool is a summary and the December 2, 2006 PRI ADL note does not match the November 2006 nursing care plan and OT progress notes regarding level of assist with eating. All state the resident is independent with set up for feeding and drinking.

Disposition:

The draft report finding is unchanged and will be included in the final report.

Two assist with constant supervision or physical lift qualifier for transfer not supported by documentation- Facility Comment

The facility submitted one nurse's note and their PRI/ADL summary to validate their argument.

OMIG Response

Their submitted documentation also supports a December 2, 2006 PRI/ADL note and a lengthy December 18, 2006 nurse's note that states resident is a one person assist to transfer.

Disposition:

The draft report finding is unchanged and will be included in the final report.

Level 5 Toileting- Facility Comment

Facility states they submitted documentation of medical necessity for the toileting program, with a care plan, and certified nurse's assistant accountability records documenting that the resident is toileted as per the PRI instructions.

OMIG Response

The November and December 2006 toileting schedule has more than 4 hours between toileting times. The PRI Clarifications state for level 5 toileting *that in no instance can the plan establish a toileting assistance schedule with any less frequency than every 2-4 hours during the day.*

Disposition

The draft report finding is unchanged and will be included in the final report.

Sample # 98 Finding: #19 Continual help with eating qualifier not supported by documentation, and #22 Level 5 toileting schedule does not meet criteria defined in PRI instructions and clarifications.

Level 3 Eating- Facility Comment

Facility submitted their PRI ADL summary sheet for December 2006 and a nurse's note dated December 16, 2006 that states that resident requires continual help with eating.

OMIG Response

The OT evaluation dated December 13, 2006 notes resident as independent with eating after setup with no indication that resident needed continuous assistance with meals.

The December 13, 2006 care plan evaluation states resident feeds self with set up help only.

Disposition

The draft report finding is unchanged and will be included in the final report.

Level 5 Toileting schedule does not meet criteria defined in PRI instructions and clarifications- Facility Comment

Facility states that resident is a UTI risk, has the formal toileting program, and the certified nurse's aide accountability form for December 2006.

OMIG Response

Toileting records submitted are missing dates December 6, 2006 through December 13, 2006 when the resident was hospitalized. Resident was not on a level 5 toileting program the entire ATP period.

Disposition

The draft report finding is unchanged and will be included in the final report.

Sample #104 Finding: #27 Occupational therapy does not meet restorative criteria defined in the PRI instructions and clarifications.

Facility Comment

The facility states that restorative Occupational Therapy was coded instead of restorative Physical Therapy.

OMIG Response

The OMIG does not correct data entry errors.

Disposition

The draft report finding is unchanged and will be included in the final report.

Sample #106 Finding: #19 Continual help with eating qualifier not supported by documentation.

Facility Comment

Facility states the PRI ADL Assessment documentation of December 2006 supports that resident required continual help with eating.

OMIG Response

Resident was re-admitted to the facility on December 21, 2006. The OT evaluation dated December 21, 2006 states resident is independent with set up.

There is no PRI ADL summary documentation in the submitted paperwork.

Disposition

The draft report finding is unchanged and will be included in the final report.

Sample # 108 Finding: #22 Level 5 Toileting does not meet criteria defined in PRI instructions and clarifications.

Facility Comment

The facility states they have included the UTI risk assessment, a care plan that necessitates the toileting program, and the certified nurse's aide accountability record, and the PRI ADL documentation for the ATP.

OMIG Response

Submitted toileting records reviewed. There are many instances where the toileting times were greater than the 4 hour interval that the PRI instructions dictate. The PRI clarifications state *that in no instance can the plan establish a toileting assistance schedule with any less frequency than every 2-4 hours during the day.*

Disposition

The draft report finding is unchanged and will be included in the final report.

Sample # 133 Finding: #18B Daily Suctioning**Facility Comment**

The facility states that they met the qualifier for coding suctioning in the PRI, that include the MD orders for same and the signed treatment sheets for daily suctioning for November and December 2006.

OMIG Response

There is a missing signature for December 4, 2006. Procedure must have been provided daily per the PRI instructions.

Disposition

The draft report finding is unchanged and will be included in the final report.

Sample # 150 Finding: # 22 Level 5 Toileting does not meet criteria defined in PRI instructions and clarifications.**Facility Comment**

The facility states they have included the UTI risk assessment, a care plan that necessitates the toileting program, and the certified nurse's aide accountability record.

OMIG Response

In reviewing the submitted documentation, there is missing information on November 30, 2006 from 7 a.m. to 2 p.m., December 5, 2006 and December 19, 2006. The schedule is missing exact times resident was toileted. PRI clarifications state that *"in no instance can the plan establish a toileting assistance schedule with any less frequency than every 2-4 hours during the day."*

Disposition

The draft report finding is unchanged and will be included in the final report.

Sample # 152 Finding: #19 Continual help with eating qualifier not supported by documentation and #22 Level 5 toileting schedule does not meet criteria defined in PRI instructions and clarifications.

Continual help with eating qualifier- Facility Comment

The facility submitted the PRI ADL assessment documentation of November and December 2006 which is a summary form which outlines all 3 shifts of ADL function, as well as a nurse's note on December 4, 2006 that states resident required continual help with eating.

OMIG Response

There is conflicting documentation submitted that states resident is 'supervision and set up help for eating' and 'continual help' statement is dated December 4, 2006, just 4 days before the end of the ATP period, which would not follow the 60% rule per PRI instructions. PRI instructions state to measure the ADL's according to how the activity was completed 60% or more of the time during the past four weeks.

