

Date: January 6, 2016

To: Dennis James, Executive Director/Owner  
Provider: High Desert Family Services, Inc.  
Address: 7001 Prospect NE  
State/Zip: Albuquerque, New Mexico 87110

E-mail Address: [djames@highdesertfs.com](mailto:djames@highdesertfs.com)

Region: Southeast  
Routine Survey: February 9 – 13, 2015  
Verification Survey: December 8 - 30, 2015

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: **2012:** *Living Supports* (Supported Living, Family Living); *Inclusion Supports* (Customized Community Supports, Community Integrated Employment Services) and *Other* (Customized In-Home Supports, Adult Nursing Services)  
**2007:** *Community Living* (Supported Living) and *Community Inclusion* (Adult Habilitation, Supported Employment)

Survey Type: Verification

Team Leader: Erica Nilsen, BA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Mr. Chavez;

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 February 9 - 13, 2015*.

**Determination of Compliance:**

The Division of Health Improvement, Quality Management Bureau has determined your agency is in:

***Compliance with Conditions of Participation***

This concludes your Survey process. Please call the Plan of Correction Coordinator at 575-373-5716, if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,

*Erica Nilsen*

Erica Nilsen, BA  
Team Lead/Healthcare Surveyor  
Division of Health Improvement  
Quality Management Bureau

**DIVISION OF HEALTH IMPROVEMENT**

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(505) 222-8623 • FAX: (505) 222-8661 • <http://www.dhi.health.state.nm.us>

QMB Report of Findings – High Desert Family Services, Inc. – Southeast Region – December 8 - 30, 2015

## Survey Process Employed:

Entrance Conference Date:	December 8, 2015
Present:	<b><u>High Desert Family Services, Inc.</u></b> Sheilla Allen, Quality Assurance Director  <b><u>DOH/DHI/QMB</u></b> Erica Nilsen, BA, Team Lead/Healthcare Surveyor
Exit Conference Date:	December 30, 2015
Present:	<b><u>High Desert Family Services, Inc.</u></b> Sheilla Allen, Quality Assurance Director  <b><u>DOH/DHI/QMB</u></b> Erica Nilsen, BA, Team Lead/Healthcare Surveyor
Total Sample Size	Number: 22  3 - <i>Jackson</i> Class Members 19 - Non- <i>Jackson</i> Class Members  7 - Supported Living 10 - Family Living 3 - Adult Habilitation 1 - Supported Employment 10 - Customized Community Supports 5 - Community Integrated Employment Services 5 - Customized In-Home Supports
Persons Served Records Reviewed	Number: 22
Direct Support Personnel Records Reviewed	Number: 210 ( <i>Note: 12 of these personnel also double as Service Coordinators / Direct Support Supervisors</i> )
Substitute Care/Respite Personnel Records Reviewed	Number: 22
Service Coordinator Records Reviewed	Number: 14 ( <i>Note: 12 of these personnel also perform duties as Direct Support Supervisors</i> )

### 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
  - Medication Administration Records
  - Medical Emergency Response Plans
  - 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
- Evacuation Drills of Residences and Service Locations
- Quality Assurance / Improvement Plan

CC: Distribution List: DOH - Division of Health Improvement  
DOH - Developmental Disabilities Supports Division  
DOH - Office of Internal Audit  
HSD - Medical Assistance Division

## Attachment B

### 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 state and federal regulations. QMB has grouped the CMS assurances into five Service Domains: Level of Care; Plan of Care; 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 Management 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 in the QMB Report of Findings. 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.

Within the QMB Service Domains there are fundamental regulations, standards, or policies with which a provider must be in essential compliance in order to ensure the health and welfare of individuals served known as Conditions of Participation (CoPs).

The Determination of Compliance for each service type is based on a provider's compliance with CoPs in three (3) Service Domains.

#### Case Management Services:

- Level of Care
- Plan of Care
- Qualified Providers

#### Community Inclusion Supports/ Living Supports:

- Qualified Provider
- Plan of Care
- Health, Welfare and Safety

### Conditions of Participation (CoPs)

A CoP is an identified fundamental regulation, standard, or policy with which a provider must be in compliance in order to ensure the health and welfare of individuals served. CoPs are based on the Centers for Medicare and Medicaid Services, Home and Community-Based Waiver required assurances. A provider must be in compliance with CoPs to participate as a waiver provider.

