



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 15, 2014

[REDACTED]
Cobble Hill Health Center
380 Henry Street
Brooklyn, New York 11201

Re: Medicaid PRI Audit #09-4648
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 Cobble Hill Health 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 September 24, 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 \$282,069 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 \$1,433,890 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 15, 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 #09-4648
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]
[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

[REDACTED]
Cobble Hill Health Center
380 Henry Street
Brooklyn, New York 11201

PROVIDER ID [REDACTED]

AUDIT #09-4648

AMOUNT DUE: \$1,433,890

AUDIT
TYPE

[] PROVIDER
[X] RATE
[] PART B
[] 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 #09-4648
Albany, New York 12237-0048 .

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

[REDACTED]

CORRECT PROVIDER NUMBER

COBBLE HILL HEALTH CENTER

AUDIT # 09-4648

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:

Adjustment 1

Sample # 131 – Disallow Eating: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Adjustment 3

Sample # 59 – Disallow Toileting: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 135 – Disallow Toileting: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 136 - Disallow Toileting: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample #141 - Disallow Toileting: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample #239 - Disallow Toileting: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample #242 - Disallow Toileting: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample #243 - Disallow Toileting: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample #267 - Disallow Toileting: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample #268 - Disallow Toileting: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Adjustment 5

Sample # 92 - Disallow MD Visits: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 136 - Disallow MD Visits: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 185 - Disallow MD Visits: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Adjustment 6

Sample # 202 - 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 # 206 - 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 # 215 - 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 # 226 - 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 # 374 - 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 # 378 - Disallow Primary Medical Problem: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Adjustment 7

Sample # 373 - Disallow Dementia Add On: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 381 - Disallow Dementia Add On: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Sample # 388 - Disallow Dementia Add On: Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

REJECTION COMMENTS

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

Adjustment 1 - Eating

Sample # 148: #19 Continual help with eating qualifier not supported by documentation.

Facility Comment:

Facility states that patient currently requires staff's continual presence/constant supervision to ensure consumption of meals.

OMIG Response:

There was no eating care plan. Accountability sheet dated 11/16 - 12/14 documents "feeds self" and "intermittent assist" which does not support Level 3 eating.

Disposition:

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

Sample # 163: #19 Continual help with eating qualifier not supported by documentation.

Facility Comment:

Facility states that patient is able to participate during meals, but requires staff's continual presence/constant supervision to ensure meal consumption.

OMIG Response:

Comprehensive care plan for nutrition dated May 23, 2006, and updated on August 15, 2006. November 8, 2006 states assist with tray set up. Accountability sheet for November and December 2006 states feeds self, needs tray set up. Nutritional assessment dated November 10, 2006 states feeds self after tray set up.

Disposition

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

Sample # 174: #19 Continual help with eating qualifier not supported by documentation.

Facility Comment

Facility states that patient does not always allow someone to physically assist him during meals but he requires staff's continual presence/constant supervision to ensure meal consumption.

OMIG Response

Care plan dated 8/4/06 states limited assistance with eating, tray set up. Care plan reviewed 11/2/06 and no changes were made. Accountability record shows feeds self. No nursing notes to support help with eating.

Disposition

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

Adjustment 2 - Transfer

Sample #120: #21 Two assist with constant supervision or physical lift qualifier for transfer not supported by documentation.

Facility Comment

Facility states that the patient requires two people to transfer, especially during transfers on and off toilet.

OMIG Response

Transfer - Additional documentation reviewed does not support Level 4 transfer. Caregiver accountability record documents "constant assist of one" which is Level 3. Per PRI definition transfer does not include transfer to bath or toilet.

Disposition

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

Adjustment 3 Toileting

Sample #131: #22 Level 5 toileting schedule does not meet criteria defined in PRI instructions and clarifications.

Facility Comment

Facility claims a Level 5 toileting.

