Office of Inspector General

Texas Health and Human Services Commission

Stuart W. Bowen, Jr., Inspector General

Performance Audit Report

Park Manor of South Belt

January 1, 2013 through March 13, 2015

December 28, 2015

IG Report No. 15-01-001020138-NF-13

CONTENTS

EXECUTIVE SUMMARY

The Texas Health and Human Services Commission (HHSC), Inspector General (IG), Audit Section completed an audit of Park Manor of South Belt (Provider), for the period January 1, 2013 through March 13, 2015.

Audit Results

The audit revealed several areas in which Park Manor of South Belt is not in compliance with the Texas Administrative Code (TAC) and the Code of Federal Regulations (CFR). The Detailed Findings and Recommendations section of this audit report identify the areas in which care plans were not implemented, resident rights were not observed and other issues of noncompliance.

Objective

The objective of the IG's audit was to ensure the Provider's compliance with applicable policies, procedures, rules and regulations, including the Texas Administrative Code Chapter 19 and the Code of Federal Regulations Chapter 483.

Background

The Provider agreed to abide by the policies, procedures, laws, and regulations of the Texas Medicaid program by signing a Texas Medicaid Provider Agreement for Nursing Facility Services and submitting Medicaid claims. Additionally the provider has agreed to provide nursing facility services and activities as defined in Title XIX of the Social Security Act and Title 40, Texas Administrative Code (TAC), Part 1, Chapter 19, to residents that DADS determines eligible for such services.

Summary of Scope and Methodology

The audit of the Provider covered the period beginning January 1, 2013 through March 13, 2015. We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives. See Appendix A for a more detailed description of the audit scope and methodology.

DETAILED FINDINGS AND RECOMMENDATIONS

Finding 1 – The Resident's Care Plan was Not Followed and Medical Documentation was Incorrect

A resident did not receive her TAC mandated physician ordered care. The resident was prescribed [redacted]; however, the resident was [redacted] by a certified nursing assistant (CNA) for a [redacted]. According to facility policy CNAs are not permitted to operate [redacted]s. Further, Provider's documentation for the resident erroneously indicates that the resident received the total [redacted], as prescribed by the physician. The resident only received [redacted].

Possible effects if the resident does not receive the prescribed [redacted]. Medical documentation errors could lead to deficiencies of care and further complications.

Criteria:

According to 1 TAC, §19.901(11)(B), "Special needs. The facility must ensure that residents receive proper treatment and care for the following special services: (...)(B) parenteral or enteral fluids;"

According to 1 TAC, §19.1109, "Food intake of residents must be monitored and recorded as follows: (1) Deviations from normal food and fluid intake must be recorded in the clinical records."

Recommendations:

Upon learning of this incident the Provider updated their policies and procedures and conducted training in regards to [redacted] and following plans of care. We recommend that the Provider also conduct training on the necessity of documenting any deviations from the plan of care.

Management Response:

On 3/13/15, the facility, upon notification of the finding, immediately assessed the Resident, notified the Physician, obtained an updated physician's order for the [redacted], and nursing documented the information in the Resident's medical Record. The Director of Nursing (DON) conducted an in-service with the nursing staff on the policy and procedures for [redacted] administration including an in-service with the CNAs regarding [redacted]. The importance of continuous [redacted] when ordered was emphasized to all staff. The DON, ADON, and/or Nurse Unit Managers proceeded to conduct [redacted] skill checks of licensed nurses. The DON, ADON, and/or Nurse Unit Managers conducted random weekly monitoring of [redacted] administration for the next three (3) months to ensure compliance.

Finding 2 – Resident Rights: Room Change Without Prior Notification and Potential Impact on Well-Being

Eleven Notification of Room Change documents for Medicaid residents were tested for compliance with TAC. Of those tested, none were in compliance. Residents and their representatives are not provided sufficient written notice before being moved from one room to another within the facility. Residents were moved immediately even in the absence of an emergency. The residents, their designated representative, and their physicians are not provided advance notice of the move, including the reason for the move.

In one case a resident with identified medical concerns including [redacted], was not provided the required 5 day notice before being moved from one room to another. The resident [redacted] in her newly assigned room one day after being moved, and sustained [redacted]

Residents receiving services in nursing facilities may be frail (experience problems with confusion, vision, and mobility for example) and at increased risk of injury related to incidents, including falls. A change to the resident's environment, in the absence of notification and preparation to ensure the resident's safety and comfort, has the potential to result in injury.

The Provider has not implemented controls to ensure resident's rights are followed, and appropriate notifications (i.e., the resident, the resident's representative, and the resident's physician) were made in advance of the move, to allow time for the resident or the resident's family to ask questions and to consider any potential affects to the resident's health and safety.

Criteria:

According to 1 TAC, §19.502(h), "Notice of relocation to another room. Except in an emergency, the facility must notify the resident and either the responsible party or the family or legal representative at least five days before relocation of the resident to another room within the facility. The facility must prepare a written notice which contains: (1) the reasons for the relocation; (2) the effective date of the relocation; and (3) the room to which the facility is relocating the resident."

Recommendation:

The facility should maintain documentation to reflect room change notification is provided in accordance with TAC rules, and the resident's right to reasonable accommodation.

Management Response:

The Administrator conducted an in-service with the Activity Director and the new Social Services Director to ensure written notice of relocation to another room was provided at least five (5) days before the relocation within the facility to include the reason for relocation, effective date of relocation and room number of the relocation in the facility. Social Services Director will ensure documentation of the room change is completed in the Resident's medical record in accordance with TAC rules. The Social Services Director will document instances of Resident's request to waive the 5 day notification to accommodate personal needs or preferences, The Administrator will monitor documentation of room relocations during morning Quality Assurance (QA) meetings.

Finding 3 – Provider has Over-Collected Applied Income

A review of the Provider's Patient Liability Accounts Receivable Monthly Reconciliations for the month of February 2015 revealed that the Provider has over-collected $19,567 in applied income from twelve residents who were Medicaid recipients at the time.

Current, transferred, discharged or expired residents have experienced a loss of personal funds due to Park Manor's over-collection of applied income.

The Provider has submitted refund statements to demonstrate that two of the aforementioned Medicaid residents have been refunded for their respective liabilities. The Provider has also supplied narratives indicating that several of the other liabilities have since been removed; through retrospective changes in the state set applied income rate and through the application towards reoccurring applied income charges. We were unable to substantiate either of the above scenarios.

Criteria:

According to 1 TAC, §19.2316, "... (d) Facilities that collect payments (part applied income, part Medicaid) in excess of the vendor rate are in violation of DHS regulations... (f) The nursing facility must refund the recipient's prorated applied income money when the recipient has paid in advance for the full month and is discharged from the facility any time during the month. The facility must make the refund within 30 calendar days from and including the date of discharge, even when vendor payment has not been received from DHS."

The following table represents the over collection amounts:

Sample No.[1]	Credit Balance
4	$3,674.80
10	543.02
14	1,770.49

[1]The resident identifier will be made available upon request.

This table is continued from page 4:

Sample No.[2]	Credit Balance
16	$2,044.77
20	738.24
26	6,504.69
27	339.37
29	542.57
32	72.01
34	372.43
35	2,109.60
37	854.63
Total:	$19,566.62

Recommendations:

1. We recommend that the liabilities of the identified residents be addressed, through refund or application towards ongoing applied income charges, in a timely manner.

