



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 14, 2014

[REDACTED]  
Center for Nursing & Rehabilitation  
520 Prospect Place  
Brooklyn, New York 11238

Re: Medicaid PRI Audit #09-4659  
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 Center for Nursing & Rehabilitation ("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 30, 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 \$215,444 to the total Medicaid overpayment shown in the revised draft audit report.

The findings applicable to the September 1, 2006 through March 31, 2009 Medicaid rates resulted in a Medicaid overpayment of \$568,318 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.

**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 #09-4659  
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

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 14, 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 September 21, 2006 and  
December 7, 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**

Center for Nursing and Rehabilitation  
520 Prospect Place  
Brooklyn, New York 11238

**PROVIDER ID** [REDACTED]

**AUDIT #09-4659**

**AUDIT**

**TYPE**

**PROVIDER**

**RATE**

**PART B**

**OTHER:**

**AMOUNT DUE: \$568,318**

**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 #09-4659  
Albany, New York 12237-0048

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

[REDACTED]

**CORRECT PROVIDER NUMBER**

**CENTER FOR NURSING & REHABILITATION, INC.**  
**AUDIT # 09-4659**  
**FACILITY DRAFT REPORT COMMENTS AND OMIG RESPONSE**

All OMIG findings 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.

**Sample #3 - Finding: Disallow Physical and Occupational Therapy** - Based on information and documentation provided by the Facility, this finding was reversed and is not included in the final report.

**Sample #172 - Finding: Disallow Daily Oxygen Use** - Based on information and documentation provided by the Facility, this finding was reversed and is not included in the final report.

**Sample #200 - Finding: Disallow Totally Fed by Hand** - Based on information and documentation provided by the Facility, this finding was reversed and is not included in the final report.

**Sample #214 - Finding: Disallow Two Assists with Transfer** - Based on information and documentation provided by the Facility, this finding was reversed and is not included in the final report.

**Sample #215 - Finding: Disallow Toileting Level 5** - Based on information and documentation provided by the Facility, this finding was reversed and is not included in the final report.

**Sample #219 - Finding: Disallow Toileting Level 5** - Based on information and documentation provided by the Facility, this finding was reversed and is not included in the final report.

**Sample #237 - Findings: Disallow Continual Help with Eating Level and Disallow Toileting Level 5** - Based on information and documentation provided by the Facility, these findings were reversed and are not included in the final report.

**Sample #264 - Finding: Disallow Toileting Level Constant Supervision** - Based on information and documentation provided by the Facility, this finding was reversed and is not included in the final report.

**Sample #270 - 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.

**Sample #326 - Findings: Disallow Physical Therapy and Disallow Occupational Therapy** - Based on information and documentation provided by the Facility, these findings were reversed and are not included in the final report.

**Sample #33**

Reason Denied:

#30 Physical and Occupational Therapy

The Facility listed physical and occupational services were needed for at least four weeks. The resident was initially admitted to the Facility on 8/14/2006 and hospitalized on 8/22/2006 for an acute medical illness. She was readmitted to the Facility on 8/29/2006, but returned to the hospital on 9/8/2006. The resident was again readmitted to the Facility on 9/20/2006. The resident was evaluated for both physical and occupational therapies on 9/21/2006, but there were no treatment sheets included in the response documentation that indicated that the resident had received a physical therapy treatment or an occupational therapy treatment on 9/21/2006, which was the last day of the ARD.

*Per the PRI clarification sheet (May, 1999), a therapy evaluation must be done within one week of the day on which the physician, physician assistant or nurse practitioner orders the evaluation. Treatment must begin within 48 hours subsequent to the order for treatment and be provided daily thereafter. At least one treatment must have been given to claim a level 3 under the new admit qualifiers.*

**Disposition**

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

**Sample #104**

Reason Denied:

#21 Two assists with constant supervision or physical lift qualifier not supported by documentation

The Facility claimed two assists with transfer. The certified nursing assistant documentation indicated that only one person initialed an assist with transfer during the ATP period.

*Per the PRI clarification sheet, the key issue is the amount of assistance the resident receives during the transfer.*

**Disposition**

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

**Sample #143**

Reason Denied:

#23 Disruptive component of the behavior not supported by documentation

The Facility supported the claim of disruptive behavior with weekly logs that contained a generalized recap of the behavior during the week. The Facility also submitted psychiatric notes.

