PATRICK M. ALLEN Cabinet Secretary

ا NEW MEXI Departme	CO ent of Health
Division of Health	n Improvement

Date:	March 7, 2024
То:	Lupe Ordunez, DSP / Executive Director
Provider: Address: State/Zip:	An Open Door, LLC 715 E Idaho Building 4 Las Cruces, New Mexico 88001
E-mail Address:	lordunez@aodnm.com
CC: E-mail Address:	Mark Chavez, Owner anopendoor@aodnm.com
Region: Routine Survey: Verification Survey:	Southwest June 26 – July 7, 2023 February 19 – 28, 2024
Program Surveyed:	Developmental Disabilities Waiver
Service Surveyed:	Supported Living, Family Living, Customized In-Home Supports, Customized Community Supports, and Community Integrated Employment Services
Survey Type:	Verification
Team Leader:	Marilyn Moreno, AA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau
Team Members:	Amanda Castañeda-Holguin, MPA, Healthcare Surveyor Supervisor, Division of Health Improvement/Quality Management Bureau

Dear Ms. Lupe Ordunez,

The Division of Health Improvement/Quality Management Bureau has completed a Verification survey of the services identified above. The purpose of the survey was to determine compliance with your Plan of Correction submitted to DHI regarding the *Routine Survey on June 26 – July 7, 2023*.

<u>Partial Compliance with Standard Level Tags and Conditions of Participation Level Tags</u>: This determination is based on noncompliance with one to five (1 - 5) Condition of Participation Level Tags (refer to Attachment D for details). The attached QMB Report of Findings indicates Standard Level and Condition of Participation Level deficiencies identified and requires completion and implementation of a Plan of Correction.

The following tags are identified as Condition of Participation Level:

- Tag # 1A09.1 Medication Delivery PRN Medication Administration (New / Repeat Findings)
- Tag # 1A09.2 Medication Delivery Nurse Approval for PRN Medication (New / Repeat Findings)

NMDOH-DIVISION OF HEALTH IMPROVEMENT QUALITY MANAGEMENT BUREAU DMESTEAD ROAD NE SUITE 300-3223 ALBIJOUEROUE NEW

5300 HOMESTEAD ROAD NE, SUITE 300-3223, ALBUQUERQUE, NEW MEXICO 87110 (505) 470-4797 • FAX: (505) 222-8661 • <u>http://nmhealth.org/about/dhi</u>

However, due to the new/repeat deficiencies your agency will be required to contact your DDSD Regional Office for technical assistance and follow up and complete the Plan of Correction document attached at the end of this report. Please respond to the Plan of Correction Coordinator within 10 business days of receipt of this letter.

Plan of Correction:

The attached Report of Findings identifies the new/repeat Standard Level deficiencies found during your agency's verification compliance review. You are required to complete and implement a Plan of Correction. Your agency has a total of 10 business days from the receipt of this letter to submit the Plan of Correction (POC). The POC must include the following:

- 1. Evidence your agency has contacted your DDSD Regional Office for technical assistance;
- 2. A Plan of Correction detailing Corrective Action for any new/repeat deficiencies and Quality Assurance/Quality Improvement processes to prevent your agency from receiving deficiencies in the future;
- Upon notification that your POC has been approved, you will have 3 days to submit documents verifying that all deficiencies have been corrected and evidence of the ongoing Quality Assurance/Quality Improvement (QA/QI) processes.

Submission of your Plan of Correction:

Please submit your agency's Plan of using the format at the end of this report within 10 business days of receipt of this letter to the parties below:

1. Quality Management Bureau, Monica Valdez, Plan of Correction Coordinator Marie.Passaglia@doh.nm.gov

2. Developmental Disabilities Supports Division Regional Office for region of service surveyed

Please submit documents electronically within 3 business days of the POC being approved according to the following: If the documents <u>do not</u> contain protected Health information (PHI) then you may submit your documents electronically scanned and attached to the POC Coordinator at <u>Marie.Passaglia@doh.nm.gov</u>. <u>If documents contain PHI **do not**</u> <u>submit PHI directly to the State email account</u>. You may <u>submit PHI **only** when **replying** to a <u>secure email received</u> <u>from the State email account</u>. When possible, please submit requested documentation using a "zipped/compressed" file to reduce file size. You may also submit documents via S-Comm (Therap), or another electronic format, i.e. flash drive.</u>

Failure to submit your POC and documents within the allotted timeframes may result in the imposition of a \$200 per day Civil Monetary Penalty until it is received, completed and/or implemented.

Please contact the Plan of Correction Coordinator, Marie Passaglia at 505-819-7344 or <u>Marie.Passaglia@doh.nm.gov</u> if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,

Marilyn Moreno, AA

Marilyn Moreno, AA Team Lead/Healthcare Surveyor Division of Health Improvement Quality Management Bureau

Survey Process Employed:	
Administrative Review Start Date:	February 19, 2024
Contact:	<u>An Open Door, LLC</u> Lupe Ordunez, DSP / Executive Director
	DOH/DHI/QMB Marilyn Moreno, AA, Team Lead/Healthcare Surveyor
On-site Entrance Conference Date:	Entrance meeting waived by Provider.
Exit Conference Date:	February 28, 2024
Present:	<u>An Open Door, LLC</u> Lupe Ordunez, DSP / Executive Director Iris Arredondo, Service Coordinator Mayra Hernandez, Service Coordinator Julie Perez, Service Coordinator Chantelle Sifuentes, Service Coordinator
	DOH/DHI/QMB Marilyn Moreno, AA, Team Lead/Healthcare Surveyor Amanda Castañeda-Holguin, MPA, Healthcare Surveyor Supervisor
Total Sample Size:	13
	 4 - Supported Living 5 - Family Living 3 - Customized In-Home Supports 8 - Customized Community Supports 4 - Community Integrated Employment
Persons Served Records Reviewed	13
Direct Support Professional Records Reviewed	85 (Note: Three DSP performs dual role <mark>s</mark> as Service Coordinator)
Direct Support Professional Interviewed during Routine Survey	12
Substitute Care/Respite Personnel Records Reviewed	6
Service Coordinator Records Reviewed	4 (Note: Three Service Coordinators perform dual role <mark>s</mark> as DSP)
Nurse Interview completed during Routine Survey	1

Administrative Processes and Records Reviewed:

- Medicaid Billing/Reimbursement Records for all Services Provided
- Accreditation Records
- Oversight of Individual Funds
- Individual Medical and Program Case Files, including, but not limited to:

°Individual Service Plans

- °Progress on Identified Outcomes
- °Healthcare Plans
- °Medical Emergency Response Plans
- ^oMedication Administration Records
- °Physician Orders
- °Therapy Evaluations and Plans
- °Healthcare Documentation Regarding Appointments and Required Follow-Up
- °Other Required Health Information
- Internal Incident Management Reports and System Process / General Events Reports
- Personnel Files, including nursing and subcontracted staff
- Staff Training Records, Including Competency Interviews with Staff
- Agency Policy and Procedure Manual
- Caregiver Criminal History Screening Records
- Consolidated Online Registry/Employee Abuse Registry
- Human Rights Committee Notes and Meeting Minutes
- Quality Assurance / Improvement Plan
- CC: Distribution List: DOH Division of Health Improvement
 - DOH Developmental Disabilities Supports Division
 - HSD Medical Assistance Division

Department of Health, Division of Health Improvement QMB Determination of Compliance Process

The Division of Health Improvement, Quality Management Bureau (QMB) surveys compliance of the Developmental Disabilities Waiver (DDW) standards and other state and federal regulations. For the purpose of the LCA / CI survey the CMS waiver assurances have been grouped into four (4) Service Domains: Plan of Care (ISP Implementation); Qualified Providers; Health, Welfare and Safety; and Administrative Oversight (note that Administrative Oversight listed in this document is not the same as the CMS assurance of Administrative Authority. Used in this context it is related to the agency's operational policies and procedures, Quality Assurance system and Medicaid billing and reimbursement processes.)

The QMB Determination of Compliance process is based on provider compliance or non-compliance with standards and regulations identified during the on-site survey process and as reported in the QMB Report of Findings. All areas reviewed by QMB have been agreed to by DDSD and DHI/QMB and are reflective of CMS requirements. All deficiencies (non-compliance with standards and regulations) are identified and cited as either a Standard level deficiency or a Condition of Participation level deficiency in the QMB Reports of Findings. All deficiencies require corrective action when non-compliance is identified.

Each deficiency in your Report of Findings has been predetermined to be a Standard Level Deficiency, a Condition of Participation Level Deficiency, if below 85% compliance or a non-negotiable Condition of Participation Level Deficiency. Your Agency's overall Compliance Determination is based on a Scope and Severity Scale which takes into account the number of Standard and Condition Level Tags cited as well as the percentage of Individuals affected in the sample.

Conditions of Participation (CoPs)

CoPs are based on the Centers for Medicare and Medicaid Services, Home and Community-Based Waiver required assurances, in addition to the New Mexico Developmental Disability Waiver (DDW) Service Standards. The Division of Health Improvement (DHI), in conjunction with the Developmental Disability Support Division (DDSD), has identified certain deficiencies that have the potential to be a Condition of Participation Level, if the tag falls below 85% compliance based on the number of people affected. Additionally, there are what are called non-negotiable Conditions of Participation, regardless if one person or multiple people are affected. In this context, a CoP is defined as an essential / fundamental regulation or standard, which when out of compliance directly affects the health and welfare of the Individuals served. If no deficiencies within a Tag are at the level of a CoP, it is cited as a Standard Level Deficiency.

Service Domains and CoPs for Living Care Arrangements and Community Inclusion are as follows:

<u>Service Domain: Service Plan: ISP Implementation -</u> Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan.

Potential Condition of Participation Level Tags, if compliance is below 85%:

- 1A08.3 Administrative Case File: Individual Service Plan / ISP Components
- 1A32 Administrative Case File: Individual Service Plan Implementation
- LS14 Residential Service Delivery Site Case File (ISP and Healthcare Requirements)
- IS14 CCS / CIES Service Delivery Site Case File (ISP and Healthcare Requirements)

<u>Service Domain: Qualified Providers -</u> The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.

Potential Condition of Participation Level Tags, if compliance is below 85%:

- **1A20** Direct Support Professional Training
- 1A22 Agency Personnel Competency

• 1A37 – Individual Specific Training

Non-Negotiable Condition of Participation Level Tags (one or more Individuals are cited):

- 1A25.1 Caregiver Criminal History Screening
- 1A26.1 Consolidated On-line Registry Employee Abuse Registry

<u>Service Domain: Health, Welfare and Safety -</u> The State, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.

