

Date: December 21, 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: May 23 – 27, 2016; June 29 – 30, 2016  
Verification Survey: November 23 – 29, 2016  
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)

**2007:** *Community Living* (Family Living) and *Community Inclusion* (Adult Habilitation, Supported Employment)

Survey Type: Verification

Team Leader: Deb Russell, BS, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Team Members: Tricia Hart, AAS, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Mr. James;

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 May 23 – 27, 2016 and June 29-30, 2016*.

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

***Compliance with Conditions of Participation.***

However, due to the new/repeat standard level 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. The Plan of Correction must include the following:

**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>



1. Evidence your agency has contacted your DDSD Regional Office for technical assistance;
2. A Plan of Correction detailing Quality Assurance/Quality Improvement processes to prevent your agency from receiving deficiencies in the future. Please use the format provided at the end of this report;
3. Documentation verifying that newly cited deficiencies have been corrected.

**Submission of your Plan of Correction:**

Please submit your agency's Plan of Correction and documentation verifying correction of survey deficiencies within 10 business days of receipt of this letter to the parties below:

1. **Quality Management Bureau, Attention: Plan of Correction Coordinator  
1170 North Solano Suite D Las Cruces, New Mexico 88001**
2. **Developmental Disabilities Supports Division Regional Office for region of service surveyed**

Failure to submit your POC within the allotted 10 business days may result in the imposition of a \$200 per day Civil Monetary Penalty until it is received, completed and/or implemented.

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,

*Deb Russell, BS*

Deb Russell, BS  
Team Lead/Healthcare Surveyor  
Division of Health Improvement  
Quality Management Bureau

## Survey Process Employed:

Administrative Review Start Date:	November 23, 2016
Contact:	<b><u>High Desert Family Services, Inc.</u></b> Dennis James, Executive Director/Owner  <b><u>DOH/DHI/QMB</u></b> Deb Russell, BS, Team Lead/Healthcare Surveyor
Entrance Conference Date:	The survey team arrived on-site on November 28, 2016. The entrance conference was declined by Alanna Babcock, Administration.  <b><u>DOH/DHI/QMB</u></b> Deb Russell, BS, Team Lead/Healthcare Surveyor Tricia Hart, AAS, Healthcare Surveyor
Exit Conference Date:	November 29, 2016
Present:	<b><u>High Desert Family Services, Inc.</u></b> Konnie Kanmore, Regional Program Manager Dennis James, Executive Director/Owner, via telephone  <b><u>DOH/DHI/QMB</u></b> Deb Russell, BS, Team Lead/Healthcare Surveyor Tricia Hart, AAS, Healthcare Surveyor  <b><u>DDSD - Southeast Regional Office</u></b> Michelle Lyon, Regional Manager (via telephone)
Administrative Locations Visited	Number: 1
Total Sample Size	Number: 10  1 - Jackson Class Members 9 - Non-Jackson Class Members  1 - Supported Living 6 - Family Living 1 - Adult Habilitation 1 - Supported Employment 8 - Customized Community Supports 5 - Community Integrated Employment Services 3 - Customized In-Home Supports
Persons Served Records Reviewed	Number: 10
Direct Support Personnel Records Reviewed	Number: 102 (Note: 3 Service Coordinators also serve as Direct Support Staff/Direct Support Staff Supervisors)
Substitute Care/Respite Personnel Records Reviewed	Number: 17
Service Coordinator Records Reviewed	Number: 6 (Note: 3 Service Coordinators also serve as Direct Support Staff/Direct Support Staff Supervisors)

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  
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 the following Service Domains.

*Case Management Services (Four Service Domains):*

- Plan of Care: ISP Development & Monitoring
- Level of Care
- Qualified Providers
- Health, Safety and Welfare

*Community Living Supports / Inclusion Supports (Three Service Domains):*

- Service Plans: ISP Implementation
- Qualified Provider
- Health, Safety and Welfare

### 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: Plan of Care ISP Development & Monitoring**

Condition of Participation:

1. **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:

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

**Service Domain: Level of Care**

Condition of Participation:

3. **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.

