



SUSANA MARTINEZ, GOVERNOR

LYNN GALLAGHER, CABINET SECRETARY

Date: August 10, 2018

To: Brianne Conner, State Director  
 Provider: Dungarvin New Mexico, LLC.  
 Address: 2309 Renard Place Suite 205  
 State/Zip: Albuquerque, New Mexico 87105

E-mail Address: [bconner@dungarvin.com](mailto:bconner@dungarvin.com)

CC: Dave Toeniskoetter, CEO

E-Mail Address [Toeniskoetter@dungarvin.com](mailto:Toeniskoetter@dungarvin.com)

Region: Metro and Northwest (Grants)  
 Routine Survey: November 10 – 20, 2017  
 Verification Survey: July 27 – August 6, 2018

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: **2007:** Supported Living, Adult Habilitation  
  
**2012:** Supported Living, Family Living, Intensive Medical Living Supports; Customized Community Supports, Community Integrated Employment Services, Customized In-Home Supports

Survey Type: Verification

Team Leader: Monica Valdez, BS, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Ms. Conner;

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 November 10 – 20, 2017*.

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.

**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>



**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:

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,

*Monica Valdez*

Monica Valdez, BS  
Team Lead/Healthcare Surveyor  
Division of Health Improvement / Quality Management Bureau

## Survey Process Employed:

Administrative Review Start Date:	July 27, 2018
Contact:	<b><u>Dungarvin New Mexico, LLC</u></b> Brienne Connor, State Director <b><u>DOH/DHI/QMB</u></b> Monica Valdez, BS, Team Lead/Healthcare Surveyor
Entrance Conference Date:	July 27, 2018
Present:	<b><u>Dungarvin New Mexico, LLC</u></b> Brienne Connor, State Director <b><u>DOH/DHI/QMB</u></b> Monica Valdez, BS, Team Lead/Healthcare Surveyor
Exit Conference Date:	August 6, 2018
Present:	<b><u>Dungarvin New Mexico, LLC</u></b> Brienne Connors, State Director <b><u>DOH/DHI/QMB</u></b> Monica Valdez, BS, Team Lead/Healthcare Surveyor
Total Sample Size	Number: 20 4 - <i>Jackson</i> Class Members 16 - <i>Non-Jackson</i> Class Members 9 - Supported Living 5 - Family Living 1 - Intensive Medical Living Supports 3 - Adult Habilitation 12 - Customized Community Supports 3 - Community Integrated Employment Services 2 - Customized In-Home Supports
Persons Served Records Reviewed	Number: 20
Direct Support Personnel Records Reviewed	Number: 143 (One Service Coordinator performs roles as a DSP; One Director performs roles as a Service Coordinator and a DSP)
Direct Support Personnel Interviewed during Routine Survey	Number: 22
Substitute Care/Respite Personnel Records Reviewed	Number: 3
Service Coordinator Records Reviewed	Number: 6 (One Director performs roles as a Service Coordinator and a DSP)
Administrative Interviews completed during Routine Survey	Number: 2

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 and/or 6 or more Condition of Participation level deficiencies overall, as well as widespread Standard level deficiencies identified in the attached QMB Report of Findings and requires implementation of a Plan of Correction.

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:** Dungarvin New Mexico, LLC – Metro and Northwest (Grants) Region  
**Program:** Developmental Disabilities Waiver  
**Service:** **2007:** Supported Living and Adult Habilitation  
**2012:** Supported Living, Family Living, Intensive Medical Living; Customized Community Supports, Community Integrated Employment Services and Customized In-Home Supports  
**Survey Type:** Verification  
**Routine Survey:** November 10 – 20, 2017  
**Verification Survey:** July 27 – August 6, 2018