Potential Condition of Participation Level Tags, if compliance is below 85%:

- 1A08.2 Administrative Case File: Healthcare Requirements & Follow-up
- **1A09 –** Medication Delivery Routine Medication Administration
- **1A09.1 –** Medication Delivery PRN Medication Administration
- 1A09.2 Medication Delivery Nurse Approval for PRN Medication
- **1A15.2 –** Administrative Case File: Healthcare Documentation (Therap and Required Plans)

Non-Negotiable Condition of Participation Level Tags (one or more Individuals are cited):

- 1A05 General Requirements / Agency Policy and Procedure Requirements
- 1A07 Social Security Income (SSI) Payments
- 1A15 Healthcare Coordination Nurse Availability / Knowledge
- **1A31 –** Client Rights/Human Rights
- LS25.1 Residential Reqts. (Physical Environment Supported Living / Family Living / Intensive Medical Living)

Attachment C

Guidelines for the Provider Informal Reconsideration of Finding (IRF) Process

Introduction:

Throughout the QMB Survey process, surveyors are openly communicating with providers. Open communication means surveyors have clarified issues and/or requested missing information before completing the review through the use of the signed/dated "Document Request," or "Administrative Needs," etc. forms. Regardless, there may still be instances where the provider disagrees with a specific finding. Providers may use the following process to informally dispute a finding.

Instructions:

- The Informal Reconsideration of the Finding (IRF) request must be received in writing to the QMB Bureau Chief <u>within 10 business days</u> of receipt of the final Report of Findings (*Note: No extensions are granted for the IRF*).
- 2. The written request for an IRF *must* be completed on the QMB Request for Informal Reconsideration of Finding form available on the QMB website: <u>https://nmhealth.org/about/dhi/cbp/irf/</u>
- 3. The written request for an IRF must specify in detail the request for reconsideration and why the finding is inaccurate.
- 4. The IRF request must include all supporting documentation or evidence.
- 5. If you have questions about the IRF process, email the IRF Chairperson, Valerie V. Valdez at <u>valerie.valdez@doh.nm.gov</u> for assistance.

The following limitations apply to the IRF process:

- The written request for an IRF and all supporting evidence must be received within 10 business days.
- Findings based on evidence requested during the survey and not provided may not be subject to reconsideration.
- The supporting documentation must be new evidence not previously reviewed or requested by the survey team.
- Providers must continue to complete their Plan of Correction during the IRF process
- Providers may not request an IRF to challenge the sampling methodology.
- Providers may not request an IRF based on disagreement with the nature of the standard or regulation.
- Providers may not request an IRF to challenge the team composition.
- Providers may not request an IRF to challenge the DHI/QMB determination of compliance or the length of their DDSD provider contract.

A Provider forfeits the right to an IRF if the request is not received within 10 business days of receiving the report and/or does not include all supporting documentation or evidence to show compliance with the standards and regulations.

The IRF Committee will review the request; the Provider will be notified in writing of the ruling; no face-to-face meeting will be conducted.

When a Provider requests that a finding be reconsidered, it does not stop or delay the Plan of Correction process. **Providers must continue to complete the Plan of Correction, including the finding in dispute regardless of the IRF status.** If a finding is removed or modified, it will be noted and removed or modified from the Report of Findings. It should be noted that in some cases a Plan of Correction may be completed prior to the IRF process being completed. The provider will be notified in writing on the decisions of the IRF committee.

QMB Determinations of Compliance

Compliance:

The QMB determination of *Compliance* indicates that a provider has either no deficiencies found during a survey or that no deficiencies at the Condition of Participation Level were found. The agency has obtained a level of compliance such that there is a minimal potential for harm to individuals' health and safety. To qualify for a determination of *Compliance*, the provider must have received no Conditions of Participation Level Deficiencies and have a minimal number of Individuals on the sample affected by the findings indicated in the Standards Level Tags.

Partial-Compliance with Standard Level Tags:

The QMB determination of *Partial-Compliance with Standard Level Tags* indicates that a provider is in compliance with all Condition of Participation Level deficiencies but is out of compliance with a certain percentage of Standard Level deficiencies. This partial-compliance, if not corrected, may result in a negative outcome or the potential for more than minimal harm to individuals' health and safety. There are two ways to receive a determination of Partial Compliance with Standard Level Tags:

- 1. Your Report of Findings includes 16 or fewer Standards Level Tags with between 75% and 100% of the survey sample affected in any tag.
- 2. Your Report of Findings includes 17 or more Standard Level Tags with between 50% to 74% of the survey sample affected in any tag.

Partial-Compliance with Standard Level Tags and Condition of Participation Level Tags:

The QMB determination of *Partial-Compliance with Standard Level Tags and Condition of Participation Level Tags* indicates that a provider is out of compliance with one to five (1 - 5) Condition of Participation Level Tags. This partial-compliance, if not corrected, may result in a serious negative outcome or the potential for more than minimal harm to individuals' health and safety.

Non-Compliance:

The QMB determination of *Non-Compliance* indicates a provider is significantly out of compliance with both Standard Level deficiencies and Conditions of Participation level deficiencies. This non-compliance, if not corrected, may result in a serious negative outcome or the potential for more than minimal harm to individuals' health and safety. There are three ways an agency can receive a determination of Non-Compliance:

- 1. Your Report of Findings includes 17 or more total Tags with 0 to 5 Condition of Participation Level Tags with 75% to 100% of the survey sample affected in any Condition of Participation Level tag.
- 2. Your Report of Findings includes any amount of Standard Level Tags with 6 or more Condition of Participation Level Tags.

Compliance				Weighting			
Determination	LC	W		MEDIUM		н	IGH
					1		
Total Tags:	up to 16	17 or more	up to 16	17 or more	Any Amount	17 or more	Any Amount
	and	and	And	and	And/or	and	And/or
COP Level Tags:	0 COP	0 COP	0 COP	0 COP	1 to 5 COP	0 to 5 CoPs	6 or more COP
	and	and	And	and		and	
Sample Affected:	0 to 74%	0 to 49%	75 to 100%	50 to 74%		75 to 100%	
"Non- Compliance"						17 or more Total Tags with 75 to 100% of the Individuals in the sample cited in any CoP Level tag.	Any Amount of Standard Level Tags and 6 or more Conditions of Participation Level Tags.
"Partial Compliance with Standard Level tags <u>and</u> Condition of Participation Level Tags"					Any Amount Standard Level Tags, plus 1 to 5 Conditions of Participation Level tags.		
"Partial Compliance with Standard Level tags"			up to 16 Standard Level Tags with 75 to 100% of the individuals in the sample cited in any tag.	17 or more Standard Level Tags with 50 to 74% of the individuals in the sample cited any tag.			
"Compliance"	Up to 16 Standard Level Tags with 0 to 74% of the individuals in the sample cited in any tag.	17 or more Standard Level Tags with 0 to 49% of the individuals in the sample cited in any tag.					

Agency: An Open Door, LLC - Southwest Region Program: Developmental Disabilities Waiver Service: Supported Living, Family Living, Customized In-Home Supports; Customized Community Supports, and Community Integrated **Employment Services** Verification Survey Type: Routine Survey: June 26 – July 7, 2023 Verification Survey: February 19 – 28, 2024

Standard of Care	Routine Survey Deficiencies June 26 – July 7, 2023	Verification Survey New and Repeat Deficiencies February 19 – 28, 2024			
Service Domain: Health and Welfare – The state, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and					
exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.					
Tag # 1A09.1 Medication Delivery PRN	Condition of Participation Level Deficiency	Condition of Participation Level Deficiency			
Medication Administration					
Developmental Disabilities Waiver Service	After an analysis of the evidence, it has been	New / Repeat Findings:			
Standards Eff 11/1/2023 rev. 12/2023	determined there is a significant potential for a				
Chapter 10 Living Care Arrangements (LCA):	negative outcome to occur.	After an analysis of the evidence, it has been			
10.3.5 Medication Assessment and Delivery:		determined there is a significant potential for a			
Living Supports Provider Agencies must support	Medication Administration Records (MAR) were	negative outcome to occur.			
and comply with:	reviewed for the months of April, May, and June				
1. the processes identified in the DDSD AWMD	2023.	Medication Administration Records (MAR) were			
training;		reviewed for the month of January 2024.			
2. the nursing and DSP functions identified in the	Based on record review, 4 of 4 individuals had PRN	Based on record review, 4 of 4 individuals had PRN			
Chapter 13.3 Adult Nursing Services;	Medication Administration Records (MAR), which	Medication Administration Records (MAR), which			
3. all Board of Pharmacy regulations as noted in	contained missing elements as required by standard:	contained missing elements as required by			
Chapter 16.5 Board of Pharmacy; and		standard:			
4. documentation requirements in a Medication	Individual #1				
Administration Record (MAR) as described in	April 2023	Individual #1			
Chapter 20 5.7 Medication Administration	As indicated by the Medication Administration	January 2024			
Record (MAR)	Records the individual is to take Acetaminophen	Physician's Orders indicated the following			
	1000mg 1 to 2 tablets by mouth every 4 hours as	medication were to be given. The following			
Chapter 20 Provider Documentation and Client	needed not to exceed 6 tabs/24 hours not to	Medications were not documented on the			
Records: 20.5.7 Medication Administration	exceed 3000mg/24 hours (PRN). According to the	Medication Administration Records:			
Record (MAR): Administration of medications	Physician's Orders, Acetaminophen 325 mg	Calcium Carbonate / Magnesium Carbonate			
apply to all provider agencies of the following	tablets or 500mg tablets 1-2 tablets every 4 hours	(Mylanta) (PRN)			
services: living supports, customized community	not to exceed 8 pills in a 24-hour period.				
supports, community integrated employment,	Medication Administration Record and Physician's	 Sore throat spray (PRN) 			
intensive medical living supports.	Orders do not match.				
1. Primary and secondary provider agencies are to		 Milk of Magnesia (PRN) 			
utilize the Medication Administration Record (MAR)	As indicated by the Medication Administration				
online in Therap.	Records the individual is to take Acetaminophen	Bengay (PRN)			
2. Medication/Treatment must be recorded online	650mg 1 to 2 tablets by mouth every 4 hours as				
per assisting with medication delivery per the DDSD	needed not to exceed 8 tabs/24 hours or not to	Saline Nasal Spray (PRN)			
	exceed 3000/24 hours (PRN). According to the				
QMB Repor	t of Findings – An Open Door, LLC – Southwest – February 19	9 – 28, 2024			