OMIG Response

The resident's toileting schedule was every 2-4 hours. The documentation did not support an individualized toileting schedule, the specific time the resident was toileted, the toileting schedule contained blanks, and the schedule contained intervals greater than four hours.

Disposition

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

Sample #138: #22 Level 5 toileting schedule does not meet criteria defined in PRI instructions and clarifications.

Facility Comment

Facility claims a Level 5 toileting.

OMIG Response

The resident's toileting schedule was every 2-4 hours. The toileting schedule contained blanks, and the schedule contained intervals greater than four hours.

Disposition

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

Sample#143: #22 Level 5 toileting schedule does not meet criteria defined in PRI instructions and clarifications.

Facility Comment

Facility claims a Level 5 toileting.

OMIG Response

Toileting sheets have blanks and time intervals greater than four hours between toileting.

Disposition

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

Sample #170: #22 Level 5 toileting schedule does not meet criteria defined in PRI instructions and clarifications.

Facility Comment

Facility claims a Level 5 toileting.

OMIG Response

The resident's toileting schedule was every 2-4 hours. The documentation did not support an individualized toileting schedule, the toileting schedule contained blanks, and the schedule contained intervals greater than four hours.

Disposition

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

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

Facility Comment

Facility claims a Level 5 toileting.

OMIG Response

No documentation of incontinence or toileting found. No documentation to support that the resident is taken to the bathroom in conformance with a schedule established in the care plan. No documentation of the name or initials of the health care worker performing the toileting assistance and the specific time the toileting assistance was provided, which must be present in each instance that assistance was rendered. No care plan or toileting record found.

Disposition

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

Sample #200: #22 Level 5 toileting schedule does not meet criteria defined in PRI instructions and clarifications.

Facility Comment

Facility claims a Level 5 toileting.

OMIG Response

No documentation of a toileting schedule. Documentation states "diapered and changed".

Disposition

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

Sample #236: #22 Level 5 toileting schedule does not meet criteria defined in PRI instructions and clarifications.

Facility Comment

Facility claims a Level 5 toileting.

OMIG Response

The summary dated November, 2006 – December, 2006 states "requires no supervision or physical assistance for toileting".

Disposition

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

Sample #246: #22 Level 5 toileting schedule does not meet criteria defined in PRI instructions and clarifications.

Facility Comment

Facility claims a Level 5 toileting

OMIG Response

No documentation of incontinence or toileting found. No documentation to support that the resident is taken to the bathroom in conformance with a schedule established in care plan. No documentation of the name or initials of the health care worker performing the toileting assistance and the specific time the toileting assistance was provided, which must be present in each instance that assistance was rendered. No care plan or toileting record found.

Disposition

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

Sample #250: #22 Level 5 toileting schedule does not meet criteria defined in PRI instructions and clarifications.

Facility Comment

Facility claims a Level 5 toileting.

OMIG Response

The residents' toileting schedule was every 2-4 hours. The documentation did not support an individualized toileting schedule. The toileting schedule contained blanks, and the schedule contained intervals greater than 4 hours.

Disposition

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

Sample #253: #22 Level 5 toileting schedule does not meet criteria defined in PRI instructions and clarifications.

Facility Comment

Facility claims a Level 5 toileting.

OMIG Response

Documentation did not support an individualized toileting schedule. The toileting schedule contained blanks, and the schedule contained intervals greater than four hours

Disposition

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

Sample #257: #22 Level 5 toileting schedule does not meet criteria defined in PRI instructions and clarifications.

Facility Comment

Facility claims a Level 5 toileting.

OMIG Response

Documentation did not support an individualized toileting schedule. The toileting schedule contained blanks, and the schedule contained intervals greater than four hours

Disposition

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

Sample #259: #22 Level 5 toileting schedule does not meet criteria defined in PRI instructions and clarifications.

Facility Comment

Facility claims a Level 5 toileting.

OMIG Response

Documentation did not support an individualized toileting schedule. The toileting schedule contained blanks, and the schedule contained intervals greater than hours

Disposition

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

Sample #262: #22 Level 5 toileting schedule does not meet criteria defined in PRI instructions and clarifications.