*Per the PRI clarification sheet (May, 1999), there must be appropriate notes on the chart describing each occurrence of the behavior which includes the date and time, the intervention, and the results of the intervention. The behavior must occur at least once per week and it must be unpredictable. Monthly summaries require supportive documentation that specifically records incidents of the behavior, the intervention required, and the result of the intervention. "Flow sheets" are acceptable as long as all the required information and endorsements are present.*

**Disposition**

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

**Sample #144**

Reason Denied:

#23 Unpredictable component of behavior not supported by documentation

The Facility supported the claim of unpredictable behavior with weekly logs that contained a generalized recap of the behavior during the week. The Facility also submitted psychiatric notes.

*Per the PRI clarification sheet (May, 1999), there must be appropriate notes on the chart describing each occurrence of the behavior which includes the date and time, the intervention, and the results of the intervention. The behavior must occur at least once per week and it must be unpredictable. Monthly summaries require supportive documentation that specifically records incidents of the behavior, the intervention required, and the result of the intervention. "Flow sheets" are acceptable as long as all the required information and endorsements are present.*

**Disposition**

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

**Sample #145**

Reason Denied:

#25 1 or more episodes of behavior qualifier not supported by documentation

The Facility supported the claim of unpredictable behavior with weekly logs that contained a generalized recap of the behavior during the week. The Facility also submitted psychiatric notes.

*Per the PRI clarification sheet (May, 1999), there must be appropriate notes on the chart describing each occurrence of the behavior which includes the date and time, the intervention, and the results of the intervention. The behavior must occur at least once per week and it must be unpredictable. Monthly summaries require supportive documentation that specifically records incidents of the behavior, the intervention required, and the result of the intervention. "Flow sheets" are acceptable as long as all the required information and endorsements are present.*

**Disposition**

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

**Sample #218**

Reason Denied:

#22 Level 5 toileting schedule does not meet the criteria defined in the PRI instructions and clarifications

The Facility claimed a level 5 toileting schedule. A review of the documentation indicated there were intervals greater than four hours on the toileting schedule.

*Per the PRI clarification sheet, when developing a level 5 toileting schedule, in no instance can the plan establish toileting assistance with any less frequency than every 2-4 hours during the day.*

# 25 Active treatment plan qualifier not supported by documentation

The Facility claimed an active treatment plan for inappropriate behavior and provided weekly logs with a generalized recap of the behavior during the week. The Facility also submitted psychiatric notes.

*Per the PRI clarification sheet (May, 1999), there must be appropriate notes on the chart describing each occurrence of the behavior which includes the date and time, the intervention, and the results of the intervention. The behavior must occur at least once per week and it must be unpredictable. Monthly summaries require supportive documentation that specifically records incidents of the behavior, the intervention required, and the result of the intervention. "Flow sheets" are acceptable as long as all the required information and endorsements are present.*

**Disposition**

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

**Sample #219**

Reason Denied:

#24 With intent for injury

The Facility claimed physical aggressions with intent for injury. The submitted documentation did not support intent for injury.

*Per the PRI clarification sheet (May, 1999), there must be appropriate notes on the chart describing each occurrence of the behavior which includes the date and time, the intervention, and the results of the intervention. The behavior must occur at least once per week and it must be unpredictable. Monthly summaries require supportive documentation that specifically records incidents of the behavior, the intervention required, and the result of the intervention. "Flow sheets" are acceptable as long as all the required information and endorsements are present.*

**Disposition**

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

**Sample #264**

Reason Denied:

#30 Dementia Add-on not supported by documentation

The Facility claimed the dementia add-on. In order to support the claim, the Facility submitted a generalized care plan that did not document the required positive outcomes.

*Per the PRI clarification sheet, facilities to whom the additional amount is paid shall demonstrate and document positive outcomes from implementation or continuation of programs and/or operations and promulgation of policies designed to improve care of eligible dementia patients. The additional amount shall be recouped from facilities in which such positive outcomes are not demonstrated.*

**Disposition**

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

**Sample #271**

Reason Denied:

#26 1 or more episodes per week qualifier not supported by documentation

The Facility claimed hallucinations, but the documentation submitted did not support that a hallucination occurred at least once per week.

*Per the PRI clarification sheet (May, 1999), there must be appropriate notes on the chart describing each occurrence of the behavior which includes the date and time, the intervention, and the results of the intervention. The behavior must occur at least once per week and it must be unpredictable. Monthly summaries require supportive documentation that specifically records incidents of the behavior, the intervention required, and the result of the intervention. "Flow sheets" are acceptable as long as all the required information and endorsements are present.*

#30 Dementia Add-on not supported by documentation

The Facility claimed the dementia add-on. In order to support the claim, the Facility submitted a generalized care plan that did not document the required positive outcomes.