Assisting with Medication Delivery (AWMD) program. Physician's Orders, Acetaminophen 325 mg person. • Dextromethrophan and Gualenesin 3. Family Living Providers may opt not to use MARs if they are the sole provide who supports the person and are related by affinity or consanguinty. However, if there are services provided by unrelated DSP, ANS for Medication Oversight must be budgeted, a MAR online in Therap mustbe created and used by the DSP. • Dextromethrophan and Gualenesin A provider Agencies must configure and use the MAR when assisting with medication. • Sindicated by the Medication Administration Records the individual is to take the hours (PRN). • Dextromethrophan and Gualenesin Orders do not match. • Sindicated by the Medication Administration Records the individual is to take the hours (PRN). • Dextromethrophan and Gualenesin Orders do not match. • Sindicated by the Medication Administration Record the individual is to take the following redications on treatments are prescribed. • Mak when assisting with medications or the Individual #5 June 2023 • Loratadine 10mg (PRN) Order orbits and the diagnoses for which the medications or treatments; all over the counter (OTC) or 'comfort' medications or treatments; all dever the counter (OTC) or 'comfort' medications or treatments; all est-selected healp reparation approved by the presonber, and/or vitamin therapy proved by prescriber, . • Device administration Records (PRN) • The initial of the person administering or assisting with medication delivey, . • Mik of Magnesia 12000 mg (PRN) • Disclerence Solution the Individual #7 June 2023 </th <th></th> <th></th> <th></th>			
 J. Family Living Providers may opt not to use MARs if they are the sole provider who supports the person and are related by affinity or consanguinty. However, if there are services provided by unrelated DSP, ANS for Medication Oversight must be budgeted, and ARS online in Therap must be created and used by the DSP. A sindcated by the Medication Administration Records contain the following medications. So Physician's Orders buoyrofen to the MAR when assisting with medications and freatments between Provider Agencies to assure health and safety. Provider Agencies nust include the following and the MAR van The name of the person, a transcription of the physician's Orders do not match. Hordwall at 5 tablets in 24 hours Medication Administration Record the individual is to take the following medications and treatments and catalons or treatments, and befalto are provider orders including the brand and generic names for alonges of which the diamistration relations or treatments, and self-selected herbal preparation approved by prescriber. Decumentation of all ordered orduine and PRN medication of all ordered orduines and PRN medication of all ordered orduines and PRN medication of all ordered orduines and PRN medications of treatments. A flucteriol Solzer, (FRN) Bismatrol 262mg/15ml (PRN) Causifenes in Dextromethorphan 100mg (PRN) Physician's Orders indicated the following medication or streatments. A flucteriol Solzer, (FRN) Cocumentation of all ordered on filt medications or treatments, all self-selected herbal preparation medication or streatments. Cocumentation of the tabel medications or treatments. For PRN medication of treatments. Cocumentation of the used of the physician's Orders were found for medications isted on the Medication of treatments.	Assisting with Medication Delivery (AWMD)		
if they are the Sole provider who supports the person and are related by affinity or consagning. Medication Administration Record and Physician's Orders do not match. - Sunscreen SPF 30, 40, 50 unrelated DSP, ANS for Medication Oversight must be created and used by the DSP. As indicated by the DSP. - Individual #5 A Provider Agencies must configure and use the MAR when assisting with medications. As indicated by the DSP. - Records the individual is to take louprofen 4000mg 2 tablets (4000mg) by mouth every 6 hours as needed not to exceed 3 doses/24 hour, (PRN). - Gen/Lanta 200/2000/200mg (PRN) - Provider Agencies must include the following of the physician's or Iderses do easure health and generic names for all stiles in 24 hours Medication Administration Records contain the following medications: - Hydrocodone Acetaminophen 5-325mg (PRN) - Brovider agencies must include the following of the physician's or Iderses do health care provider same form and generic names for all readministration for all ordered routine and PRN medications or treatments; and dese for which the medications are prescribed. - Mikidual #5 - Due order double and PRN medication or treatments; all over the aperson; and to etagenerits: - Doumentation of all time limited or discontinued medications or treatments; all over the administration records; - Bismatrol 262mg/15ml (PRN) - Doumentation of readments; - Miki of Magnesia 12000 mg (PRN) - Deep sea nasal 0.65 % (PRN) - Doumentation of readments; - Miki of Magnesia 12000 mg (PRN) - Disterime form administr			 Dextromethrophan and Guaifenesin
person and are related by affinity or consanguinity. Orders do not match. Individual #5 however, if there are services provided by As indicated by the Medication Administration Records to individual #5 Individual #5 a Provider Agencies must configure and use the MAR online and treatments and treatments and treatments and generic names for all orders fourting medications. No Physician's Orders buprofen 200mg 2 tablets every 6 hours, not to exceed 6 tables (24 hours (90 mmunicate any configure medications and treatments). Individual #5 between Provider Agencies continually communicate any orders including the brand and treatments, and between Provider Agencies to assure health and safety. Individual #5 6. Provider agencies must include the following or other administration free and egencin cames for all ordered routine and PRN medications or treatments, and degence or ame for all the Individual #5 Individual #5 Main contractions or treatments are prescribed, b. The prescribed dosage, frequency and method or orute of administration for all ordered routine and PRN medications or treatments; all over the dividual's to take following medications. No Physician's Orders were found for the following medications or treatments; all over the dividual's home. Individual #7 9. Documentation of all time limited or discontinued medications of treatments; Individual #7 9. Documentation of all time limited or discontinued medications and there thereal preparation approved by the prescriber, and/or vitamin therapy assisting with medications or treatments. Individual #7 9. Documentation			
 However, if there are sorvices provided by unrelated DSP, ANS for Medication Network of Moule and State State and used by the DSP. As indicated by the Medication Administration Records the individual is to take Ibuprofen 200mg 2 tablets (400mg) by mouth every 6 hours, not to exceed 3 doses/24 hours (PRN). According to the Physician's Orders Ibuprofen 200mg 2 tablets every 6 hours, not to exceed 3 doses/24 hours (PRN). According to the Physician's Orders Ibuprofen 200mg 2 tablets every 6 hours, not to exceed 3 doses/24 hours (PRN). According to the Physician's Orders Ibuprofen 200mg 2 tablets every 6 hours, not to exceed 3 doses/24 hours (PRN). According to the Physician's Orders Ibuprofen 200mg 2 tablets every 6 hours, not to exceed 3 doses/24 hours (PRN). According to the Physician's Orders agencies to assure health and after agencies contains or treatments, and the diagnoses for which the medications or treatments and the diagnoses for which the Individual #5 There prescriber, and/or vitamin therapy proved by the medications or treatments. Borner Teatments, f. Documentation of retainents, e. Forwider agencies on treatments, and heraping or treatments. Therap carbed, data generic names for all order for utime and PRN medications or treatments, and the fail or discontinued proved by the prescriber, and/or vitamin therapy proved by prescriber, and/or vitamin therapy approved by the prescriber, and/or vitamin therapy approved by the medications or treatments. Decommentation of resurbers, f. Documentation of treatments, and heraping or vitaminets, and h		Medication Administration Record and Physician's	 Sunscreen SPF 30, 40, 50
unrelated DSP, ANS for Medication Oversight must be budgeted, and as dist in Therap must be created and used by the DSP. As indicated by the Medication Administration Records the individual is to take Ibuprofen 400mg 2 tablets (400mg) by mouth every 6 hours as needed not to exceed 3 doses/24 hours (PRN). According to the Physician's Orders ibuprofen 200mg 2 tablets every 6 hours, not to exceed 3 tablets in 24 hours Medication Administration Record the individual is to take Ibuprofen 400mg 2 tablets every 6 hours, not to exceed 3 tablets in 24 hours Medication Administration Record and Physician's Orders ibuprofen 200mg 2 tablets every 6 hours, not to exceed 3 tablets in 24 hours Medication Administration Record and Physician's Orders do not match. Hydrocodone Acetaminophen 5-325mg (PRN) 6. Provider Agencies construction of the Physician's or licensed health care provider's orders including the brand and generic names for all ordered routine and PRN medications or treatments, and the diagnoses for which the medications or treatments, and order the following medications. No Physician's Orders were found for the following medications: • Albuterol Sulfate (0.083%) (PRN) • Individual #7 January 2024 Medication Administration medications or treatments, all over the counter (OTC) or "comfort" medications or treatments, all ordered routine and PRN medications or treatments. • Diobed dosage, frequency and medications or treatments. • Deep sea nasal 0.65 % (PRN) • Beinsatrol 262mg/15ml (PRN) • Deep sea nasal 0.65 % (PRN) • Deumentation of rail self-selected heal preparation approved by the prescriber, • Documentation of any allergic reaction that medications or treatments. • Documentation of results, or were to be given. The following medications or treatments. • Deop sean assisting with medication deatoreserecords: • Albuterol Sulfate (PRN)		Orders do not match.	
be budgeted, a MAR volline in Therap must be created and used by the DSP. 4. Provider Agencies must configure and use the MAR when assistion. 5. Provider Agencies continually communicate any changes about medications and treatments between Provider Agencies to assure health and safety. 6. Provider agencies must include the following on the MAR: a. The name of the person, a transcription of the physician's or licensed health care provider's orders including the brand and generic names for all ordered routine and PRN medications or treatments, and the diagnoses for which the medications or treatments in the individual is to take the following medications or treatments and the diagnoses for which the medications or treatments. 6. The prescribed dosage, frequency and method route of administration for all ordered routine and PRN medications or treatments. 7. Documentation of refused, missed, or held medications or treatments. 7. Documentation of refused, missed, or held medications or treatments. 6. Torpie control. 7. Documentation of refused, missed, or held medications or treatments. 7. Documentation of the orders do nelivery. e. Documentation of refused, missed, or held medications or treatments. 7. Documentation of treatments. 7. Documentation of treatments. 7. Documentation of treatments. 7. Documents. 7. Documentation of treatments. 7. Documentation of treatments. 7. Documents. 7. Documentation of treatments. 7. Documents. 7. Documentation of treatments. 7. Documentation of the use of the PRN medications 7. Meloxican S Orders were found for medications 7. Meloxican S Orders were found for medications or 7. Meloxican S Orders were found for medications for the us			Individual #5
created and used by the DSP. 2 tablets (400mg) by mouth every 6 hours as meeded not be exceed 3 doess/24 hours (PRN). following medications. No Physician's Orders were found for the following medications: A. Provider Agencies continually communicate any changes about medications and treatments between Provider Agencies to assure health and afety. 2 tablets in 24 hours (PRN). following medications. 6. Provider Agencies must include the following medication administration of the physician's or licensed health care provider's orders including the brand and generic names for all diagnoses for which the medications or treatments are prescribed. hours dual #5 hours dual #5 0. The prescribed dosage, frequency and method for the following medications or treatments; all ordered routine and PRN medications or treatments; all order the reatments; all self-selected herbal preparation of approved by prescriber. Nilk of Magnesia 12000 mg (PRN) i. Deep sea nasal 0.65 % (PRN) 0. The prescribed dosage, frequency, and method discontinued medications or treatments; all self-selected herbal preparation approved by prescriber. i. Decumentation of altime limited or discontinued medications or treatments. following medications: No Physician's Orders were found for medications or treatments. 1. Topicumentation of altime limited or discontinued medications or treatments. following medications or treatments. following medications or treatments. 2. Documentation of altime limited or discontinued medications or treatments. following medications or treatments. following medications or treatments.			January 2024
 4. Provider Agencies must configure and use the MAR when assisting with medication. 5. Provider Agencies Continually communicate any changes about medications and treatments between Provider Agencies to assure health and safety. 6. Provider Agencies to assure health and safety. 6. Provider Agencies to assure health and a fibry siziaris Orders to use of the preson, a transcription of the physiciaris or licers dhealth care provider's or dicers on which the medications and the diagnoses for which the medications or treatments; all over the counter (OFC) or 'comfort' medications or treatments. b. The prescribed dosage, frequency and method or or order of administration for all order droutine and PRN medications or treatments. c. Documentation of refused, missed, or held medications or treatments. f. Documentation or returents. f. Documentation or returents. f. Documentation or treatments. f. Documentation or the use of the PRN medication and physician s Orders were found for medications: were found for the following medications: densiting with medication dates of administration frames and preparation approved by prescriber. c. Documentation of refused, missed, or held medications or treatments. f. Documentation or returents. f. Documentation or treatments. f. instructions for the use of the PRN medication or treatments. i. instructions for the use of the PRN medication or treatments. i. instructions for the use of the PRN medication or treatments. i. instructions for the use of the PRN medication or treatments. i. instructions for the use of the PRN medicat	be budgeted, a MAR online in Therap must be	Records the individual is to take Ibuprofen 400mg	Medication Administration Records contain the
MAR when assisting with medication. According to the Physician's Orders Ibuprofen Geri-Lanta 200/200/200mg (PRN) S. Provider Agencies Continually communicate any changes about medications and treatments between Provider Agencies to assure health and safety. According to the Physician's Orders Ibuprofen Hydrocodone Acetaminophen 5-325mg (PRN) 6. Provider Agencies to assure health and generic names for all ordered routine and PRN medications or treatments are prescribed. Individual #5 Hydrocodone Acetaminophen 5-325mg (PRN) 0. The physician's or Itreatments are provider Agencies to assure health acre provider's orders including the brand and generic names for all ordered routine and PRN medications or treatments are prescribed. Individual #5 Individual #5 0. The prescribed dosage, frequency and method or oute of administration for all ordered routine and PRN medications or treatments; all order atements; all ordered routine and PRN medications or treatments; all ordered routine and PRN medications or treatments; all self-selected herbal preparation or administration frequency. Deep sea nasal 0.65 % (PRN) Epinephrine 0.3mg/0.3ml (PRN) 0. Deumentation of refused, missed, or held medications or treatments. Mik of Magnesia 12000 mg (PRN) Acetaminophen 5000 gene 1000 mg medications and there the following medications or treatments. 1. Documentation of any allergic reaction that occurred tub medications or treatments. Individual #7 Acetaminophen 5000mg (PRN) 2. Documentation of the weeson at matinustering or assisting with medications or treatments.	created and used by the DSP.	2 tablets (400mg) by mouth every 6 hours as	following medications. No Physician's Orders
 5. Provider Agencies Continually communicate any changes about medications and treatments between Provider Agencies to assure health and safety. 6. Provider agencies must include the following on the MAR: a. The name of the person, a transcription of the physician's or licensed health care provider's including the brand and generic names for all ordered routine and PRN medications or treatments are prescribed. b. The prescribed dosage, frequency and method or route of administration; times and dates of administration or treatments. a. Biomatrix (OTC) or "comfort" medications or treatments. b. Documentation of any allergic reaction that occurred due to medications or treatments. c. Documentation of any allergic reaction that physician approved over the counter medications or treatments. i. instructions for the use of the PRN medication or treatments. j. instructions for the use of the PRN medication or treatments. j. instructions for the use of the PRN medication or treatments. j. instructions for the use of the PRN medication or treatments. j. instructions for the use of the PRN medication or treatments. j. instructions for the use of the PRN medication or treatments. j. instructions for the use of the PRN medication or treatments. j. instructions for the use of the PRN medication or treatments. j. instructions or treatments.<td></td><td></td><td>were found for the following medications:</td>			were found for the following medications:
 5. Provider Agencies Continually communicate any changes about medications and treatments and the alary. 6. Provider agencies must include the following on the MAR: a. The name of the person, a transcription of the physician's or licensed health care provider's orders including the brand and generic names for all ordered routine and PRN medications or treatments, and the diagnoses for which the medications or treatments; and the diagnoses for which the medications and other treatments; all over the counter dort of administration of rall ordered notine and PRN medications or treatments; all over the counter medications or treatments; all over the counter (OTC) or "comfort" medications or treatments; all over the counter delivery. e. Documentation of all intellimited or discontinued medications or treatments; g. For PRN medications or treatments; i. instructions for the use of the PRN medication or treatments; i. instructions for the use of the PRN medication or treatments; i. instructions for the use of the PRN medication or treatments; i. instructions for the use of the PRN medication or treatments; i. instructions for the use of the PRN medication or treatments; i. instructions for the use of the PRN medication or treatments; i. instructions for the use of the PRN medication or treatments; i. instructions for the use of the PRN medication or treatments; i. instructions for the use of the PRN medication or treatments; i. instructions for the use of the PRN medication or treatments; i. instructions for the use of the PRN medication or treatments; i. instructions or treatments; i. instructions or treatments; i. instructions or the applements; i. instructions or the approved over the counter medication or tr			 Geri-Lanta 200/200/200mg (PRN)
between Provider Agencies to assure health and safety. 6. Provider agencies must include the following on the MAR: a. The name of the person, a transcription of the physician's or iteratements. and he diagnoses for which the medications or treatments are prescribed. 5. The prescribed dosage, frequency and method of route of administration fires and dates of administration for all ordered routine and PRN medications and other treatments. approved by the prescriber, and/or vitamin therapy approved by the prescriber, the following medications and the following medications f. Documentation of freuesd, missed, or held medications or treatments. f. Documentation of any allergic reaction that occurred due to medications or treatments. j. instructions for the use of the PRN medication i. instructions for the us	5. Provider Agencies Continually communicate any		
between Provider Agencies to assure health and safety. 6. Provider agencies must include the following on the MAR: a. The name of the person, a transcription of the physician's or licensed health care provider's orderer orutine and PRN medications or treatments, and the diagnoses for which the medications or treatments are prescribed. b. The prescribed dosage, frequency and method of route of administration for all ordered routine and PRN medications and other treatments; all over the counter (OTC) or "comfort" medications or treatments; all self-selected herbal preparation approved by the prescriber. c. Documentation of all time limited or discontinued medications or treatments. f. Documentation of all and ensel, or held medications or treatments. g. For PRN medications or treatments and herbal or other supplements: i. instructions for the use of the PRN medications or treatment which must include observable	changes about medications and treatments	tablets in 24 hours Medication Administration	Hydrocodone Acetaminophen 5-325mg (PRN)
 6. Provider agencies must include the following on the MAR: a. The name of the person, a transcription of the physician's or licensed health care provider's including the brand and generic names for all ordered routine and PRN medications or treatments, and the diagnoses for which the medications or treatments are prescribed. b. The prescribed dosage, frequency and method or route of administration for all ordered routine and PRN medications or treatments; all self-selected herbal preparation approved by the prescriber, and/or vitamin therapy approved by prescriber, and/or vitamin therapy c. Documentation of rall time limited or discontinued edications or treatments. d. The initials of the person administering or assisting with medications or treatments. d. The initials of the person administering or physician approved by rescriber. f. Documentation of refused, missed, or held medications or treatments. g. For PRN medications or treatments: i. instructions for the use of the PRN medications or treatments: i. instructions for the use of the PRN medications or treatments: i. instructions for the use of the PRN medications or treatments: i. instructions for the use of the PRN medications or treatments: i. instructions for the use of the PRN medications or treatments: i. instructions for the use of the PRN medications or treatments: i. instructions for the use of the PRN medications or treatments: i. instructions for the use of the PRN medications or treatments: i. instructions for the use of the PRN medications i. instructions for the use of the PRN medications or treatments: i. instructions for the use of the PRN medications or treatments: i. instructions for the use of the PRN medications or treatments: i. instructions for the use of the PRN medications or treatments: i. instructions for the use of the PRN medications or treatment whic	between Provider Agencies to assure health and	Record and Physician's Orders do not match.	· · · · · · · · · · · · · · · · · · ·
 6. Provider agencies must include the following on the MAR: a. The name of the person, a transcription of the physician's or licensed health care provider's orderer orutine and PRN medications or treatments, and the diagnoses for which the medications and the diagnoses for which the medications and proved by the prescriber dosage, frequency and method or route of administration for all ordered routine and PRN medications or treatments; all over the counter (OTC) or 'comfort' medications or treatments; all self-selected herbal preparation approved by the prescriber, and/or vitamin therapy approved by the scriber, and/or vitamin therapy approved over the counter medications and herbal or other supplements: i. instructions for the use of the PRN medication or treatments; i. instructions for the use of the PRN medications or treatments; i. instructions for the use of the PRN medications or treatments; i. instructions for the use of the PRN medications or treatments; i. instructions for the use of the PRN medications or treatments; i. instructions for the use of the PRN medications or treatments; i. instructions for the use of the PRN medications or treatments; i. instructions for the use of the PRN medications or treatments; i. instructions for the use of the PRN medications or treatments; i. instructions for the use of the PRN medications or treatments; i. instructions for the use of the PRN medications or treatments; i. instructions for the use of the PRN medications or trea	safety.		 Loratadine 10mg (PRN)