2. We recommend that a periodic review of patient liability billings and corresponding ledgers be conducted by an outside bookkeeper or accountant with appropriate expertise. Any over collection of applied income must be refunded or applied towards ongoing applied income charges as appropriate. The Inspector General recognizes that the stipulated applied income charges often change retrospectively, and these accounts receivable liabilities will occur.

Management Response:

All accounts have been reviewed and corrected/refunded if applicable. Applied incomes fluctuate from month to month requiring us to use the MESAV provided by TMHP to deduct applied incomes accordingly. On occasion the state agency will go back and adjust applied incomes for months past for various reasons. We have no control over these changes. Various reasons will cause this, i.e. Dental, DME, Spousal Impoverishment. If the applied income has already been deducted then refunding is done on the Accounts Receivable side.

As to the review of an outside bookkeeper, the State Trust Fund Monitor audits these accounts on an annual basis. In this process a year's worth of data is reviewed. At year end, the corporate office retains an outside auditing company to compile cost reports and conduct an audit of financial records. These are addressed at that time also. In essence, there are two outside monitors of this process.

The facility will review monthly for inaccuracies and get corrected in a timely manner with oversight by the Consulting Field Accountant.

[2]The resident identifier will be made available upon request.

Finding 4 – Trust Fund Recordkeeping Not in Compliance with TAC

The Provider has not kept their records in accordance with 1 TAC §19.405 (d). This audit has revealed that the Provider does not maintain a trust fund trial balance, that trust fund account monthly reconciliations are not kept, that the descriptions on trust fund transactions and posting dates are often inaccurate and misleading. Additionally we do not believe that the trust fund has been kept in accordance with Generally Accepted Accounting Principles (GAAP) or the legal requirements for a fiduciary relationship.

The auditor was unable to tie the Provider's trust fund ledger, the patient liability accounts receivable and billing invoices to each other. Further the discrepancies were such that the auditor was often unable to identify which, if any, of the records were accurate and which contained the errors.

Criteria:

According to 1 TAC, §19.405 (d),
"(d) Accounting and records.
(1) The facility must:
...
(B) keep these records in accordance with:
(i) the American Institute of Certified Public Accountants' Generally Accepted Accounting Principles; and
(ii) the requirements of law for a fiduciary relationship; and
(C) include at least the following in these records:
...
(vi) resident's trust fund ledger containing the following:
(I) description of each transaction;
...
(2) The facility must maintain the following as general trust fund records:
(A) valid trust fund trial balance;
...
(E) trust fund account monthly reconciliations;"

Recommendation:

The Provider should implement procedures, including a training program, to ensure that trust fund record keeping is kept in accordance with TAC; even in times of personnel turnover.

Management Response:

Procedures are in place to assure that all new personnel are trained adequately in the Trust Fund Accounting Process. The Corporate Field Accountant conducts training with each new Business Office Manager to ensure accuracy with the Trust Fund Accounting Process, Quarterly statements are sent to the resident and/or responsible party for review.

The State Trust Fund Monitor will conduct training with Business Office Personnel during our quarterly meetings as needed.

Additionally, the Corporate Field Accountant monitors each Trust Fund at least quarterly to ensure the Accounting Process is maintained and reconciled.

As to the review of an outside bookkeeper, the State Trust Fund Monitor audits these accounts on an annual basis, In this process a year's worth of data is reviewed.

Finding 5 – Inventory Logs of Medications for Destruction, Not Properly Completed

A review of the Statements for Destruction of Dangerous Pharmaceutical Substances and accompanying Prescription Drug Inventory Logs for the period January 1, 2013 to March 13, 2015, revealed that all 177 pages of the Prescription Drug Inventory log were not in compliance.

The forms were not properly completed in accordance with the requirements of TAC. When Statements for Destruction of Dangerous Pharmaceutical Substances and Prescription Drug Inventory Logs are not completed properly, the potential risk for misuse of controlled substances and other prescription medications is high.

The Provider does not have sufficient procedures in place to ensure that the Drug Inventory Logs are completed with all pertinent information.

Criteria:

According to 22 TAC, §303.1(a)(1)(B), "The drugs are inventoried and such inventory is verified by the consultant pharmacist. The following information shall be included on this inventory:

(i) name and address of the facility or institution;
(ii) name and pharmacist license number of the consultant pharmacist;
(iii) date of drug destruction;
(iv) date the prescription was dispensed;
(v) unique identification number assigned to the prescription by the pharmacy;
(vi) name of dispensing pharmacy;
(vii) name, strength, and quantity of drug;
(viii) signature of consultant pharmacist destroying drugs;
(ix) signature of the witness(es); and
(x) method of destruction.

Recommendation:

The Provider has revised the destruction log form to include the information outlined under TAC. The facility should ensure that these forms are completed and reviewed to make certain all applicable information has been included. We request that the quantity recorded

be more specific and include a unit of measure (e.g. 20 ampules; 20 vials; 20 ml; 20 patches; 20 tablets; 20 tubes; etc.).

Management Response:

Upon notification, the facility revised and implemented a new inventory log for medication destruction to include the information as required by 22 TAC, §303.1(a)(1)(B). The drugs for destruction are inventoried and documented on the log including the unit of measure. The documented inventory log is verified monthly by the Consulting Pharmacist. The Consulting Pharmacist Reports are reviewed by the Administrator and the Corporate Clinical Services Director to ensure compliance.

Finding 6 – Emergency Medication Kit Not Covered in the Provider's Contract

A review of the contract between Park Manor of South Belt and Advanced Pharmacy established that the contract did not contain a section addressing the emergency medication kit. The TAC requires contract must outline the services to be provided by the pharmacy and the responsibilities and accountabilities of each party in fulfilling the terms of the contract.

Criteria:

According to 1 TAC, §19.1510 (2), "Stocks of inventoried emergency medications may be kept in facilities. (2) Facilities must have contracts with the pharmacy that provides the emergency medication kit. The contract must outline the services to be provided by the pharmacy and the responsibilities and accountabilities of each party in fulfilling the terms of the contract in compliance with federal and state laws and regulations."

Recommendation:

As of August 2015 the Provider has executed a legally binding addendum to their pharmacy agreement to ensure provision of the emergency medication kit. No further action required.

Management Response:

As of August 11,2015, a legally binding addendum was executed to the facility pharmacy agreement to clarify and ensure provision of the emergency medication kit. No further action was required.

Finding 7 – No Personal Inventory of Resident's Belongings Upon Admission

The Provider is not in compliance with the TAC requirement to inventory personal property. TAC requires that within 72 hours after admission the Provider must prepare a written inventory of personal property a resident brings to the facility. Of the ten resident

charts sampled, five had not been completed at all, and the remaining five did not reflect any revisions to show if property had been lost, destroyed, damaged, replaced, or supplemented.

Residents have little or no recourse should personal belonging become missing, as there is no documentation of having the items upon admission. The Provider does not have the records that will enable them to refute or defend against a claim that may be raised against the facility.

