

Date: March 10, 2016

To: Christine Chapman, Service Coordinator/Director  
Provider: Safe Harbor, Inc.  
Address: 506 S. Main Street, Suite 103  
State/Zip: Las Cruces, New Mexico 88001

E-mail Address: [garychpm@aol.com](mailto:garychpm@aol.com)

To: Bonnie Chapman, Assistant Director

E-mail Address: [bonbonexpress@yahoo.com](mailto:bonbonexpress@yahoo.com)

Region: Southwest  
Routine Survey: June 22 - 30, 2015  
Verification Survey: February 11, 2016  
Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: **2012: Living Supports** (Supported Living, Family Living); **Inclusion Supports** (Customized Community Supports)

Survey Type: Verification

Team Leader: Amanda Castaneda, MPA, Plan of Correction Coordinator, Division of Health Improvement/Quality Management Bureau

Dear Ms. Chapman;

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 22 – 30, 2015*.

**Determination of Compliance:**

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

***Partial Compliance with Conditions of Participation***

However due to the new/repeat deficiencies your report of findings will be referred to the Internal Review Committee (IRC) for further action and potential sanctions. You will be contacted by the IRC for instructions on how to proceed. Please call the Plan of Correction Coordinator at 575-373-5716.

Sincerely,

*Amanda Castañeda, MPA*

Amanda Castañeda, MPA  
Team Lead/Plan of Correction Coordinator  
Division of Health Improvement  
Quality Management Bureau

**DIVISION OF HEALTH IMPROVEMENT**

5301 Central Avenue NE, Suite 400 • Albuquerque, New Mexico • 87108  
(505) 222-8623 • FAX: (505) 222-8661 • <http://www.dhi.health.state.nm.us>

## Survey Process Employed:

Entrance Conference Date:	February 11, 2016
Present:	<b><u>Safe Harbor, Inc.</u></b> Victoria Holloway, Office Manager  <b><u>DOH/DHI/QMB</u></b> Amanda Castaneda, Team Lead/Plan of Correction Coordinator
Exit Conference Date:	February 11, 2016
Present:	<b><u>Safe Harbor, Inc.</u></b> Christine Chapman, Service Coordinator/Director Victoria Holloway, Office Manager  <b><u>DOH/DHI/QMB</u></b> Amanda Castaneda, Team Lead/Plan of Correction Coordinator
Administrative Locations Visited	Number: 1
Total Sample Size	Number: 6  0 - Jackson Class Members 6 - Non-Jackson Class Members  5 - Supported Living 1 - Family Living 6 - Customized Community Supports
Persons Served Records Reviewed	Number: 6
Direct Support Personnel Records Reviewed	Number: 19
Service Coordinator Records Reviewed	Number: 2

### Administrative Processes and Records Reviewed:

- 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
- Staff Training Records, Including Competency Interviews with Staff
- Caregiver Criminal History Screening Records
- Consolidated Online Registry/Employee Abuse Registry
- 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  
MFEAD – NM Attorney General

## 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.

**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:**

1. The Informal Reconsideration of the Finding (IRF) request must be received in writing to the QMB Deputy Bureau Chief **within 10 business days** of receipt of the final Report of Findings.
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: <http://dhi.health.state.nm.us/qmb>
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, Crystal Lopez-Beck at [Crystal.Lopez-Beck@state.nm.us](mailto:Crystal.Lopez-Beck@state.nm.us) 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.

**Agency:** Safe Harbor, Inc. - Southwest Region  
**Program:** Developmental Disabilities Waiver  
**Service:** 2012: Living Supports (Supported Living, Family Living); Inclusion Supports (Customized Community Support)  
**Monitoring Type:** Routine Survey  
**Routine Survey:** June 22 - 30, 2015  
**Verification Survey:** February 11, 2016

Standard of Care	Routine Survey Deficiencies June 22 – 30, 2015	Verification Survey New and Repeat Deficiencies February 11, 2016
<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.		
<b>Tag # 1A32 and LS14 / 6L14</b> <b>Individual Service Plan Implementation</b>	<b>Condition of Participation Level Deficiency</b>	<b>Condition of Participation Level Deficiency</b>
<p><b>NMAC 7.26.5.16.C and D Development of the ISP. Implementation of the ISP.</b> The ISP shall be implemented according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcomes and action plan.</p> <p>C. The IDT shall review and discuss information and recommendations with the individual, with the goal of supporting the individual in attaining desired outcomes. The IDT develops an ISP based upon the individual's personal vision statement, strengths, needs, interests and preferences. The ISP is a dynamic document, revised periodically, as needed, and amended to reflect progress towards personal goals and achievements consistent with the individual's future vision. This regulation is consistent with standards established for individual plan development as set forth by the commission on the accreditation of rehabilitation facilities (CARF) and/or other program accreditation approved and adopted by the developmental disabilities division and the department of health. It is the policy of the developmental disabilities division (DDD), that to the</p>	<p>After an analysis of the evidence it has been determined there is a significant potential for a negative outcome to occur.</p> <p>Based on record review, the Agency did not implement the ISP according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcomes and action plan for 5 of 6 individuals.</p> <p>As indicated by Individuals ISP the following was found with regards to the implementation of ISP Outcomes:</p> <p><b>Administrative Files Reviewed:</b></p> <p><b>Supported Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</b></p> <p>Individual #1</p>	<p><b>New/Repeat Finding:</b></p> <p>After an analysis of the evidence it has been determined there is a significant potential for a negative outcome to occur.</p> <p>Based on record review, the Agency did not implement the ISP according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcome and action plan for 3 of 5 individuals.</p> <p>As indicated by the Individual's ISP the following was found with regards to the implementation of ISP Outcomes:</p> <p><b>Administrative Files Reviewed:</b></p> <p><b>Supported Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</b></p> <p>Individual #1</p>