Disposition

The draft report finding is unchanged and will be included in the final report.

Level 5 Toileting- Facility Comment

The facility states they have included the UTI risk assessment, a care plan that necessitates the toileting program, and the certified nurse's aide accountability record for the toileting program.

OMIG Response

The documentation submitted indicates that there are instances of greater than 4 hours in between toileting, on both the November and December 2006 urinary incontinence behavioral program documents. PRI clarifications state that 'in no instance can the plan establish a toileting assistance schedule with any less frequency than every 2-4 hours during the day.'

Disposition

The draft report finding is unchanged and will be included in the final report.

Sample # 153 Finding: #22 Level 5 toileting schedule does not meet criteria defined in PRI instructions and clarifications.

Facility Comment

The facility states they have included the UTI risk assessment, a care plan that necessitates the toileting program, and the certified nurse's aide accountability record for the toileting program, and the PRI ADL documentation for November and December 2006 that verify that resident was on a scheduled toileting program.

OMIG Response

The documentation submitted indicates that there are several instances of toileting which occurred in greater than 4 hour intervals for both November and December, 2006. (7am- noon which is 5 hours). PRI clarifications state that 'in no instance can the plan establish a toileting assistance schedule with any less frequency than every 2-4 hours during the day.'

Disposition

The draft report finding is unchanged and will be included in the final report.

Sample # 157 Finding: #19 Continual help with eating qualifier not supported by documentation.

Facility Comment

Facility submitted the November and December 2006 PRI ADL assessment documentation and a nurse's note dated December 2, 2006 stating that the resident needed continual help with eating.

OMIG Response

The nurse's note dated November 23, 2006 does not support level 3 eating. There is conflicting documentation that does not support a level 3 for eating.

Disposition

The draft report finding is unchanged and will be included in the final report.

Sample # 160 Finding: #19 Continual help with eating qualifier not supported by documentation.

Facility Comment

The facility submitted a PRI ADL assessment documentation for November and December 2006, a care plan and MDS that they feel reflects continual help with eating.

OMIG Response

The PRI ADL is a summary. It does not match documentation in the nurse's notes, specifically for December 8, 2006, which states the resident is self-fed with tray set up or the Evaluation of the care plan dated from June 2006 through December 5, 2006 that states "supervision with eating."

Disposition

The draft report finding is unchanged and will be included in the final report.

Sample # 161 Finding: #19 Continual help with eating qualifier not supported by documentation, # #21 One assist with constant guidance for transfer qualifier not supported by documentation and #22 Level 5 toileting schedule does not meet criteria defined in PRI instructions and clarifications.

Continual help with eating qualifier not supported by documentation**Facility Comment**

The facility submitted their PRI ADL assessment for November and December 2006 which is a summary of ADL assistance as well as nurse's notes on December 2, 2006.

OMIG Response

The November 23, 2006 ADL Note for PRI states resident requires intermittent supervision with eating. The evaluation of the care plan also states from September 2006 through December 22, 2006 that resident needs supervision for eating.

Disposition

The draft report finding is unchanged and will be included in the final report.

One assist with constant guidance for transfer qualifier not supported by documentation**Facility Comment**

The facility submitted their PRI ADL assessment, a care plan, and nurse's notes from December 2, 2006 to support this qualifier.

OMIG Response

The November 23, 2006 ADL Note for PRI states resident requires intermittent supervision and physical assistance for difficult maneuvers with transfer.

Disposition

The draft report finding is unchanged and will be included in the final report.

Level 5 Toileting - Facility Comment

The facility states they have included the UTI risk assessment, a care plan that necessitates the toileting program, and the certified nurse's aide accountability record for the toileting program for November and December 2006 as well as a nurse's note from December 2, 2006 that speaks to incontinence and how frequently the resident is toileted.

OMIG Response

Both the November and the December 2006 toileting schedules have toileted times that span greater than 4 hours during the day or evening. Per PRI Clarification sheet, in no instance can the plan establish a toileting assistance schedule with any less frequency than every 2-4 hours during the day.

Disposition

The draft report finding is unchanged and will be included in the final report.

Sample #164 Finding: #22 Level 5 toileting schedule does not meet criteria defined in PRI instructions and clarifications.

Facility Comment

The facility sent in documentation that they feel supports a UTI risk assessment, a formal toileting program care plan, the November and December 2006 certified nurse's assistant accountability form, and the PRI ADL documentation for November and December 2006.

OMIG Response

The submitted toileting records for November 2006 and December 2006 have instances of intervals greater than 4 hours between voiding attempts. Per the PRI Clarifications, *in no instance can the plan establish a toileting assistance schedule with any less frequency than every 2-4 hours during the day.*

Disposition

The draft report finding is unchanged and will be included in the final report.

Sample #165 Finding: #22 Level 5 toileting schedule does not meet criteria defined in PRI instructions and clarifications.

Facility Comment

The facility submitted the November and December 2006 certified nurse's assistant accountability forms, a toileting care plan, and the PRI ADL documentation for November and December 2006.

OMIG Response

The toileting scheduled times documented are not the specific times resident was toileted. The care plan does not establish specific times as stated in the PRI clarification sheet. Please refer to the **DAL letter dated December 29, 2005-DOH Response to Nursing Homes Concerns Regarding Various Aspects of the PRI Audit Process** that states: *The Department has reviewed this documentation requirement and now further clarifies that the 'specific time' must be within 15 minutes, before or after the toileting assistance was required by the care plan."*

Disposition

The draft report finding is unchanged and will be included in the final report.

