



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]
Shorefront Jewish Geriatric Center
3015 West 29th Street
Brooklyn, New York 11224

Re: Medicaid PRI Audit #09-4651
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 Shorefront Jewish Geriatric 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 November 4, 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 \$749,819 to the total Medicaid overpayment shown in the (revised) draft audit report.

The findings applicable to the October 1, 2006 through March 31, 2009 Medicaid rates resulted in a Medicaid overpayment of \$1,120,668 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 #09-4651
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]

[REDACTED]
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May 15, 2014

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 October 25, 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]
Shorefront Jewish Geriatric Center
3015 West 29th Street
Brooklyn, New York 11224

PROVIDER ID [REDACTED]

AUDIT #09-4651

AMOUNT DUE: \$1,120,668

AUDIT

TYPE

PROVIDER
 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 #09-4651
Albany, New York 12237-0048

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

[REDACTED]

CORRECT PROVIDER NUMBER

SHOREFRONT JEWISH GERATRIC CENTER AUDIT #09-4651

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.

Facility Objections to Eating Findings

Sample #81 – Finding: Disallow Eating Level – Based on information and documentation provided by the Facility, this finding was reversed and is not included in final report.

Facility Objections to Physical Therapy Findings

Sample #7 – Finding: Disallow PT Level – Based on information and documentation provided by the Facility, this finding was reversed and is not included in the final report.

Sample #17 – Finding: - Positive potential for improvement through physical therapy not supported by documentation.

Facility Comment: "Patient was a new Short-term resident on 8/15/06 secondary to a CVA and a Right Hip ORIF. The Patient was in the midst of a restorative skilled rehab program when he was discharged to the hospital for a peg placement on 10/3/06. The patient returns to the facility on 10/10/06 – He is evaluated and returned to Physical Therapy to continue his rehabilitation that was interrupted by a hospital stay. Patient was able to ambulate independently with a roller in the community prior to initial hospitalization- The patient's positive potential for improvement is based on his prior to admission level of status versus his current status (non-ambulatory)."

OMIG Response: Facility submitted Physical Therapy Evaluation dated 10/11/06 (readmission). No physical therapy time logs submitted to identify therapy minutes or support resident received a PT treatment , or had a positive potential for physical therapy. Documentation does not support PRI clarification sheet, which states *"If the resident is a new admission or re-admission, there must have been at least one treatment, in addition to the evaluation. An evaluation is not to be counted as a treatment."*

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

Sample #20 – Finding: Disallow PT Level – Based on information and documentation provided by the Facility, this finding was reversed and is not included in the final report.

Sample #22 – Finding: Disallow PT Level – Based on information and documentation provided by the Facility, this finding was reversed and is not included in the final report.

Sample #32 – Finding: Disallow PT Level – Based on information and documentation provided by the Facility, this finding was reversed and is not included in the final report.

Sample #47 – Finding: Disallow PT Level – Based on information and documentation provided by the Facility, this finding was reversed and is not included in the final report.

Sample #64 – Finding: Disallow PT Level – Based on information and documentation provided by the Facility, this finding was reversed and is not included in the final report.

Sample #65 – Finding: Disallow PT Level – Based on information and documentation provided by the Facility, this finding was reversed and is not included in the final report.

Sample #71- Finding: Disallow PT Level – Based on information and documentation provided by the Facility, this finding was reversed and is not included in the final report.

Sample #86 – Finding: Disallow PT Level – Based on information and documentation provided by the Facility, this finding was reversed and is not included in the final report.

Sample #87 – Finding: Disallow PT Level – Based on information and documentation provided by the Facility, this finding was reversed and is not included in the final report.

Sample #107- Finding: Disallow PT Level – Based on information and documentation provided by the Facility, this finding was reversed and is not included in the final report.

Sample #121 – Finding: Disallow PT Level – Based on information and documentation provided by the Facility, this finding was reversed and is not included in the final report.

Facility Objections to Occupational Therapy Findings

Sample #17 – Finding: - Positive potential for improvement through occupational therapy not supported by documentation.

Facility Comment: "OT- Patient was not placed on OT during the ATP – This denial is in error."

OMIG Response: Facility error in claiming OT. OMIG is unable to correct Facility error.

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

Sample #20 – Finding: Disallow OT Level – Based on information and documentation provided by the Facility, this finding was reversed and is not included in the final report.