of the physician's or licensed health care provider's orders including the brand and generic names for al ordered routine and PRN medications or treatments, and the diagnoses for which the medications or treatments are prescribed. b. The prescribed dosage, frequency and method or route of administration for all ordered routine and PRN medications and other treatments; all over the counter (OTC) or "comfort" medications or treatments; all self-selected herbal preparation approved by the prescriber, and/or vitamin therapy approved by the prescriber, and/or vitamin therapy approved by the prescriber. c. Documentation of all time limited or discontinued medications or treatments. d. The initials of the person administering or assisting with medication delivery. e. Documentation of any allergic reaction that occurred due to medication or treatments. f. Documentation of any allergic reaction that occurred due to medications or treatments. i. instructions for the use of the PRN medication or treatment which must include observableAs indicated by the Medication Administration Record the individual is to take the following medications: were found for the following medications: . Albuterol Sulfate (0.083%) (PRN)Hanuary 2024 Medication Administration Medications were not in the Individual's home. . Albuterol Sulfate (0.083%) (PRN). The prescriber down and the treatments. c. Documentation of all time limited or discontinued medications or treatments. g. For PRN medication delivery. i. instructions or treatments: i. instructions or the supplements: i. instructions or the supplements: i. instructions or the supplements: i. instructions or the the of the PRN medication or treatment which must include observableAs indicated by the Medication Administration Records for the Individual #7 April 2023 No Physic		Individual #5	
of the physician's or licensed health care provider's orders including the brand and generic names for all ordered routine and PRN medications or treatments, and the diagnoses for which the medications or treatments are prescribed. b. The prescribed dosage, frequency and method or route of administration for all ordered routine and PRN medications or dreatments; all self-selected herbal preparation approved by the prescriber. c. Documentation of all time limited or discontinued medications or treatments. c. Documentation of all time limited or discontinued medication of related, missed, or held medications and herbal or other supplements: i. instructions for the use of the PRN medication approved by rescriber.As indicated by the Medication Administration Record the individual is to take the following medications: Network (PRN)January 2024 Medication Administration Record the individual is to take the following medications or treatments; all self-select herbal preparation approved by the prescriber. c. Documentation of all time limited or discontinued medication of refused, missed, or held medications and herbal or other supplements: i. instructions for the use of the PRN medication or treatment which must include observableAs indicated by the Medication Administration Record the individual s to take the following medications: Nel December 12020 No Physician's Orders were found for medications isted on the Medication Administration Records contain the Individual sto take the following medications: • Diclofenac Sodium 1% (PRN)January 2024 Medication Administration Records contain the following medications: • Diclofenac Sodium 1% (PRN)As indicated by the Medication Administration for all time limited or discontinued medication of treatments. g. For PRN medication of treatments: i. instruction		June 2023	Individual #7
orders including the brand and generic names for all ordered routine and PRN medications or treatments, and the diagnoses for which the medications or treatments are prescribed. b. The prescribed dosage, frequency and method or route of administration; times and dates of administration or all ordered routine and PRN medications and other treatments; all self-selected herbal preparation approved by the prescriber. c. Documentation of all time limited or discontinued medications or treatments. c. Documentation of all time limited or discontinued medications or treatments. f. Documentation of any allergic reaction that occurred due to medications or treatments. i. instructions or treatments. i. instructions or treatments: i. instructions or the PRN medications or treatment which must include observableRecord the individual is to take the following medications were not in the Individual's home. • Albuterol Sulfate (0.083%) (PRN) • Bismatrol 262mg/15ml (PRN) • Deep sea nasal 0.65 % (PRN) • Deep sea nasal 0.200 mg (PRN) • Sore Throat Spray 1.4% (PRN) • Sore Throat Spray 1.4% (PRN) • Triple antibiotic • Triple antibiotic • Triple antibiotic • Triple antibiotic • Triple antibiotic • Triple antibiotic • The following medications or • Pink Bismuth (Pepto Bismol) 262mg/15ml (PRN) • Aluminum Hydroxide Magnesium hydroxide • Aluminum Hydroxide Magnesium hydroxide • Meloxicam 7.5 mg (PRN) • Out the choler d full (PDN) • Out the choler d full (PDN)	of the physician's or licensed health care provider's	As indicated by the Medication Administration	
ordered routine and PRN medications or treatments, and the diagnoses for which the medications or treatments are prescribed. b. The prescribed dosage, frequency and method or route of administration for all ordered routine and PRN medications and other treatments; all ordered routine and PRN medications or treatments; all self-selected herbal preparation approved by the prescriber. c. Documentation of all time limited or discontinued medications or treatments. d. The initials of the person administering or assisting with medication of refused, missed, or held medications or treatments. f. Documentation of refused, missed, or held medications or treatments. f. Documentation of refused, missed, or held medications or treatments. f. Documentation of any allergic reaction that occurred due to medications g. For PRN medications f. is notructions for the use of the PRN medication or treatment which must include observablemedication. The following medications were not in the Individual's home. home. heldication Soft (PRN)following medications. No Physician's Orders were found for the following medications: the Individual #7 April 2023 No Physician's Orders were found for medications instructions for the use of the PRN medication or treatment which must include observablefollowing medications. No Physician's Orders were found for medications the following medications: the Individual #7 April 2023 No Physician's Orders were found for medications instructions for the supplements: i. instructions for the use of the PRN medication or treatment which must include observablemedications the following medications: the Individual #7 April 2023 No Physician's Orders were found for medications instructions for the supplements: i. instructions for the use of the PRN medication or treatment w	orders including the brand and generic names for all	Record the individual is to take the following	
treatments, and the diagnoses for which the medications or treatments are prescribed. Albuterol Sulfate (0.083%) (PRN) were found for the following medications: Dicklefana Sodium 1% (PRN) b. The prescribed dosage, frequency and method or route of administration; times and dates of administration for all ordered routine and PRN medications and other treatments; all over the counter (OTC) or "comfort" medications or treatments; all self-selected herbal preparation approved by the prescriber. Bismatrol 262mg/15ml (PRN) Epinephrine 0.3mg/0.3ml (PRN) c. Documentation of all time limited or discontinued medications or treatments. Milk of Magnesia 12000 mg (PRN) Albuterol Sulfate 2.5mg/3ml (PRN) c. Documentation of all time limited or discontinued medications or treatments. Milk of Magnesia 12000 mg (PRN) Albuterol Sulfate 2.5mg/3ml (PRN) c. Documentation of any allergic reaction that occurred due to medications or treatments. Sore Throat Spray 1.4% (PRN) Sore Throat Spray 1.4% (PRN) c. Triple antibiotic Individual #7 April 2023 No Physician's Orders were found for medications itsed on the Medication. Administration Records for the following medications: Naluminum Hydroxide Magnesium hydroxide Sime (PRN) sited or ther supplements: Medioxication.s: Aluminum Hydroxide Magnesium hydroxide Sime (PRN)	ordered routine and PRN medications or	medication. The following medications were not in	
 Medications or treatments are prescribed. The prescribed dosage, frequency and method or route of administration; times and dates of administration for all ordered routine and PRN medications and other treatments; all over the counter (OTC) or "comfort" medications or treatments; all self-selected herbal preparation approved by the prescriber, and/or vitamin therapy approved by the prescriber. C. Documentation of all time limited or discontinued medications or treatments. d. The initials of the person administering or assisting with medication delivery. e. Documentation of any allergic reaction that occurred due to medications or treatments. f. Documentation of any allergic reaction that occurred due to medications and herbal or other supplements: i. instructions for the use of the PRN medication of treatments including all physician approved over the counter medications or treatments which must include observable Albuterol Sulfate (0.083%) (PRN) Bismatrol 262mg/15ml (PRN) Bismatrol 262mg/15ml (PRN) Sore Throat Spray 1.4% (PRN) Triple antibiotic Milk of Magnesia 12000 mg (PRN) Sore Throat Spray 1.4% (PRN) Triple antibiotic Mo Physician's Orders were found for medications itsed on the Medication Administration Records for the following medications: Meloxicam 7.5 mg (PRN) Albuterol Sulfate (0.083%) (PRN) 	treatments, and the diagnoses for which the	the Individual's home.	
 b. The prescribed dosage, trequency and method of route of administration; times and dates of administration for all ordered routine and PRN medications and other treatments; all self-selected herbal preparation approved by the prescriber. c. Documentation of all time limited or discontinued medications or treatments. d. The initials of the person administering or assisting with medication of refused, missed, or held medications or treatments. f. Documentation of any allergic reaction that occurred due to medications or treatments. g. For PRN medications or treatments: i. instructions for the use of the PRN medication or treatments which must include observable o. Bocumentation of any allergic reaction that occurred due to medications or treatments. i. instructions for the use of the PRN medication or treatments including all physician approved over the counter medications or treatments: i. instructions for the use of the PRN medication or treatments i. instructions for the use of the PRN medication or treatments: i. instructions for the use of the PRN medication or treatments i. instructions for the use of the PRN medication or treatments: i. instructions for the use of the PRN medication or treatments: i. instructions for the use of the PRN medication or treatments: i. instructions for the use of the PRN medication or treatments: i. instructions for the use of the PRN medication or treatments include observable i. instructions for the use of the PRN medication or treatments: i. instructions for the use of the PRN medication or treatments: i. instructions for the use of the PRN medication or treatments: i. instructions for the use of the PRN medication or treatments: i. instructions for the use of the PRN medication or treatments: i. instructions for the use of the PRN medication or treatments: i. instructi	medications or treatments are prescribed.	 Albuterol Sulfate (0.083%) (PRN) 	
 administration for all ordered routine and PRN medications and other treatments; all over the counter (OTC) or "comfort" medications or treatments; all over the counter to of all time limited or discontinued medications or treatments. Obcumentation of any allergic reaction that occurred due to medications or treatments. Documentation of any allergic reaction that occurred due to medications or treatments. For PRN medications or treatments. Documentation of any allergic reaction that occurred due to medications or treatments. No Physician's Orders were found for medications and herbal or other supplements: instructions for the use of the PRN medication or treatment which must include observable 			
 administration for all ordered routine and PRN medications and other treatments; all over the counter (OTC) or "comfort" medications or treatments; all over the counter (OTC) or "comfort" medications or treatments; all over the counter (OTC) or "comfort" medications or treatments; all over the counter (OTC) or "comfort" medications or treatments; all over the counter of a sisting with medication of all time limited or discontinued medications or treatments. d. The initials of the person administering or assisting with medication delivery. e. Documentation of any allergic reaction that occurred due to medications or treatments. g. For PRN medications or treatments. g. For PRN medications or treatments. i. instructions for the use of the PRN medication or treatments which must include observable i. instructions for the use of the PRN medication or treatment which must include observable i. instructions for the use of the PRN medications or treatment which must include observable i. instructions for the use of the PRN medication or treatments which must include observable i. instructions for the use of the PRN medication or treatments. i. instructions for the use of the PRN medication or treatments. i. instructions for the use of the PRN medication or treatments. i. instructions for the use of the PRN medication or treatments. i. instructions for the use of the PRN medication or treatments. i. instructions for the use of the PRN medication or treatments. i. instructions for the use of the PRN medication or treatments. i. instructions for the use of the PRN medication or treatments. i. instructions for the use of the PRN medication or treatments. i. instructions for the use of the PRN medication or treatments. i. instructions for the use of the PRN medication or treatments. i. instructions for the use of the PRN medication or tre	route of administration; times and dates of	 Bismatrol 262mg/15ml (PRN) 	 Epinephrine 0.3mg/0.3ml (PRN)
 counter (OTC) or "comfort" medications or treatments; all self-selected herbal preparation approved by the prescriber, and/or vitamin therapy approved by the prescriber, and/or vitamin therapy approved by prescriber. c. Documentation of all time limited or discontinued medications or treatments. d. The initials of the person administering or assisting with medication delivery. e. Documentation of refused, missed, or held medications or treatments. f. Documentation of any allergic reaction that occurred due to medications or treatments. g. For PRN medications or treatments. i. instructions for the use of the PRN medication or treatment which must include observable i. Meloxicam 7.5 mg (PRN) Count have observable Content and or observable Count have observable Count have observable Count have observable Content and or observable Count have observable Count have observable Content and observ			
 counter (OTC) or "comfort" medications or treatments; all self-selected herbal preparation approved by the prescriber, and/or vitamin therapy approved by prescriber. c. Documentation of all time limited or discontinued medications or treatments. d. The initials of the person administering or assisting with medication delivery. e. Documentation of refused, missed, or held medications or treatments. f. Documentation of any allergic reaction that occurred due to medications or treatments. g. For PRN medications or treatments. i. instructions for the use of the PRN medication or treatments: i. instructions for the use of the PRN medication or treatments which must include observable Guaifenesin Dextromethorphan 100mg (PRN) Milk of Magnesia 12000 mg (PRN) Milk of Magnesia 12000 mg (PRN) Sore Throat Spray 1.4% (PRN) Triple antibiotic Triple antibiotic No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications: Meloxicam 7.5 mg (PRN) 		 Deep sea nasal 0.65 % (PRN) 	Ondansetron 4mg (PRNI)
 approved by the prescriber, and/or vitamin therapy approved by prescriber. c. Documentation of all time limited or discontinued medications or treatments. d. The initials of the person administering or assisting with medication delivery. e. Documentation of refused, missed, or held medications or treatments. f. Documentation of any allergic reaction that occurred due to medications or treatments. g. For PRN medications or treatments. g. For PRN medications or treatments. i. instructions for the use of the PRN medication or treatments: i. instructions for the use of the PRN medication or treatment which must include observable Albuterol Sulfate 2.5mg/3mi (PRN) Albuterol Sulfate 2.5mg/3mi (PRN) Albuterol Sulfate 2.5mg/3mi (PRN) Albuterol Sulfate 2.5mg/3mi (PRN) 			
 approved by the prescriber, and/or vitamin therapy approved by prescriber. c. Documentation of all time limited or discontinued medications or treatments. d. The initials of the person administering or assisting with medication delivery. e. Documentation of refused, missed, or held medications or treatments. f. Documentation of any allergic reaction that occurred due to medications or treatments. g. For PRN medications or treatments including all physician approved over the counter medications and herbal or other supplements: i. instructions for the use of the PRN medication or treatment which must include observable (PRN) Milk of Magnesia 12000 mg (PRN) Sore Throat Spray 1.4% (PRN) Pink Bismuth (Pepto Bismol) 262mg/15ml (PRN) Pink Bismuth (Pepto Bismol) 262mg/15ml (PRN) Aluminum Hydroxide Magnesium hydroxide Simethicone (Mylanta) 200mg-200mg-20mg 5ml (PRN) 		 Guaifenesin Dextromethorphan 100mg 	Albuteral Sulfate 2 5mg/3ml (PRNI)
 c. Documentation of all time limited or discontinued medications or treatments. d. The initials of the person administering or assisting with medication delivery. e. Documentation of refused, missed, or held medications or treatments. f. Documentation of any allergic reaction that occurred due to medications or treatments including all physician approved over the counter medications and herbal or other supplements: i. instructions for the use of the PRN medication or treatment which must include observable Milk of Magnesia 12000 mg (PRN) Milk of Magnesia 12000 mg (PRN) Sore Throat Spray 1.4% (PRN) Sore Throat Spray 1.4% (PRN) Sore Throat Spray 1.4% (PRN) Triple antibiotic Triple antibiotic Individual #7 April 2023 No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications: i. instructions for the use of the PRN medication or treatment which must include observable 			
 C. Documentation of all time limited of discontinued medications or treatments. d. The initials of the person administering or assisting with medication delivery. e. Documentation of refused, missed, or held medications or treatments. f. Documentation of any allergic reaction that occurred due to medications or treatments. g. For PRN medications or treatments including all physician approved over the counter medications and herbal or other supplements: i. instructions for the use of the PRN medication or treatment which must include observable Milk of Magnesia 12000 mg (PRN) Milk of Magnesia 12000 mg (PRN) Sore Throat Spray 1.4% (PRN) Sore Throat Spray 1.4% (PRN) Sore Throat Spray 1.4% (PRN) Triple antibiotic Triple antibiotic Mikut #7 April 2023 No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications: Meloxicam 7.5 mg (PRN) 			Physician's Orders indicated the following
 medications or treatments. d. The initials of the person administering or assisting with medication delivery. e. Documentation of refused, missed, or held medications or treatments. f. Documentation of any allergic reaction that occurred due to medication or treatments. g. For PRN medications or treatments including all physician approved over the counter medications and herbal or other supplements: i. instructions for the use of the PRN medication or treatment which must include observable Sore Throat Spray 1.4% (PRN) Sore Throat Spray 1.4% (PRN) Sore Throat Spray 1.4% (PRN) Sore Throat Spray 1.4% (PRN) Triple antibiotic Triple antibiotic Medications were not documented on the Medication Administration Records for the following medications: i. instructions for the use of the PRN medication or treatment which must include observable 	c. Documentation of all time limited or discontinued	 Milk of Magnesia 12000 mg (PRN) 	
 a. The initials of the person administering of assisting with medication delivery. e. Documentation of refused, missed, or held medications or treatments. f. Documentation of any allergic reaction that occurred due to medication or treatments. g. For PRN medications or treatments including all physician approved over the counter medications and herbal or other supplements: i. instructions for the use of the PRN medication or treatment which must include observable Sore Throat Spray 1.4% (PRN) Triple antibiotic Triple antibiotic Medication Administration Records: Acetaminophen 500mg (PRN) Pink Bismuth (Pepto Bismol) 262mg/15ml (PRN) Pink Bismuth (Pepto Bismol) 262mg/15ml (PRN) Aluminum Hydroxide Magnesium hydroxide Simethicone (Mylanta) 200mg-200mg-20mg 5ml (PRN) 			
 assisting with medication delivery. e. Documentation of refused, missed, or held medications or treatments. f. Documentation of any allergic reaction that occurred due to medication or treatments. g. For PRN medications or treatments including all physician approved over the counter medications and herbal or other supplements: i. instructions for the use of the PRN medication or treatment which must include observable i. mistructions for the use of the PRN medication or treatment which must include observable Triple antibiotic Triple antibiotic Acetaminophen 500mg (PRN) Acetaminophen 500mg (PRN) Acetaminophen 500mg (PRN) 		 Sore Throat Spray 1.4% (PRN) 	
 e. Documentation of reduced, missed, of rield medications or treatments. f. Documentation of any allergic reaction that occurred due to medication or treatments. g. For PRN medications or treatments including all physician approved over the counter medications and herbal or other supplements: i. instructions for the use of the PRN medication or treatment which must include observable i. medications for the use of the PRN medication or treatment which must include observable Triple antibiotic Triple antibiotic Individual #7 April 2023 No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications: Meloxicam 7.5 mg (PRN) 			
 medications or treatments. f. Documentation of any allergic reaction that occurred due to medication or treatments. g. For PRN medications or treatments including all physician approved over the counter medications and herbal or other supplements: i. instructions for the use of the PRN medication or treatment which must include observable Individual #7 April 2023 No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications: Meloxicam 7.5 mg (PRN) Pink Bismuth (Pepto Bismol) 262mg/15ml (PRN) Pink Dismuth (Pepto Bismol) 262mg/15ml (PRN) 		Triple antibiotic	• Acetaniilophen Soonig (FKN)
 Individual #7 April 2023 Individual #7 April 2023 No Physician's Orders were found for medications and herbal or other supplements: i. instructions for the use of the PRN medication or treatment which must include observable Individual #7 April 2023 No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications: Meloxicam 7.5 mg (PRN) (PRN) Aluminum Hydroxide Magnesium hydroxide Simethicone (Mylanta) 200mg-200mg-20mg 5ml (PRN)			- Dink Diamuth (Danta Diamal) 262mg/15ml
 and herbal or other supplements: i. instructions for the use of the PRN medication or treatment which must include observable April 2023 No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications: Meloxicam 7.5 mg (PRN) (FIRM) • Aluminum Hydroxide Magnesium hydroxide Simethicone (Mylanta) 200mg-200mg-20mg-5ml (PRN) • Meloxicam 7.5 mg (PRN)	f. Documentation of any allergic reaction that	Individual #7	
 g. For PRN medications or treatments including all physician approved over the counter medications and herbal or other supplements: i. instructions for the use of the PRN medication or treatment which must include observable No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications: Meloxicam 7.5 mg (PRN) Aluminum Hydroxide Magnesium hydroxide Simethicone (Mylanta) 200mg-200mg-20mg-5ml (PRN)			(FRN)
 instructions for the use of the PRN medication or treatment which must include observable is instructions for the use of the PRN medication or treatment which must include observable is instructions for the use of the PRN medication or treatment which must include observable is instructions for the use of the PRN medication or treatment which must include observable is instructions for the use of the PRN medication of the provide observable is instructions for the use of the PRN medication of the provide observable is instructions for the use of the PRN medication observable is instructions for the use of the PRN medication observable is instructions for the use of the PRN medication observable is instructions for the use of the PRN medication observable is instructions for the use of the PRN medication observable is instructions for the use of the PRN medication observable is instructions for the use of the PRN medication observable is instructions for the use of the PRN medication observable is instructions for the use of the PRN medication observable is instructions for the use of the PRN medication observable is instructions for the use of the PRN medication observable is instructions for the use of the PRN medication observable is instructions for the use of the PRN medication observable 			Aluminum Hudrovido Magnasium hudrovida
and herbal or other supplements: i. instructions for the use of the PRN medication or treatment which must include observable the following medications: • Meloxicam 7.5 mg (PRN) • Meloxicam 7.5 mg (PRN)			
Instructions for the use of the PRN medication or treatment which must include observable Meloxicam 7.5 mg (PRN)			
or treatment which must include observable		•	
signs/symptoms or circumstances in which the 1			- Core threat aprov 1.40/ (DDN)
	signs/symptoms or circumstances in which the		• Sore initial spray 1.4% (PKN)