Sample #168 Finding: #19 Continual help with eating qualifier not supported by documentation and #30 Condition listed as needing most nursing time not supported by documentation.

Continual Help with Eating-Facility Comment

The facility submitted PRI ADL assessment documentation for November and December 2006 and a nurse's note dated December 14, 2006, that they feel supports continual help with eating.

OMIG Response

There is conflicting documentation as there are several notes documented within the ATP that state resident 'feeds self with set up.' (December 18, 2006, December 19, 2006 and December 21, 2006). Resident 'feeds self' on December 21, 2006

Disposition

The draft report finding is unchanged and will be included in the final report.

Primary Medical Problem-Facility Comment

The facility states that resident was treated for both of these conditions. They refer to a physician order sheet indicating Avelox for UTI, a December 6, 2006 nurse's note documenting monitoring for pneumonia and UTI, and a hospital transfer form indicating UTI diagnosis. The PRI instructions state that 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. The nurse's notes throughout the ATP document that the resident was prescribed and received several different types of nebulized respiratory treatments for the documented pneumonia as well as the encouragement of fluids and vital sign monitoring.

OMIG Response

The PRI instructions state that 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. The nurse's notes throughout the ATP document that the resident was prescribed and received several different types of nebulized respiratory treatments for the documented pneumonia as well as the encouragement of fluids and vital sign monitoring. The Transfer Form as well as the Admission Form lists the pneumonia diagnosis as the primary diagnosis and the UTI as the secondary diagnosis.

Disposition

The draft report finding is unchanged and will be included in the final report.

Sample #173 Finding: #19 Continual help with eating qualifier not supported by documentation and # 22 Level 5 toileting schedule does not meet criteria defined in PRI instructions and clarifications.

Continual Help with Eating- Facility Comment

The facility submitted PRI ADL assessment documentation for November and December 2006 and a nurse's note dated December 6, 2006, that they feel supports continual help with eating, as well as an MDS score.

OMIG Response

The nurse's note written on December 4, 2006 is conflicting documentation, as it states resident is minimal assist with feeding and is able to feed self from prepared tray along with the feeding care plan that states resident is limited assist of one with eating.

Disposition

The draft report finding is unchanged and will be included in the final report.

Level 5 Toileting- Facility Comment

The facility submitted documentation to support a UTI risk assessment, a toileting care plan, nurse's notes from December 2006, and certified nursing assistant accountability forms for November and December 2006, and a PRI ADL documentation sheet for November and December 2006 that they feel shows that resident was on a formal toileting program.

OMIG Response

Both the submitted November and December 2006 toileting schedules have instances of greater than 4 hour increments between toileting and the scheduled times documented are not the specific times the resident was toileted. Per the PRI Clarifications, *in no instance can the plan establish a toileting assistance schedule with any less frequency than every 2-4 hours during the day.*

Disposition

The draft report finding is unchanged and will be included in the final report.

Sample # 174 Finding: #19 Continual help with eating qualifier not supported by documentation and # 22 Level 5 toileting schedule does not meet criteria defined in PRI instructions and clarifications.

Continual Help with Eating- Facility Comment

The facility submitted PRI ADL assessment documentation for November and December 2006 and a nurse's note dated December 1, 2006 to support the need for continual help with eating.

OMIG Response

There is conflicting documentation as there is a nurse's note from November 23, 2006 that states resident requires only "intermittent supervision and minimal assistance with minor parts of eating."

Disposition

The draft report finding is unchanged and will be included in the final report.

Level 5 toileting schedule does not meet criteria defined in PRI instructions and clarifications- Facility Comment

The facility submitted documentation for the UTI risk assessment, a toileting care plan, nurse's notes from December 2006 and the certified nursing assistant accountability forms for November and December 2006.

OMIG Response

The November 2006 toileting records have documented toileting times that are greater than 4 hour intervals. The PRI Clarifications state that "in no instance can the plan establish a toileting assistance schedule with any less frequency than every 2-4 hours during the day." The December 2006 toileting records reflect that the scheduled times documented are not the specific times the resident was toileted.

Disposition

The draft report finding is unchanged and will be included in the final report.

Sample #175 Finding: #19 Continual help with eating qualifier not supported by documentation, #21 Two assist with constant supervision or physical lift qualifier for transfer not supported by documentation, and #22 Level 5 toileting schedule does not meet criteria defined in PRI instructions and clarifications.

Continual Help with Eating- Facility Comment

The facility submitted PRI ADL assessment documentation for November and December 2006 and a nurse's note dated December 2, 2006 to support the need for continual help with eating.

OMIG Response

The submitted documentation still includes the November 23, 2006 nurse's note that documents that resident requires intermittent supervision with minor parts of eating. Documentation is conflicting.

Disposition

The draft report finding is unchanged and will be included in the final report.

Two assist with constant supervision or physical lift qualifier for Transfer- Facility Comment

The facility submitted a nurse's note dated December 2, 2006, a PRI/ADL assessment and a care plan to support their claim for Level 4 transfer.

OMIG Response

The submitted documentation still includes the November 23, 2006 nurses note that documents that resident requires 1 person constant assist with transfer. Documentation is conflicting.

Disposition

The draft report finding is unchanged and will be included in the final report.