Facility Comment

Facility claims a Level 5 toileting.

OMIG Response

Documentation did not support an individualized toileting schedule. The toileting schedule contained blanks, and the schedule contained intervals greater than four hours

Disposition

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

Sample #272: #22 Level 5 toileting schedule does not meet criteria defined in PRI instructions and clarifications.

Facility Comment

Facility claims a Level 5 toileting.

OMIG Response

Documentation did not support an individualized toileting schedule. The toileting schedule contained blanks, and the schedule contained intervals greater than four hours

Disposition

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

Sample #298: #22 Level 5 toileting schedule does not meet criteria defined in PRI instructions and clarifications.

Facility Comment

Facility claims a Level 5 toileting.

OMIG Response

Documentation did not support an individualized toileting schedule. The toileting schedule contained blanks, and the schedule contained intervals greater than four hours

Disposition

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

Adjustment 4 - Physical Therapy

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

Facility Comment

Facility states the patient was placed on PT September 19, 2006 after readmission from hospital.

OMIG Response

The resident was readmitted to the facility on September 18, 2006. PT eval was September 19, 2006 and at that time resident needed minimal assist with sup to sit, independent in rolling side to side, bed to chair is close supervision, and sit to stand was max of 2. By November 14, 2006 resident was supervision prn with rest periods as needed. During the ATP, there was no change. Patient reached max potential prior to ATP

Disposition

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

Adjustment 5 - MD Visits

Sample #138: #28 Visit for a condition which is unstable or has high potential for instability not supported by documentation.

Facility Comment

Facility claims four MD visits: November 27, December 4, December 4, and December 6.

OMIG Response

November 27 visit cellulitis accepted. December 4 urgent visit for acute GI issues accepted, December 4 follow-up not accepted, no new findings documented. December 6 follow-up for Acute Gastroenteritis accepted.

Disposition

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

Sample #153: #28 Visit for a condition which is unstable or has high potential for instability not supported by documentation.

Facility Comment

Facility claims five MD visits: November 22, November 29, November 29, December 6, and December 6.

OMIG Response

November 29 accepted, December 6 accepted. Facility claiming 5 visits during ATP. Facility did not provide any documentation to support three of the five visits.

Disposition

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

Sample #183: #28 Visit for a condition which is unstable or has high potential for instability not supported by documentation.

Facility Comment

Facility claims five MD visits: November 17, November 28, December 2, December 5, and December 5.

OMIG Response

MD Visits – December 5 both visits are accepted. November 17 accepted. November 28, and December 2 not accepted. Patient already seen and being treated for rash.

Disposition

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

Sample #184: #28 Visit for a condition which is unstable or has high potential for instability not supported by documentation.

Facility Comment

Facility claims four MD visits: November 16, November 16, December 4, December 6, and December 6.

OMIG Response

MD Visits – November 16 NP visit accepted. November 16 MD visit not accepted, no change from earlier NP visit. December 6 both visits accepted. December 4 is a monthly visit. Condition stable.

Disposition.

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

Sample #193: #28 Visit for a condition which is unstable or has high potential for instability not supported by documentation.

Facility Comment

Facility claims five MD visits: December 5, December 5, December 6, December 6, and December 7

OMIG Response

Patient seen December 5 by NP for gastroenteritis, which numerous patients were experiencing. Visit accepted. Seen December 5 by MD. No change, not accepted. Seen by MD December 6, accepted. Seen later by NP on December 6, not accepted, no change. Seen December 7 by NP, new order, accepted.

Disposition

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

Adjustment 6 - Primary Medical Problem

Sample #140: #30 Condition listed as needing most nursing time not supported by documentation.

Facility Comment

Facility claims UTI as Primary Medical Problem.

OMIG Response

UTI cannot be Primary Medical Problem when no definite dx was made. No U/A or C&S.