QMB surveyors use professional judgment when reviewing the critical elements of each standard and regulation to determine when non-compliance with a standard level deficiency rises to the level of a CoP out of compliance. Only some deficiencies can rise to the level of a CoP (See the next section for a list of CoPs). The QMB survey team analyzes the relevant finding in terms of scope, actual harm or potential for harm, unique situations, patterns of performance, and other factors to determine if there is the potential for a negative outcome which would rise to the level of a CoP. A Standard level deficiency becomes a CoP out of compliance when the team's analysis establishes that there is an identified potential for significant harm or actual harm. It is then cited as a CoP out of compliance. If the deficiency does not rise to the level of a CoP out of compliance, it is cited as a Standard Level Deficiency.

The Division of Health Improvement (DHI) and the Developmental Disabilities Supports Division (DDSD) collaborated to revise the current Conditions of Participation (CoPs). There are seven Conditions of Participation in which providers must be in compliance.

**CoPs and Service Domains for Case Management Supports are as follows:**

**Service Domain: Level of Care**

Condition of Participation:

1. **Level of Care:** The Case Manager shall complete all required elements of the Long Term Care Assessment Abstract (LTCAA) to ensure ongoing eligibility for waiver services.

**Service Domain: Plan of Care**

Condition of Participation:

2. **Individual Service Plan (ISP) Creation and Development:** Each individual shall have an ISP. The ISP shall be developed in accordance with DDSD regulations and standards and is updated at least annually or when warranted by changes in the individual's needs.

Condition of Participation:

3. **ISP Monitoring and Evaluation:** The Case Manager shall ensure the health and welfare of the individual through monitoring the implementation of ISP desired outcomes.

**CoPs and Service Domain for ALL Service Providers is as follows:**

**Service Domain: Qualified Providers**

Condition of Participation:

4. **Qualified Providers:** Agencies shall ensure support staff has completed criminal background screening and all mandated trainings as required by the DDSD.

**CoPs and Service Domains for Living Supports and Inclusion Supports are as follows:**

**Service Domain: Plan of Care**

Condition of Participation:

5. **ISP Implementation:** Services provided shall be consistent with the components of the ISP and implemented to achieve desired outcomes.

**Service Domain: Health, Welfare and Safety**

Condition of Participation:

6. **Individual Health, Safety and Welfare: (Safety)** Individuals have the right to live and work in a safe environment.

Condition of Participation:

7. **Individual Health, Safety and Welfare (Healthcare Oversight):** The provider shall support individuals to access needed healthcare services in a timely manner. Nursing, healthcare services and healthcare oversight shall be available and provided as needed to address individuals' health, safety and welfare.

## QMB Determinations of Compliance

### Compliance with Conditions of Participation

The QMB determination of *Compliance with Conditions of Participation* indicates that a provider is in compliance with all Conditions of Participation, (CoP). 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 with Conditions of Participation, the provider must be in compliance with all Conditions of Participation in all relevant Service Domains. The agency may also have Standard level deficiencies (deficiencies which are not at the condition level) out of compliance in any of the Service Domains.

### Partial-Compliance with Conditions of Participation

The QMB determination of *Partial-Compliance with Conditions of Participation* indicates that a provider is out of compliance with Conditions of Participation in one (1) to two (2) Service Domains. The agency may have one or more Condition level tags within a Service Domain. 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. The agency may also have Standard level deficiencies (deficiencies which are not at the condition level) in any of the Service Domains.

Providers receiving a repeat determination of Partial-Compliance for repeat deficiencies at the level of a Condition in any Service Domain may be referred by the Quality Management Bureau to the Internal Review Committee (IRC) for consideration of remedies and possible actions or sanctions.

### Non-Compliance with Conditions of Participation

The QMB determination of *Non-Compliance with Conditions of Participation* indicates a provider is significantly out of compliance with Conditions of Participation in multiple Service Domains. The agency may have one or more Condition level tags in each of 3 relevant Service Domains. 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. The agency may also have Standard level deficiencies (deficiencies which are not at the condition level) in any of the Service Domains

Providers receiving a repeat determination of Non-Compliance will be referred by Quality Management Bureau to the Internal Review Committee (IRC) for consideration of remedies and possible actions or sanctions.