 medication or treatment is to be used and the number of doses that may be used in a 24-hour period; ii. clear follow-up detailed documentation that the DSP contacted the agency nurse or physician service prior to assisting with the medication or treatment; and iii. documentation of the effectiveness of the PRN medication or treatment. NMAC 16.19.11.8 MINIMUM STANDARDS: A. MINIMUM STANDARDS FOR THE DISTRIBUTION, STORAGE, HANDLING AND RECORD KEEPING OF DRUGS: (d) The facility shall have a Medication Administration Record (MAR) documenting medication administered to residents, including over-the-counter medications. This documentation shall include: (i) Name of resident; (ii) Date given; (iii) Drug product name; (iv) Dosage and form; (v) Strength of drug; (vi) Route of administration; 	Individual #11 April 2023 No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications: • Acetaminophen 1000/650 mg • Clindamycin Phosphate 1% • Geri-Lanta June 2023 As indicated by the Medication Administration Records the individual is to take Azelastine HCL 274 mcg take 2 Sprays 2 times a day (PRN). According to the Physician's Orders Azelastine HCL137 mcg use 2 sprays in each nostril twice daily as needed in 24 hours. Medication Administration Record and Physician's Orders do not match.	 Aspercreme 4% (PRN) Saline Nasal Spray 0.65% (PRN) Dextromethorphan and Guaifenesin 10mg-100mg/5ml (PRN) Sunscreen SPF 30 or greater (PRN) Vicks vapor rub 4.8%-1.2%-2.6% (PRN) Insect Repellant (PRN) Individual #11 January 2024 Physician's Orders indicated the following medication were to be given. The following Medications were not documented on the Medication Administration Records: Ibuprofen 200mg (PRN) Sore throat spray 1.4% (PRN)
 (vii) How often medication is to be taken; (viii) Time taken and staff initials; (ix) Dates when the medication is discontinued or changed; (x) The name and initials of all staff administering medications. 		 Aspercreme 4% (PRN) Saline Nasal Spray 0.65% (PRN) Dextromethorpahn and guaifenesin 10mg- 100mg/5ml (PRN)
Model Custodial Procedure Manual <i>D. Administration of Drugs</i> Unless otherwise stated by practitioner, patients will not be allowed to administer their own medications. Document the practitioner's order authorizing the self-administration of medications. All PRN (As needed) medications shall have		• Vicks Vapor Rub 4.8%-1.2%-2.6% (PRN)
complete detail instructions regarding the administering of the medication. This shall include:		