*Per the PRI clarification sheet, facilities to whom the additional amount is paid shall demonstrate and document positive outcomes from implementation or continuation of programs and/or operations and promulgation of policies designed to improve care of eligible dementia patients. The additional amount shall be recouped from facilities in which such positive outcomes are not demonstrated.*

**Disposition**

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

**Sample #177**

Reason Denied:

#22 Level 5 toileting is not supported by documentation

The Facility claimed a level 5 toileting. The documentation review showed there was no toileting schedule in the record, nor was there a signature sheet with times to indicate when the resident had been toileted.

*Per the PRI clarification sheet, in each instance of toileting assistance, the name or initial of the health care worker performing the toileting assistance and the specific time the toileting assistance was provided must be documented. The toileting assistance must occur within 15 minutes of the scheduled time.*

**Disposition**

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

**Sample #272**

Reason Denied:

#26 1 or more episodes per week qualifier not supported by documentation

The Facility claimed hallucinations, but the documentation submitted did not support that a hallucination occurred at least once per week.

*Per the PRI clarification sheet (May, 1999), there must be appropriate notes on the chart describing each occurrence of the behavior which includes the date and time, the intervention, and the results of the intervention. The behavior must occur at least once per week and it must be unpredictable. Monthly summaries require supportive documentation that specifically records incidents of the behavior, the intervention required, and the result of the intervention. "Flow sheets" are acceptable as long as all the required information and endorsements are present.*

#30 Dementia Add-on not supported by documentation

The Facility claimed the dementia add-on. In order to support the claim, the Facility submitted a generalized care plan that did not document the required positive outcomes.

*Per the PRI clarification sheet, facilities to whom the additional amount is paid shall demonstrate and document positive outcomes from implementation or continuation of programs and/or operations and promulgation of policies designed to improve care of eligible dementia patients. The additional amount shall be recouped from facilities in which such positive outcomes are not demonstrated.*

**Disposition**

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

**Sample #349**

Reason Denied:

# 18C Daily Oxygen Use not supported by documentation

The Facility claimed daily oxygen use during the ADR. The submitted record did not include treatment sheets from 11/26/2006 to 12/3/2006. Therefore, daily documentation that the resident used oxygen is missing.

*Per the PRI instructions, there must be documentation of the administration of oxygen by nasal catheter, mask (nasal or o nasal) funnel/cone, or oxygen tent for conditions resulting from oxygen deficiency and it must be documented daily.*

**Disposition**

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

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 CENTER FOR NURSING & REHABILITATION  
 AUDIT #09-4659  
 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	09/01/06 - 11/30/06	258.37	255.29	255.47	252.39	3.08	24879	\$ 76,627
NF	12/01/06 - 12/31/06	259.00	256.86	256.10	253.96	2.14	8232	17,616
NF	01/01/07 - 03/31/07	264.51	262.31	261.54	259.34	2.20	23983	52,763
NF	04/01/07 - 06/30/07	263.12	260.94	260.17	257.99	2.18	24229	52,819
NF	07/01/07 - 12/31/07	260.84	258.66	257.89	255.71	2.18	48277	105,244
NF	01/01/08 - 03/31/08	267.13	264.91	264.11	261.89	2.22	23837	52,918
NF	04/01/08 - 06/30/08	258.54	256.33	255.55	253.34	2.21	23974	52,983
NF	07/01/08 - 12/31/08	270.15	267.94	267.16	264.95	2.21	47420	104,798
NF	01/01/09 - 03/31/09	265.90	263.64	262.85	260.59	2.26	23252	52,550
TOTAL MEDICAID OVERPAYMENT								\$ 568,318

**NOTE:** Rate Setting name is JHM CB Center For Nursing and Rehabilitation Inc.

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

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
CENTER FOR NURSING & REHABILITATION  
CHANGE IN RUG CATEGORIES  
SEPTEMBER 21, 2006

RUG CATEGORY	CHANGE IN RUG CATEGORY			ADJUSTED
	REPORTED	INCREASE	DECREASE	
BA	2		2	0
BB	3		3	0
BC	5		3	2
CA	5		2	3
CB	47		1	46
CC	33		3	30
CD	19			19
PA	29	7		36
PB	5	4		9
PC	41	8		49
PD	24		1	23
PE	19			19
RA	3			3
RB	42		3	39
SA	3			3
SB	22		1	21
TOTAL	302	19	19	302

