

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**PRINCETON PLACE DID NOT ALWAYS
COMPLY WITH CARE PLANS FOR
RESIDENTS WHO WERE DIAGNOSED
WITH URINARY TRACT INFECTIONS**

*Inquiries about this report may be addressed to the Office of Public Affairs at
Public.Affairs@oig.hhs.gov.*



Gloria L. Jarmon
Deputy Inspector General
for Audit Services

June 2019
A-06-17-02002

Office of Inspector General

<https://oig.hhs.gov>

The mission of the Office of Inspector General (OIG), as mandated by Public Law 95-452, as amended, is to protect the integrity of the Department of Health and Human Services (HHS) programs, as well as the health and welfare of beneficiaries served by those programs. This statutory mission is carried out through a nationwide network of audits, investigations, and inspections conducted by the following operating components:

Office of Audit Services

The Office of Audit Services (OAS) provides auditing services for HHS, either by conducting audits with its own audit resources or by overseeing audit work done by others. Audits examine the performance of HHS programs and/or its grantees and contractors in carrying out their respective responsibilities and are intended to provide independent assessments of HHS programs and operations. These assessments help reduce waste, abuse, and mismanagement and promote economy and efficiency throughout HHS.

Office of Evaluation and Inspections

The Office of Evaluation and Inspections (OEI) conducts national evaluations to provide HHS, Congress, and the public with timely, useful, and reliable information on significant issues. These evaluations focus on preventing fraud, waste, or abuse and promoting economy, efficiency, and effectiveness of departmental programs. To promote impact, OEI reports also present practical recommendations for improving program operations.

Office of Investigations

The Office of Investigations (OI) conducts criminal, civil, and administrative investigations of fraud and misconduct related to HHS programs, operations, and beneficiaries. With investigators working in all 50 States and the District of Columbia, OI utilizes its resources by actively coordinating with the Department of Justice and other Federal, State, and local law enforcement authorities. The investigative efforts of OI often lead to criminal convictions, administrative sanctions, and/or civil monetary penalties.

Office of Counsel to the Inspector General

The Office of Counsel to the Inspector General (OCIG) provides general legal services to OIG, rendering advice and opinions on HHS programs and operations and providing all legal support for OIG's internal operations. OCIG represents OIG in all civil and administrative fraud and abuse cases involving HHS programs, including False Claims Act, program exclusion, and civil monetary penalty cases. In connection with these cases, OCIG also negotiates and monitors corporate integrity agreements. OCIG renders advisory opinions, issues compliance program guidance, publishes fraud alerts, and provides other guidance to the health care industry concerning the anti-kickback statute and other OIG enforcement authorities.

Notices

THIS REPORT IS AVAILABLE TO THE PUBLIC
at <https://oig.hhs.gov>

Section 8M of the Inspector General Act, 5 U.S.C. App., requires that OIG post its publicly available reports on the OIG website.

OFFICE OF AUDIT SERVICES FINDINGS AND OPINIONS

The designation of financial or management practices as questionable, a recommendation for the disallowance of costs incurred or claimed, and any other conclusions and recommendations in this report represent the findings and opinions of OAS. Authorized officials of the HHS operating divisions will make final determination on these matters.

Report in Brief

Date: June 2019

Report No. A-06-17-02002

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Review

A Centers for Medicare & Medicaid Services-sponsored study identified conditions, including urinary tract infections (UTIs), that are associated with potentially avoidable hospitalizations of nursing home residents.

We selected for review Princeton Place Skilled Nursing and Rehabilitation Center (Princeton Place) based on a review of nursing home quality measures, including a high average UTI rate among residents.

Our objective was to determine whether Princeton Place provided services to its Medicaid-eligible residents diagnosed with UTIs in accordance with their care plans, as required by Federal regulations.

How OIG Did This Review

We reviewed medical records for 52 stays by 29 Medicaid-eligible residents who were assessed with UTIs from January 5, 2014, through October 21, 2015.

Princeton Place Did Not Always Comply With Care Plans for Residents Who Were Diagnosed With Urinary Tract Infections

What OIG Found

Princeton Place did not always provide services to Medicaid-eligible residents diagnosed with UTIs in accordance with their care plans, as required by Federal regulations. Specifically, Princeton Place staff did not always document that they monitored the residents' urine appearance at the frequencies specified in their care plans. Princeton Place did not have policies and procedures to ensure that its staff provided services in accordance with its residents' care plans. As a result of Princeton Place not following residents' care plans, the residents were at increased risk for contracting UTIs and for incurring complications from UTIs, including requiring hospitalization.