**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: Service Plan: ISP Implementation**

Condition of Participation:

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

**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:** High Desert Family Services, Inc. - Southeast Region  
**Program:** Developmental Disabilities Waiver  
**Service:** 2012: *Living Supports* (Supported Living, Family Living); *Inclusion Supports* (Customized Community Supports, Community Integrated Employment Services) and *Other* (Customized In-Home Supports)  
 2007: *Community Living* (Family Living) and *Community Inclusion* (Adult Habilitation, Supported Employment)  
**Monitoring Type:** Verification Survey  
**Routine Survey:** May 23 – 27, 2016; June 29 – 30, 2016  
**Verification Survey:** November 23 – 29, 2016

Standard of Care	Routine Survey Deficiencies May 23 – 27, 2016; June 29 – 30, 2016	Verification Survey New and Repeat Deficiencies November 23 – 29, 2016
<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>		
Tag # 1A28.1 Incident Mgt. System - Personnel Training	Condition of Participation Level Deficiency	Standard Level Deficiency
<p><b>NMAC 7.1.14 ABUSE, NEGLECT, EXPLOITATION, AND DEATH REPORTING, TRAINING AND RELATED REQUIREMENTS FOR COMMUNITY PROVIDERS</b></p> <p><b>NMAC 7.1.14.9 INCIDENT MANAGEMENT SYSTEM REQUIREMENTS:</b>  <b>A. General:</b> All community-based service providers shall establish and maintain an incident management system, which emphasizes the principles of prevention and staff involvement. The community-based service provider shall ensure that the incident management system policies and procedures requires all employees and volunteers to be competently trained to respond to, report, and preserve evidence related to incidents in a timely and accurate manner.</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 and interview, the Agency did not ensure Incident Management Training for 24 of 149 Agency Personnel.</p> <p><b>Direct Support Personnel (DSP):</b></p> <ul style="list-style-type: none"> <li>Incident Management Training (Abuse, Neglect and Exploitation) (DSP# 200, 209, 210, 212, 216, 228, 239, 243, 246, 248, 251, 253, 254, 255, 284, 298, 341)</li> </ul> <p><b>Service Coordination Personnel (SC):</b></p> <ul style="list-style-type: none"> <li>Incident Management Training (Abuse, Neglect and Exploitation) (SC #345, 346, 347, 348, 349)</li> </ul>	<p><b>New and Repeat finding:</b></p> <p>Based on record review, the Agency did not ensure Incident Management Training for 1 of 102 Agency Personnel.</p> <p><b>Direct Support Personnel (DSP):</b></p> <ul style="list-style-type: none"> <li>Incident Management Training (Abuse, Neglect and Exploitation) (DSP# 383)</li> </ul>