The Provider has not implemented proper controls to ensure that residents' belongings are properly inventoried at admission, and updated periodically to reflect significant changes.

Criteria:

According to 1 TAC, §19.1921(k), "Within 72 hours after admission, the facility must prepare a written inventory of the personal property a resident brings to the facility, such as furnishings, jewelry, televisions, radios, sewing machines, and medical equipment. The facility does not have to inventory the resident's clothing; however, the operating policies and procedures must provide for the management of resident clothing and other personal property to prevent loss or damage. The facility administrator or his or her designee must sign and retain the written inventory and must give a copy to the resident or the resident's responsible party or both. The facility must revise the written inventory to show if property is lost, destroyed, damaged, replaced, or supplemented. Upon discharge of the resident, the facility must document the disposition of personal effects by a dated receipt bearing the signature of the resident or the resident's responsible party or both. See §19.416 of this chapter (relating to Personal Property)."

Recommendation:

Upon learning of this discrepancy the Provider conducted inventories for all current residents. The provider also implemented procedures to conduct inventories of new patients within 72 hours of admission. We recommend that the Provider also implement a policy to update these records to ensure they reflect any changes to the status of a resident's belongings. This policy should require positive confirmation from the resident or their responsible party.

Management Response:

During July 2015, the facility staff conducted an audit of all medical records for completion of resident's personal inventory sheet. For any resident who was missing a personal inventory sheet, the facility staff completed a personal inventory of all belongings and update existing personal inventory sheets as needed. Per facility policy regarding personal property, "The resident's personal belongings and clothing shall be inventoried and documented upon admission and as such items are replenished." The Administrator conducted an in-service with staff and assigned monitoring for completion of the inventory sheet to Medical Records who is checking the medical record for each newly admitted resident within 72 hours. Medical Records is reporting at the daily Q.A. meeting any

finding of non-completion for immediate correction. The Administrator is providing oversight to ensure compliance.

Finding 8 – Inadequate Fall Intervention

A Medicaid resident was observed to not have all of his fall interventions in place as ordered and indicated on his care plan in violation of CFR. The resident's care plan indicated a fall mat was to be placed beside the resident's bed as an intervention to help ensure safety due to a history of multiple falls with injury. The nurse auditor observed on March 12, 2015 at 2:35 p.m., there was no fall mat beside the resident's bed.

While the prescribed fall intervention may not prevent a fall, it may prevent a serious injury if a fall occurs.

Criteria:

According to 42 CFR, §483.20(k)(3)(ii), "F282 Care must be provided by qualified persons in accordance with each resident's written plan of care."

According to 42 CFR, §483.25(h), "The facility must ensure that - (1) The resident environment remains as free from accident hazards as is possible; and (2) Each resident receives adequate supervision and assistance devices to prevent accidents."

Recommendation:

The Provider has installed new fall mats (landing strips) for residents who require these interventions. The Provider has also conducted additional training for staff on fall mats and resident safety. We recommend continued monitoring and training to ensure planned interventions are implemented.

Management Response:

Regarding the finding of March 12, 2015, the facility purchased additional fall mats to ensure extra mats were available as needed. The DON conducted an in-service training with the staff to ensure the placement of fall mats when care planned and indicated. Additional in-service training has been conducted by the DON and/or designee on fall prevention. Each fall incident is reviewed in morning nursing meetings to ensure the care plan is updated and interventions to prevent falls are reviewed. Then, again each fall incident is reviewed in the daily morning meeting to ensure risk awareness with all disciplines and interventions as planned.

Finding 9 – Documentation does Not Support Resource Utilization Group (RUG)

A review of a sample of forty-four Minimum Data Set (MDS) Assessment forms submitted for payment by the Provider identified twenty-two incorrect RUG levels. Please see Appendix C for further details of this review.

Incorrect classification of RUG levels on the Minimum Data Set has led to the overpayment of Medicaid funds in the amount of $61,561.

The Provider has opted to pursue a formal appeal. As of the report date this process has not been concluded and so the final determination on the RUG rate in question has not been made.

OTHER COMMENTS AND OBSERVATIONS

Physician Selection

During our fieldwork it was noted that several residents, and in some cases their responsible parties, were confused or unaware of who their attending physician was. We also encountered a consistent lack of understanding by the residents or responsible relatives as to why they were no longer being seen by their previous attending physician.

A review of the Provider's intake documents and Personal Physician policies revealed that residents are given the choice at admission to select their attending physician. If a physician is not selected the Provider reserves the right to select a resident's attending physician.

According to Provider staff, a physician who had previously been attending several Medicaid residents changed medical groups and was no longer coming to the facility. We were unable to trace documentation that would indicate who the new physician was, how the physician had been selected, or that notification had been given to the residents and their responsible parties.

The option to select a physician upon admission does indeed meet the specific requirements of 1 TAC §19.406 (a)(1), "The resident has the right to choose and retain a personal attending physician..." Additionally we found nothing to indicate that a resident would be denied if they were to update their preference at a later time.

We recommend that the Provider increase communications with its residents and their responsible parties regarding any changes in attending physicians. This would also be an appropriate time to remind residents that they have the right to choose their attending physician.

Medication Refunds

During our fieldwork it was brought to our attention that the Provider was able to receive credit from Advanced Pharmacy for returned medications that the Provider had purchased. We noted that the same return process was not extended for medication purchased by Medicaid. We brought this potential for Medicaid savings to the Providers attention during the audit.

The Provider has worked with Advanced Pharmacy to update the return policy so that it now allows for returns of medications that were purchased with Medicaid funds.

APPENDICES

Appendix A - Objective, Scope, and Methodology

Objective

The objective of the IG's audit was to ensure the Provider's compliance with applicable policies, procedures, rules and regulations, including but not limited to the Texas Administrative Code, Texas Health & Safety Code, and the Code of Federal Regulations.

Scope

The audit scope was limited to the period January 1, 2013 through March 13, 2015.

Methodology

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

The audit included obtaining an understanding of compliance criteria, and the Provider's processes related to the quality of care and trust fund/applied income accounting. Accounting records, transactions, and supporting documentation were reviewed to determine that only reasonable, necessary, and allowable costs were submitted for reimbursement to the Texas Medicaid Program.

The audit methodology included:

- Discussions with Provider management and staff
- Obtaining an understanding of relevant controls, compliance criteria, and processes relating to the preparation of the Cost Report
- Reviewing applicable Medicaid laws and regulations
- Reviewing available accounting schedules, exhibits, and other supporting documentation to substantiate resident care and accounting.
- Interviewing personnel
- Testing transactions in the general ledger
- Reviewing resident medical records

Criteria Used

- 1 TAC §19.2112
- 42 CFR, §483.20 & 25
- 1 TAC, §19.406
- 1 TAC, §19.1109
- 1 TAC, §19.502
- 1 TAC, §19.2316

- 1 TAC, §19.2607

Other

Fieldwork was conducted March 9, 2015 through March 13, 2015 and April 7, 2015 through April 9, 2015.