symptoms that indicate the use of the	
 symptoms that indicate the use of the medication, 	
 medication, exact dosage to be used, and the exact amount to be used in a 24-hour period. 	
the exact amount to be used in a 24-bour	
Intelexact amount to be used in a 24-noun noried	
period.	

Tag # 1A09.2 Medication Delivery Nurse Approval for PRN Medication	Condition of Participation Level Deficiency	Condition of Participation Level Deficiency
 Developmental Disabilities Waiver Service Standards Eff 11/1/2023 rev. 12/2023 Chapter 13 Nursing Services: 13.3.2.3 Medication Oversight: Medication Oversight by a DD Waiver nurse is required in Family Living when a person lives with a non- related Family Living provider; and whenever non- related DSP provide AWMD medication supports. 1. The nurse must respond to calls requesting delivery of PRN medications from AWMD trained DSP, non-related Family Living providers. 2. Family Living providers related by affinity or consanguinity (blood, adoption, or marriage) are not required to contact the nurse prior to assisting with delivery of a PRN medication. 3. Medication Oversight is optional if the person lives independently and can self- administer their medication or resides with their related family. If the person resides with their family and it is determined that Medication Oversight is not desired, the family must continue to provide any needed health supports or interventions based on guidance from the Primary Care Practitioner or specialists and all elements of medication administration and oversight are the sole responsibility of the person and their biological family. In addition, for Family Living participants the related family must: a. Communicate as needed any change of condition with the agency nurse. b. The agency is not responsible for providing a monthly MAR unless the family requests it and continually communicates all medication changes to the Provider Agency in a timely manner to ensure accuracy of the MAR. 4. Medication Oversight is not optional if substitute care is provided by DSP who are not related. a. A MAR is required for the substitute care provider to use. b. Biological families (by affinity or consanguinity) are encouraged, but not required to use the MAR. c. DSP who are related families (by affinity or consanguinity) must complete AWMD training. 	After an analysis of the evidence it has been determined there is a significant potential for a negative outcome to occur. Based on record review and interview, the Agency did not maintain documentation of PRN authorization as required by standard for 2 of 4 Individuals. Individual #7 May 2023 No documentation of the verbal authorization from the Agency nurse prior to each administration / assistance of PRN medication was found for the following PRN medication: • Acetaminophen 500mg – PRN – 5/17 (given 1 time) Individual #11 April 2023 No documentation of the verbal authorization from the Agency nurse prior to each administration / assistance of PRN medication was found for the following PRN medication: • Acetaminophen 1000 mg – PRN – 4/9 -10, 22, 30 (given 1 time) • Clindamycin Phosphate 1% – PRN –4/20, 21 (given 1 time) June 2023 No documentation of the verbal authorization from the Agency nurse prior to each administration / assistance of PRN medication was found for the following PRN medication: • Acetaminophen 500mg – PRN – 4/20, 21 (given 1 time) June 2023 No documentation of the verbal authorization from the Agency nurse prior to each administration / assistance of PRN medication was found for the following PRN medication: • Acetaminophen 500mg – PRN – 6/6, 15 (given 1 time)	New / Repeat Findings: After an analysis of the evidence it has been determined there is a significant potential for a negative outcome to occur. Based on record review and interview, the Agency did not maintain documentation of PRN authorization as required by standard for 1 of 4 Individuals. Individual #7 January 2024 No documentation of the verbal authorization from the Agency nurse prior to each administration / assistance of PRN medication was found for the following PRN medication: • Diclofenac Sodium 1% – PRN – 1/2 (given 1 time)

