

**Pleasant Valley
Annual Survey,
Exit Date December 22, 2009**

A total of eight citations

Non constituting Actual Harm

No environmental / Life Safety citations

Citations:

| <u>Scope / Severity</u> | <u>Description</u> |
|--------------------------------|---|
| E | Physical Restraints- Families to be notified of use of and indications for restraints Tray on rocker and lap belt |
| D | Dignity in dining- 2 confused residents were under intermittent supervision in dining. While unattended, residents got some food on their laps. |
| E | Care plans- outcomes of care plan interventions were not documented in the "outcomes" section of the care plan. |
| D | Care plans- 2 residents were found to have missed doses of medication due to the pharmacy not delivering in a timely manner. |
| D | Activities of Daily Living (ADL's)- 1 resident was not supervised at dinner consistent with the care plan. |
| D | Nutrition- nursing and food service were not effectively communicating regarding residents who were on weekly weights. |
| B | Physician visits- Phone orders were not being countersigned and dated within 48 hours of the order |
| E | Infection Control- Two staff members, when leaving a unit that was on isolation, failed to dispose of their masks in the proper receptacle and walked to another part of the building |

Note: The Plan of Correction for this Statement of Deficiencies has been submitted and accepted by DOH

Scope and Severity

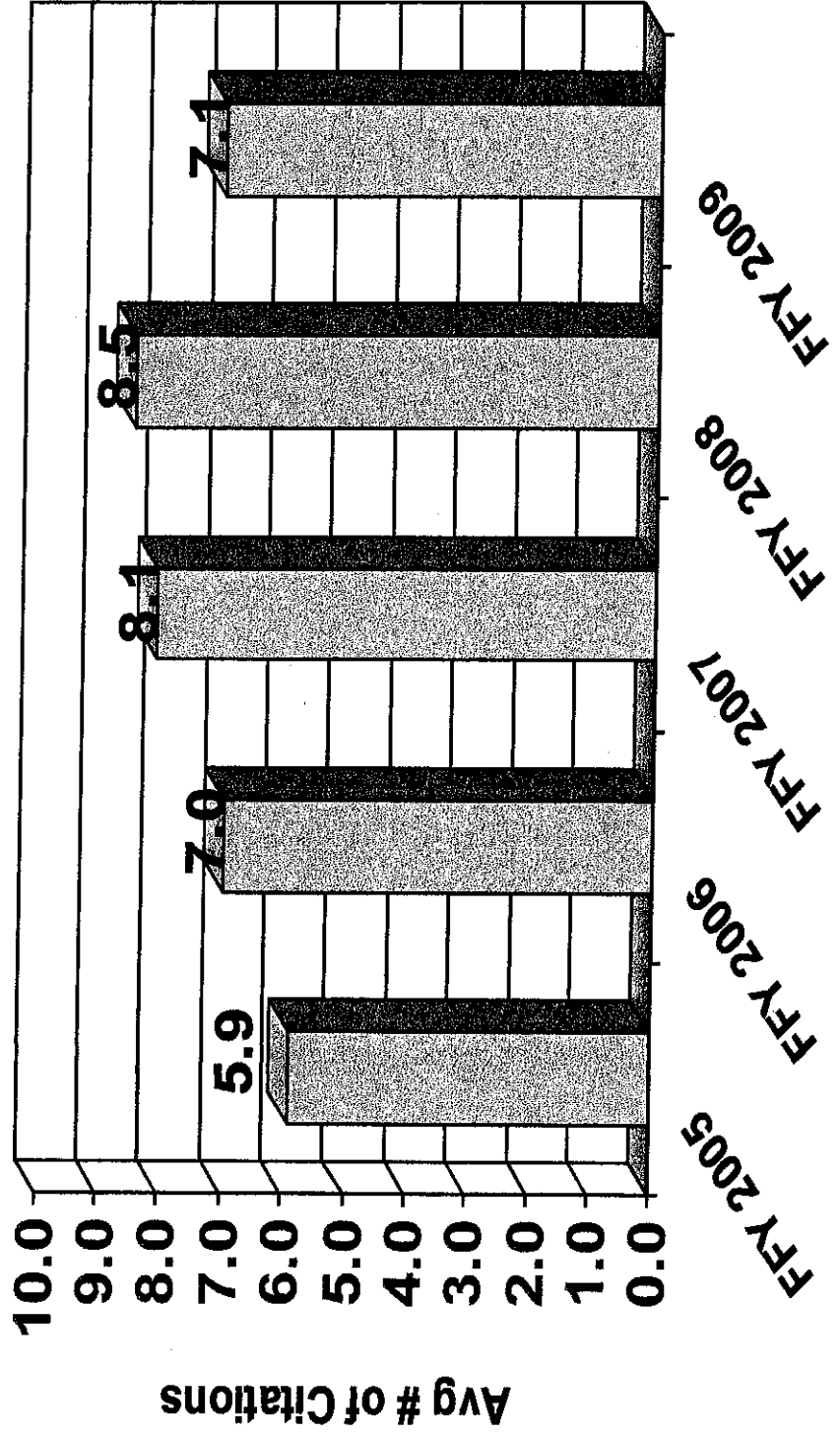
Scope and Severity is a system of rating the seriousness of deficiencies. A "deficiency" is a regulatory requirement that a survey finds is not being met. For each deficiency, the surveyor determines the level of harm to the resident or resident(s) involved and the scope of the problem within the nursing home. The surveyor then assigns an alphabetical scope and severity value, A through L, to the deficiency. "A" is the least serious and "L" is the most serious rating.