Team Members

Kacy J. VerColen, CPA, Director of Audit
Jose Oliva, CFE, Manager
Albert Alberto, CIGA, Team Lead
Jude Ugwu, CFE, CICA, CRMA, Project Lead
Selena Hiett, Auditor
Sarah Warfel, Auditor
Emery Hizon, Auditor
Carolyn Cadena, CICA, CRMA, CIGA, Auditor
Nanette Greeley, RN, Nurse Auditor
Jennifer Carlisle, RN, Nurse Auditor
Marites Lang, RN, Nurse Reviewer
Vickey Tinker, RN, Nurse Reviewer

Appendix B - Report Distribution

Health and Human Services Commission

Nicole Guerrero, MBA, CIA, CGAP
HHSC Director of Internal Audit
Mail Code BH-1600
4900 North Lamar Boulevard
Austin, TX 78751

Chris Traylor
Executive Commissioner
Texas Health and Human Services Commission
4900 North Lamar Boulevard
Austin, TX 78751

Jon Weizenbaum
Executive Commissioner
Texas Department of Aging and Disability Services
701 West 51st Street
Austin, TX 78751

Cecile Young
HHSC Chief of Staff
Mail Code 1000
4900 North Lamar Boulevard
Austin, TX 78751

Provider

Mr. Derek L. Prince
Chief Executive Officer
Park Manor of South Belt
11902 Resource Parkway
Houston, TX 77089

Appendix C - UR Reconsideration Review Results

OFFICE OF INSPECTOR GENERAL

TEXAS HEALTH & HUMAN SERVICES COMMISSION

STUART W. BOWEN, JR.
INSPECTOR GENERAL

July 15, 2015

Sent via FACSIMILE TO: (281) 922-6804
And via CERTIFIED MAIL RECEIPT # 70112970000401269807
And via FIRST-CLASS MAIL

ADMINISTRATOR
PARK MANOR OF SOUTH BELT
11902 RESOURCE PKWY
HOUSTON, TX 770896060

NOTIFICATION OF RECONSIDERATION REVIEW

RE: PARK MANOR OF SOUTH BELT
11902 RESOURCE PKWY, HOUSTON, TX 770896060 - VENDOR NO. 5400
ONSITE UTILIZATION REVIEW DATE 03/13/2015

Please note there is updated information in this letter regarding how to request an appeal.

The Texas Health and Human Services Commission Office of Inspector General (HHSC-OIG) Utilization Review (UR) Unit Nurse Specialist has completed a reconsideration review of the Resource Utilization Groups (RUG) classification(s) submitted by your facility as a result of the utilization review that was completed on April 21, 2015. Utilization reviews are conducted on behalf of the Department of Aging and Disability Services (DADS). The reconsideration review results are attached for your records. The medical record documentation you submitted was thoroughly reviewed. The data relevant to the assessment time period was used for the reconsideration process. Additionally, documentation obtained by the UR Unit Nurse Reviewer during the onsite visit was considered. The collaborative approach is used to assure the accuracy of the resident assessment data.

If you disagree with the findings of the UR Unit reconsideration review, you may appeal these findings to the Texas Department of Aging and Disability Services (DADS). DADS will docket the appeal request with the State Office of Administrative Hearings (SOAH). The request must be submitted in writing, in the form of a petition or letter, must state the basis of the appeal, and

must include a legible copy of this letter. The request for a hearing is not complete and will not be docketed at SOAH for hearing if it does not include a copy of this Notification of Reconsideration Review letter. The request must be **received** by DADS within **15 days** from receipt of this notification and must be mailed to:

Legal Services (W-615)
Office of General Counsel
Texas Department of Aging and Disability Services
P.O. Box 149030
Austin, TX 78714

Fax: (512) 438-5759

Information submitted to DADS as part of the request for a hearing will be filed at SOAH. Two copies of documents must be submitted to DADS for purposes of the request for hearing.

One copy will be filed at SOAH and must be redacted to meet the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), applicable HIPAA regulations, and the SOAH privacy rule at 1 TAC §155.101. Redaction must include all personal identifiers that are protected by law from disclosure or that are unnecessary for resolution of the case. Any documents included for filing at SOAH that contain unredacted confidential information will be returned.

A second unredacted copy of documents must be submitted to DADS. This information will be maintained by DADS and OIG.

IF A REQUEST FOR A HEARING IS NOT COMPLETED AND RECEIVED WITHIN *15 DAYS* OF RECEIPT OF THIS LETTER, UNLESS OTHERWISE PROVIDED BY STATUTE, YOU WILL BE DEEMED TO HAVE CONSENTED TO THE FINDINGS OF THE HHSC-OIG UR UNIT RECONSIDERATION REVIEW ACTION AND REQUEST FOR A HEARING WILL BE DENIED. IF YOU DO NOT TIMELY REQUEST AN APPEAL AS DIRECTED ABOVE, THE ATTACHED RUG CHANGES WILL BECOME FINAL.

HHSC-OIG will then submit all RUG changes made during the onsite review or following the reconsideration review to DADS. DADS will recoup any net overpayment that results from the submitted RUG changes. Net underpayments from the submitted RUG changes will be reimbursed to the facility, as applicable, pursuant to 1 Texas Administrative Code § 371.214(r). HHSC-OIG will send to the facility a final notification letter, which will include the actual error rate.

If you have any questions, please contact the UR Unit at 512-491-4062.

Sincerely,

Carolyn Larson, RN

Carolyn Larson, RN
Office of Inspector General
Utilization Review Unit

Attachment(s)

Notification of Reconsideration Review
PARK MANOR OF SOUTH BELT - 5400
July 15, 2015

bc: Sonya Hebert, RN
Regional Vendor File

Texas Health and Human Service Commission
Office of Inspector General - Utilization Review Unit
RECONSIDERATION REVIEW RESULTS

Nursing Facility:	PARK MANOR OF SOUTH BELT	**Vendor No:**	5400
Resident Name:	[redacted]	**Date of On-site Review:**	3/13/2015
Medicaid No.:	[redacted]	**Original RUG Value:**	RAC
Assessment Ref Date:	[redacted]	**On-site RUG Value:**	CB1
Reason for Assessment:	02	**Reconsideration RUG Value:**	RAC
		Invalid RUG:	No

Texas Administrative Code (TAC), Title 1, Part 15, Chapter 371, Subchapter C, states:

No TACS Selected.

Reconsideration Items Changed:

[redacted]

Documentation Reviewed:

The documentation submitted by the facility with the reconsideration request and the documentation obtained by the Nurse Reviewer during the on-site visit was utilized for this review.

Decision Rationale:

The facility provided documentation to validate items [redacted].

The RUG was restored to RAC.

Reconsideration By: Carolyn Saunders Date: 7-15-15

If the reconsideration RUG is different than the on-site RUG change, Utilization Review will make the appropriate corrections. The effective date of the corrected RUG will be the effective date of the original MDS.

Texas Health and Human Service Commission
Office of Inspector General - Utilization Review Unit
RECONSIDERATION REVIEW RESULTS

Nursing Facility:	PARK MANOR OF SOUTH BELT	**Vendor No:**	5400
Resident Name:	[redacted]	**Date of On-site Review:**	3/13/2015
Medicaid No.:	[redacted]	**Original RUG Value:**	RAD
Assessment Ref Date:	[redacted]	**On-site RUG Value:**	PD1
Reason for Assessment:	02	**Reconsideration RUG Value:**	RAB
		Invalid RUG:	No

Texas Administrative Code (TAC), Title 1, Part 15, Chapter 371, Subchapter C, states:

No TACS Selected.