Dementia Patient Per Diem Calculation

CA	0			0
BA	2		2	0
PA	7		7	0
PB	4		4	0
TOTAL	13	0	13	0

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
CENTER FOR NURSING & REHABILITATION  
CHANGE IN RUG CATEGORIES  
DECEMBER 7, 2006

RUG CATEGORY	CHANGE IN RUG CATEGORY			ADJUSTED
	REPORTED	INCREASE	DECREASE	
BA	2		2	0
BB	3		3	0
BC	5		3	2
CA	6		2	4
CB	45			45
CC	32		4	28
CD	18			18
PA	28	6		34
PB	6	4		10
PC	39	3		42
PD	24	2		26
PE	18	1		19
RA	4			4
RB	48		2	46
SA	1			1
SB	20			20
TOTAL	299	16	16	299

Dementia Patient Per Diem Calculation

CA	0			0
BA	2		2	0
PA	8		8	0
PB	4		4	0
TOTAL	14	0	14	0



OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 REVIEW OF PATIENT REVIEW INSTRUMENT  
 CENTER FOR NURSING & REHABILITATION INC  
 AUDIT #09-4659

DETAILED FINDINGS

Sample#	DOB	PRIDate	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow Toileting	Disallow Physician Visits	Disallow Dementia Add-on	Disallow Verbal Disruption	Disallow Eating	Disallow Primary Medical Problem	Disallow PT Level	Disallow Transfer	Disallow OT Level	Disallow Physical Aggression	Disallow Oxygen	Disallow Disruptive Behavior	Disallow Decubitus Level	Disallow Suctioning
26		9/19/2006	RB	RB	1.79	1.79														
27		9/19/2006	RB	RB	1.79	1.79	1													
28		9/19/2006	RB	RB	1.79	1.79				1										
29		9/20/2006	RB	RB	1.79	1.79							1							
30		9/20/2006	RB	RB	1.79	1.79														
31		9/20/2006	RB	RB	1.79	1.79				1	1									
32		9/20/2006	RB	RB	1.79	1.79														
33		9/21/2006	RB	PC	1.79	1.03					1		1							
34		9/21/2006	RB	RB	1.79	1.79														
35		9/21/2006	RB	RB	1.79	1.79														
36		9/21/2006	RB	RB	1.79	1.79														
37		9/21/2006	RB	RB	1.79	1.79														
38		9/21/2006	RB	RB	1.79	1.79														
39		9/21/2006	RB	RB	1.79	1.79														
40		9/21/2006	RB	RB	1.79	1.79														
41		9/21/2006	RB	RB	1.79	1.79														
42		9/21/2006	RB	RB	1.79	1.79														
43		9/11/2006	SB	SB	1.74	1.74														
44		9/12/2006	SB	SB	1.74	1.74														
45		9/12/2006	SB	SB	1.74	1.74	1		1					1						
46		9/13/2006	SB	SB	1.74	1.74														
47		9/13/2006	SB	SB	1.74	1.74														
48		9/15/2006	SB	SB	1.74	1.74														
49		9/15/2006	SB	SB	1.74	1.74														
50		9/15/2006	SB	PE	1.74	1.41	1								1				1	























OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 REVIEW OF PATIENT REVIEW INSTRUMENT  
 CENTER FOR NURSING & REHABILITATION INC  
 AUDIT #09-4659

DETAILED FINDINGS

Sample#	DOB	PRIDate	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow Toileting	Disallow Physician Visits	Disallow Dementia Add-on	Disallow Verbal Disruption	Disallow Eating	Disallow Primary Medical Problem	Disallow PT Level	Disallow Transfer	Disallow OT Level	Disallow Physical Aggression	Disallow Oxygen	Disallow Disruptive Behavior	Disallow Hallucinations	Disallow Decubitis Level	Disallow Suctioning	
326		12/7/2006	RB	RB	1.79	1.79	1															
327		12/7/2006	RB	RB	1.79	1.79																
328		12/7/2006	RB	RB	1.79	1.79							1									
329		12/7/2006	RB	RB	1.79	1.79																
330		12/5/2006	SB	SB	1.74	1.74	1															
331		12/5/2006	SB	SB	1.74	1.74																
332		12/7/2006	SB	SB	1.74	1.74	1															
333		12/5/2006	CD	CD	1.64	1.64	1															
334		12/4/2006	RA	RA	1.57	1.57	1															
335		12/7/2006	RA	RA	1.57	1.57	1															
336		12/6/2006	PE	PE	1.41	1.41																
337		12/7/2006	PE	PE	1.41	1.41																
338		12/1/2006	CC	PC	1.32	1.03	1															
339		12/1/2006	CC	CC	1.32	1.32																
340		12/5/2006	CC	CC	1.32	1.32																
341		12/1/2006	CB	CB	1.18	1.18																
342		12/6/2006	CB	CB	1.18	1.18																
343		12/7/2006	CB	CB	1.18	1.18																
344		12/7/2006	CB	CB	1.18	1.18																
345		12/4/2006	PD	PD	1.17	1.17				1												
346		12/4/2006	PC	PC	1.03	1.03	1															
347		12/7/2006	PC	PC	1.03	1.03																
348		12/6/2006	PB	PB	0.83	0.83	1															
349		12/7/2006	CA	PA	0.7	0.55	1								1							
350		12/4/2006	PA	PA	0.55	0.55		1														
<b>Totals</b>							<b>34</b>	<b>27</b>	<b>15</b>	<b>12</b>	<b>10</b>	<b>10</b>	<b>4</b>	<b>5</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>1</b>	