Disposition

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

Sample #152: #30 Condition listed as needing most nursing time not supported by documentation.

Facility Comment

Facility claims UTI as Primary Medical problem

OMIG Response

Documentation reviewed does not support UTI qualifiers. December 8 MD visit documents diagnosis as "UTI vs. Viral Syndrome". No documentation of symptoms of UTI, except fever. Urine culture reviewed is negative for UTI.

Disposition

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

Sample #198: #30 Condition listed as needing most nursing time not supported by documentation.

Facility Comment

Facility states hemiparesis requires the most nursing time during ATP.

OMIG Response

Reviewed scanned documentation. Resident ambulated without assistance, fed self after set-up. Nursing notes indicated behavior was the problem that consumed the most nursing time. Care Plan states limited assist with ADL's. All nurses' notes reflect behavior or monitoring behavior.

Disposition

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

Adjustment 7 - Dementia Add-On

Sample #369: #30 Dementia add-on not supported by documentation.

Facility Comment

Facility claims dementia add-on.

OMIG Response

Care plan submitted is generic and does not address dementia. No positive outcomes regarding dementia care are documented.

Disposition

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

Sample #372: #30 Dementia Add-on not supported by documentation.

Facility Comment

Facility claims dementia add-on.

OMIG Response

No individualized care plan. No outcome documented.

Disposition

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

Sample #379: #30 Dementia add-on not supported by documentation.

Facility Comment

Facility claims dementia add-on.

OMIG Response

No care plan for dementia. Care plan submitted is generic and does not address dementia. No positive outcomes regarding dementia care are documented.

Disposition

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

Sample #380: #30 Dementia add-on not supported by documentation.

Facility Comment

Facility claims dementia add-on.

OMIG Response

There is no care plan for dementia. Care plan submitted is generic and does not address dementia. No positive outcomes regarding dementia care are documented.

Disposition

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

Sample #387: #30 Dementia add-on not supported by documentation.

Facility Comment

Facility claims dementia add-on.

OMIG Response

There is no care plan for dementia. Care plan submitted is generic and does not address dementia. No positive outcomes regarding dementia care are documented.

Disposition

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

Sample #393: #30 Dementia Add-on not supported by documentation.

Facility Comment

Facility claims dementia add-on.

OMIG Response

There is no care plan for dementia. Care plan submitted is generic and does not address dementia. No positive outcomes regarding dementia care are documented.

Disposition

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

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 COBBLE HILL HEALTH CENTER
 AUDIT #09-4648
 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	12/01/06 - 12/31/06	238.54	232.97	238.45	232.88	5.57	10007	\$ 55,739
NF	01/01/07 - 03/31/07	254.51	248.79	254.42	248.70	5.72	28767	164,547
NF	04/01/07 - 06/30/07	253.13	247.46	253.04	247.37	5.67	27893	158,153
NF	07/01/07 - 12/31/07	245.52	239.85	245.43	239.76	5.67	54700	310,149
NF	01/01/08 - 03/31/08	250.41	244.61	250.32	244.52	5.80	25287	146,665
NF	04/01/08 - 06/30/08	245.51	239.76	245.42	239.67	5.75	25483	146,527
NF	07/01/08 - 12/31/08	250.98	245.23	250.89	245.14	5.75	52449	301,582
NF	01/01/09 - 03/31/09	244.71	238.79	244.62	238.70	5.92	25427	150,528
TOTAL MEDICAID OVERPAYMENT								<u>\$ 1,433,890</u>

NOTE: Impact of the Dementia Per Diem Calculation handled as per diem disallowances on Schedule VII

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 COBBLE HILL HEALTH 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	5	3		8
CB	49	2		51
CC	46		13	33
CD	23			23
PA	16	15		31
PB	12	7		19
PC	90		1	89
PD	40		4	36
PE	21		7	14
RA	3	1		4
RB	68		3	65
SA	7	1		8
SB	14		1	13
TOTAL	394	29	29	394