Standard of Care	Routine Survey Deficiencies November 10 – 20, 2017	Verification Survey New and Repeat Deficiencies July 27 – August 6, 2018
<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>(Modified by IRF)</b>	<b>Condition of Participation Level Deficiency</b>	<b>Standard 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.</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 12 of 23 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 #4</p> <ul style="list-style-type: none"> <li>According to the Live Outcome; Action Step for "...will research location" is to be completed 1 time per month. Evidence</li> </ul>	<p><b>New/Repeat Findings:</b></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 1 of 20 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 #4</p> <ul style="list-style-type: none"> <li>According to the Live Outcome; Action Step for "...will choose 1 outfit from two choices once presented by staff" 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 6/2018.</li> <li>According to the Live Outcome; Action Step for "...w/ physical assistance will dress" is to be completed 3</li> </ul>

<p>It is the policy of the developmental disabilities division (DDD), that to the 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>	<p>found indicated it was not being completed at the required frequency as indicated in the ISP for 8/2017 – 9/2017.</p> <ul style="list-style-type: none"> <li>• According to the Live Outcome; Action Step for “...will shop/purchase” is to be completed 1 time per month. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 8/2017 – 9/2017.</li> <li>• According to the Live Outcome; Action Step for “...will set-up items” is to be completed 1 time per month. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 8/2017 – 9/2017.</li> </ul> <p>Individual #9</p> <ul style="list-style-type: none"> <li>• According to the Fun Outcome; Action Step for “...will initiate communication with people using sign” 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 8/2017.</li> </ul> <p>Individual #14</p> <ul style="list-style-type: none"> <li>• According to the Live Outcome; Action Step for “...will plant and tend her garden” 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 9/2017.</li> </ul> <p><b>Family Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</b></p> <p>Individual #18</p> <ul style="list-style-type: none"> <li>• None found regarding: Live Outcome/Action Step: “...will recognize the fire alarm sound</li> </ul>	<p>times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 6/2018 – 7/2018.</p>
---	--	---

	<p>during the monthly fire drill with decreased assistance” for 7/2017 – 9/2017. Action step is to be completed 1 time per month.</p> <ul style="list-style-type: none"> <li>• None found regarding: Live Outcome/Action Step: “...will recognize two instances when 911 needs to be called with decreasing assistance” for 7/2017 – 9/2017. Action step is to be completed 1 time per month.</li> <li>• None found regarding: Fun Outcome/Action Step: “...will search for available musical events in the community or out of town” for 7/2017 – 9/2017. Action step is to be completed 1 time per month.</li> <li>• None found regarding: Live Outcome/Action Step: “...will create painting every other month” for 7/2017 – 9/2017. Action step is to be completed 1 time every other month.</li> </ul> <p>Individual #20</p> <ul style="list-style-type: none"> <li>• According to the Live Outcome; Action Step for “...will chose from a list of options from her iPad of a simple meal that she wants to prepare” is to be completed 1 time per month. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 7/2017 – 9/2017.</li> <li>• According to the Live Outcome; Action Step for “...will plan what is needed for the dish and create a shopping list” is to be completed 1 time per month. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 7/2017 – 9/2017.</li> </ul> <p>Individual #22</p> <ul style="list-style-type: none"> <li>• According to the Live Outcome; Action Step for “...will choose the chore and get paid to do the chore” is to be completed 2 times per</li> </ul>	
--	--	--

	<p>week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 7/2017 – 9/2017.</p> <ul style="list-style-type: none"> <li>• According to the Live Outcome; Action Step for "...will take the money he earns and purchase a movie of his choice" is to be completed 1 time per month. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 7/2017 – 9/2017.</li> <li>• According to the Live Outcome; Action Step for "...will bring monthly supply of his chosen snack for consumption at day program" is to be completed 1 time per month. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 7/2017 – 9/2017.</li> </ul> <p>Individual #23</p> <ul style="list-style-type: none"> <li>• According to the Live Outcome; Action Step for "...will water his plants" 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 7/2017 – 9/2017.</li> </ul> <p><b>Intensive Medical Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</b></p> <p>Individual #12</p> <ul style="list-style-type: none"> <li>• None found regarding: Live Outcome/Action Step: "...will buy a tablet" for 7/2017 – 9/2017. Action step is to be completed 1 time per week.</li> <li>• None found regarding: Live Outcome/Action Step: "...will download new app" for 7/2017 – 9/2017. Action step is to be completed 1 time per week.</li> </ul>	
--	--	--