**CENTER FOR NURSING & REHABILITATION 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. 50

In 1 instance, documentation did not support a necrosis qualifier. 50

**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. 59

**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 3 instances, documentation did not support the daily frequency requirement for oxygen. 50, 62, 349

### 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 8 instances, documentation did not support continual help with eating. 86, 238, 244, 249, 261, 308, 315, 326

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

In 2 instances, documentation did not support that the resident was totally fed by hand. 112, 124

### 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. 9, 233

**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 2 instances, documentation did not support the resident; required two people or the use of lifting equipment to transfer. 104, 217

In 2 instances, documentation did not support a logical medical reason why the patient required two people to transfer. 104, 204

## 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 3 instances, documentation did not support incontinence 60% of the time. 130, 249, 326

**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 31 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, 8, 115, 140, 170, 171, 177, 186, 199, 204, 208, 210, 218, 221, 222, 223, 225, 226, 230, 234, 235, 236, 240, 243, 244, 252, 253, 254, 304, 308, 346

## 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 4 instances, documentation did not support short-lived disruption at least once per week or predictable disruption regardless of frequency. 193, 224, 254, 288

**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 5 instances, documentation did not support verbal disruption at least once per week. 45, 119, 125, 143, 217

In 1 instance, documentation did not support unpredictable disruption. 144

In 3 instances, documentation did not support an active treatment plan. 116, 141, 217

In 4 instances, documentation did not support a psychiatric assessment existed to address the patient’s behavior problem. 116, 141, 143, 217

### **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 1 instance, documentation did not support predictable aggression during specific care routines. 198

**Level 4 physical aggression** is *“unpredictable, recurring aggression at least once per week during the last four weeks for no apparent or foretold reason.”*

Also, to qualify a patient as level 4 disruption *“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 2 instances, documentation did not support the "intent for injury" qualifier. 45, 219

In 1 instance, documentation did not support an active treatment plan. 118

### **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. 145

In 3 instances, documentation did not support an active treatment plan. 118, 145, 218

### **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 3 instances, documentation did not support visual, auditory, or tactile hallucinations once per week for the last four weeks. 9, 271, 272

### 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 3 instances, documentation did not support the positive potential for improvement within a short and/or predictable period of time. 31, 33, 317

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. 317

PRI instructions/clarifications further state *"in order for therapy to qualify as restorative, documentation must support a precipitating event for resident's deterioration."*

In 2 instances, documentation did not support continued improvement in ADL/functional status through the past 28 days. 20, 317

### Occupational Therapy

PRI instructions/clarifications state:

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

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

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

In 1 instance, documentation did not support the positive potential for improvement within a short and/or predictable period of time. 33

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

In 2 instances, documentation did not support treatment five days/ 2.5 hours per week. 29, 328

#### **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 27 instances, documentation did not support the number of physician visits claimed were for unstable or potentially unstable conditions. 27, 45, 50, 72, 138, 143, 147, 162, 166, 170, 181, 224, 264, 302, 303, 318, 323, 324, 325, 330, 332, 333, 334, 335, 338, 348, 349

#### **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 10 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. 8, 16, 20, 28, 31, 90, 250, 269, 306, 345

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

261, 262, 263, 264, 271, 272, 283, 284, 286, 288, 291, 292, 295, 298, 350

**RUGS-II Classifications Overturned**

In 30 instances, the RUG-II classifications were overturned.

*10 NYCRR Section 86-2.11*

20, 33, 50, 104, 112, 138, 143, 144, 145, 147, 199, 204, 208, 210, 217, 218, 219, 222, 230, 233, 240, 244, 261, 269, 271, 272, 302, 317, 338, 349