Dementia Patient Per Diem Calculation

CA	0			0
BA	0			0
PA	6		4	2
PB	4		2	2
TOTAL	10	0	6	4

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 REVIEW OF PATIENT REVIEW INSTRUMENT
 COBBLE HILL HEALTH CENTER
 AUDIT # 09-4648

DETAILED FINDINGS

Sample#	DOB	Initials	PRIDate	Reported RUG	Derived RUG	Derived RUG Weight	Disallow Toileting	Disallow Eating	Disallow Primary Medical Problem	Disallow Transfer	Disallow Physician Visits	Disallow Dementia Add-on	Disallow PT Level	Disallow Stasis Ulcer	Disallow OT Level	Disallow Wound Care	Disallow Suctioning	Disallow Verbal Disruption	Disallow Socially inappropriate Behavior	Disallow Decubitis Level	
376			12/10/2006	CA	CA	0.7															
377			12/21/2006	CA	CA	0.7															
378			12/21/2006	CA	CA	0.7															
379			12/8/2006	PA	PA	0.55					1										
380			12/8/2006	PA	PA	0.55		1			1										
381			12/8/2006	PA	PA	0.55															
382			12/13/2006	PA	PA	0.55															
383			12/16/2006	PA	PA	0.55															
384			12/16/2006	PA	PA	0.55															
385			12/20/2006	PA	PA	0.55															
386			12/20/2006	PA	PA	0.55															
387			12/20/2006	PA	PA	0.55					1										
388			12/21/2006	PA	PA	0.55															
389			12/21/2006	PA	PA	0.55															
390			12/21/2006	PA	PA	0.55															
391			12/21/2006	PA	PA	0.55															
392			12/21/2006	PA	PA	0.55															
393			12/21/2006	PA	PA	0.55					1										
394			12/21/2006	PA	PA	0.55															
Totals							103	29	20	23	11	6	4	3	2	1	1	1	1	1	1

COBBLE HILL HEALTH 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 1 instance, documentation did not support a description of the wound as decubitus level 2, 3, or 4. 66

In 1 instance, documentation did not support circumstance or medical condition which led to the decubitus. 66

In 1 instance, documentation did not support an active treatment plan. 66

In 1 instance, documentation did not support a necrosis qualifier. 66

Stasis Ulcer

The PRI instructions/clarifications define a stasis ulcer as *“open lesion, usually in lower extremities, caused by decreased blood flow from chronic venous insufficiency.”*

10 NYCRR Section 86-2.30 (II) 17D

In 2 instances, documentation did not support the definition of stasis ulcer. 211, 212

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 1 instance documentation did not support the daily frequency requirement for suctioning. 21

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 4 instances, documentation did not support the daily frequency requirement for oxygen. 44, 92, 169, 175

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. 196

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 25 instances, documentation did not support continual help with eating.

40, 138, 139, 145, 146, 148, 163, 170, 174, 192, 198, 222, 225, 275, 287, 292, 299, 313, 315, 319, 323, 326, 330, 339, 357

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

In 4 instances, documentation did not support that the resident was totally fed by hand.

68, 111, 124, 246

Transfer

The PRI instructions/clarifications state:

10 NYCRR Section 86-2.30 (III) 21

Level 2 transfer intermittent assistance; a *"staff person does not have to be present during the entire activity, nor does the help have to be on a one-to-one basis."*

In 1 instance, documentation did not support intermittent assistance with transfers.

364

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

In 17 instances, documentation did not support constant guidance or physical assistance in transfer.

59, 202, 217, 256, 272, 280, 282, 298, 312, 321, 323, 333, 339, 342, 348, 349, 354

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 5 instances, documentation did not support the resident; required two people or the use of lifting equipment to transfer.

116, 120, 124, 288, 332

Toileting

The PRI instructions/clarifications state:

10 NYCRR Section 86-2.30 (III) 22

Level 3 toileting resident is *"continent of bowel and bladder. Requires constant supervision and/or physical assistance with major/all parts of the task, including appliances (i.e. colostomy, ileostomy, urinary catheter)."*

In 17 instances, documentation did not support constant supervision and/or physical assistance with toileting.