| Severity of the Deficiency | Scope of the Deficiency | | |
|---|-------------------------|---------|------------|
| | Isolated | Pattern | Widespread |
| Immediate jeopardy to resident health or safety | J | K | L |
| Actual harm that is not immediate jeopardy | G | H | I |
| No actual harm with potential for more than minimal harm that is not immediate jeopardy | D | E | F |
| No actual harm with potential for minimal harm | A | B | C |

Average # Of Citations Per Survey

FFY 2005 – FFY 2009

Recertification Surveys, Health/LSC Inspections





Overview of Survey Performance

- **On average, 7 citations are issued per recertification survey in NYS. The national average is 11 citations.**
- **Top areas for citations include:**
 - **Elopement**
 - **Smoking**
 - **Maintaining a Hazard Free Environment**
 - **Assessment and Care Planning**
 - **Establishing an Infection Control Program**
- **The Top 5 citations result in 33 percent of all citations issued.**

RECAP OF 2009 MEDICAID RATES

1 INITIAL 2009 MEDICAID RATES ISSUED BY DEPT. OF HEALTH 184.83

2 INTERIM 2009 MEDICAID RATE: 149.38

THE STATE ISSUED THESE INTERIM RATES BECAUSE OF THE MID-YEAR BUDGET BILL WHICH DELAYED THE REBASING AND FROZE THE 2009 TREND FACTOR DEPT OF HEALTH REMOVED THE \$10.86 TRANSITION REBASING ADJUSTMENT ADD ON AND DID NOT ADD ON ANY INFLATION FACTOR INCREASE FOR 2009 (THE TRANSITION REBASING ADJUSTMENT WAS AN INCREASE TO OUR RATES BASED ON ACTUAL YEAR 2002 COSTS INSTEAD OF 1983 COSTS TRENDED FORWARD TO 2002)--THE TRENDED INFLATION FACTOR USED BY DOH WAS TO LOW

3 1ST QUARTER 2009 MEDICAID RATE: 152.07

INCLUDES 2009 TRENDED INFLATION FACTOR

DOES NOT INCLUDE THE NEW 2002 BASE YEAR ADJ.

4 MEDICAID RATE FOR APRIL 1ST 2009 TO DECEMBER 2009: 165.73

2002 BASE YEAR ADJ INCLUDED BUT SCALED BACKED TO REFLECT THE NEGATIVE ADJUSTMENT OF THE STATEWIDE REBASING MONIES AVAILABLE FOR DISTRIBUTION. A NEGATIVE ADJUSTMENT TO PV: REMOVE \$4.42 PER RESIDENT PER DAY FROM OUR DAILY RATE.

MEDICAID ONLY CASE MIX ADJ: REMOVE \$\$4.61 PER MCD RESIDENT PER DAY FROM OUR DAILY RATE.

AS A COMPARISON ADIRONDACK TRI COUNTY NURSING HAD \$16.00 REMOVED FROM THEIR DAILY RATE INCLUDES 2009 TRENDED INFLATION FACTOR ADJUSTMENT DEPT OF HEALTH OWES PV ABOUT: \$366,000.00

DEPT OF HEALTH HAS NOT ISSUED A RELEASE DATE OF THESE MONIES

5 INITIAL 2010 MEDICAID RATES ISSUED BY DEPT. OF HEALTH 166.67

INCLUDES SMALL TREND FACTOR ADJUSTMENT OF 1.1%

THIS INFLATION FACTOR IS LEGISLATIVELY SET BY THE STATE AND
IS NOT A TRUE REFLECTION OF OF INCREASED COSTS

**Washington County Public Health
Governor's Budget Summary
2010-2011**

2010-2011 Governor's Budget Proposal

Certified Home Health Agency / Long Term / Hospice (Overall Statewide Proposed Cuts of \$73.9 million)