**Agency:** High Desert Family Services, Inc. – Southeast Region  
**Program:** Developmental Disabilities Waiver  
**Service:** *2012: Living Supports* (Supported Living, Family Living); *Inclusion Services* (Customized Community Supports, Community Integrated Employment Services); *and Other* (Customized In-Home Supports)  
*2007: Community Living* (Supported Living, Family Living) and *Community Inclusion* (Adult Habilitation, Supported Employment)  
**Monitoring Type:** Verification Survey  
**Routine Survey:** February 9 – 13, 2015  
**Verification Survey:** December 8 - 30, 2015

Standard of Care	Routine Survey Deficiencies February 9 – 13, 2015	Verification Survey New and Repeat Deficiencies December 8 - 30, 2015
<p><b>Service Domain: Qualified Providers</b> – <i>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.</i></p>		
<p><b>Tag # 1A26</b>  <b>Consolidated On-line Registry</b>  <b>Employee Abuse Registry</b></p>	<p><b>Standard Level Deficiency</b></p>	<p><b>Standard Level Deficiency</b></p>
<p><b>NMAC 7.1.12.8 REGISTRY ESTABLISHED; PROVIDER INQUIRY REQUIRED:</b> Upon the effective date of this rule, the department has established and maintains an accurate and complete electronic registry that contains the name, date of birth, address, social security number, and other appropriate identifying information of all persons who, while employed by a provider, have been determined by the department, as a result of an investigation of a complaint, to have engaged in a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider. Additions and updates to the registry shall be posted no later than two (2) business days following receipt. Only department staff designated by the custodian</p>	<p>Based on record review, the Agency did not maintain documentation in the employee’s personnel records that evidenced inquiry into the Employee Abuse Registry prior to employment for 5 of 186 Agency Personnel.</p> <p><b>The following Agency personnel records contained no evidence of the Employee Abuse Registry check being completed:</b></p> <p><b>Direct Support Personnel (DSP):</b></p> <ul style="list-style-type: none"> <li>• #350 – Date of hire 9/17/2013.</li> </ul> <p><b>The following Agency Personnel records contained evidence that indicated the Employee Abuse Registry check was completed after hire:</b></p>	<p><b>New / Repeat Finding:</b></p> <p>Based on record review, the Agency did not maintain documentation in the employee’s personnel records that evidenced inquiry into the Employee Abuse Registry prior to employment for 1 of 234 Agency Personnel.</p> <p><b>The following Agency Personnel records contained evidence that indicated the Employee Abuse Registry check was completed after hire:</b></p> <p><b>Direct Support Personnel (DSP):</b></p> <ul style="list-style-type: none"> <li>• #430 – Date of hire 10/3/2015, completed 10/22/2015.</li> </ul>

<p>may access, maintain and update the data in the registry.</p> <p>A. <b>Provider requirement to inquire of registry.</b> A provider, prior to employing or contracting with an employee, shall inquire of the registry whether the individual under consideration for employment or contracting is listed on the registry.</p> <p>B. <b>Prohibited employment.</b> A provider may not employ or contract with an individual to be an employee if the individual is listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider.</p> <p>D. <b>Documentation of inquiry to registry.</b> The provider shall maintain documentation in the employee's personnel or employment records that evidences the fact that the provider made an inquiry to the registry concerning that employee prior to employment. Such documentation must include evidence, based on the response to such inquiry received from the custodian by the provider, that the employee was not listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation.</p> <p>E. <b>Documentation for other staff.</b> With respect to all employed or contracted individuals providing direct care who are licensed health care professionals or certified nurse aides, the provider shall maintain documentation reflecting the individual's current licensure as a health care professional or current certification as a nurse aide.</p> <p>F. <b>Consequences of noncompliance.</b> The department or other governmental agency having regulatory enforcement authority over a provider may sanction a provider in accordance with applicable law if the provider fails to make an appropriate and timely inquiry of the registry,</p>	<p><b>Direct Support Personnel (DSP):</b></p> <ul style="list-style-type: none"> <li>• #298 – Date of hire 12/5/2011, completed 2/10/2015.</li> <li>• #337 – Date of hire 11/13/2013, completed 11/19/2013.</li> </ul> <p><b>Substitute Care/Respite Personnel:</b></p> <ul style="list-style-type: none"> <li>• #365 – Date of hire 11/17/2014, completed 2/10/2015.</li> <li>• #372 – Date of hire 10/19/2011, completed 2/10/2015.</li> </ul>	
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or fails to maintain evidence of such inquiry, in connection with the hiring or contracting of an employee; or for employing or contracting any person to work as an employee who is listed on the registry. Such sanctions may include a directed plan of correction, civil monetary penalty not to exceed five thousand dollars (\$5000) per instance, or termination or non-renewal of any contract with the department or other governmental agency.