	<ul style="list-style-type: none"> <li>• None found regarding: Live Outcome/Action Step: "...will use app weekly to use devices" for 7/2017 – 9/2017. Action step is to be completed 3 times per week.</li> </ul> <p><b>Customized Community Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</b></p> <p>Individual #12</p> <ul style="list-style-type: none"> <li>• None found regarding: Work/learn Outcome/Action Step: "...will go research movies he wants to see" for 7/2017 – 9/2017. Action step is to be completed 2 times per week.</li> <li>• None found regarding: Work/learn Outcome/Action Step: "...will go to a movie" for 7/2017 – 9/2017. Action step is to be completed 2 times per month.</li> </ul> <p>Individual #16</p> <ul style="list-style-type: none"> <li>• According to the Work/Learn Outcome; Action Step for "Create/share stories" is to be completed during program. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 7/2017 – 9/2017.</li> </ul> <p>Individual #17</p> <ul style="list-style-type: none"> <li>• According to the Work/Learn Outcome; Action Step for "...will choose which pictures she wants to use for her collage" 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 7/2017.</li> <li>• According to the Work/Learn Outcome; Action Step for "...will stand in her stander for up to 20 minutes" is to be completed 1</li> </ul>	
--	--	--

	<p>time per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 7/2017.</p> <ul style="list-style-type: none"> <li>• None found regarding: Work/learn Outcome/Action Step: "...will work on using/manipulating her tablet" for 7/2017 – 9/2017. Action step is to be completed 1 time per week.</li> </ul> <p>Individual #18</p> <ul style="list-style-type: none"> <li>• None found regarding: Work/Learn Outcome/Action Step: "...will gather the materials needed for his academic activity" for 7/2017 – 8/2017. Action step is to be completed 1 time per week.</li> <li>• None found regarding: Work/Learn Outcome/Action Step: "...will use his practice booklets or tablet to write" for 7/2017 – 8/2017. Action step is to be completed 2 – 3 times per week.</li> <li>• According to the Fun Outcome; Action Step for "...will create a painting every other month" is to be completed every other month. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 9/2017.</li> </ul> <p>Individual #20</p> <ul style="list-style-type: none"> <li>• According to the Fun Outcome; Action Step for "...will participate in a sports skills activity" 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 7/2017 – 8/2017.</li> <li>• According to the Work/Learn Outcome; Action Step for "...will decide what her journal entry will be of what she did each</li> </ul>	
--	--	--

	<p>day” is to be completed 1 time per day. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 7/2017 – 8/2017.</p> <ul style="list-style-type: none"> <li>• According to the Work/Learn Outcome; Action Step for “...will use her tablet from her photo library” is to be completed 2 - 3 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 7/2017 – 9/2017.</li> <li>• According to the Work/Learn Outcome; Action Step for “...will go on activities that she participates in over the year” 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 9/2017.</li> <li>• According to the Work/Learn Outcome; Action Step for “...will take appropriate pictures of the activities she participates in” 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 9/2017.</li> <li>• According to the Work/Learn Outcome; Action Step for “...will be using her program to create a collage of the activities and write something about each picture” 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 9/2017.</li> </ul> <p><b>Residential Files Reviewed:</b></p> <p><b>Supported Living Data Collection/Data Tracking/Progress with regards to ISP</b></p>	
--	--	--

**Outcomes:**

Individual #13

- None found regarding: Live Outcome/Action Step: "...will enjoy his relaxation space" for 11/5 – 10, 2017. Action step is to be completed 1 time per week.

**Family Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:**

Individual #17

- None found regarding: Live Outcome/Action Step: "...wants to be able to pick out her lunch items to eat at DH, during her ISP year" for 11/5 – 10, 2017. Action step is to be completed 3 times per week.