What OIG Recommends

We recommend that Princeton Place develop and implement policies and procedures requiring that:

- its nursing staff follow and document compliance with the residents' care plans and
- supervisors conduct reviews to ensure that the nursing staff follows the residents' care plans.

Princeton Place agreed with our recommendations and described corrective actions it had implemented, including revised policies and staff training.

TABLE OF CONTENTS

INTRODUCTION..... 1

 Why We Did This Review 1

 Objective 1

 Background 1

 Federal Requirements..... 1

 Urinary Tract Infections 2

 Princeton Place Skilled Nursing and Rehabilitation Center 2

 How We Conducted This Review 2

FINDINGS..... 3

 Inadequate Documentation of Residents’ Urine Appearance 3

 Princeton Place Generally Documented Services on an Exception-Only Basis 4

 Effect of Princeton Place Not Following Residents’ Care Plans..... 5

RECOMMENDATIONS 5

PRINCETON PLACE COMMENTS..... 5

APPENDICES

A: Audit Scope and Methodology 6

B: Princeton Place’s Compliance with Observing and Documenting Urine
 Appearance in Accordance with Care Plans..... 8

C: Princeton Place Comments..... 10

INTRODUCTION

WHY WE DID THIS REVIEW

A Centers for Medicare & Medicaid Services (CMS) sponsored study identified conditions, including urinary tract infections (UTIs), associated with potentially avoidable hospitalizations of nursing home residents.¹ The study found that UTIs are generally preventable and manageable in the nursing home setting.

A previous Office of Inspector General (OIG) review found that a nursing home in Louisiana did not always provide services to its residents in accordance with their care plans, as required by Federal regulations, before they were hospitalized with UTIs.² We therefore selected another nursing home in Louisiana for review to continue our focus on the quality of care in nursing homes.

We selected Princeton Place Skilled Nursing and Rehabilitation Center (Princeton Place) based on our review of quality measures among nursing homes in Louisiana, including a high UTI rate among residents, the number of health deficiencies identified by State inspectors, and a two star rating in the CMS Five-Star rating system.^{3, 4}

OBJECTIVE

Our objective was to determine whether Princeton Place provided services to its Medicaid-eligible residents diagnosed with UTIs in accordance with their care plans, as required by Federal regulations.

BACKGROUND

Federal Requirements

Sections 1819 and 1919 of the Social Security Act states that nursing homes participating in the Medicare and Medicaid programs must meet certain specified requirements. These requirements include Federal regulations which state that nursing homes must provide the

¹ *Cost Drivers for Dually Eligible Beneficiaries: Potentially Avoidable Hospitalizations From Nursing Facility, Skilled Nursing Facility, and Home and Community-Based Services Waiver Programs*, RTI International, August 2010.

² *West Carroll Care Center Did Not Always Follow Care Plans for Residents Who Were Later Hospitalized With Potentially Avoidable Urinary Tract Infections (A-06-14-00073)*.

³ For the year ended June 30, 2016, an average of 24.7 percent of Princeton Place residents had UTIs, compared to State and national averages of 5.3 and 4.9, respectively. In addition, State inspectors identified 24 deficiencies over a 3 year period, the second most in the State.

⁴ CMS created the Five-Star Quality Rating System to more easily compare nursing homes. Nursing homes with five stars are considered to have much above average quality and nursing homes with one star are considered to have quality much below average.

necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.⁵

Federal regulations also require nursing homes to ensure that the medical care of each resident is supervised by a physician.⁶ Physicians must review the resident's total program of care, including medications and treatments at each required visit, and sign and date all orders except orders for certain vaccines.

Urinary Tract Infections

A UTI is a clinically detectable condition associated with invasion by disease-causing microorganisms of some part of the urinary tract. UTI symptoms may include a change in the resident's physical or mental condition (e.g., confusion, decreased activity), or a change in the resident's urine appearance (e.g., onset of bloody urine, amount of sediment). Dehydration can increase the risk for developing a UTI.

Accordingly, care plan services related to the prevention and care of UTIs may include any or all of the following at specified frequencies (e.g., daily or each shift):

- monitoring and documenting a resident's condition (detection),
- monitoring and documenting a resident's hydration status (prevention), or
- observing and documenting a resident's urine appearance (detection).

Princeton Place Skilled Nursing and Rehabilitation Center

Princeton Place is a facility in Ruston, Louisiana, that provides skilled care, short-term rehabilitation, and long-term-care services.