Level 5 Toileting- Facility Comment

The facility submitted a UTI risk assessment, a toileting care plan, and the certified nursing assistant accountability forms for November and December 2006 that they feel supports their claim for level 5 toileting.

OMIG Response

The scheduled times documented are not the specific times the resident was toileted. Please refer to the **DAL letter dated December 29, 2005-DOH Response to Nursing Homes Concerns Regarding Various Aspects of the PRI Audit Process** that states: The Department has reviewed this documentation requirement and now further clarifies that the *'specific time' must be within 15 minutes, before or after the toileting assistance was required by the care plan.*

Disposition

The draft report finding is unchanged and will be included in the final report.

Sample # 176 Finding: #22 Level 5 toileting schedule does not meet criteria defined in PRI instructions and clarifications.

Facility Comment

The facility submitted their quarterly UTI risk assessment, a toileting care plan, nurse's notes from December 2 2006, and the certified nursing assistant's accountability forms for November and December 2006 with the PRI ADL documentation for November and December 2006.

OMIG Response

The scheduled times documented are not the specific times the resident was toileted. Per PRI clarification sheet "the specific time the toileting assistance was provided must be present in each instance assistance is provided." Please refer to the **DAL letter dated December 29, 2005-DOH Response to Nursing Homes Concerns Regarding Various Aspects of the PRI Audit Process** that states: The Department has reviewed this documentation requirement and now further clarifies that the *'specific time' must be within 15 minutes, before or after the toileting assistance was required by the care plan.*"

Disposition

The draft report finding is unchanged and will be included in the final report.

Sample # 177 Finding: #22 Level 5 toileting schedule does not meet criteria defined in PRI instructions and clarifications.

Facility Comment

The facility submitted their quarterly UTI risk assessment, a toileting care plan, nurse's notes from December 2 2006, and the certified nursing assistant's accountability forms for November and December 2006 with the PRI ADL documentation for November and December 2006.

OMIG Response

The scheduled times documented are not the specific times the resident was toileted. Per PRI clarification sheet "the specific time the toileting assistance was provided must be present in each instance assistance is provided." Please refer to the **DAL letter dated December 29, 2005-DOH Response to Nursing Homes Concerns Regarding Various Aspects of the PRI Audit Process** that states: The Department has reviewed this documentation requirement and now further clarifies that the *'specific time' must be within 15 minutes, before or after the toileting assistance was required by the care plan.*"

Disposition

The draft report finding is unchanged and will be included in the final report.

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 SHEEPSHEAD NURSING AND REHABILITATION CENTER
 AUDIT #09-3812
 CALCULATION OF MEDICAID OVER PAYMENT

<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	12/01/06 - 12/31/06	279.99	278.03	279.99	278.03	1.96	2728	\$ 5,347
NF	01/01/07 - 03/31/07	285.70	283.68	285.70	283.68	2.02	8065	16,291
NF	04/01/07 - 06/30/07	284.13	282.13	284.13	282.13	2.00	8804	17,608
NF	07/01/07 - 08/31/07	281.89	279.89	281.89	279.89	2.00	5946	11,892
NF	09/01/07 - 12/31/07	281.89	279.89	281.89	279.89	2.00	12433	24,866
NF	01/01/08 - 03/31/08	286.34	284.30	286.34	284.30	2.04	8536	17,413
NF	04/01/08 - 06/30/08	280.30	278.27	280.30	278.27	2.03	8529	17,314
NF	07/01/08 - 12/31/08	287.25	285.22	287.25	285.22	2.03	18121	36,786
NF	01/01/09 - 03/31/09	285.68	283.59	285.68	283.59	2.09	8846	18,488

TOTAL MEDICAID OVERPAYMENT \$ 166,005

OFFICE OF THE MEDICAID INSPECTOR GENERAL
SHEEPSHEAD NURSING AND REHABILITATION CENTER
CHANGE IN RUG CATEGORIES
DECEMBER 21, 2006

RUG CATEGORY	CHANGE IN RUG CATEGORY			
	REPORTED INCREASE	DECREASE	ADJUSTED	
BA	0			0
BB	0			0
BC	0			0
CA	0			0
CB	3	6		9
CC	20		6	14
CD	0	2		2
PA	0			0
PB	0			0
PC	19	7		26
PD	6		5	1
PE	0			0
RA	0	1		1
RB	131		5	126
SA	0			0
SB	17			17
TOTAL	196	16	16	196

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 REVIEW OF PATIENT REVIEW INSTRUMENT
 SHEEPSHEAD NURSING AND REHABILITATION CENTER SNF
 AUDIT #09-3812