Standard of Care	Routine Survey Deficiencies February 9 – 13, 2015	Verification Survey New and Repeat Deficiencies December 8 - 30, 2015
<p><b>Service Domain: Health and Welfare</b> – 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.</p>		
<p><b>Tag # 1A27</b> <b>Incident Mgt. Late and Failure to Report</b></p>	<p><b>Standard Level Deficiency</b></p>	<p><b>Standard Level Deficiency</b></p>
<p><b>NMAC 7.1.14 ABUSE, NEGLECT, EXPLOITATION, AND DEATH REPORTING, TRAINING AND RELATED REQUIREMENTS FOR COMMUNITY PROVIDERS</b></p> <p><b>NMAC 7.1.14.8 INCIDENT MANAGEMENT SYSTEM REPORTING REQUIREMENTS FOR COMMUNITY-BASED SERVICE PROVIDERS:</b></p> <p><b>A. Duty to report:</b>  <b>(1)</b> All community-based providers shall immediately report alleged crimes to law enforcement or call for emergency medical services as appropriate to ensure the safety of consumers.  <b>(2)</b> All community-based service providers, their employees and volunteers shall immediately call the department of health improvement (DHI) hotline at 1-800-445-6242 to report abuse, neglect, exploitation, suspicious injuries or any death and also to report an environmentally hazardous condition which creates an immediate threat to health or safety.  <b>B. Reporter requirement.</b> All community-based service providers shall ensure that the employee or volunteer with knowledge of the alleged abuse, neglect, exploitation, suspicious injury, or death calls the division’s hotline to report the incident.  <b>C. Initial reports, form of report, immediate action and safety planning, evidence</b></p>	<p>Based on the Incident Management Bureau’s Late and Failure Reports, the Agency did not report suspected abuse, neglect, or misappropriation of property, unexpected and natural/expected deaths; or other reportable incidents to the Division of Health Improvement, as required by regulations for 23 of 40 individuals.</p> <p>Individual #3</p> <ul style="list-style-type: none"> <li>• Incident date 8/1/2014. Allegation was Neglect. Incident report was received on 8/6/2014. Late Reporting. IMB Late and Failure Report indicated incident of Neglect was “Confirmed.”</li> <li>• Incident date 8/16/2014. Allegation was Exploitation. Incident report was received on 8/27/2014. Late Reporting. IMB Late and Failure Report indicated incident of Exploitation was “Confirmed.”</li> </ul> <p>Individual #4</p> <ul style="list-style-type: none"> <li>• Incident date 4/30/2014. Allegation was Neglect. Incident report was received on 5/5/2014. Late Reporting. IMB Late and Failure Report indicated incident of Neglect was “Confirmed.”</li> <li>• Incident date 6/14/2014. Allegation was Emergency Services. Incident report was received on 6/18/2014. IMB issued a Late Reporting for Emergency Services.</li> </ul>	<p><b>New / Repeat Finding:</b></p> <p>Based on the Incident Management Bureau’s Late and Failure Reports, the Agency did not report suspected abuse, neglect, or misappropriation of property, unexpected and natural/expected deaths; or other reportable incidents to the Division of Health Improvement, as required by regulations for 15 of 42 individuals.</p> <p>Individual #3</p> <ul style="list-style-type: none"> <li>• Incident report was received on 2/24/2015. Allegation was Neglect. IMB issued a Late Reporting for Neglect.</li> </ul> <p>Individual #7</p> <ul style="list-style-type: none"> <li>• Incident report was received on 3/8/2015. Allegation was Neglect. IMB issued a Late Reporting for Neglect.</li> </ul> <p>Individual #11</p> <ul style="list-style-type: none"> <li>• Incident date 7/8/2015. Allegation was Neglect. Incident report was received on 7/15/2015. Failure to Report.</li> </ul> <p>Individual #18</p> <ul style="list-style-type: none"> <li>• Incident report was received on 10/20/2015. Incident report was received on 11/4/2015. Allegation was Exploitation. IMB issued a Late Reporting for Exploitation.</li> </ul>