Reconsideration Items Changed:

[redacted]

Documentation Reviewed:

The documentation submitted by the facility with the reconsideration request and the documentation obtained by the Nurse Reviewer during the on-site visit was utilized for this review.

Decision Rationale:

The documentation submitted by the facility supports the items [redacted]

The RUG is chnaged to RAB.

Reconsideration By: Marilyn Rawnsley Date: 7-15-15

If the reconsideration RUG is different than the on-site RUG change, Utilization Review will make the appropriate corrections. The effective date of the corrected RUG will be the effective date of the original MDS.

Texas Health and Human Service Commission
Office of Inspector General - Utilization Review Unit
RECONSIDERATION REVIEW RESULTS

Nursing Facility:	PARK MANOR OF SOUTH BELT	**Vendor No:**	5400
Resident Name:	[redacted]	**Date of On-site Review:**	3/13/2015
Medicaid No.:	[redacted]	**Original RUG Value:**	RAD
Assessment Ref Date:	[redacted]	**On-site RUG Value:**	CC1
Reason for Assessment:	02	**Reconsideration RUG Value:**	CC1
		Invalid RUG:	No

Texas Administrative Code (TAC), Title 1, Part 15, Chapter 371, Subchapter C, states:

TAC §371.212(c)(16)(B)
For Therapies, code the total number of days and the total number of minutes (for at least 15 minutes a day) that therapy was administered to a resident during the look back period. Code the total number of actual minutes the particular therapy was provided. Record therapies that occurred after admission/readmission to the nursing facility, were ordered by a physician, and were performed by a qualified therapist, who meets state credentialing requirements (i.e., qualified therapists or their assistants as contemplated by RAI Chapter P.3.b) or, in some instances, under such person's direct supervision. Include only medically necessary therapies furnished after admission to the nursing facility. The time should include the actual treatment time, not the time waiting or writing reports. The therapist's initial evaluation time may not be counted, but subsequent evaluations conducted as part of the treatment process may be counted. Therapy evaluations, treatments, sessions, and minutes must be documented in the clinical record, each day, as they occur. The look back period is seven days.

TAC §371.214(q)(4)
A nursing facility may submit additional clinical records along with a timely request for reconsideration review. Any such additional records must be accompanied by a notarized Fact and Records Affidavit that properly authenticates the documents as true and correct duplicates of business records pursuant to TEX. R. EVID. 803(6) and TEX. R. EVID, 902(10). Additionally, the Fact Affidavit must specify: why the records were not produced during the onsite review, when the records were obtained, where the records were located, who located the records, and the circumstances under which the records were obtained. If recipient medical record documentation that was not provided during the onsite review is submitted for reconsideration, the weight to be given any supplemental documentation shall remain within the discretion of the reviewer.

Reconsideration Items Changed:

[redacted]

Documentation Reviewed:

The documentation submitted by the facility with the reconsideration request and the documentation obtained by the Nurse Reviewer during the on-site visit was utilized for this review.

Reconsideration By: [illegible] Date: 7-15-15

If the reconsideration RUG is different than the on-site RUG change, Utilization Review will make the appropriate corrections. The effective date of the corrected RUG will be the effective date of the original MDS.

Texas Health and Human Service Commission
Office of Inspector General - Utilization Review Unit
RECONSIDERATION REVIEW RESULTS

Decision Rationale:

The documentation available for review does not support the items ([redacted]). The facility must provide a valid Physicians order for the services.

The facility submitted documentation did not include a valid Facts and Records Affidavit for the additional records; therefore, this documentation was not reviewed for this reconsideration.

The RUG remains CC1.

Reconsideration By: Carolyn Kennedy Date: 7-15-15

If the reconsideration RUG is different than the on-site RUG change, Utilization Review will make the appropriate corrections. The effective date of the corrected RUG will be the effective date of the original MDS.

Texas Health and Human Service Commission
Office of Inspector General - Utilization Review Unit
RECONSIDERATION REVIEW RESULTS

Nursing Facility:	PARK MANOR OF SOUTH BELT	**Vendor No:**	5400
Resident Name:	[redacted]	**Date of On-site Review:**	3/13/2015
Medicaid No.:	[redacted]	**Original RUG Value:**	RAD
Assessment Ref Date:	[redacted]	**On-site RUG Value:**	PE2
Reason for Assessment:	02	**Reconsideration RUG Value:**	PE2
		Invalid RUG:	No

Texas Administrative Code (TAC), Title 1, Part 15, Chapter 371, Subchapter C, states:

TAC §371.212(a)(3)
All coded items on MDS assessments submitted for Medicaid reimbursement must be supported by documentation in the recipient's clinical record. Sources of information (e.g., other health care professionals, family members) utilized for the MDS assessment must be identified and must be supported by the clinical record.

TAC §371.214(q)(4)
A nursing facility may submit additional clinical records along with a timely request for reconsideration review. Any such additional records must be accompanied by a notarized Fact and Records Affidavit that properly authenticates the documents as true and correct duplicates of business records pursuant to TEX. R. EVID. 803(6) and TEX. R. EVID, 902(10). Additionally, the Fact Affidavit must specify: why the records were not produced during the onsite review, when the records were obtained, where the records were located, who located the records, and the circumstances under which the records were obtained. If recipient medical record documentation that was not provided during the onsite review is submitted for reconsideration, the weight to be given any supplemental documentation shall remain within the discretion of the reviewer.

Reconsideration Items Changed:

[redacted]

Documentation Reviewed:

The documentation submitted by the facility with the reconsideration request and the documentation obtained by the Nurse Reviewer during the on-site visit was utilized for this review.

Decision Rationale:

The facility submitted documentation did not include a valid Facts and Records Affidavit for the additional records; therefore, this documentation was not reviewed for this reconsideration.

The RUG remains PE2.

Reconsideration By: _____ Date: 7-15-15

If the reconsideration RUG is different than the on-site RUG change, Utilization Review will make the appropriate corrections. The effective date of the corrected RUG will be the effective date of the original MDS.

Texas Health and Human Service Commission
Office of Inspector General - Utilization Review Unit
RECONSIDERATION REVIEW RESULTS

Nursing Facility:	PARK MANOR OF SOUTH BELT	**Vendor No:**	5400
Resident Name:	[redacted]	**Date of On-site Review:**	3/13/2015
Medicaid No.:	[redacted]	**Original RUG Value:**	SSB
Assessment Ref Date:	[redacted]	**On-site RUG Value:**	CB1
Reason for Assessment:	02	**Reconsideration RUG Value:**	CB1
		Invalid RUG:	No

Texas Administrative Code (TAC), Title 1, Part 15, Chapter 371, Subchapter C, states:

TAC §371.212(a)(1)
Requirements for completing the MDS are derived from the RAI, including the MDS, specified by the Department of Aging and Disability Services (DADS). The nursing facility must adhere to any updates released by CMS in addition to the state specific mandates. To the extent such CMS updates conflict with DADS specific mandates, the CMS updates shall control.