Individual #19

- None found regarding: Live Outcome/Action Step: "...will make a choice from 2 choices given" for 11/5 – 10, 2017. Action step is to be completed 2 - 3 times per week.
- None found regarding: Live Outcome/Action Step: "...will assist in completing her task chosen with decreased prompts" for 11/5 – 10, 2017. Action step is to be completed 2 - 3 times per week.

Individual #20

- None found regarding: Live Outcome/Action Step: "...will prepare her lunch with decreased prompts" for 11/5 –10, 2017. Action step is to be completed 2 times per week.

**Intensive Medical Living Collection/Data Tracking/Progress with regards to ISP Outcomes:**

Individual #12

- None found regarding: Live Outcome/Action Step: "...will buy tablet" for 11/5 – 10, 2017. Action step is to be completed 1 time per week.
- None found regarding: Live Outcome/Action Step: "...will download new app" for 11/5 – 10, 2017. Action step is to be completed 1 time per week.
- None found regarding: Live Outcome/Action Step: "...will use app weekly to use devices" for 11/5 – 10, 2017. Action step is to be completed 3 times per week.

*Note: Residential File Data Collection for Individual #12, moved from under Supported Living to Intensive Medical Living sub-category. Modified by IRF 5/14/2018.*

Tag # LS14 / 6L14 Residential Case File	Standard Level Deficiency	Standard Level Deficiency
<p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013; 6/15/2015</p> <p><b>CHAPTER 11 (FL) 3. Agency Requirements</b>  <b>C. Residence Case File:</b> The Agency must maintain in the individual's home a complete and current confidential case file for each individual. Residence case files are required to comply with the DDSD Individual Case File Matrix policy.</p> <p><b>CHAPTER 12 (SL) 3. Agency Requirements</b>  <b>C. Residence Case File:</b> The Agency must maintain in the individual's home a complete and current confidential case file for each individual. Residence case files are required to comply with the DDSD Individual Case File Matrix policy.</p> <p><b>CHAPTER 13 (IMLS) 2. Service Requirements</b>  <b>B.1. Documents to Be Maintained in The Home:</b></p> <ol style="list-style-type: none"> <li>Current Health Passport generated through the e-CHAT section of the Therap website and printed for use in the home in case of disruption in internet access;</li> <li>Personal identification;</li> <li>Current ISP with all applicable assessments, teaching and support strategies, and as applicable for the consumer, PBSP, BCIP, MERP, health care plans, CARMPs, Written Therapy Support Plans, and any other plans (e.g. PRN Psychotropic Medication Plans) as applicable;</li> <li>Dated and signed consent to release information forms as applicable;</li> <li>Current orders from health care practitioners;</li> <li>Documentation and maintenance of accurate medical history in Therap website;</li> <li>Medication Administration Records for the current month;</li> <li>Record of medical and dental appointments for the current year, or during the period of stay for short term stays, including any treatment provided;</li> </ol>	<p>Based on record review, the Agency did not maintain a complete and confidential case file in the residence for 17 of 17 Individuals receiving Intensive Medical Living Services, Family Living Services and Supported Living Services.</p> <p>Review of the residential individual case files revealed the following items were not found, incomplete, and/or not current:</p> <p><b>Current Emergency and Personal Identification Information:</b></p> <ul style="list-style-type: none"> <li>Did not contain Pharmacy Information (#19)</li> <li>Did not contain Individual's address (#19, 23)</li> <li>Did not contain Individual's phone number (#19)</li> <li>Did not contain Physician Information (#19)</li> </ul> <p><b>Annual ISP:</b></p> <ul style="list-style-type: none"> <li>Not Current (#20)</li> </ul> <p><b>Individual Specific Training Section of ISP (formerly Addendum B):</b></p> <ul style="list-style-type: none"> <li>Not Found (#4)</li> <li>Not Current (#20)</li> </ul> <p><b>ISP Teaching and Support Strategies:</b></p> <ul style="list-style-type: none"> <li><b>Individual #18</b> - TSS not found for the following Live Outcome Statement / Action Steps: <ul style="list-style-type: none"> <li>"...will recognize the fire alarm sound during the monthly fire drill with decreased assistance."</li> <li>"...will recognize two instances when 911 needs to be called with decreasing</li> </ul> </li> </ul>	<p><b>Repeat Findings:</b></p> <p>Based on record review, the Agency did not maintain a complete and confidential case file in the residence for 1 of 15 Individuals receiving Intensive Medical Living Services, Family Living Services and Supported Living Services.</p> <p>Review of documentation provided revealed the following items were not found, incomplete, and/or not current:</p> <p><b>ISP Teaching and Support Strategies:</b></p> <p><b>Individual #20:</b>  TSS not found for the following Live Outcome Statement / Action Steps:</p> <ul style="list-style-type: none"> <li>"...will choose from a list of options from her IPAD of a simple meal that she wants to prepare."</li> <li>"...will plan what is needed for the dishes and create a shopping list."</li> <li>"...will prepare her list with decreased prompts."</li> </ul>