<p><b>preservation, required initial notifications:</b></p> <p><b>(1) Abuse, neglect, and exploitation, suspicious injury or death reporting:</b> Any person may report an allegation of abuse, neglect, or exploitation, suspicious injury or a death by calling the division's toll-free hotline number 1-800-445-6242. Any consumer, family member, or legal guardian may call the division's hotline to report an allegation of abuse, neglect, or exploitation, suspicious injury or death directly, or may report through the community-based service provider who, in addition to calling the hotline, must also utilize the division's abuse, neglect, and exploitation or report of death form. The abuse, neglect, and exploitation or report of death form and instructions for its completion and filing are available at the division's website, <a href="http://dhi.health.state.nm.us">http://dhi.health.state.nm.us</a>, or may be obtained from the department by calling the division's toll free hotline number, 1-800-445-6242.</p> <p><b>(2) Use of abuse, neglect, and exploitation or report of death form and notification by community-based service providers:</b> In addition to calling the division's hotline as required in Paragraph (2) of Subsection A of 7.1.14.8 NMAC, the community-based service provider shall also report the incident of abuse, neglect, exploitation, suspicious injury, or death utilizing the division's abuse, neglect, and exploitation or report of death form consistent with the requirements of the division's abuse, neglect, and exploitation reporting guide. The community-based service provider shall ensure all abuse, neglect, exploitation or death reports describing the alleged incident are completed on the division's abuse, neglect, and exploitation or report of death form and received by the division within 24 hours of the verbal report. If the provider has internet</p>	<ul style="list-style-type: none"> <li>• Incident date 6/15/2014. Allegation was Emergency Services. Incident report was received on 6/18/2014. IMB issued a Late Reporting for Emergency Services.</li> </ul> <p>Individual #7</p> <ul style="list-style-type: none"> <li>• Incident date 8/16/2014. Allegation was Exploitation. Incident report was received on 8/27/2014. Late Reporting. IMB Late and Failure Report indicated incident of Exploitation was "Confirmed."</li> </ul> <p>Individual #10</p> <ul style="list-style-type: none"> <li>• Incident date 8/26/2014. Allegation was Environmental Hazard. Incident report was received on 9/11/2014. IMB issued a Late Reporting for Environmental Hazard.</li> </ul> <p>Individual #20</p> <ul style="list-style-type: none"> <li>• Incident date 8/26/2014. Allegation was Environmental Hazard. Incident report was received on 9/11/2014. IMB issued a Late Reporting for Environmental Hazard.</li> </ul> <p>Individual #23</p> <ul style="list-style-type: none"> <li>• Incident date 11/27/2013. Allegation was Abuse and Neglect. Incident report was received on 12/2/2013 Failure to Report. IMB Late and Failure Report indicated incident of Abuse and Neglect was "Unconfirmed."</li> </ul> <p>Individual #24</p> <ul style="list-style-type: none"> <li>• Incident date 2/5/2014. Allegation was Emergency Services. Incident report was received on 2/11/2014. IMB issued a Late Reporting for Emergency Services.</li> </ul> <p>Individual #25</p> <ul style="list-style-type: none"> <li>• Incident date 2/24/2014. Allegation was Neglect. Incident report was received on 2/25/2014</li> </ul>	<p>Individual #20</p> <ul style="list-style-type: none"> <li>• Incident date 2/25/2015. Allegation was Neglect. Incident report was received on 2/20/2015. Failure to Report. IMB Late and Failure Report indicated incident of Neglect was "Confirmed."</li> <li>• Incident date 8/5/2015. Allegation was Neglect. Incident report was received on 8/10/2015. Failure to Report.</li> </ul> <p>Individual #31</p> <ul style="list-style-type: none"> <li>• Incident date 5/18/2015. Allegation was Neglect. Incident report was received on 5/19/2015. IMB issued a Late Reporting for Neglect.</li> </ul> <p>Individual #32</p> <ul style="list-style-type: none"> <li>• Incident date 2/8/2015. Allegation was Neglect. Incident report was received on 3/30/2015. Failure to Report. IMB Late and Failure Report indicated incident of Neglect was "Confirmed."</li> <li>• Incident date 7/8/2015. Allegation was Neglect. Incident report was received on 7/23/2015. Failure to Report.</li> </ul> <p>Individual #34</p> <ul style="list-style-type: none"> <li>• Incident report was received on 3/26/2015. Allegation was Neglect. IMB issued a Late Reporting for Neglect.</li> <li>• Incident report was received on 10/20/2015. Incident report was received on 11/4/2015. Allegation was Exploitation. IMB issued a Late Reporting for Exploitation.</li> </ul> <p>Individual #36</p> <ul style="list-style-type: none"> <li>• Incident date 1/31/2015. Allegation was Exploitation. Incident report was received on 2/19/2015. Failure to Report. IMB Late and Failure Report indicated incident of Exploitation was "Unconfirmed."</li> </ul>