SAMPLE NUMBER	DOB	INITIALS	PRI DATE	RUG CATEGORY		RUG WEIGHT		DETAILED FINDINGS
				REPORTED	DERIVED	REPORTED	DERIVED	
1			12/8/2006	RB	RB	1.79	1.79	Disalov #22 Talking
2			12/8/2006	RB	RB	1.79	1.79	Disalov #19 Eating
3			12/8/2006	RB	RB	1.79	1.79	Disalov #28 Physician Visits
4			12/8/2006	RB	RB	1.79	1.79	Disalov #21 Transfer
5			12/8/2006	RB	RB	1.79	1.79	Disalov #30 Primary Problem
6			12/8/2006	RB	RB	1.79	1.79	Disalov #16 Occupational Therapy
7			12/8/2006	RB	RB	1.79	1.79	Disalov #27 Occupational Therapy
8			12/8/2006	RB	RB	1.79	1.79	Disalov #189 Suctioning
9			12/8/2006	RB	RB	1.79	1.79	Disalov #188 Suctioning Level
10			12/8/2006	RB	RB	1.79	1.79	Disalov #27 Physical Therapy
11			12/8/2006	RB	RB	1.79	1.79	Disalov #18C Oxygen
12			12/8/2006	RB	RB	1.79	1.79	Disalov #17B Dehydration
13			12/8/2006	RB	RB	1.79	1.79	
14			12/13/2006	RB	PC	1.79	1.03	
15			12/14/2006	RB	RA	1.79	1.57	
16			12/14/2006	RB	RB	1.79	1.79	
17			12/15/2006	RB	RB	1.79	1.79	
18			12/15/2006	RB	CC	1.79	1.32	
19			12/15/2006	RB	RB	1.79	1.79	
20			12/15/2006	RB	RB	1.79	1.79	
21			12/15/2006	RB	RB	1.79	1.79	
22			12/18/2006	RB	RB	1.79	1.79	
23			12/18/2006	RB	RB	1.79	1.79	
24			12/18/2006	RB	RB	1.79	1.79	
25			12/18/2006	RB	RB	1.79	1.79	

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 REVIEW OF PATIENT REVIEW INSTRUMENT
 SHEEPSHEAD NURSING AND REHABILITATION CENTER SNF
 AUDIT #09-3812

SAMPLE NUMBER	DOB	INITIALS	PRI DATE	RUG CATEGORY		RUG WEIGHT		DETAILED FINDINGS
				REPORTED	DERIVED	REPORTED	DERIVED	
26			12/19/2006	RB	RB	1.79	1.79	Dialow #22 Toking
27			12/19/2006	RB	RB	1.79	1.79	Dialow #19 Eating
28			12/19/2006	RB	RB	1.79	1.79	Dialow #28 Physician Visits
29			12/21/2006	RB	RB	1.79	1.79	Dialow #21 Transfer
30			12/21/2006	RB	RB	1.79	1.79	Dialow #30 Primary Problem
31			12/21/2006	RB	RB	1.79	1.79	Dialow #10G Wound Care
32			12/21/2006	RB	RB	1.79	1.79	Dialow #27 Occupational Therapy
33			12/21/2006	RB	RB	1.79	1.79	Dialow #16 Decubitus Level
34			12/21/2006	RB	RB	1.79	1.79	Dialow #18B Suctioning
35			12/21/2006	RB	RB	1.79	1.79	Dialow #27 Physical Therapy
36			12/21/2006	RB	RB	1.79	1.79	Dialow #17B Denyration
37			12/21/2006	RB	RB	1.79	1.79	Dialow #17C Oxygen
38			12/21/2006	RB	RB	1.79	1.79	Dialow #18B Suctioning
39			12/21/2006	RB	RB	1.79	1.79	Dialow #27 Occupational Therapy
40			12/21/2006	RB	RB	1.79	1.79	Dialow #16 Decubitus Level
41			12/21/2006	RB	RB	1.79	1.79	Dialow #18B Suctioning
42			12/21/2006	RB	RB	1.79	1.79	Dialow #27 Physical Therapy
43			12/21/2006	RB	RB	1.79	1.79	Dialow #17B Denyration
44			12/21/2006	RB	RB	1.79	1.79	Dialow #17C Oxygen
45			12/21/2006	RB	RB	1.79	1.79	Dialow #18B Suctioning
46			12/21/2006	RB	CO	1.79	1.64	Dialow #27 Occupational Therapy
47			12/21/2006	RB	RB	1.79	1.79	Dialow #16 Decubitus Level
48			12/21/2006	RB	RB	1.79	1.79	Dialow #18B Suctioning
49			12/21/2006	RB	RB	1.79	1.79	Dialow #27 Physical Therapy
50			12/21/2006	RB	RB	1.79	1.79	Dialow #17B Denyration

SAMPLE NUMBER	DOB	INITIALS	PRI DATE	RUG CATEGORY		RUG WEIGHT		DETAILED FINDINGS
				REPORTED	DERIVED	REPORTED	DERIVED	
51			12/21/2006	RB	RB	1.79	1.79	Dialson #22 Toleing
52			12/21/2006	RB	RB	1.79	1.79	Dialson #19 Earing
53			12/21/2006	RB	RB	1.79	1.79	Dialson #28 Physician Visits
54			12/21/2006	RB	RB	1.79	1.79	Dialson #21 Transfer
55			12/21/2006	RB	RB	1.79	1.79	Dialson #30 Primary Problem
56			12/21/2006	RB	RB	1.79	1.79	Dialson #189 Wound Care
57			12/21/2006	RB	RB	1.79	1.79	Dialson #27 Occupational Therapy
58			12/21/2006	RB	RB	1.79	1.79	Dialson #16 Decubitus Level
59			12/21/2006	RB	RB	1.79	1.79	Dialson #188 Suctioning
60			12/21/2006	RB	RB	1.79	1.79	Dialson #27 Physical Therapy
61			12/21/2006	RB	RB	1.79	1.79	Dialson #18C Oxygen
62			12/21/2006	RB	RB	1.79	1.79	Dialson #17B Dehydration
63			12/21/2006	RB	RB	1.79	1.79	
64			12/21/2006	RB	RB	1.79	1.79	
65			12/21/2006	RB	RB	1.79	1.79	
66			12/21/2006	RB	RB	1.79	1.79	
67			12/21/2006	RB	RB	1.79	1.79	
68			12/21/2006	RB	RB	1.79	1.79	
69			12/21/2006	RB	RB	1.79	1.79	
70			12/21/2006	RB	RB	1.79	1.79	
71			12/21/2006	RB	RB	1.79	1.79	
72			12/21/2006	RB	RB	1.79	1.79	
73			12/21/2006	RB	RB	1.79	1.79	
74			12/21/2006	RB	RB	1.79	1.79	
75			12/21/2006	RB	RB	1.79	1.79	