HOW WE CONDUCTED THIS REVIEW

We selected 52 stays for 29 Medicaid-eligible residents who were assessed with UTIs in the Minimum Data Set (MDS) from January 5, 2014, through October 21, 2015. Our review covered each resident's Princeton Place medical records for up to 50 days before and 10 days after the MDS assessment date of a UTI.⁷ Therefore, our audit period for the 52 stays we reviewed was November 16, 2013, through October 31, 2015.

⁵ 42 CFR § 483.25. After our audit period, 42 CFR § 483.25 was re-designated and revised. 81 Fed. Reg. 68688, 68828 (Oct. 4, 2016).

⁶ 42 CFR § 483.40. After our audit period, 42 CFR § 483.40 was re-designated and revised. 81 Fed. Reg. at 68829.

⁷ We refer to this time period as the "nursing home stay." If a resident was absent from the facility during the 60-day period, we only obtained records from the time the resident was readmitted to the facility.

We reviewed Princeton Place medical records for these 52 stays to determine whether or not the UTI detection and prevention services (observing urine appearance and monitoring condition and hydration status) were provided. If the care plan contained any of these services, we determined whether Princeton Place staff provided the service at the specified frequency.

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 the details of our audit scope and methodology.

FINDINGS

Princeton Place did not always provide services to its Medicaid-eligible residents in accordance with their care plans, as required by Federal regulations. Specifically, Princeton Place staff did not always document that they observed the residents' urine appearance at the frequencies specified in their care plans.

All 52 nursing home stays that we reviewed involved residents with one or more care services that can prevent or detect a UTI:

- monitoring and documenting a resident's condition (50 stays),
- monitoring and documenting a resident's hydration status (49 stays), and
- observing and documenting a resident's urine appearance (44 stays).

The staff usually monitored and documented residents' condition (49 of 50 stays) and hydration status (47 of 49 stays) at specified intervals, but did not always document that it observed urine appearance (22 of 44 stays) at specified frequencies.

Inadequate Documentation of Residents' Urine Appearance

Princeton Place staff did not document that they observed urine appearance at the frequency specified by care plans for 22 of the 44 stays.

Example of a stay with inadequate documentation of urine appearance

The resident's care plan for one stay required Princeton Place staff to observe and document the resident's urine appearance each day. However, during the 60 days we reviewed, the staff only documented the resident's urine appearance on 5 days. For this stay, the staff did not document the resident's urine appearance at the frequency specified by the care plan on 92 percent of the days we reviewed.

Overall, Princeton Place staff did not document the residents' urine appearance at the frequencies specified by the care plans on 633 of the 1,500 days (42 percent) we reviewed. See Appendix B for details on the 44 stays with care plans that specified observing and documenting urine appearance.

Princeton Place Generally Documented Services on an Exception-Only Basis

According to Princeton Place, it documented services on a resident's chart on an exception-only basis. If there was no change in a resident's health, the staff did not document services on the resident's chart. However, Princeton Place:

- had no official written policy regarding exception-only charting or monitoring,
- had no evidence that it provided training on exception-only charting or monitoring, and
- did not handle exception-only charting in a consistent manner.

That is, for some patients, urine appearance was documented daily 100 percent of the time, even in cases where the urine appearance was normal. However, for some patients whose care plans required daily observation of urine appearance, Princeton Place staff documented normal urine appearance on some days, but not other days.

The CMS quality of care standard requires facilities to follow care plans and ensure the sufficiency of resident care plan services so that each resident receives "all the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being."⁸ We believe that this documentation method would have helped ensure that all Princeton Place staff treating the residents on various days and shifts had an understanding of each resident's health status and care needs.

All of the nursing home stays we reviewed involved residents with reported UTIs. Because the care plan services we reviewed could mitigate risks for developing UTIs, following the care plan

⁸ 42 CFR § 483.25.

as indicated was critical. Better care plan diligence may lead to early detection and possible prevention of UTIs and subsequent hospitalizations.

These deficiencies occurred because Princeton Place did not have policies and procedures ensuring that its staff provided and documented services in accordance with its residents' care plans.

Effect of Princeton Place Not Following Residents' Care Plans

As a result of Princeton Place not following residents' care plans, the residents were at increased risk for contracting UTIs and for incurring complications from UTIs, including requiring hospitalization.

RECOMMENDATIONS

We recommend that Princeton Place develop and implement policies and procedures requiring that:

- its nursing staff follow and document compliance with the residents' care plans, and
- supervisors conduct reviews to ensure that the nursing staff follow and document compliance with residents' care plans.