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<p>access, the report form shall be submitted via the division's website at <a href="http://dhi.health.state.nm.us">http://dhi.health.state.nm.us</a>; otherwise it may be submitted via fax to 1-800-584-6057. The community-based service provider shall ensure that the reporter with the most direct knowledge of the incident participates in the preparation of the report form.</p> <p><b>(3) Limited provider investigation:</b> No investigation beyond that necessary in order to be able to report the abuse, neglect, or exploitation and ensure the safety of consumers is permitted until the division has completed its investigation.</p> <p><b>(4) Immediate action and safety planning:</b> Upon discovery of any alleged incident of abuse, neglect, or exploitation, the community-based service provider shall:</p> <p><b>(a)</b> develop and implement an immediate action and safety plan for any potentially endangered consumers, if applicable;</p> <p><b>(b)</b> be immediately prepared to report that immediate action and safety plan verbally, and revise the plan according to the division's direction, if necessary; and</p> <p><b>(c)</b> provide the accepted immediate action and safety plan in writing on the immediate action and safety plan form within 24 hours of the verbal report. If the provider has internet access, the report form shall be submitted via the division's website at <a href="http://dhi.health.state.nm.us">http://dhi.health.state.nm.us</a>; otherwise it may be submitted by faxing it to the division at 1-800-584-6057.</p> <p><b>(5) Evidence preservation:</b> The community-based service provider shall preserve evidence related to an alleged incident of abuse, neglect, or exploitation, including records, and do nothing to disturb the evidence. If physical evidence must be removed or affected, the provider shall take</p>	<p>Failure to Report. IMB Late and Failure Report indicated incident of Neglect was "Confirmed."</p> <p>Individual #26</p> <ul style="list-style-type: none"> <li>• Incident date 3/1/2014. Allegation was Emergency Services. Incident report was received on 3/4/2014. IMB issued a Late Reporting for Emergency Services.</li> </ul> <p>Individual #27</p> <ul style="list-style-type: none"> <li>• Incident date 3/6/2014. Allegation was Neglect. Incident report was received on 3/12/2014. Late Reporting. IMB Late and Failure Report indicated incident of Neglect was "Confirmed."</li> </ul> <p>Individual #28</p> <ul style="list-style-type: none"> <li>• Incident date 3/10/2014. Allegation was Abuse. Incident report was received on 3/13/2014. Failure to Report. IMB Late and Failure Report indicated incident of Abuse was "Unconfirmed" and Neglect was "Confirmed."</li> <li>• Incident date 3/20/2014. Allegation was Neglect. Incident report was received on 3/20/2014. Failure to Report. IMB Late and Failure Report indicated incident of Neglect was "Unconfirmed."</li> </ul> <p>Individual #29</p> <ul style="list-style-type: none"> <li>• Incident date 3/20/2014. Allegation was Neglect. Incident report was received on 4/1/2014. Late Reporting. IMB Late and Failure Report indicated incident of Neglect was "Unconfirmed."</li> </ul> <p>Individual #30</p> <ul style="list-style-type: none"> <li>• Incident date 4/8/2014. Allegation was Emergency Services. Incident report was received on 4/16/2014. IMB issued a Late Reporting for Emergency Services.</li> </ul> <p>Individual #31</p>	<ul style="list-style-type: none"> <li>• Incident report was received on 2/24/2015. Allegation was Neglect. IMB issued a Late Reporting for Neglect.</li> <li>• Incident report was received on 5/20/2015. Allegation was Neglect. Late Reporting. IMB Late and Failure Report indicated incident of Neglect was "Confirmed."