Reconsideration Items Changed:

[redacted]

Documentation Reviewed:

The documentation submitted by the facility with the reconsideration request and the documentation obtained by the Nurse Reviewer during the on-site visit was utilized for this review.

Decision Rationale:

The facility requested reconsideration of item [redacted].

No documentation was provided to demonstrate that individuals administering [redacted] were proficient as defined in the Resident Assessment Instrument User's Manual.

Refer to the Resident Assessment Instrument User's Manual, MDS 3.0, Version 1.08, April, 2012, page A-19 and page O-19. Also refer to The MDS Mentor, Volume 4, Issue 1, March 2011.

[redacted]

The RUG remains CB1.

Reconsideration By: Carolyn Kennedy Date: 7-15-15

If the reconsideration RUG is different than the on-site RUG change, Utilization Review will make the appropriate corrections. The effective date of the corrected RUG will be the effective date of the original MDS.

Texas Health and Human Service Commission
Office of Inspector General - Utilization Review Unit
RECONSIDERATION REVIEW RESULTS

Nursing Facility:	PARK MANOR OF SOUTH BELT	**Vendor No:**	5400
Resident Name:	[redacted]	**Date of On-site Review:**	3/13/2015
Medicaid No.:	[redacted]	**Original RUG Value:**	RAB
Assessment Ref Date:	[redacted]	**On-site RUG Value:**	PB1
Reason for Assessment:	02	**Reconsideration RUG Value:**	RAA
		Invalid RUG:	No

Texas Administrative Code (TAC), Title 1, Part 15, Chapter 371, Subchapter C, states:

No TACS Selected.

Reconsideration Items Changed:

[redacted]

Documentation Reviewed:

The documentation submitted by the facility with the reconsideration request and the documentation obtained by the Nurse Reviewer during the on-site visit was utilized for this review.

Decision Rationale:

The documentation available for review validates the item [redacted]

The RUG is changed to RAA.

Reconsideration By: [redacted] Date: 7-15-15

If the reconsideration RUG is different than the on-site RUG change, Utilization Review will make the appropriate corrections. The effective date of the corrected RUG will be the effective date of the original MDS.

Texas Health and Human Service Commission
Office of Inspector General - Utilization Review Unit
RECONSIDERATION REVIEW RESULTS

Nursing Facility:	PARK MANOR OF SOUTH BELT	**Vendor No:**	5400
Resident Name:	[redacted]	**Date of On-site Review:**	3/13/2015
Medicaid No.:	[redacted]	**Original RUG Value:**	RAB
Assessment Ref Date:	[redacted]	**On-site RUG Value:**	PC2
Reason for Assessment:	02	**Reconsideration RUG Value:**	RAB
		Invalid RUG:	No

Texas Administrative Code (TAC), Title 1, Part 15, Chapter 371, Subchapter C, states:

No TACS Selected.

Reconsideration Items Changed:

[redacted]

Documentation Reviewed:

The documentation submitted by the facility with the reconsideration request and the documentation obtained by the Nurse Reviewer during the on-site visit was utilized for this review.

Decision Rationale:

The facility provided documentation to validate items [redacted]

The facility documentation validated [redacted]

The RUG is changed to RAB.

Reconsideration By: Carolyn Kleeman RN Date: 7-15-15

If the reconsideration RUG is different than the on-site RUG change, Utilization Review will make the appropriate corrections. The effective date of the corrected RUG will be the effective date of the original MDS.

Texas Health and Human Service Commission
Office of Inspector General - Utilization Review Unit
RECONSIDERATION REVIEW RESULTS

Nursing Facility:	PARK MANOR OF SOUTH BELT	**Vendor No:**	5400
Resident Name:	[redacted]	**Date of On-site Review:**	3/13/2015
Medicaid No.:	[redacted]	**Original RUG Value:**	RAB
Assessment Ref Date:	[redacted]	**On-site RUG Value:**	PA2
Reason for Assessment:	03	**Reconsideration RUG Value:**	RAA
		Invalid RUG:	No

Texas Administrative Code (TAC), Title 1, Part 15, Chapter 371, Subchapter C, states:

TAC §371.212(a)(3)
All coded items on MDS assessments submitted for Medicaid reimbursement must be supported by documentation in the recipient's clinical record. Sources of information (e.g., other health care professionals, family members) utilized for the MDS assessment must be identified and must be supported by the clinical record.

TAC §371.214(q)(4)
A nursing facility may submit additional clinical records along with a timely request for reconsideration review. Any such additional records must be accompanied by a notarized Fact and Records Affidavit that properly authenticates the documents as true and correct duplicates of business records pursuant to TEX. R. EVID. 803(6) and TEX. R. EVID, 902(10). Additionally, the Fact Affidavit must specify: why the records were not produced during the onsite review, when the records were obtained, where the records were located, who located the records, and the circumstances under which the records were obtained. If recipient medical record documentation that was not provided during the onsite review is submitted for reconsideration, the weight to be given any supplemental documentation shall remain within the discretion of the reviewer.

Reconsideration Items Changed:

[redacted]

Documentation Reviewed:

The documentation submitted by the facility with the reconsideration request and the documentation obtained by the Nurse Reviewer during the on-site visit was utilized for this review.

Reconsideration By: [illegible] Date: 7-15-15

If the reconsideration RUG is different than the on-site RUG change, Utilization Review will make the appropriate corrections. The effective date of the corrected RUG will be the effective date of the original MDS.

Texas Health and Human Service Commission
Office of Inspector General - Utilization Review Unit
RECONSIDERATION REVIEW RESULTS

Decision Rationale:

No documentation was available to support [redacted]g. The facility submitted documentation which was not accompanied by a valid Facts and Records Affidavit for the additional records; therefore, this documentation was not reviewed.

Documentation was available in the review records to support [redacted].

The RUG is changed to RAA.

Reconsideration By: [redacted] Date: 9-15-15

If the reconsideration RUG is different than the on-site RUG change, Utilization Review will make the appropriate corrections. The effective date of the corrected RUG will be the effective date of the original MDS.

Texas Health and Human Service Commission
Office of Inspector General - Utilization Review Unit
RECONSIDERATION REVIEW RESULTS

Nursing Facility:	PARK MANOR OF SOUTH BELT	**Vendor No:**	5400
Resident Name:	[redacted]	**Date of On-site Review:**	3/13/2015
Medicaid No.:	[redacted]	**Original RUG Value:**	RAB
Assessment Ref Date:	[redacted]	**On-site RUG Value:**	PD1
Reason for Assessment:	02	**Reconsideration RUG Value:**	RAB
		Invalid RUG:	No

Texas Administrative Code (TAC), Title 1, Part 15, Chapter 371, Subchapter C, states:

No TACS Selected.

Reconsideration Items Changed:

[redacted]

Documentation Reviewed:

The documentation submitted by the facility with the reconsideration request and the documentation obtained by the Nurse Reviewer during the on-site visit was utilized for this review.

Decision Rationale:

The facility provided documentation to validate items [redacted].

The RUG was changed to RAB.

Reconsideration By: [redacted] Date: 7-15-15

If the reconsideration RUG is different than the on-site RUG change, Utilization Review will make the appropriate corrections. The effective date of the corrected RUG will be the effective date of the original MDS.