<p>i. Progress notes written by DSP and nurses;  j. Documentation and data collection related to ISP implementation;  k. Medicaid card;  l. Salud membership card or Medicare card as applicable; and  m. A Do Not Resuscitate (DNR) document and/or Advanced Directives as applicable.</p> <p><b>DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION (DDSD): Director’s Release: Consumer Record Requirements eff. 11/1/2012</b>  <b>III. Requirement Amendments(s) or Clarifications:</b>  A. All case management, living supports, customized in-home supports, community integrated employment and customized community supports providers must maintain records for individuals served through DD Waiver in accordance with the Individual Case File Matrix incorporated in this director’s release.</p> <p>H. Readily accessible electronic records are accessible, including those stored through the Therap web-based system.</p> <p><b>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</b>  <b>CHAPTER 6. VIII. COMMUNITY LIVING SERVICE PROVIDER AGENCY REQUIREMENTS</b>  <b>A. Residence Case File:</b> For individuals receiving Supported Living or Family Living, the Agency shall maintain in the individual’s home a complete and current confidential case file for each individual. For individuals receiving Independent Living Services, rather than maintaining this file at the individual’s home, the complete and current confidential case file for each individual shall be maintained at the agency’s administrative site. Each file shall include the following:  (1) Complete and current ISP and all supplemental plans specific to the individual;  (2) Complete and current Health Assessment</p>	<p>assistance.”</p> <ul style="list-style-type: none"> <li>• <i>TSS not found for the following Fun Outcome Statement / Action Steps:</i></li> <li>• “...will search for available musical events in the community or out of town.”</li> <li>• “...will purchase and go to the musical events he has chosen.”</li> </ul> <ul style="list-style-type: none"> <li>• <b>Individual #19</b> - <i>TSS not found for the following Live Outcome Statement / Action Steps:</i></li> <li>• “...will make a choice from 2 choices given.”</li> <li>• “...will assist in completing her task chosen with decreased prompts.”</li> </ul> <ul style="list-style-type: none"> <li>• <i>TSS not found for the following Fun Outcome Statement / Action Steps:</i></li> <li>• “...will gather all materials needed for activity chosen.”</li> </ul> <ul style="list-style-type: none"> <li>• <b>Individual #20</b> - <i>TSS not found for the following Live Outcome Statement / Action Steps:</i></li> <li>• “...will choose from a list of options from her IPAD of a simple meal that she wants to prepare.”</li> <li>• “...will plan what is needed for the dishes and create a shopping list.”</li> <li>• “...will prepare her list with decreased prompts.”</li> </ul> <p><b>Positive Behavioral Support Plan:</b></p> <ul style="list-style-type: none"> <li>• Not current (#9, 10, 14, 20, 23)</li> </ul> <p><b>Behavior Crisis Intervention Plan:</b></p>	
--	---	--