Sample #27 – Finding: Disallow OT Level – Based on information and documentation provided by the Facility, this finding was reversed and is not included in the final report.

Sample #51 – Finding: Continued improvement in ADL/functional status through occupational therapy not supported.

Facility Comment: "On 9/8/06 the patient's transfer status was changed to a Hoyer Lift. On 9/21/06, the patient is evaluated by Occupational Therapy secondary to a decline in transfers. Upon initial evaluation, OT identifies the patient as requiring Max assist (2) people to transfer to and from all surfaces. On 10/12/06, Occupational Therapy documents a significant improvement in transfers (wheelchair to Toilet with Max assist of 1). Based on this improvement, Occupational therapy continues toward goal Of restoring the patient to his prior level of functioning."

OMIG Response: OT initial evaluation dated 9/21/06 states "Rehab Diagnosis: decrease in functional status in transfer and mobility" with documented diagnosis of bilateral knee contractures. Transfer status documented "Max assist x2". Facility PRI claimed Level 4 transfer, defined as "requires 2 people to provide constant supervision and/or physical lift. May need lifting equipment." OMIG scanned OT Discharge Summary dated 11/2/06 documents transfer level "max assist x2." OT goals were not met. OMIG scanned nursing note dated 10/24/06 states "resident transfers with sara lift for toileting and 2 assist and Hoyer lift." Facility comment states "On 10/12/06, Occupational Therapy documents a significant improvement in transfers (wheelchair to Toilet with Max assist of 1)". OMIG questions that this improvement is significant and notes "with grab bars" is also documented. *Per PRI Documentation Qualifiers for Restorative Therapy, there must be "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 the patient has this potential / is improving."* Also to be noted, facility states resident's transfer status declined on 9/8/06. It is questionable that OT was not initiated at time of decline (9/8/06), rather OT was initiated twelve days after date of decline, 9/21/06, which was two days prior to beginning of ATP.

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

Sample #58 – Finding: Disallow OT Level – Based on information and documentation provided by the Facility, this finding was reversed and is not included in the final report.

Sample #87 – Finding: Disallow OT Level – Based on information and documentation provided by the Facility, this finding was reversed and is not included in the final report.

Facility Objections to Number of Physician Visits

Sample #162 – Finding: Resident personally examined by physician not supported by documentation.

Facility Comment: "Requirement met as evidenced by a 9/3/06 Physician progress note for a diagnosis of cellulitis, 9/18/06 Physician progress note, 9/19/06 Physician progress note, 9/20/06 Physician progress note, 9/26/06 Physician progress note, 10/3/06 Physician progress note and a 10/6/06 Physician progress

note.”

OMIG Response: Per “Progress Reports” submitted by facility, resident hospitalized 10/3/06 - 10/6/06; ATP 10/6/06 - 10/10/06. Documented visits submitted by facility are not within ATP. Only one visit dated 10/6/06 is within the ATP. *Per PRI Time Period Qualifier: “The time period for the questions is the past four weeks...unless stated otherwise. For patients who have been in the facility less than four weeks (that is, new admissions or readmissions), use the time from admission to PRI completion as the time frame.”*

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

Sample #181 – Finding: Disallow Physician Visits – Based on information and documentation provided by the Facility, this finding was reversed and is not included in the final report.

Sample #183 – Finding: Disallow Physician Visits – Based on information and documentation provided by the Facility, this finding was reversed and is not included in the final report.

Sample #214 – Finding: Visit for a condition which is unstable or has a high potential for instability not supported by documentation.

Facility Comment: “Rule met as evidenced by the following: 9/26/06 Physician progress note denoting atopic dermatitis, 9/27/06 Physician progress note to follow up rash and address R great toe abrasion, 9/29/06 Physician progress note for necrosis to the toe abrasion, 10/2/06 Physician progress note for acute vomiting and a 10/5/06 Physician progress note diagnosing Urinary Tract Infection with orders for lab work. The resident had acute conditions to be addressed and has a high risk of instability due to multiple medical conditions.”

OMIG Response: The following visits do not meet PRI criteria:

9/26/06: This date is not within the ATP of 9/27/06 – 10/24/06

10/2/06: Visit for vomiting of undigested food once.

Physician documentation scant and includes the following:

“Informed by nurse that patient vomited undigested food and strawberry. Patient denied abdominal pain.