193, 198, 215, 217, 275, 292, 313, 323, 333, 334, 342, 354, 363, 364, 366, 371, 373

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.

287

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 85 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.

18, 41, 46, 54, 56, 61, 69, 80, 109, 110, 115, 116, 119, 120, 125, 131, 138, 139, 143, 155, 160, 170, 177, 182, 194, 197, 200, 206, 233, 236, 246, 250, 253, 256, 257, 258, 259, 262, 272, 273, 276, 278, 279, 280, 281, 284, 285, 288, 289, 290, 291, 293, 296, 297, 298, 299, 300, 304, 305, 309, 311, 312, 315, 316, 317, 318, 320, 321, 326, 327, 328, 331,

332, 336, 337, 339, 340, 341, 344,
345, 346, 348, 350, 360, 361

Verbal Disruption

PRI instructions/clarifications define verbal disruption as “yelling, baiting, threatening, etc.”

10 NYCRR Section 86-2.30 (IV) 23

Level 4 verbal disruption is an “*unpredictable reoccurring verbal disruption at least once per week for no foretold reason.*” Also, to qualify a patient as level 4 an “*active treatment plan for the behavioral problem must be in current use*” and a “*psychiatric assessment by a recognized professional with psychiatric training/education must exist to support the fact that the patient has a severe behavioral problem.*”

In 1 instance, documentation did not support unpredictable disruption. 182

In 1 instance, documentation did not support a psychiatric assessment existed to address the patient’s behavior problem. 182

Disruptive, Infantile or Socially Inappropriate Behavior

The PRI instructions/clarifications define this behavior as “*childish, repetitive or antisocial physical behavior which creates disruption with others.*”

10 NYCRR Section 86-2.30 (IV) 25

Level 4 behavior is “*disruptive behavior at least once per week during the last four weeks.*”

Also, to qualify a patient as level 4 disruptive behavior an “*active treatment plan for the behavioral problem must be in current use*” and a “*psychiatric assessment by a recognized professional with psychiatric training/education must exist to support the fact that the patient has a severe behavioral problem.*”

In 1 instance, documentation did not support disruptive, infantile or socially inappropriate behavior at least once per week. 375

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 1 instance, documentation did not support treatment five days/ 2.5 hours per week. 2

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

In 2 instances, documentation did not support continued improvement in ADL/functional status through the past 28 days. 46, 62

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.

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. 44

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 11 instances, documentation did not support the number of physician visits claimed were for unstable or potentially unstable conditions.

99, 101, 106, 109, 138, 140, 153, 183, 184, 193, 195

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 20 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.

10, 12, 13, 16, 20, 31, 39, 47, 53, 55, 63, 108, 140, 152, 169, 198, 200, 204, 277, 380

Dementia Add-on

PRI instructions/clarifications state: *“Facilities to whom the additional amount is paid shall demonstrate and document positive outcomes from the implementation or continuation of programs to improve the care of eligible dementia patients.”*

10 NYCRR Section 86-2.10 (o)

In 6 instances, there was no documentation found in the record of activities that meet these criteria.

369, 372, 379, 380, 387, 393

RUGS-II Classifications Overturned

In 69 instances, the RUG-II classifications were overturned.

10 NYCRR Section 86-2.11

46, 59, 62, 80, 116, 119, 120, 124, 125, 131, 138, 139, 140, 143, 145, 146, 148, 152, 153, 160, 163, 170, 174, 177, 182, 183, 184, 192, 193, 198, 200, 212, 215, 217, 233, 236, 246, 250, 253, 256, 257, 258, 259, 262, 272, 275, 278, 280, 282, 287, 292, 298, 313, 319, 321, 323, 330, 333, 334, 339, 342, 348, 349, 354, 363, 364, 366, 371, 373