PRINCETON PLACE COMMENTS

In written comments on our draft report, Princeton Place agreed with our findings and stated that it has implemented corrective actions, including new and revised policies, staff education, and continued audits to ensure staff compliance with policies and procedures. Princeton Place's comments appear in their entirety as Appendix C.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

We reviewed records for 52 stays by 29 Medicaid-eligible residents that MDS assessments showed as having UTIs during calendar years 2014 and 2015. Our review of Princeton Place medical records covered up to 50 days before and 10 days after the assessment date. Therefore, our audit period was November 16, 2013, through October 31, 2015.

We reviewed Princeton Place care medical records for these 52 stays to determine whether or not the UTI detection and prevention services (observing urine appearance and monitoring condition and hydration status) were provided.

We did not review the overall internal control structure of Princeton Place. We reviewed only those internal controls that were significant to our audit objective. We did not verify the UTI diagnosis documented in the MDS assessment.

We conducted our audit work, including fieldwork, at Princeton Place in Ruston, Louisiana, from August 2017 to April 2018.

METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Federal laws, regulations, and guidance;
- selected Princeton Place for review based on our analysis of the data, and benchmarks related to UTI rates, State-identified deficiencies, and the CMS Five-Star Quality Rating System;
- analyzed assessment data from the MDS for nursing home residents showing patients with UTIs during the audit period and reconciled to Medicaid claim data to verify patients were Medicaid beneficiaries;
- identified 55 stays for 29 Medicaid-eligible residents assessed with UTIs, then excluded two stays from our review because of overlapping treatment periods identified from the MDS, and excluded another stay because the nursing home had incorrectly coded the MDS for a UTI;
- reviewed each resident's care plan to determine whether it included one or more of the care plan services related to the prevention and care of UTIs;

- reviewed Princeton Place’s records to determine whether their staff performed the care plan services at the specified frequencies;
- interviewed Princeton Place personnel to obtain an understanding of the internal controls related to ensuring that the care plans are followed; and
- discussed our findings with Princeton Place personnel to determine the underlying causes of noncompliance.

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.

APPENDIX B: PRINCETON PLACE'S COMPLIANCE WITH OBSERVING AND DOCUMENTING URINE APPEARANCE IN ACCORDANCE WITH CARE PLANS

Number	Required Services Provided	Total Days Reviewed	Days Not in Compliance	Percent of Days Not In Compliance
1	No	48	1	2%
2	No	60	27	45%
3	No	37	15	41%
4	No	60	41	68%
5	No	60	40	67%
6	No	17	16	94%
7	No	60	42	70%
8	Yes	60	0	0%
9	Yes	60	0	0%
10	Yes	60	0	0%
11	Yes	60	0	0%
12	Yes	50	0	0%
13	No	60	47	78%
14	Yes	51	0	0%
15	No	18	18	100%
16	No	16	7	44%
17	No	60	51	85%
18	No	22	16	73%
19	No	3	3	100%
20	Yes	6	0	0%
21	Yes	12	0	0%
22	Yes	6	0	0%
23	Yes	8	0	0%
24	Yes	17	0	0%
25	Yes	6	0	0%
26	No	52	33	63%
27	No	60	51	85%
28	Yes	2	0	0%
29	No	16	8	50%
30	Yes	9	0	0%
31	Yes	16	0	0%
32	Yes	25	0	0%
33	Yes	19	0	0%

Number	Required Services Provided	Total Days Reviewed	Days Not in Compliance	Percent of Days Not In Compliance
34	No	60	55	92%
35	No	60	38	63%
36	No	60	35	58%
37	No	60	51	85%
38	Yes	24	0	0%
39	Yes	4	0	0%
40	No	11	11	100%
41	Yes	21	0	0%
42	Yes	7	0	0%
43	No	60	27	45%
44	Yes	17	0	0%
	No = 22	1,500	633	42%

APPENDIX C: PRINCETON PLACE COMMENTS



Princeton
PLACE
Skilled Nursing & Rehabilitation Center

April 30, 2019

Report Number: A-06-17-02002

Mr. Paul Garcia

Assistant Regional Inspector General

Audit Services

Dear Mr. Garcia,

We have received the draft report from the audit period November 16, 2013 through October 31, 2015 conducted at Princeton Place-Ruston.

After review of the draft report, Princeton Place –Ruston concurs with the reported findings. Corrective actions and measures have been implemented including establishing new policies and revisions of existing policies, staff in-service and continuing education, and continued audits to ensure staff compliance of policies and procedures.

Thank you to you and your staff for the assistance offered to improve the quality of care provided to the residents of Princeton Place-Ruston.

Respectfully,

Doug Bice

Administrator

Princeton Place -Ruston

1405 White Street • Ruston, LA 71270 • [REDACTED] • [REDACTED]