<p><b>B. Training curriculum:</b> Prior to an employee or volunteer’s initial work with the community-based service provider, all employees and volunteers shall be trained on an applicable written training curriculum including incident policies and procedures for identification, and timely reporting of abuse, neglect, exploitation, suspicious injury, and all deaths as required in Subsection A of 7.1.14.8 NMAC. The trainings shall be reviewed at annual, not to exceed 12-month intervals. The training curriculum as set forth in Subsection C of 7.1.14.9 NMAC may include computer-based training. Periodic reviews shall include, at a minimum, review of the written training curriculum and site-specific issues pertaining to the community-based service provider’s facility. Training shall be conducted in a language that is understood by the employee or volunteer.</p> <p><b>C. Incident management system training curriculum requirements:</b></p> <p>(1) The community-based service provider shall conduct training or designate a knowledgeable representative to conduct training, in accordance with the written training curriculum provided electronically by the division that includes but is not limited to:</p> <p>(a) an overview of the potential risk of abuse, neglect, or exploitation;</p> <p>(b) informational procedures for properly filing the division's abuse, neglect, and exploitation or report of death form;</p> <p>(c) specific instructions of the employees’ legal responsibility to report an incident of abuse, neglect and exploitation, suspicious injury, and all deaths;</p> <p>(d) specific instructions on how to respond to abuse, neglect, or exploitation;</p> <p>(e) emergency action procedures to be followed in the event of an alleged incident or knowledge of abuse, neglect, exploitation, or suspicious injury.</p>	<p><b>When Direct Support Personnel were asked what State Agency must be contacted when there is suspected Abuse, Neglect and Exploitation, the following was reported:</b></p> <ul style="list-style-type: none"> <li>• DSP #212 stated, “I don’t remember. I can’t think of it right now.” Staff was not able to identify the State Agency as Division of Health Improvement.</li> <li>• DSP #234 stated, “Start with the Agency and tell them.” Staff was not able to identify the State Agency as Division of Health Improvement.</li> </ul> <p><b>When DSP were asked if they needed to report a State IR for Abuse, Neglect and Exploitation or any other reportable incident, did they feel that they can make the report without any negative outcomes towards them from the Agency, the following was reported:</b></p> <ul style="list-style-type: none"> <li>• DSP # [REDACTED] (redact) stated, “Well I had an incident and was treated different. Please keep my name anonymous.”</li> </ul>	
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<p>(2) All current employees and volunteers shall receive training within 90 days of the effective date of this rule.</p> <p>(3) All new employees and volunteers shall receive training prior to providing services to consumers.</p> <p><b>D. Training documentation:</b> All community-based service providers shall prepare training documentation for each employee and volunteer to include a signed statement indicating the date, time, and place they received their incident management reporting instruction. The community-based service provider shall maintain documentation of an employee or volunteer's training for a period of at least three years, or six months after termination of an employee's employment or the volunteer's work. Training curricula shall be kept on the provider premises and made available upon request by the department. Training documentation shall be made available immediately upon a division representative's request. Failure to provide employee and volunteer training documentation shall subject the community-based service provider to the penalties provided for in this rule.</p> <p><b>Policy Title: Training Requirements for Direct Service Agency Staff Policy - Eff. March 1, 2007 II. POLICY STATEMENTS:</b></p> <p>A. Individuals shall receive services from competent and qualified staff.</p> <p>C. Staff shall complete training on DOH-approved incident reporting procedures in accordance with 7 NMAC 1.13.</p>		
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Standard of Care	Routine Survey Deficiencies May 23 – 27, 2016; June 29 – 30, 2016	Verification Survey New and Repeat Deficiencies November 23 – 29, 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	COMPLETE
Tag # 1A08.1 Agency Case File - Progress Notes	Standard Level Deficiency	COMPLETE
Tag # 1A32 and LS14 / 6L14 Individual Service Plan Implementation	Condition of Participation Level Deficiency	COMPLETE
Tag # LS14 / 6L14 Residential Case File	Standard Level Deficiency	COMPLETE
<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	COMPLETE
Tag # 1A20 Direct Support Personnel Training	Standard Level Deficiency	COMPLETE
Tag # 1A22 Agency Personnel Competency	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A25 Criminal Caregiver History Screening	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A26 Consolidated On-line Registry Employee Abuse Registry	Standard Level Deficiency	COMPLETE
Tag # 1A36 Service Coordination Requirements	Standard Level Deficiency	COMPLETE
Tag # 1A37 Individual Specific Training	Condition of Participation Level Deficiency	COMPLETE
<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 # 1A08.2 Healthcare Requirements	Standard Level Deficiency	COMPLETE
Tag # 1A03 CQI System	Standard Level Deficiency	COMPLETE

Tag # 1A09 Medication Delivery Routine Medication Administration	Standard Level Deficiency	COMPLETE
Tag # 1A09.1 Medication Delivery PRN Medication Administration	Standard Level Deficiency	COMPLETE
Tag # 1A15.2 and IS09 / 5I09 Healthcare Documentation	Standard Level Deficiency	COMPLETE
Tag # 1A28.2 Incident Mgt. System - Parent/Guardian Training	Standard Level Deficiency	COMPLETE
Tag # 1A29 Complaints / Grievances Acknowledgement	Standard Level Deficiency	COMPLETE
Tag # 1A33 Board of Pharmacy – Med. Storage	Standard Level Deficiency	COMPLETE
Tag # LS06 / 6L06 Family Living Requirements	Standard Level Deficiency	COMPLETE
Tag # LS25 / 6L25 Residential Health and Safety (SL/FL)	Standard Level Deficiency	COMPLETE
Tag # 6L25.1 Residential Requirements (Physical Environment – SL/FL)	Standard Level Deficiency	COMPLETE
<i>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.</i>		
Tag # IS30 Customized Community Supports Reimbursement	Standard Level Deficiency	COMPLETE



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Date: January 3, 2017

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: May 23 – 27, 2016; June 29 – 30, 2016  
Verification Survey: November 23 – 29, 2016  
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)  
**2007:** *Community Living* (Family Living) and *Community Inclusion* (Adult Habilitation, Supported Employment)

Survey Type: Verification

Dear Mr. James;

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,

*Amanda Castañeda*

Amanda Castañeda  
Plan of Correction Coordinator  
Quality Management Bureau/DHI

Q.17.2.DDW.A1585.4.VER.09.17.003