</li> </ul> <p>Individual #40</p> <ul style="list-style-type: none"> <li>• Incident date 7/26/2015. Allegation was Neglect. Incident report was received on 7/27/2015. IMB issued a Late Reporting for Neglect.</li> </ul> <p>Individual #41</p> <ul style="list-style-type: none"> <li>• Incident date 5/18/2015. Allegation was Neglect. Incident report was received on 5/19/2015. IMB issued a Late Reporting for Neglect.</li> </ul> <p>Individual #42</p> <ul style="list-style-type: none"> <li>• Incident report was received on 6/15/2015. Allegation was Neglect. IMB issued a Late Reporting for Neglect.</li> </ul> <p>Individual #43</p> <ul style="list-style-type: none"> <li>• Incident report was received on 6/22/2015. Allegation was Neglect. IMB issued a Late Reporting for Neglect.</li> </ul> <p>Individual #44</p> <ul style="list-style-type: none"> <li>• Incident date 7/1/2015. Allegation was Neglect. Incident report was received on 7/22/2015. Failure to Report.</li> </ul> <p>Individual #45</p> <ul style="list-style-type: none"> <li>• Incident report was received on 10/20/2015. Incident report was received on 11/4/2015. Allegation was Exploitation. IMB issued a Late Reporting for Exploitation.</li> </ul>
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<p>photographs or do whatever is reasonable to document the location and type of evidence found which appears related to the incident.</p> <p><b>(6) Legal guardian or parental notification:</b> The responsible community-based service provider shall ensure that the consumer's legal guardian or parent is notified of the alleged incident of abuse, neglect and exploitation within 24 hours of notice of the alleged incident unless the parent or legal guardian is suspected of committing the alleged abuse, neglect, or exploitation, in which case the community-based service provider shall leave notification to the division's investigative representative.</p> <p><b>(7) Case manager or consultant notification by community-based service providers:</b> The responsible community-based service provider shall notify the consumer's case manager or consultant within 24 hours that an alleged incident involving abuse, neglect, or exploitation has been reported to the division. Names of other consumers and employees may be redacted before any documentation is forwarded to a case manager or consultant.</p> <p><b>(8) Non-responsible reporter:</b> Providers who are reporting an incident in which they are not the responsible community-based service provider shall notify the responsible community-based service provider within 24 hours of an incident or allegation of an incident of abuse, neglect, and exploitation</p>	<ul style="list-style-type: none"> <li>• Incident date 4/1/2014. Allegation was Neglect. Incident report was received on 4/16/2014. Late Reporting. IMB Late and Failure Report indicated incident of Neglect was "Unconfirmed."</li> </ul> <p>Individual #32</p> <ul style="list-style-type: none"> <li>• Incident date 6/4/2014. Allegation was Abuse and Neglect. Incident report was received on 6/4/2014. Failure to Report. IMB Late and Failure Report indicated incident of Abuse was "Unconfirmed" and Neglect was "Confirmed."</li> </ul> <p>Individual #33</p> <ul style="list-style-type: none"> <li>• Incident date 6/3/2014. Allegation was Neglect. Incident report was received on 6/5/2014. Late Reporting. IMB Late and Failure Report indicated incident of Neglect was "Confirmed."</li> <li>• Incident date 8/16/2014. Allegation was Exploitation. Incident report was received on 8/27/2014. Late Reporting. IMB Late and Failure Report indicated incident of Exploitation was "Confirmed."</li> </ul> <p>Individual #34</p> <ul style="list-style-type: none"> <li>• Incident date 6/15/2014. Allegation was Emergency Services. Incident report was received on 6/18/2014. IMB issued a Late Reporting for Emergency Services.</li> </ul> <p>Individual #35</p> <ul style="list-style-type: none"> <li>• Incident date 6/11/2014. Allegation was Neglect and Emergency Services. Incident report was received on 6/25/2014. Late Reporting. IMB Late and Failure Report indicated incident of Neglect was "Unconfirmed."</li> </ul> <p>Individual #36</p> <ul style="list-style-type: none"> <li>• Incident date 8/16/2014. Allegation was Exploitation. Incident report was received on 8/27/2014. Late Reporting. IMB Late and Failure</li> </ul>	
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Report indicated incident of Exploitation was “Confirmed.”