<p>extent permitted by funding, each individual receive supports and services that will assist and encourage independence and productivity in the community and attempt to prevent regression or loss of current capabilities. Services and supports include specialized and/or generic services, training, education and/or treatment as determined by the IDT and documented in the ISP.</p> <p>D. The intent is to provide choice and obtain opportunities for individuals to live, work and play with full participation in their communities. The following principles provide direction and purpose in planning for individuals with developmental disabilities. [05/03/94; 01/15/97; Recompiled 10/31/01]</p>	<ul style="list-style-type: none"> <li>• None found regarding: Live, Outcome/Action Step: “Staff will verbally prompt ... to participate in meal” for 12/2014.</li> <li>• According to the Live Outcome; Action Step for: “Staff will verbally prompt ... to participate in meal” is to be completed 5 times per week, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 4/2015.</li> <li>• None found regarding: Work/Education/Volunteer, Outcome Action Step: “Staff will assist ... to use his video catalog” for 12/2014.</li> <li>• According to the Work/Education/Volunteer Outcome; Action Step for: “Staff will assist ... to use his video catalog” is to be completed 3 times per week, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 4/2015.</li> </ul> <p>Individual #4</p> <ul style="list-style-type: none"> <li>• According to the Live Outcome; Action Step for: “...will select an item from a list of choices to prepare” is to be completed 2 times per month, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 2/2015.</li> <li>• According to the Live Outcome; Action Step for: “... will prepare the item” is to be completed 2 times per month, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 3/2015 - 4/2015.</li> <li>• None found regarding: Relationship/Fun Outcome, Action Step: “... will select or invite the person with who she would like to share her creation” for 1/2015.</li> </ul>	<ul style="list-style-type: none"> <li>• None found regarding: Live, Outcome/Action Step: “Staff will verbally prompt ... to participate in meal” for 10/2015 and 12/2015. Action step is to be completed 2 times per week.</li> </ul> <p><b>Customized Community Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</b></p> <p>Individual #1</p> <ul style="list-style-type: none"> <li>• According to the Work/Education/Volunteer Outcome; Action Step for: “Staff will assist ... to have all needed protective equipment” is to be completed 3 times per month, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 12/2015.</li> <li>• None found regarding: Work/Education/Volunteer, Outcome Action Step: “Staff will assist ... to go out of the car for a walk” for 12/2015. Action step is to be completed 3 times per month.</li> </ul> <p>Individual #3</p> <ul style="list-style-type: none"> <li>• None found regarding: Work/Education/Volunteer, Outcome Action Step: “Finds new activities or crafts to do” for 10/2015. Action step is to be completed 2 times per week.</li> <li>• According to the Work/Education/Volunteer Outcome; Action Step for: “Finds new activities or crafts to do” is to be completed 2 times per week, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 11/2015.</li> </ul> <p>Individual #4</p>
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	<ul style="list-style-type: none"> <li>• None found regarding: Relationship/Fun Outcome, Action Step: "... will take the snack to Safe Harbor" for 3/2015.</li> </ul> <p>Individual #5</p> <ul style="list-style-type: none"> <li>• None found regarding: Live Outcome, Action Step: "... will choose and help out with laundry" for 3/2015.</li> <li>• According to the Relationship/Have Fun Outcome; Action Step for "... will choose a location" is to be completed 1 time per week, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 2/2015.</li> <li>• None found regarding: Relationship/Have Fun, Outcome/Action Step: "... will choose a location" for 4/2015.</li> </ul> <p><b>Customized Community Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</b></p> <p>Individual #2</p> <ul style="list-style-type: none"> <li>• According to the Work/Education/Volunteer Outcome; Action Step for "... will phone to location to confirm recycle pick up" is to be completed 1 time per week, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 3/2015 - 5/2015.</li> <li>• None found regarding: Work/Education/Volunteer, Outcome/Action Step: "... will complete task at volunteer site" for 4/2015.</li> <li>• According to the Work/Education/Volunteer Outcome; Action Step for "... will complete task at volunteer site" is to be completed 1 time per</li> </ul>	<ul style="list-style-type: none"> <li>• None found regarding: Relationship/Fun Outcome, Action Step: "... will take a picture of the completed project for the portfolio" for 11/2015 - 12/2015. Action step is to be completed 1 time per month.</li> </ul>
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	<p>week, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 3/2015 and 5/2015.</p> <ul style="list-style-type: none"> <li>• According to the Relationship/Have Fun Outcome; Action Step for "... will play a game" is to be completed 2 times per week, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 2/2015.</li> </ul> <p>Individual #3</p> <ul style="list-style-type: none"> <li>• None found regarding: Relationship/Have Fun Outcome/Action Step: "... will choose the form of contact she would like to have with a family member" for 2/2015 - 5/2015.</li> <li>• None found regarding: Work/Education/Volunteer Outcome, Action Step: "Finds New Activities or crafts to do" for 1/2015 - 5/2015.</li> </ul> <p>Individual #4</p> <ul style="list-style-type: none"> <li>• According to the Work/Education/Volunteer Outcome; Action Step for "will capture pictures of her life" is to be completed 1 time per week, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 1/2015 - 2/2015.</li> <li>• According to the Work/Education/Volunteer Outcome; Action Step for "... will use pictures to complete on her digital journals [sic]" is to be completed 2 to 3 times per week, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 1/2015.</li> </ul> <p>Individual #5</p> <ul style="list-style-type: none"> <li>• According to the Relationship/Have Fun Outcome; Action Step for "...will use his visual</li> </ul>	
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shopping list to complete his assignment” is to be completed 5 times per month, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 2/2015, 4/2015-5/2015.