<p>Tool;</p> <p>(3) Current emergency contact information, which includes the individual's address, telephone number, names and telephone numbers of residential Community Living Support providers, relatives, or guardian or conservator, primary care physician's name(s) and telephone number(s), pharmacy name, address and telephone number and dentist name, address and telephone number, and health plan;</p> <p>(4) Up-to-date progress notes, signed and dated by the person making the note for at least the past month (older notes may be transferred to the agency office);</p> <p>(5) Data collected to document ISP Action Plan implementation</p> <p>(6) Progress notes written by direct care staff and by nurses regarding individual health status and physical conditions including action taken in response to identified changes in condition for at least the past month;</p> <p>(7) Physician's or qualified health care providers written orders;</p> <p>(8) Progress notes documenting implementation of a physician's or qualified health care provider's order(s);</p> <p>(9) Medication Administration Record (MAR) for the past three (3) months which includes:</p> <ol style="list-style-type: none"> <li>The name of the individual;</li> <li>A transcription of the healthcare practitioner's prescription including the brand and generic name of the medication;</li> <li>Diagnosis for which the medication is prescribed;</li> <li>Dosage, frequency and method/route of delivery;</li> <li>Times and dates of delivery;</li> <li>Initials of person administering or assisting with medication; and</li> <li>An explanation of any medication irregularity, allergic reaction or adverse effect.</li> <li>For PRN medication an explanation for the</li> </ol>	<ul style="list-style-type: none"> <li>• Not found (#9, 23)</li> <li>• Not current (#1, 14)</li> </ul> <p><b>Speech Therapy Plan:</b></p> <ul style="list-style-type: none"> <li>• Not found (#6, 13)</li> <li>• Not current (#1, 9, 10, 11)</li> </ul> <p><b>Occupational Therapy Plan:</b></p> <ul style="list-style-type: none"> <li>• Not current (#10)</li> </ul> <p><b>Physical Therapy Plan:</b></p> <ul style="list-style-type: none"> <li>• Not current (#1, 9, 10, 22)</li> </ul> <p><b>Healthcare Passport:</b></p> <ul style="list-style-type: none"> <li>• Not current (#2)</li> </ul> <p><b>Special Health Care Needs:</b></p> <ul style="list-style-type: none"> <li>• Nutritional Plan (#8)</li> </ul> <p><b>Health Care Plans:</b></p> <ul style="list-style-type: none"> <li>• Uses Alcohol (#7)</li> </ul> <p><b>Medical Emergency Response Plans:</b></p> <ul style="list-style-type: none"> <li>• Aspiration (#13)</li> <li>• Constipation (#13)</li> <li>• GERD (#13)</li> </ul> <p><b>Progress Notes/Daily Contacts Logs:</b></p> <ul style="list-style-type: none"> <li>• Individual #11 - None found for 11/13/2017 (date of visit: 11/14/2017).</li> <li>• Individual #14 - None found for 11/14 – 15, 2017 (date of visit: 11/16/2017).</li> <li>• Individual #17 - None found for 11/1 – 14, 2017 (date of visit: 11/15/2017).</li> </ul>	
---	---	--

<p>use of the PRN must include:</p> <ul style="list-style-type: none"> <li>(i) Observable signs/symptoms or circumstances in which the medication is to be used, and</li> <li>(ii) Documentation of the effectiveness/result of the PRN delivered.</li> </ul> <p>(i) A MAR is not required for individuals participating in Independent Living Services who self-administer their own medication. However, when medication administration is provided as part of the Independent Living Service a MAR must be maintained at the individual's home and an updated copy must be placed in the agency file on a weekly basis.</p> <p>(10) Record of visits to healthcare practitioners including any treatment provided at the visit and a record of all diagnostic testing for the current ISP year; and</p> <p>(11) Medical History to include: demographic data, current and past medical diagnoses including the cause (if known) of the developmental disability and any psychiatric diagnosis, allergies (food, environmental, medications), status of routine adult health care screenings, immunizations, hospital discharge summaries for past twelve (12) months, past medical history including hospitalizations, surgeries, injuries, family history and current physical exam.</p>		
--	--	--