SAMPLE NUMBER	DOB	INITIALS	PRI DATE	RUG CATEGORY		RUG WEIGHT		DETAILED FINDINGS
				REPORTED	DERIVED	REPORTED	DERIVED	
76			12/21/2006	RB	RB	1.79	1.79	Disalton #22 Tolerating
77			12/21/2006	RB	RB	1.79	1.79	Disalton #19 Eating
78			12/21/2006	RB	RB	1.79	1.79	Disalton #28 Physician Visits
79			12/21/2006	RB	RB	1.79	1.79	Disalton #21 Transfer
80			12/21/2006	RB	RB	1.79	1.79	Disalton #30 Primary Problem
81			12/21/2006	RB	RB	1.79	1.79	Disalton #186 Wound Care
82			12/21/2006	RB	RB	1.79	1.79	Disalton #27 Occupational Therapy
83			12/21/2006	RB	RB	1.79	1.79	Disalton #188 Suctioning Level
84			12/21/2006	RB	RB	1.79	1.79	Disalton #188 Suctioning
85			12/21/2006	RB	RB	1.79	1.79	Disalton #27 Physical Therapy
86			12/21/2006	RB	RB	1.79	1.79	Disalton #180 Oxygen
87			12/21/2006	RB	RB	1.79	1.79	Disalton #178 Dehydration
88			12/21/2006	RB	RB	1.79	1.79	
89			12/21/2006	RB	RB	1.79	1.79	
90			12/21/2006	RB	RB	1.79	1.79	
91			12/21/2006	RB	RB	1.79	1.79	
92			12/21/2006	RB	RB	1.79	1.79	
93			12/21/2006	RB	RB	1.79	1.79	
94			12/21/2006	RB	RB	1.79	1.79	
95			12/21/2006	RB	RB	1.79	1.79	
96			12/21/2006	RB	RB	1.79	1.79	
97			12/21/2006	RB	RB	1.79	1.79	
98			12/21/2006	RB	RB	1.79	1.79	
99			12/21/2006	RB	RB	1.79	1.79	
100			12/21/2006	RB	RB	1.79	1.79	

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 REVIEW OF PATIENT REVIEW INSTRUMENT
 SHEEPSHEAD NURSING AND REHABILITATION CENTER SNF
 AUDIT #09-3812

SAMPLE NUMBER	DOB	INITIALS	PRIDATE	RUG CATEGORY REPORTED DERIVED		RUG WEIGHT REPORTED DERIVED		DETAILED FINDINGS
				REPORTED	DERIVED	REPORTED	DERIVED	
101			12/21/2006	RB	RB	1.79	1.79	
102			12/21/2006	RB	RB	1.79	1.79	
103			12/21/2006	RB	RB	1.79	1.79	
104			12/21/2006	RB	SB	1.79	1.74	1
105			12/21/2006	RB	RB	1.79	1.79	
106			12/21/2006	RB	RB	1.79	1.79	
107			12/21/2006	RB	RB	1.79	1.79	1
108			12/21/2006	RB	RB	1.79	1.79	
109			12/21/2006	RB	RB	1.79	1.79	
110			12/21/2006	RB	RB	1.79	1.79	1
111			12/21/2006	RB	RB	1.79	1.79	
112			12/21/2006	RB	RB	1.79	1.79	1
113			12/21/2006	RB	RB	1.79	1.79	
114			12/21/2006	RB	RB	1.79	1.79	
115			12/21/2006	RB	RB	1.79	1.79	
116			12/21/2006	RB	RB	1.79	1.79	1
117			12/21/2006	RB	RB	1.79	1.79	
118			12/21/2006	RB	RB	1.79	1.79	1
119			12/21/2006	RB	RB	1.79	1.79	
120			12/21/2006	RB	RB	1.79	1.79	
121			12/21/2006	RB	RB	1.79	1.79	
122			12/21/2006	RB	RB	1.79	1.79	
123			12/21/2006	RB	RB	1.79	1.79	1
124			12/21/2006	RB	RB	1.79	1.79	1
125			12/21/2006	RB	RB	1.79	1.79	1