**Residential Files Reviewed:**

**Supported Living Data Collection/Data Tracking/Progress with regards to ISP**

**Outcomes:**

Individual #1

- None found regarding: Live Outcome/Action Step: “Staff will verbally prompt ... to participate in meal” for 6/1 - 21, 2015.
- According to the Live Outcome; Action Step for “Staff will verbally prompt ... to participate in meal” is to be completed 5 times per week, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 6/1 - 21, 2015.
- None found regarding: Work/Education/ Volunteer outcome/Action Step: “Staff will assist ... to use his video catalog” for 6/1 - 21, 2015.

Standard of Care	Routine Survey Deficiencies June 22 – 30, 2015	Verification Survey New and Repeat Deficiencies February 11, 2016
<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 # 1A08.1 Agency Case File – Progress Notes	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 # 1A22 Agency Personnel Competency	Standard Level Deficiency	Completed
Tag # 1A28.1 Incident Mgt. System - Personnel Training	Standard Level Deficiency	Completed
<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		
Tag # 1A03 CQI System	Standard Level Deficiency	Completed
Tag # 1A09.1 Medication Delivery PRN Medication Administration	Standard Level Deficiency	Completed
Tag # 1A11 Transportation Policy and Procedure	Standard Level Deficiency	Completed
Tag 1A15.2 and IS09 / 5I09 Healthcare Documentation	Standard Level Deficiency	Completed
Tag # 1A27 Incident Mgt. Late and Failure to Report	Standard Level Deficiency	Completed
Tag # 1A31 Client Rights/Human Rights	Standard Level Deficiency	Completed
Tag # LS13/6L13	Condition of Participation Level Deficiency	Completed

<b>Community Living Healthcare Reqts.</b>		
<b>Tag # LS25/6L25 Residential Health and Safety (SL/FL)</b>	<b>Standard Level Deficiency</b>	<b>Completed</b>
<i><b>Service Domain: Medicaid Billing/Reimbursement</b> – State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.</i>		
<b>Tag # IS30 Customized Community Supports Reimbursement</b>	<b>Standard Level Deficiency</b>	<b>Completed</b>

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Date: August 25, 2016

To: Christine Chapman, Service Coordinator/Director  
Provider: Safe Harbor, Inc.  
Address: 506 S. Main Street, Suite 103  
State/Zip: Las Cruces, New Mexico 88001

E-mail Address: [garychpm@aol.com](mailto:garychpm@aol.com)

To: Bonnie Chapman, Assistant Director

E-mail Address: [bonbonexpress@yahoo.com](mailto:bonbonexpress@yahoo.com)

Region: Southwest  
Routine Survey: June 22 - 30, 2015  
Verification Survey: February 11, 2016  
Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: **2012: Living Supports** (Supported Living, Family Living); **Inclusion Supports** (Customized Community Supports)

Survey Type: Verification

Dear Ms. Chapman;

You have completed all the requirements per the Internal Review Committee (IRC).

**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 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,

*Amanda Castañeda*

Amanda Castañeda  
Plan of Correction Coordinator  
Quality Management Bureau/DHI

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