Standard of Care	Routine Survey Deficiencies November 10 – 20, 2017	Verification Survey New and Repeat Deficiencies July 27 – August 6, 2018
<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 (Modified by IRF)	Condition of Participation Level Deficiency	Standard Level Deficiency
<p><b>NMAC 8.302.1.17 RECORD KEEPING AND DOCUMENTATION REQUIREMENTS:</b> A provider must maintain all the records necessary to fully disclose the nature, quality, amount and medical necessity of services furnished to an eligible recipient who is currently receiving or who has received services in the past.</p> <p><b>B. Documentation of test results:</b> Results of tests and services must be documented, which includes results of laboratory and radiology procedures or progress following therapy or treatment.</p> <p><b>DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION (DDSD): Director’s Release: Consumer Record Requirements eff. 11/1/2012</b></p> <p><b>III. Requirement Amendments(s) or Clarifications:</b></p> <p>A. All case management, living supports, customized in-home supports, community integrated employment and customized community supports providers must maintain records for individuals served through DD Waiver in accordance with the Individual Case File Matrix incorporated in this director’s release.</p> <p>H. Readily accessible electronic records are accessible, including those stored through the Therap web-based system.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013; 6/15/2015</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 provide documentation of annual physical examinations and/or other examinations as specified by a licensed physician for 14 of 23 individuals receiving Community Inclusion, Living Services and Other Services.</p> <p>Review of the administrative individual case files revealed the following items were not found, incomplete, and/or not current:</p> <p><b>Community Inclusion Services / Other Services Healthcare Requirements (Individuals Receiving Inclusion / Other Services Only):</b></p> <p><b>Dental Exam</b></p> <ul style="list-style-type: none"> <li>Individual #15 - As indicated by the DDSD file matrix Dental Exams are to be conducted annually. No evidence of exam was found.</li> </ul> <p><i>Note: Dental exam for Individual #15 upheld by IRF 5/14/2018.</i></p> <ul style="list-style-type: none"> <li>Individual #21 - As indicated by collateral documentation reviewed, exam was completed on 5/17/2017. Follow-up was to be completed in 3 months. No evidence of follow-up found. <i>(No POC required. Evidence of due diligence provided during on-site survey.)</i></li> </ul>	<p><b>Repeat Findings:</b></p> <p>Based on record review, the Agency did not provide documentation of annual physical examinations and/or other examinations as specified by a licensed physician for 1 of 20 individuals receiving Community Inclusion, Living Services and Other Services.</p> <p>Review of the administrative individual case files revealed the following items were not found, incomplete, and/or not current:</p> <p><b>Community Living Services / Community Inclusion Services (Individuals Receiving Multiple Services):</b></p> <p><b>Dental Exam</b></p> <ul style="list-style-type: none"> <li>Individual #18 - As indicated by collateral documentation reviewed, exam was completed on 4/9/2015. Individual was referred to Carrie Tingley. No evidence of follow-up found. <i>(No POC required. Evidence of due diligence provided during Verification Survey.)</i></li> </ul>