Revenue Assessment Increased from .35% to .70% (CHHA and Long Term)

| | |
|-----------------|-----------|
| May | \$ 1,554 |
| June | \$ 803 |
| July | \$ 1,535 |
| Aug | \$ 1,165 |
| Sept | \$ 1,712 |
| Oct | \$ 928 |
| Nov | \$ 1,487 |
| Dec | \$ 1,009 |
| Total | \$ 10,193 |
| Monthly Avg | \$ 1,274 |
| New Monthly Avg | \$ 1,279 |
| New Total | \$ 12,786 |
| Difference | \$ 2,593 |

Eliminating Several Optional Services from State Aid Reimbursement

For 1st 3 quarters of 2009:

| | Total Claim | Total Claim w/o Optionals | Difference |
|-------------|-------------|---------------------------|-------------|
| 1st Quarter | \$ (5,226) | \$ 124,391 | \$ 129,617 |
| 2nd Quarter | \$ 138,986 | \$ 120,763 | \$ (18,223) |
| 3rd Quarter | \$ 158,766 | \$ 241,727 | \$ 82,961 |
| Total | \$ 292,526 | \$ 486,881 | \$ 194,355 |

Total Optional Cash Receipts for 1st, 2nd, and 3rd Quarters of 2009:

| | |
|---------|--------------|
| CHHA | \$ 2,398,081 |
| LT | \$ 362,264 |
| Hospice | \$ 983,678 |
| Total | \$ 3,744,023 |

This will have a positive impact on the agency if the receipts continue to be greater than the expenses.

**Washington County Public Health
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2010-2011**

Elimination of the Trend Factor (inflation factor) for 2010-11 State Fiscal Year (CHHA and LT):

| Visit Type | Current Medicaid Rates | 1.7% Trend | Difference | Projected 4/1-12/31/10 Visits | Estimated Lost Revenue |
|---------------------------|------------------------|------------|------------|-------------------------------|------------------------|
| Skilled Nurse | \$ 163.18 | \$ 165.94 | \$ 2.76 | 2,141 | \$ 5,909 |
| Physical Therapy | \$ 116.28 | \$ 118.26 | \$ 1.98 | 547 | \$ 1,083 |
| Speech Therapy | \$ 95.62 | \$ 97.25 | \$ 1.63 | 4 | \$ 7 |
| Occupational Therapy | \$ 103.65 | \$ 105.42 | \$ 1.77 | 47 | \$ 83 |
| Home Health Aide (hourly) | \$ 50.28 | \$ 51.13 | \$ 0.85 | 1,248 | \$ 1,061 |
| CHHA Total | | | | 3,987 | \$ 8,143 |

| Visit Type | Current Medicaid Rates | 1.7% Trend | Difference | Projected 4/1-12/31/10 Visits | Estimated Lost Revenue |
|---------------------------|------------------------|------------|------------|-------------------------------|------------------------|
| Skilled Nurse | \$ 100.20 | \$ 101.90 | \$ 1.70 | 1,116 | \$ 1,897 |
| Physical Therapy | \$ 79.71 | \$ 81.06 | \$ 1.35 | 543 | \$ 733 |
| Speech Therapy | \$ 61.39 | \$ 62.43 | \$ 1.04 | - | \$ - |
| Occupational Therapy | \$ 85.67 | \$ 87.11 | \$ 1.44 | 31 | \$ 45 |
| Medical Social Work | \$ 115.07 | \$ 117.03 | \$ 1.96 | 387 | \$ 759 |
| Nutrition | \$ 82.29 | \$ 83.69 | \$ 1.40 | 137 | \$ 192 |
| Respiratory | \$ 83.38 | \$ 84.79 | \$ 1.41 | 182 | \$ 257 |
| Home Health Aide (hourly) | \$ 34.53 | \$ 35.12 | \$ 0.59 | 1,620 | \$ 956 |
| Personal Care (hourly) | \$ 33.72 | \$ 34.30 | \$ 0.58 | 1,174 | \$ 681 |
| LT Total | | | | 5,190 | \$ 5,519 |

Grand Total for CHHA and LT due to Trend Factor

\$ 13,661

Early Intervention

Providers who receive \$500K or more in Medicaid for EI Services must bill Medicaid/Insurances (currently Public Health does all Early Intervention billing)

Requirement that Counties bill private insurers for EI Services will be eliminated; instead, insurers will be assessed by the State and counties will be reimbursed for the cost of EI Services (for children who are only enrolled in private insurance, not dually eligible)

Families with incomes greater than 161% of the Federal Poverty Level would pay on a sliding fee scale (billed and collected at the State level)
Counties will receive 50% of the fees collected by the State.

Preschool

County Share of preschool special education services will be capped at a 2% annual growth rate beginning in the 2010/11 school year. School districts will assume any excess of approved costs.

Child would be placed in program closest to the child's home- result in lower transportation costs.