Texas Health and Human Service Commission
Office of Inspector General - Utilization Review Unit
RECONSIDERATION REVIEW RESULTS

Nursing Facility:	PARK MANOR OF SOUTH BELT	**Vendor No:**	5400
Resident Name:	[redacted]	**Date of On-site Review:**	3/13/2015
Medicaid No.:	[redacted]	**Original RUG Value:**	SSA
Assessment Ref Date:	[redacted]	**On-site RUG Value:**	CB1
Reason for Assessment:	02	**Reconsideration RUG Value:**	CB1
		Invalid RUG:	No

Texas Administrative Code (TAC), Title 1, Part 15, Chapter 371, Subchapter C, states:

TAC §371.212(a)(1)
Requirements for completing the MDS are derived from the RAI, including the MDS, specified by the Department of Aging and Disability Services (DADS). The nursing facility must adhere to any updates released by CMS in addition to the state specific mandates. To the extent such CMS updates conflict with DADS specific mandates, the CMS updates shall control.

Reconsideration Items Changed:

[redacted]

Documentation Reviewed:

The documentation submitted by the facility with the reconsideration request and the documentation obtained by the Nurse Reviewer during the on-site visit was utilized for this review.

Decision Rationale:

No documentation was provided to demonstrate that individuals administering [redacted] were proficient as defined in the Resident Assessment Instrument User's Manual.

Refer to the Resident Assessment Instrument User's Manual, MDS 3.0, Version 1.08, April, 2012, page A-19 and page O-19. Also refer to The MDS Mentor, Volume 4, Issue 1, March 2011.

[redacted]

The RUG remains CB1.

Reconsideration By: [redacted] Date: 7-15-15

If the reconsideration RUG is different than the on-site RUG change, Utilization Review will make the appropriate corrections. The effective date of the corrected RUG will be the effective date of the original MDS.

Texas Health and Human Service Commission
Office of Inspector General - Utilization Review Unit
RECONSIDERATION REVIEW RESULTS

Nursing Facility:	PARK MANOR OF SOUTH BELT	**Vendor No:**	5400
Resident Name:	[redacted]	**Date of On-site Review:**	3/13/2015
Medicaid No.:	[redacted]	**Original RUG Value:**	SSA
Assessment Ref Date:	[redacted]	**On-site RUG Value:**	PD2
Reason for Assessment:	02	**Reconsideration RUG Value:**	PD2
		Invalid RUG:	No

Texas Administrative Code (TAC), Title 1, Part 15, Chapter 371, Subchapter C, states:

TAC §371.212(a)(1)
Requirements for completing the MDS are derived from the RAI, including the MDS, specified by the Department of Aging and Disability Services (DADS). The nursing facility must adhere to any updates released by CMS in addition to the state specific mandates. To the extent such CMS updates conflict with DADS specific mandates, the CMS updates shall control.

Reconsideration Items Changed:

[redacted]

Documentation Reviewed:

The documentation submitted by the facility with the reconsideration request and the documentation obtained by the Nurse Reviewer during the on-site visit was utilized for this review.

Decision Rationale:

No documentation was provided to demonstrate that individuals administering [redacted] were proficient as defined in the Resident Assessment Instrument User's Manual. Refer to the Resident Assessment Instrument User's Manual, MDS 3.0, Version 1.08, April, 2012, page A-19 and page O-19. Also refer to The MDS Mentor, Volume 4, Issue 1, March 2011.

[redacted]

The RUG remains PD2.

Reconsideration By: Carolyn Hixon RN Date: 7-15-15

If the reconsideration RUG is different than the on-site RUG change, Utilization Review will make the appropriate corrections. The effective date of the corrected RUG will be the effective date of the original MDS.

Texas Health and Human Service Commission
Office of Inspector General - Utilization Review Unit
RECONSIDERATION REVIEW RESULTS

Nursing Facility:	PARK MANOR OF SOUTH BELT	**Vendor No:**	5400
Resident Name:	[redacted]	**Date of On-site Review:**	3/13/2015
Medicaid No.:	[redacted]	**Original RUG Value:**	PE1
Assessment Ref Date:	[redacted]	**On-site RUG Value:**	PD1
Reason for Assessment:	02	**Reconsideration RUG Value:**	PD1
		Invalid RUG:	No

Texas Administrative Code (TAC), Title 1, Part 15, Chapter 371, Subchapter C, states:

TAC §371.212(a)(1)
Requirements for completing the MDS are derived from the RAI, including the MDS, specified by the Department of Aging and Disability Services (DADS). The nursing facility must adhere to any updates released by CMS in addition to the state specific mandates. To the extent such CMS updates conflict with DADS specific mandates, the CMS updates shall control.

Reconsideration Items Changed:

[redacted]

Documentation Reviewed:

The documentation submitted by the facility with the reconsideration request and the documentation obtained by the Nurse Reviewer during the on-site visit was utilized for this review.

Decision Rationale:

The facility provided a "documentation survey report" to validate item [redacted] use which was not in MDS codes. No key was provided.

[redacted]

The RUG remains PD1.

Reconsideration By: [redacted] Date: 7-15-15

If the reconsideration RUG is different than the on-site RUG change, Utilization Review will make the appropriate corrections. The effective date of the corrected RUG will be the effective date of the original MDS.

Texas Health and Human Service Commission
Office of Inspector General - Utilization Review Unit
RECONSIDERATION REVIEW RESULTS

Nursing Facility:	PARK MANOR OF SOUTH BELT	**Vendor No:**	5400
Resident Name:	[redacted]	**Date of On-site Review:**	3/13/2015
Medicaid No.:	[redacted]	**Original RUG Value:**	RAC
Assessment Ref Date:	[redacted]	**On-site RUG Value:**	PE1
Reason for Assessment:	02	**Reconsideration RUG Value:**	RAC
		Invalid RUG:	No

Texas Administrative Code (TAC), Title 1, Part 15, Chapter 371, Subchapter C, states:

No TACS Selected.

Reconsideration Items Changed:

[redacted]

Documentation Reviewed:

The documentation submitted by the facility with the reconsideration request and the documentation obtained by the Nurse Reviewer during the on-site visit was utilized for this review.

Decision Rationale:

The facility provided documentation to validate items [redacted].

The RUG was changed to RAC.

Reconsideration By: [redacted] Date: 7-15-15

If the reconsideration RUG is different than the on-site RUG change, Utilization Review will make the appropriate corrections. The effective date of the corrected RUG will be the effective date of the original MDS.

Texas Health and Human Service Commission
Office of Inspector General - Utilization Review Unit
RECONSIDERATION REVIEW RESULTS

Nursing Facility:	PARK MANOR OF SOUTH BELT	**Vendor No:**	5400
Resident Name:	[redacted]	**Date of On-site Review:**	3/13/2015
Medicaid No.:	[redacted]	**Original RUG Value:**	RAC
Assessment Ref Date:	[redacted]	**On-site RUG Value:**	SSB
Reason for Assessment:	02	**Reconsideration RUG Value:**	RAC
		Invalid RUG:	No

Texas Administrative Code (TAC), Title 1, Part 15, Chapter 371, Subchapter C, states:

No TACS Selected.