Individual #37

- Incident date 8/26/2014. Allegation was Environmental Hazard. Incident report was received on 9/11/2014. IMB issued a Late Reporting for Environmental Hazard.

Individual #38

- Incident date 8/26/2014. Allegation was Environmental Hazard. Incident report was received on 9/11/2014. IMB issued a Late Reporting for Environmental Hazard.

Individual #39

- Incident date 8/26/2014. Allegation was Environmental Hazard. Incident report was received on 9/11/2014. IMB issued a Late Reporting for Environmental Hazard.

Individual #40

- Incident date 9/27/2014. Allegation was Neglect. Incident report was received on 10/2/2014. Late Reporting. IMB Late and Failure Report indicated incident of Neglect was “Confirmed.”

Standard of Care	Routine Survey Deficiencies May 11 – 14, 2015	Verification Survey New and Repeat Deficiencies December 8 - 30, 2015
<b>Service Domain: Service Plans: ISP Implementation</b> – Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan.		
Tag # 1A08 Agency Case File	Standard Level Deficiency	COMPLETED
Tag # 1A32 and LS14 / 6L14 Individual Service Plan Implementation	Condition of Participation Level Deficiency	COMPLETED
Tag # IS11 / 5I11 Reporting Requirements Inclusion Reports	Standard Level Deficiency	COMPLETED
Tag # IS22 / 5I22 SE Agency Case File	Standard Level Deficiency	COMPLETED
Tag # LS14 / 6L14 Residential Case File	Standard Level Deficiency	COMPLETED
<b>Service Domain: Qualified Providers</b> – 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.		
Tag # 1A11.1 Transportation Training	Standard Level Deficiency	COMPLETED
Tag # 1A20 Direct Support Personnel Training	Standard Level Deficiency	COMPLETED
Tag # 1A22 Agency Personnel Competency	Standard Level Deficiency	COMPLETED
Tag # 1A28.1 Incident Mgt. System - Personnel Training	Condition of Participation Level Deficiency	COMPLETED
Tag # 1A36 Service Coordination Requirements	Standard Level Deficiency	COMPLETED
Tag # 1A37 Individual Specific Training	Condition of Participation Level Deficiency	COMPLETED

**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 # 1A03 CQI System	Standard Level Deficiency	COMPLETED
Tag # 1A09 Medication Delivery Routine Medication Administration	Standard Level Deficiency	COMPLETED
Tag # 1A09.1 Medication Delivery PRN Medication Administration	Standard Level Deficiency	COMPLETED
Tag # 1A09.2 Medication Delivery Nurse Approval for PRN Medication	Standard Level Deficiency	COMPLETED
Tag # 1A27.2 Duty to Report IRs Filed During On-Site and/or IRs Not Reported by Provider	Standard Level Deficiency	COMPLETED
Tag # 1A33.1 Board of Pharmacy - License	Standard Level Deficiency	COMPLETED
Tag # LS06 / 6L06 Family Living Requirements	Standard Level Deficiency	COMPLETED
Tag # LS13 / 6L13 Community Living Healthcare Reqts.	Standard Level Deficiency	COMPLETED
Tag # LS25 / 6L25 Residential Health and Safety (SL/FL)	Standard Level Deficiency	COMPLETED
Tag # 6L25.1 / LS25.1 Residential Requirements (Physical Environment – SL/FL)	Standard Level Deficiency	COMPLETED

**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 approved waiver.

Tag # IS25 / 5I25 Community Integrated Employment Services / Supported Employment Reimbursement	Standard Level Deficiency	COMPLETED
Tag # 5I44 Adult Habilitation Reimbursement	Standard Level Deficiency	COMPLETED
Tag # IS30 Customized Community Supports Reimbursement	Standard Level Deficiency	COMPLETED
Tag # LS27 / 6L27 Family Living Reimbursement	Standard Level Deficiency	COMPLETED
Tag # IH32 Customized In-Home Supports Reimbursement	Standard Level Deficiency	COMPLETED