Physical Exam: Lying in bed not in distress. Abdomen soft obese NT ND (non-tender, no distention) nl BS (normal breath sounds)

Assessment/Plan: Vomiting probably secondary to indigestion. Observe.”

10/5/06: Visit for frequent urination.

Physician documentation scant and includes the following:

“Patient requested to be seen because of frequent urination. No dysuria. Negative abdominal pain

Physical Exam: “lying on bed comfortably. Abdomen soft, obese

Assessment / Plan: frequent urination. Rule out UTI. Urinalysis, Urine for C&S”

Per PRI Instructions for Number of Physician Visits Patient Type / Need Qualifiers: “The patient has a medical condition that (1) is unstable and changing or (2) is stable, but there is a high risk of instability. If this patient is not closely monitored and treated by staff, an acute episode or severe deterioration can result. Documentation must support that the patient is of this type (for example, terminally ill, acute episode, recent hospitalization, post-operative).

Per PRI Instructions Physician Visit Qualifier: Do not include phone calls as a visit nor visits which could have been accomplished over the phone.

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

Facility Objections to Primary Medical Problem

Sample #58 – Finding: Disallow Primary Medical Problem – Based on information and documentation provided by the Facility, this finding was reversed and is not included in the final report.

OFFICE OF THE MEDICAID INSPECTOR GENERAL
SHOREFRONT JEWISH GERIATRIC CENTER
AUDIT #09-4651
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	10/01/06 - 12/31/06	310.07	305.49	306.15	301.57	4.58	23056	\$ 105,596
NF	01/01/07 - 03/31/07	319.08	314.40	315.06	310.38	4.68	22594	105,740
NF	04/01/07 - 06/30/07	317.46	312.81	313.47	308.82	4.65	24120	112,158
NF	07/01/07 - 08/31/07	304.56	299.91	300.57	295.92	4.65	16734	77,813
NF	09/01/07 - 12/31/07	304.56	299.91	300.57	295.92	4.65	32808	152,557
NF	01/01/08 - 03/31/08	311.72	306.98	307.64	302.90	4.74	23961	113,575
NF	04/01/08 - 06/30/08	299.98	295.27	295.93	291.22	4.71	23954	112,823
NF	07/01/08 - 12/31/08	316.73	312.02	312.68	307.97	4.71	48919	230,408
NF	01/01/09 - 03/31/09	304.02	299.17	299.88	295.03	4.85	22680	109,998
TOTAL MEDICAID OVERPAYMENT								<u>\$ 1,120,668</u>

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

OFFICE OF THE MEDICAID INSPECTOR GENERAL
SHOREFRONT JEWISH GERIATRIC CENTER
CHANGE IN RUG CATEGORIES
OCTOBER 25, 2006

RUG CATEGORY	CHANGE IN RUG CATEGORY			ADJUSTED
	REPORTED	INCREASE	DECREASE	
BA	0			0
BB	0			0
BC	0			0
CA	2	2		4
CB	21	8		29
CC	50		16	34
CD	4			4
PA	8	2		10
PB	3	6		9
PC	67	10		77
PD	34		4	30
PE	4	1		5
RA	2			2
RB	132		8	124
SA	2	1		3
SB	12		2	10
TOTAL	341	30	30	341

Dementia Patient Per Diem Calculation

CA	0			0
BA	0			0
PA	2		2	0
PB	1		1	0
TOTAL	3	0	3	0

SHOREFRONT JEWISH GERIATRIC CENTER DETAILED FINDINGS

PRI FINDINGS**Sample Selection****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 1 instance, documentation did not support the definition of stasis ulcer. 16

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. 136, 142

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 2 instances, documentation did not support the daily frequency requirement for oxygen. 45, 58

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. 40

In 1 instance, wound care for decubiti, stasis ulcers, skin tears and feeding tubes are excluded. 86

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 38 instances, documentation did not support continual help with eating. 11, 30, 35, 38, 39, 41, 45, 53, 64, 66, 70, 77, 79, 106, 124, 127, 160, 169, 181, 182, 183, 192, 198, 199, 204, 208, 219, 239, 263, 265, 273, 276, 278, 282, 288, 303, 327, 329

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

In 3 instances, documentation did not support that the resident was totally fed by hand. 22, 28, 54

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 1 instance, documentation did not support constant guidance or physical assistance in transfer. 273

Level 4 transfer *"requires two people to provide constant supervision and/or physical lift. May need lifting equipment. Documentation must support a*

logical medical reason why the patient required two people to transfer."