Reconsideration Items Changed:

[redacted]

Documentation Reviewed:

The documentation submitted by the facility with the reconsideration request and the documentation obtained by the Nurse Reviewer during the on-site visit was utilized for this review.

Decision Rationale:

The facility provided documentation to validate items [redacted].

The RUG was changed to RAC.

Reconsideration By: [redacted] Date: 7-15-15

If the reconsideration RUG is different than the on-site RUG change, Utilization Review will make the appropriate corrections. The effective date of the corrected RUG will be the effective date of the original MDS.

Texas Health and Human Service Commission
Office of Inspector General - Utilization Review Unit
RECONSIDERATION REVIEW RESULTS

Nursing Facility:	PARK MANOR OF SOUTH BELT	**Vendor No:**	5400
Resident Name:	[redacted]	**Date of On-site Review:**	3/13/2015
Medicaid No.:	[redacted]	**Original RUG Value:**	SSC
Assessment Ref Date:	[redacted]	**On-site RUG Value:**	PE2
Reason for Assessment:	03	**Reconsideration RUG Value:**	PE2
		Invalid RUG:	No

Texas Administrative Code (TAC), Title 1, Part 15, Chapter 371, Subchapter C, states:

TAC §371.212(a)(1)
Requirements for completing the MDS are derived from the RAI, including the MDS, specified by the Department of Aging and Disability Services (DADS). The nursing facility must adhere to any updates released by CMS in addition to the state specific mandates. To the extent such CMS updates conflict with DADS specific mandates, the CMS updates shall control.

Reconsideration Items Changed:

[redacted]

Documentation Reviewed:

The documentation submitted by the facility with the reconsideration request and the documentation obtained by the Nurse Reviewer during the on-site visit was utilized for this review.

Decision Rationale:

The facility requested reconsideration of item [redacted]

No documentation was provided to demonstrate that individuals administering [redacted] were proficient as defined in the Resident Assessment Instrument User's Manual.

Refer to the Resident Assessment Instrument User's Manual, MDS 3.0, Version 1.08, April, 2012, page A-19 and page O-19. Also refer to The MDS Mentor, Volume 4, Issue 1, March 2011.

[redacted]

The RUG remains PE2.

Reconsideration By: [redacted] Date: 7-15-15

If the reconsideration RUG is different than the on-site RUG change, Utilization Review will make the appropriate corrections. The effective date of the corrected RUG will be the effective date of the original MDS.

Texas Health and Human Service Commission
Office of Inspector General - Utilization Review Unit
RECONSIDERATION REVIEW RESULTS

Nursing Facility:	PARK MANOR OF SOUTH BELT	**Vendor No:**	5400
Resident Name:	[redacted]	**Date of On-site Review:**	3/13/2015
Medicaid No.:	[redacted]	**Original RUG Value:**	RAB
Assessment Ref Date:	[redacted]	**On-site RUG Value:**	PD1
Reason for Assessment:	04	**Reconsideration RUG Value:**	PD1
		Invalid RUG:	No

Texas Administrative Code (TAC), Title 1, Part 15, Chapter 371, Subchapter C, states:

TAC §371.214(q)(4)
A nursing facility may submit additional clinical records along with a timely request for reconsideration review. Any such additional records must be accompanied by a notarized Fact and Records Affidavit that properly authenticates the documents as true and correct duplicates of business records pursuant to TEX. R. EVID. 803(6) and TEX. R. EVID. 902(10). Additionally, the Fact Affidavit must specify: why the records were not produced during the onsite review, when the records were obtained, where the records were located, who located the records, and the circumstances under which the records were obtained. If recipient medical record documentation that was not provided during the onsite review is submitted for reconsideration, the weight to be given any supplemental documentation shall remain within the discretion of the reviewer.

Reconsideration Items Changed:

[redacted]

Documentation Reviewed:

The documentation submitted by the facility with the reconsideration request and the documentation obtained by the Nurse Reviewer during the on-site visit was utilized for this review.

Decision Rationale:

The facility submitted documentation which was not accompanied by a valid Facts and Records Affidavit for the additional records; therefore, this documentation was not reviewed.

The RUG remains PD1.

Reconsideration By: [illegible] Date: 7-15-15

If the reconsideration RUG is different than the on-site RUG change, Utilization Review will make the appropriate corrections. The effective date of the corrected RUG will be the effective date of the original MDS.

Texas Health and Human Service Commission
Office of Inspector General - Utilization Review Unit
RECONSIDERATION REVIEW RESULTS

Nursing Facility:	PARK MANOR OF SOUTH BELT	**Vendor No:**	5400
Resident Name:	[redacted]	**Date of On-site Review:**	3/13/2015
Medicaid No.:	[redacted]	**Original RUG Value:**	RAC
Assessment Ref Date:	[redacted]	**On-site RUG Value:**	CB1
Reason for Assessment:	02	**Reconsideration RUG Value:**	CB1
		Invalid RUG:	No

Texas Administrative Code (TAC), Title 1, Part 15, Chapter 371, Subchapter C, states:

TAC §371.214(q)(1)
1) The reconsideration request must be sent in the form of a letter. The letter must describe in detail the reason a reconsideration review is requested for each specified assessment error. A copy of each signed affidavit executed during the onsite review for which reconsideration is requested must be attached to the letter. The reconsideration request must be submitted in the order outlined in the reconsideration request requirements provided to the nursing facility staff during the exit conference, and must include all of the information required for a reconsideration request.

Reconsideration Items Changed:

[redacted]

Documentation Reviewed:

The documentation submitted by the facility with the reconsideration request and the documentation obtained by the Nurse Reviewer during the on-site visit was utilized for this review.

Decision Rationale:

The facility submitted documentation which was not accompanied by a valid Facts and Records Affidavit for the additional records; therefore, this documentation was not reviewed.

The RUG remains CB1.

Reconsideration By: Carolyn Kramer RN Date: 2-15-15

If the reconsideration RUG is different than the on-site RUG change, Utilization Review will make the appropriate corrections. The effective date of the corrected RUG will be the effective date of the original MDS.

Texas Health and Human Service Commission
Office of Inspector General - Utilization Review Unit
RECONSIDERATION REVIEW RESULTS

Nursing Facility:	PARK MANOR OF SOUTH BELT	**Vendor No:**	5400
Resident Name:	[redacted]	**Date of On-site Review:**	3/13/2015
Medicaid No.:	[redacted]	**Original RUG Value:**	RAC
Assessment Ref Date:	[redacted]	**On-site RUG Value:**	PD1
Reason for Assessment:	02	**Reconsideration RUG Value:**	RAC
		Invalid RUG:	No

Texas Administrative Code (TAC), Title 1, Part 15, Chapter 371, Subchapter C, states:

No TACS Selected.

Reconsideration Items Changed:

[redacted]

Documentation Reviewed:

The documentation submitted by the facility with the reconsideration request and the documentation obtained by the Nurse Reviewer during the on-site visit was utilized for this review.

Decision Rationale:

The facility provided documentation to validate item [redacted]

The RUG was changed to RAC.

Reconsideration By: [redacted] Date: 7-15-15

If the reconsideration RUG is different than the on-site RUG change, Utilization Review will make the appropriate corrections. The effective date of the corrected RUG will be the effective date of the original MDS.