SAMPLE NUMBER	DOB	INITIALS	PRI DATE	RUG CATEGORY		RUG WEIGHT		DETAILED FINDINGS
				REPORTED	DERIVED	REPORTED	DERIVED	
126			12/21/2006	RB	RB	1.79	1.79	Dialow #22 Talking
127			12/21/2006	RB	RB	1.79	1.79	Dialow #19 Earing
128			12/21/2006	RB	RB	1.79	1.79	Dialow #28 Physician Visits
129			12/21/2006	RB	RB	1.79	1.79	Dialow #21 Transfer
130			12/21/2006	RB	RB	1.79	1.79	Dialow #30 Primary Problem
131			12/21/2006	RB	RB	1.79	1.79	Dialow #186 Wound Care
132			12/8/2006	SB	SB	1.74	1.74	Dialow #27 Occupational Therapy
133			12/8/2006	SB	CD	1.74	1.64	Dialow #16 Decubitus Level
134			12/8/2006	SB	SB	1.74	1.74	Dialow #188 Suctioning
135			12/8/2006	SB	SB	1.74	1.74	Dialow #27 Physical Therapy
136			12/8/2006	SB	SB	1.74	1.74	Dialow #178 Dehydration
137			12/8/2006	SB	SB	1.74	1.74	Dialow #180 Oxygen
138			12/13/2006	SB	SB	1.74	1.74	Dialow #27 Occupational Therapy
139			12/13/2006	SB	SB	1.74	1.74	Dialow #186 Wound Care
140			12/13/2006	SB	SB	1.74	1.74	Dialow #21 Transfer
141			12/14/2006	SB	SB	1.74	1.74	Dialow #30 Primary Problem
142			12/14/2006	SB	SB	1.74	1.74	Dialow #28 Physician Visits
143			12/15/2006	SB	SB	1.74	1.74	Dialow #27 Physical Therapy
144			12/18/2006	SB	SB	1.74	1.74	Dialow #178 Dehydration
145			12/18/2006	SB	SB	1.74	1.74	Dialow #180 Oxygen
146			12/18/2006	SB	SB	1.74	1.74	Dialow #27 Occupational Therapy
147			12/21/2006	SB	SB	1.74	1.74	Dialow #188 Suctioning
148			12/21/2006	SB	SB	1.74	1.74	Dialow #27 Physical Therapy
149			12/8/2006	CC	CC	1.32	1.32	Dialow #16 Decubitus Level
150			12/8/2006	CC	CB	1.32	1.18	Dialow #22 Talking

SAMPLE NUMBER	DOB	INITIALS	PRI DATE	RUG CATEGORY		RUG WEIGHT		DETAILED FINDINGS
				REPORTED	DERIVED	REPORTED	DERIVED	
151			12/8/2006	CC	CC	1.32	1.32	Dialysis #22 Toileting
152			12/8/2006	CC	CC	1.32	1.18	Dialysis #19 Earring
153			12/8/2006	CC	CC	1.32	1.32	Dialysis #28 Physician Visits
154			12/10/2006	CC	CC	1.32	1.32	Dialysis #21 Transfer
155			12/11/2006	CC	CC	1.32	1.32	Dialysis #30 Primary Problem
156			12/14/2006	CC	CC	1.32	1.32	Dialysis #18G Wound Care
157			12/14/2006	CC	CC	1.32	1.18	Dialysis #27 Occupational Therapy
158			12/15/2006	CC	CC	1.32	1.32	Dialysis #18B Suctioning Level
159			12/15/2006	CC	CC	1.32	1.32	Dialysis #18C Oxygen
160			12/15/2006	CC	CC	1.32	1.18	Dialysis #17B Dehydration
161			12/15/2006	CC	CC	1.32	1.18	Dialysis #27 Physical Therapy
162			12/16/2006	CC	CC	1.32	1.32	Dialysis #18G Wound Care
163			12/20/2006	CC	CC	1.32	1.32	Dialysis #21 Transfer
164			12/20/2006	CC	CC	1.32	1.32	Dialysis #30 Primary Problem
165			12/20/2006	CC	CC	1.32	1.32	Dialysis #27 Occupational Therapy
166			12/20/2006	CC	CC	1.32	1.32	Dialysis #18B Suctioning Level
167			12/21/2006	CC	CC	1.32	1.18	Dialysis #18C Oxygen
168			12/21/2006	CC	CC	1.32	1.32	Dialysis #17B Dehydration
169			12/21/2006	CC	PC	1.32	1.03	Dialysis #27 Physical Therapy
170			12/8/2006	CC	CC	1.18	1.18	Dialysis #18G Wound Care
171			12/18/2006	CC	CC	1.18	1.18	Dialysis #21 Transfer
172			12/20/2006	CC	CC	1.18	1.18	Dialysis #30 Primary Problem
173			12/8/2006	PD	PD	1.17	1.17	Dialysis #28 Physician Visits
174			12/11/2006	PD	PC	1.17	1.03	Dialysis #27 Occupational Therapy
175			12/15/2006	PD	PC	1.17	1.03	Dialysis #18B Suctioning Level

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 REVIEW OF PATIENT REVIEW INSTRUMENT
 SHEEPSHEAD NURSING AND REHABILITATION CENTER SNF
 AUDIT #09-3812