In 4 instances, documentation did not support the resident; required two people or the use of lifting equipment to transfer.

182, 218, 278, 303

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 1 instance, documentation did not support constant supervision and/or physical assistance with toileting.

222

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 5 instances, documentation did not support incontinence 60% of the time.

32, 124, 265, 278, 303

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 104 instances, documentation did not support an individualized toileting schedule, the specific time the resident was toileted, the toileting schedule

4, 7, 8, 9, 12, 13, 14, 15, 18, 19, 22, 24, 30, 34, 37, 39, 41, 42, 43, 45, 46, 50, 51, 52, 54, 62, 64, 66, 75, 76, 77,

contained blanks, and/or or the toileting schedule contained intervals greater than four hours.

82, 83, 84, 85, 95, 97, 107, 109, 111, 113, 123, 127, 157, 158, 161, 162, 182, 185, 190, 192, 195, 199, 200, 202, 203, 207, 212, 215, 221, 223, 230, 238, 239, 244, 249, 254, 255, 262, 264, 267, 271, 275, 277, 279, 280, 282, 288, 291, 292, 294, 295, 296, 297, 298, 301, 302, 304, 305, 308, 309, 310, 311, 312, 314, 315, 319, 322, 323, 324, 325, 326, 327, 328

Verbal Disruption

PRI instructions/clarifications define verbal disruption as "*yelling, baiting, threatening, etc.*"

10 NYCRR Section 86-2.30 (IV) 23

Level 3 verbal disruption is "*short-lived disruption at least once per week... or predictable disruption regardless of frequency.*"

In 2 instances, documentation did not support short-lived disruption at least once per week or predictable disruption regardless of frequency.

84, 123

Physical Aggression

The PRI instructions/clarifications define physical aggression as "*assaultive or combative to self or others with the intent for injury.*"

10 NYCRR Section 86-2.30 (IV) 24

Level 3 physical aggression is "*predictable aggression during specific care routines or as a reaction to normal stimuli . . . regardless of frequency.*"

In 2 instances, documentation did not support predictable aggression during specific care routines.

84, 87

Hallucinations

The PRI instructions/clarifications define hallucinations as "*experienced at least once per week during the last four weeks, visual, auditory, or tactile perceptions that have no basis in external reality.*"

Additionally, to qualify a patient as Level 1 hallucinations 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.”*

10 NYCRR Section 86-2.30 (IV) 26

In 1 instance, documentation did not support visual, auditory, or tactile hallucinations once per week for the last four weeks.

146

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.

17

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.”*

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.

10, 46

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 5 instances, documentation did not support the positive potential for improvement within a short and/or predictable period of time. 17, 75, 81, 89, 109

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. 32

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

In 5 instances, documentation did not support continued improvement in ADL/functional status through the past 28 days. 32, 49, 51, 81, 89

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 46 instances, documentation did not support the number of physician visits claimed were for unstable or potentially unstable conditions. 18, 22, 32, 38, 41, 52, 66, 67, 74, 84, 86, 135, 141, 143, 145, 160, 162, 165, 169, 176, 179, 185, 188, 190, 194, 196, 197, 199, 202, 208, 209, 211, 212, 214, 222, 223, 234, 237, 251, 284, 298, 317, 325, 327, 332, 339

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 34 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.

7, 10, 11, 16, 18, 22, 25, 40, 41, 45, 47, 55, 62, 64, 66, 70, 73, 74, 77, 79, 86, 113, 140, 173, 181, 182, 199, 207, 208, 222, 237, 265, 282, 298

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

329, 334, 339, 341

RUGS-II Classifications Overturned

In 47 instances, the RUG-II classifications were overturned.

10 NYCRR Section 86-2.11

10, 17, 46, 49, 51, 75, 81, 89, 136, 142, 157, 158, 160, 162, 169, 179, 181, 182, 183, 190, 192, 195, 198, 199, 200, 202, 204, 207, 208, 214, 219, 222, 223, 230, 238, 239, 244, 249, 254, 255, 265, 273, 276, 308, 325, 327, 329