Standard of Care	Routine Survey Deficiencies June 26 – July 7, 2023	Verification Survey New and Repeat Deficiencies February 19 – 28, 2024
	on - Services are delivered in accordance with the services	
frequency specified in the service plan.		
Tag # 1A08 Administrative Case File (Other	Standard Level Deficiency	COMPLETE
Required Documents)		
Tag # 1A08.1 Administrative and Residential	Standard Level Deficiency	COMPLETE
Case File: Progress Notes		
Tag # 1A08.3 Administrative Case File:	Standard Level Deficiency	COMPLETE
Individual Service Plan / ISP Components		
Tag # 1A32 Administrative Case File: Individual	Standard Level Deficiency	COMPLETE
Service Plan Implementation		
Tag # 1A32.1 Administrative Case File:	Standard Level Deficiency	COMPLETE
Individual Service Plan Implementation (Not		
Completed at Frequency)		
Tag # 1A32.2 Individual Service Plan	Standard Level Deficiency	COMPLETE
Implementation (Residential Implementation)		
Tag # LS14 Residential Service Delivery Site	Condition of Participation Level Deficiency	COMPLETE
Case File (ISP and Healthcare Requirements)		
Tag # LS14.1 Residential Service Delivery Site	Standard Level Deficiency	COMPLETE
Tag # LS14.1 Residential Service Delivery Site Case File (Other Req. Documentation)		
Tag # LS14.1 Residential Service Delivery Site Case File (Other Req. Documentation)	Standard Level Deficiency nonitors non-licensed/non-certified providers to assure	
Tag # LS14.1 Residential Service Delivery Site Case File (Other Req. Documentation) Service Domain: Qualified Providers – The State residues in the policies and procedures for verifying the service for verify the service for verify the service for verifying the service for verify the	nonitors non-licensed/non-certified providers to assure hat provider training is conducted in accordance with St	adherence to waiver requirements. The State
Tag # LS14.1 Residential Service Delivery Site Case File (Other Req. Documentation) Service Domain: Qualified Providers – The State residue	nonitors non-licensed/non-certified providers to assure	adherence to waiver requirements. The State
Tag # LS14.1 Residential Service Delivery SiteCase File (Other Req. Documentation)Service Domain: Qualified Providers – The State reimplements its policies and procedures for verifying theTag # 1A22 Agency Personnel Competency	nonitors non-licensed/non-certified providers to assure hat provider training is conducted in accordance with St	adherence to waiver requirements. The State tate requirements and the approved waiver.
Tag # LS14.1 Residential Service Delivery SiteCase File (Other Req. Documentation)Service Domain: Qualified Providers – The State rimplements its policies and procedures for verifying the trag # 1A22 Agency Personnel CompetencyService Domain: Health and Welfare – The state, complements is policies and procedures for the state, complements is policies for the state is	nonitors non-licensed/non-certified providers to assure hat provider training is conducted in accordance with St Condition of Participation Level Deficiency	adherence to waiver requirements. The State tate requirements and the approved waiver. prevent occurrences of abuse, neglect and
Tag # LS14.1 Residential Service Delivery SiteCase File (Other Req. Documentation)Service Domain: Qualified Providers – The State rimplements its policies and procedures for verifying the trag # 1A22 Agency Personnel CompetencyService Domain: Health and Welfare – The state, complements is policies and procedures for the state, complements is policies for the state is	nonitors non-licensed/non-certified providers to assure hat provider training is conducted in accordance with St Condition of Participation Level Deficiency on an ongoing basis, identifies, addresses and seeks to	adherence to waiver requirements. The State tate requirements and the approved waiver. prevent occurrences of abuse, neglect and
Tag # LS14.1 Residential Service Delivery Site Case File (Other Req. Documentation) Service Domain: Qualified Providers – The State resimplements its policies and procedures for verifying the Tag # 1A22 Agency Personnel Competency Service Domain: Health and Welfare – The state, or exploitation. Individuals shall be afforded their basic	nonitors non-licensed/non-certified providers to assure hat provider training is conducted in accordance with St Condition of Participation Level Deficiency on an ongoing basis, identifies, addresses and seeks to human rights. The provider supports individuals to acc	adherence to waiver requirements. The State tate requirements and the approved waiver. prevent occurrences of abuse, neglect and ess needed healthcare services in a timely manner.
Tag # LS14.1 Residential Service Delivery SiteCase File (Other Req. Documentation)Service Domain: Qualified Providers – The State reimplements its policies and procedures for verifying theTag # 1A22 Agency Personnel CompetencyService Domain: Health and Welfare – The state, orexploitation. Individuals shall be afforded their basicTag #1A08.2 Administrative Case File:	nonitors non-licensed/non-certified providers to assure hat provider training is conducted in accordance with St Condition of Participation Level Deficiency on an ongoing basis, identifies, addresses and seeks to human rights. The provider supports individuals to acc	adherence to waiver requirements. The State tate requirements and the approved waiver. prevent occurrences of abuse, neglect and ess needed healthcare services in a timely manner.
Tag # LS14.1 Residential Service Delivery Site Case File (Other Req. Documentation) Service Domain: Qualified Providers – The State minimplements its policies and procedures for verifying the trag # 1A22 Agency Personnel Competency Service Domain: Health and Welfare – The state, or exploitation. Individuals shall be afforded their basic Tag #1A08.2 Administrative Case File: Healthcare Requirements & Follow-up	nonitors non-licensed/non-certified providers to assure hat provider training is conducted in accordance with Si Condition of Participation Level Deficiency on an ongoing basis, identifies, addresses and seeks to human rights. The provider supports individuals to acc Standard Level Deficiency	adherence to waiver requirements. The State tate requirements and the approved waiver. prevent occurrences of abuse, neglect and ess needed healthcare services in a timely manner. COMPLETE
Tag # LS14.1 Residential Service Delivery Site Case File (Other Req. Documentation) Service Domain: Qualified Providers – The State minimplements its policies and procedures for verifying the trag # 1A22 Agency Personnel Competency Service Domain: Health and Welfare – The state, or exploitation. Individuals shall be afforded their basic Tag #1A08.2 Administrative Case File: Healthcare Requirements & Follow-up Tag # 1A09 Medication Delivery Routine	nonitors non-licensed/non-certified providers to assure hat provider training is conducted in accordance with Si Condition of Participation Level Deficiency on an ongoing basis, identifies, addresses and seeks to human rights. The provider supports individuals to acc Standard Level Deficiency	adherence to waiver requirements. The State tate requirements and the approved waiver. prevent occurrences of abuse, neglect and ess needed healthcare services in a timely manner. COMPLETE
Tag # LS14.1 Residential Service Delivery SiteCase File (Other Req. Documentation)Service Domain: Qualified Providers – The State minplements its policies and procedures for verifying the trag # 1A22 Agency Personnel CompetencyService Domain: Health and Welfare – The state, or exploitation. Individuals shall be afforded their basicTag #1A08.2 Administrative Case File:Healthcare Requirements & Follow-upTag # 1A09 Medication Delivery RoutineMedication Administration	nonitors non-licensed/non-certified providers to assure hat provider training is conducted in accordance with St Condition of Participation Level Deficiency on an ongoing basis, identifies, addresses and seeks to human rights. The provider supports individuals to acc Standard Level Deficiency Condition of Participation Level Deficiency	adherence to waiver requirements. The State tate requirements and the approved waiver. prevent occurrences of abuse, neglect and ess needed healthcare services in a timely manner. COMPLETE COMPLETE
Tag # LS14.1 Residential Service Delivery SiteCase File (Other Req. Documentation)Service Domain: Qualified Providers – The State minplements its policies and procedures for verifying the state of the	nonitors non-licensed/non-certified providers to assure hat provider training is conducted in accordance with St Condition of Participation Level Deficiency on an ongoing basis, identifies, addresses and seeks to human rights. The provider supports individuals to acc Standard Level Deficiency Condition of Participation Level Deficiency	adherence to waiver requirements. The State tate requirements and the approved waiver. prevent occurrences of abuse, neglect and ess needed healthcare services in a timely manner. COMPLETE COMPLETE
Tag # LS14.1 Residential Service Delivery SiteCase File (Other Req. Documentation)Service Domain: Qualified Providers – The State minplements its policies and procedures for verifying the state of the	nonitors non-licensed/non-certified providers to assure hat provider training is conducted in accordance with St Condition of Participation Level Deficiency on an ongoing basis, identifies, addresses and seeks to human rights. The provider supports individuals to acc Standard Level Deficiency Condition of Participation Level Deficiency Standard Level Deficiency	adherence to waiver requirements. The State tate requirements and the approved waiver. prevent occurrences of abuse, neglect and ess needed healthcare services in a timely manner. COMPLETE COMPLETE COMPLETE
Tag # LS14.1 Residential Service Delivery SiteCase File (Other Req. Documentation)Service Domain: Qualified Providers – The State minplements its policies and procedures for verifying the state of the	nonitors non-licensed/non-certified providers to assure hat provider training is conducted in accordance with St Condition of Participation Level Deficiency on an ongoing basis, identifies, addresses and seeks to human rights. The provider supports individuals to acc Standard Level Deficiency Condition of Participation Level Deficiency Standard Level Deficiency Standard Level Deficiency Standard Level Deficiency	adherence to waiver requirements. The State tate requirements and the approved waiver. prevent occurrences of abuse, neglect and tess needed healthcare services in a timely manner. COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE
Tag # LS14.1 Residential Service Delivery SiteCase File (Other Req. Documentation)Service Domain: Qualified Providers – The State minplements its policies and procedures for verifying the state of the	nonitors non-licensed/non-certified providers to assure hat provider training is conducted in accordance with St Condition of Participation Level Deficiency on an ongoing basis, identifies, addresses and seeks to human rights. The provider supports individuals to acc Standard Level Deficiency Condition of Participation Level Deficiency Standard Level Deficiency	adherence to waiver requirements. The State tate requirements and the approved waiver. prevent occurrences of abuse, neglect and ess needed healthcare services in a timely manner. COMPLETE COMPLETE COMPLETE
Tag # LS14.1 Residential Service Delivery SiteCase File (Other Req. Documentation)Service Domain: Qualified Providers – The State minplements its policies and procedures for verifying the state of the	nonitors non-licensed/non-certified providers to assure hat provider training is conducted in accordance with St Condition of Participation Level Deficiency on an ongoing basis, identifies, addresses and seeks to human rights. The provider supports individuals to acc Standard Level Deficiency Condition of Participation Level Deficiency Standard Level Deficiency Standard Level Deficiency Condition of Participation Level Deficiency Standard Level Deficiency	adherence to waiver requirements. The State tate requirements and the approved waiver. prevent occurrences of abuse, neglect and tess needed healthcare services in a timely manner. COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE
Tag # LS14.1 Residential Service Delivery SiteCase File (Other Req. Documentation)Service Domain: Qualified Providers – The State minplements its policies and procedures for verifying the service Domain: Health and procedures for verifying the trag # 1A22 Agency Personnel CompetencyService Domain: Health and Welfare – The state, or exploitation. Individuals shall be afforded their basicTag #1A08.2 Administrative Case File:Healthcare Requirements & Follow-upTag # 1A09 Medication Delivery RoutineMedication AdministrationTag # 1A09.0 Medication Delivery RoutineMedication AdministrationTag # 1A09.1.0 Medication DeliveryPRN Medication AdministrationTag # 1A15 Healthcare Coordination - NurseAvailability / KnowledgeTag # 1A15.2 Administrative Case File:	nonitors non-licensed/non-certified providers to assure hat provider training is conducted in accordance with St Condition of Participation Level Deficiency on an ongoing basis, identifies, addresses and seeks to human rights. The provider supports individuals to acc Standard Level Deficiency Condition of Participation Level Deficiency Standard Level Deficiency Standard Level Deficiency Standard Level Deficiency	adherence to waiver requirements. The State tate requirements and the approved waiver. prevent occurrences of abuse, neglect and ess needed healthcare services in a timely manner. COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE
Tag # LS14.1 Residential Service Delivery SiteCase File (Other Req. Documentation)Service Domain: Qualified Providers – The State mimplements its policies and procedures for verifying the state of the	nonitors non-licensed/non-certified providers to assure hat provider training is conducted in accordance with St Condition of Participation Level Deficiency on an ongoing basis, identifies, addresses and seeks to human rights. The provider supports individuals to acc Standard Level Deficiency Condition of Participation Level Deficiency Standard Level Deficiency Standard Level Deficiency Condition of Participation Level Deficiency Standard Level Deficiency	adherence to waiver requirements. The State tate requirements and the approved waiver. prevent occurrences of abuse, neglect and ess needed healthcare services in a timely manner. COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE
Tag # LS14.1 Residential Service Delivery SiteCase File (Other Req. Documentation)Service Domain: Qualified Providers – The State mimplements its policies and procedures for verifying the state of the	nonitors non-licensed/non-certified providers to assure hat provider training is conducted in accordance with St Condition of Participation Level Deficiency on an ongoing basis, identifies, addresses and seeks to human rights. The provider supports individuals to acc Standard Level Deficiency Condition of Participation Level Deficiency Standard Level Deficiency Standard Level Deficiency Condition of Participation Level Deficiency Condition of Participation Level Deficiency Condition of Participation Level Deficiency	adherence to waiver requirements. The State tate requirements and the approved waiver. prevent occurrences of abuse, neglect and ess needed healthcare services in a timely manner. COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE
Tag # LS14.1 Residential Service Delivery SiteCase File (Other Req. Documentation)Service Domain: Qualified Providers – The State mimplements its policies and procedures for verifying the state of the	nonitors non-licensed/non-certified providers to assure hat provider training is conducted in accordance with St Condition of Participation Level Deficiency on an ongoing basis, identifies, addresses and seeks to human rights. The provider supports individuals to acc Standard Level Deficiency Condition of Participation Level Deficiency Standard Level Deficiency Standard Level Deficiency Condition of Participation Level Deficiency Standard Level Deficiency	adherence to waiver requirements. The State tate requirements and the approved waiver. prevent occurrences of abuse, neglect and ess needed healthcare services in a timely manner. COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE

Service Domain: Medicaid Billing/Reimbursement – State financial oversight exists to assure that claims are coded and paid for in accordance with the					
reimbursement methodology specified in the approve	d waiver.				
Tag # IS30 Customized Community Supports	Tag # IS30 Customized Community Supports Standard Level Deficiency COMPLETE				
Reimbursement					
Tag # LS26 Supported Living Reimbursement Standard Level Deficiency COMPLETE					
Tag # LS27 Family Living Reimbursement Standard Level Deficiency COMPLETE					

	Verification Survey Plan of Correction, On-going QA/QI and Responsible Party	Date Due
Tag # 1A09.1 Medication Delivery PRN Medication Administration	Provider: State your Plan of Correction for the deficiencies cited in this tag here (How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?): \rightarrow	
	Provider: Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here (What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?): \rightarrow	
Tag # 1A09.2 Medication Delivery Nurse Approval for PRN Medication	Provider: State your Plan of Correction for the deficiencies cited in this tag here (How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?): →	
	Provider: Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here (What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?): \rightarrow	



MICHELLE LUJAN GRISHAM Governor

> PATRICK M. ALLEN Cabinet Secretary

Date:	March 25, 2024
То:	Lupe Ordunez, DSP / Executive Director
Provider: Address: State/Zip:	An Open Door, LLC 715 E Idaho Building 4 Las Cruces, New Mexico 88001
E-mail Address:	lordunez@aodnm.com
CC: E-mail Address:	Mark Chavez, Owner anopendoor@aodnm.com
Region: Routine Survey: Verification Survey:	Southwest June 26 – July 7, 2023 February 19 – 28, 2024
Program Surveyed:	Developmental Disabilities Waiver
Service Surveyed:	Supported Living, Family Living, Customized In-Home Supports, Customized Community Supports, and Community Integrated Employment Services

Survey Type: Verification

Dear Ms. Lupe Ordunez,

The Division of Health Improvement/Quality Management Bureau has received, reviewed and approved the supporting documents you submitted for your Plan of Correction. The documents you provided verified that all previously cited survey Deficiencies have been corrected.

The Plan of Correction process is now complete.

Furthermore, your agency is now determined to be in Compliance with all Conditions of Participation.

To maintain ongoing compliance with standards and regulations, continue to use the Quality Assurance (self-auditing) processes you described in your Plan of Correction.

Consistent use of these Quality Assurance processes will enable you to identify and promptly respond to problems, enhance your service delivery, and result in fewer deficiencies cited in future QMB surveys.

Thank you for your cooperation with the Plan of Correction process, for striving to come into compliance with standards and regulations, and for helping to provide the health, safety and personal growth of the people you serve.

Sincerely,

Marie Passaglia, BA

Marie Passaglia, BA Healthcare Surveyor Advanced/Plan of Correction Coordinator Quality Management Bureau/DHI

Q.24.3.DDW.40775852.3.VER.09.24.085