SAMPLE NUMBER	DOB	INITIALS	PRI DATE	RUG CATEGORY REPORTED		RUG WEIGHT REPORTED	RUG WEIGHT DERIVED	Detailed Findings
				PC	PD			
176			12/15/2006	PC	PD	1.17	1.03	Dialysis #22 Toileting
177			12/21/2006	PC	PD	1.17	1.03	Dialysis #19 Eating
178			12/8/2006	PC	PC	1.03	1.03	Dialysis #28 Physician Visits
179			12/8/2006	PC	PC	1.03	1.03	Dialysis #21 Transfer
180			12/8/2006	PC	PC	1.03	1.03	Dialysis #30 Primary Problem
181			12/8/2006	PC	PC	1.03	1.03	Dialysis #18G Wound Care
182			12/14/2006	PC	PC	1.03	1.03	Dialysis #27 Occupational Therapy
183			12/14/2006	PC	PC	1.03	1.03	Dialysis #16 Decubitus Level
184			12/14/2006	PC	PC	1.03	1.03	Dialysis #18B Suctioning
185			12/14/2006	PC	PC	1.03	1.03	Dialysis #27 Physical Therapy
186			12/15/2006	PC	PC	1.03	1.03	Dialysis #18C Oxygen
187			12/15/2006	PC	PC	1.03	1.03	Dialysis #17B Dehydration
188			12/15/2006	PC	PC	1.03	1.03	
189			12/15/2006	PC	PC	1.03	1.03	
190			12/18/2006	PC	PC	1.03	1.03	
191			12/21/2006	PC	PC	1.03	1.03	
192			12/21/2006	PC	PC	1.03	1.03	
193			12/21/2006	PC	PC	1.03	1.03	
194			12/21/2006	PC	PC	1.03	1.03	
195			12/21/2006	PC	PC	1.03	1.03	
196			12/21/2006	PC	PC	1.03	1.03	

Totals 78 59 41 28 15 6 4 3 2 2 1 1

**SHEEPSHEAD NURSING AND REHABILITATION CENTER
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 3 instances, documentation did not support a description of the wound as decubitus level 2, 3, or 4.

34, 35, 81

Dehydration

The PRI instructions/clarifications define dehydration as an *"excessive loss of body fluids requiring immediate medical treatment and ADL care."*

10 NYCRR Section 86-2.30 (II) 17B

In 1 instance, the medical record did not support the definition of dehydration.

120

Suctioning - General (Daily)

PRI instructions/clarifications state, *"For medical treatments having a daily frequency requirement, treatments must be provided every day of the four week period."*

10 NYCRR Section 86-2.30 (II) 18B

In 2 instances, documentation did not support the daily frequency requirement for suctioning.

132, 133

Oxygen - (Daily)

PRI instructions/clarifications state *"For medical treatments having a daily frequency requirement, treatments must be provided every day of the four week period."*

10 NYCRR Section 86-2.30 (II) 18C

In 1 instance, documentation did not support the daily frequency requirement for oxygen. 43

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 5 instances, documentation did not support wound care due to surgery, trauma, or cancerous lesion during the past 28 days. 4, 32, 61, 103, 131

In 3 instances, wound care for decubiti, stasis ulcers, skin tears and feeding tubes are excluded. 4, 61, 93

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 59 instances, documentation did not support continual help with eating. 7, 8, 11, 12, 15, 16, 29, 33, 35, 42, 43, 44, 52, 58, 59, 62, 64, 68, 79, 81, 83, 86, 87, 88, 89, 91, 92, 96, 98, 103, 106, 112, 116, 123, 125, 128, 152, 157, 160, 161, 168, 171, 173, 174, 175, 179, 181, 182, 183, 184, 186, 187, 188, 189, 191, 192, 193, 194, 195

Transfer

The PRI instructions/clarifications state:

10 NYCRR Section 86-2.30 (III) 21

Level 3 transfer continuous assistance; *"requires one person to provide constant guidance, steadiness and/or physical assistance. Patient may participate in transfer."*

In 2 instances, documentation did not support constant guidance or physical assistance in transfer. 15, 161

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

In 26 instances, documentation did not support the resident; required two people or the use of lifting equipment to transfer. 8, 19, 27, 30, 32, 35, 50, 55, 58, 64, 68, 73, 76, 82, 85, 87, 88, 95, 107, 110, 130, 137, 138, 141, 175, 186

In 1 instance, documentation did not support a logical medical reason why the patient required two people to transfer. 141

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 2 instances, documentation did not support incontinence 60% of the time. 35, 76

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 76 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, 7, 8, 10, 11, 13, 16, 19, 20, 21, 22, 24, 25, 27, 28, 29, 30, 42, 43, 44, 45, 51, 52, 54, 59, 68, 69, 71, 72, 74, 83, 86, 92, 94, 98, 103, 107, 108, 114, 116, 120, 121, 123, 124, 125, 126, 128, 129, 150, 151, 152, 153, 156, 161, 164, 165, 166, 173, 174, 175, 176, 177, 178, 181, 182, 184, 185, 187, 189, 192, 193, 194, 195, 196

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."*

In order for therapy to qualify as restorative *"there is positive potential for improved functional status within a short and predictable period of time"...* The 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.

70

PRI instructions/clarifications 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.

49

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 3 instances, documentation did not support the positive potential for improvement within a short and/or predictable period of time. 14, 18, 46

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 1 instance, documentation did not support treatment five days/ 2.5 hours per week. 104

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. 46

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 41 instances, documentation did not support the number of physician visits claimed were for unstable or potentially unstable conditions. 4, 7, 13, 19, 22, 27, 28, 31, 34, 35, 39, 45, 53, 55, 56, 60, 63, 66, 79, 81, 82, 83, 86, 95, 119, 126, 129, 130, 136, 137, 141, 142, 143, 149, 151, 163, 167, 172, 184, 185, 186

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 15 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.

3, 13, 16, 33, 39, 45, 48, 56, 57, 59,
70, 123, 141, 143, 168

RUGS-II Classifications Overturned

In 18 instances, the RUG-II classifications were overturned.

10 NYCRR Section 86-2.11

14, 15, 18, 46, 104, 133, 150, 152,
157, 160, 161, 165, 168, 173, 174,
175, 176, 177