<p><b>Chapter 5 (CIES) 3. Agency Requirements</b>  <b>H. Consumer Records Policy:</b> All Provider Agencies must maintain at the administrative office a confidential case file for each individual. Provider agency case files for individuals are required to comply with the DDSD Consumer Records Policy.</p> <p><b>Chapter 6 (CCS) 3. Agency Requirements:</b>  <b>G. Consumer Records Policy:</b> All Provider Agencies shall maintain at the administrative office a confidential case file for each individual. Provider agency case files for individuals are required to comply with the DDSD Individual Case File Matrix policy.</p> <p><b>Chapter 7 (CIHS) 3. Agency Requirements:</b>  <b>E. Consumer Records Policy:</b> All Provider Agencies must maintain at the administrative office a confidential case file for each individual. Provider agency case files for individuals are required to comply with the DDSD Individual Case File Matrix policy.</p> <p><b>Chapter 11 (FL) 3. Agency Requirements:</b>  <b>D. Consumer Records Policy:</b> All Family Living Provider Agencies must maintain at the administrative office a confidential case file for each individual. Provider agency case files for individuals are required to comply with the DDSD Individual Case File Matrix policy.</p> <p><b>Chapter 12 (SL) 3. Agency Requirements:</b>  <b>D. Consumer Records Policy:</b> All Living Supports- Supported Living Provider Agencies must maintain at the administrative office a confidential case file for each individual. Provider agency case files for individuals are required to comply with the DDSD Individual Case File Matrix policy.</p> <p><b>Chapter 13 (IMLS) 2. Service Requirements:</b></p>	<p><i>Note: Dental exam for Individual #21 modified by IRF 5/14/2018.</i></p> <p><b>Vision Exam</b></p> <ul style="list-style-type: none"> <li>Individual #15 - As indicated by the DDSD file matrix Vision Exams are to be conducted every other year. No evidence of exam was found.  <i>Notes: Vision exam for Individual #15 upheld by IRF 5/14/2018.</i></li> <li>Individual #21 - As indicated by the DDSD file matrix Vision Exams are to be conducted every other year. No evidence of exam was found. <i>(No POC required as evidence of due diligence was provided.)</i>  <i>Note: Vision exam for Individual #16 modified by IRF 5/14/2018.</i></li> </ul> <p><b>Community Living Services / Community Inclusion Services (Individuals Receiving Multiple Services):</b></p> <p><b>Dental Exam</b></p> <ul style="list-style-type: none"> <li>Individual #1 - As indicated by collateral documentation reviewed, exam was completed on 5/24/2017. Follow-up was to be completed 6/6/2017. No evidence of follow-up found.  <i>Note: Dental follow-up for Individual #1 upheld by IRF 5/14/2018.</i></li> <li>Individual #3 - As indicated by collateral documentation reviewed, exam was completed on 3/20/2017. Follow-up was to be completed in 6 months. No evidence of follow-up found.</li> <li>Individual #7 - As indicated by collateral documentation reviewed, the exam was completed on 9/27/2016. As indicated by the DDSD file matrix, Dental Exams are to</li> </ul>	
--	--	--

<p>C. Documents to be maintained in the agency administrative office, include: (This is not an all-inclusive list refer to standard as it includes other items)...</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS: D. Provider Agency Case File for the Individual:</b> All Provider Agencies shall maintain at the administrative office a confidential case file for each individual. Case records belong to the individual receiving services and copies shall be provided to the receiving agency whenever an individual changes providers. The record must also be made available for review when requested by DOH, HSD or federal government representatives for oversight purposes. The individual's case file shall include the following requirements:</p> <p>(5) A medical history, which shall include at least demographic data, current and past medical diagnoses including the cause (if known) of the developmental disability, psychiatric diagnoses, allergies (food, environmental, medications), immunizations, and most recent physical exam;</p> <p><b>CHAPTER 6. VI. GENERAL REQUIREMENTS FOR COMMUNITY LIVING</b></p> <p><b>G. Health Care Requirements for Community Living Services.</b></p> <p>(1) The Community Living Service providers shall ensure completion of a HAT for each individual receiving this service. The HAT shall be completed 2 weeks prior to the annual ISP meeting and submitted to the Case Manager and all other IDT Members. A revised HAT is required to also be submitted whenever the individual's health status changes significantly. For individuals who are newly allocated to the</p>	<p>be conducted annually. No evidence of current exam was found.</p> <ul style="list-style-type: none"> <li>Individual #13 - As indicated by collateral documentation reviewed, exam was completed on 5/31/2017. Follow-up was to be completed in 4 months. No evidence of follow-up found.</li> <li>Individual #16 - As indicated by collateral documentation reviewed, exam was completed on 11/2/2016. Follow-up was to be completed in 1 year. No evidence of follow-up found. <i>(No POC required as evidence of due diligence was provided.)</i> <i>Note: Dental exam for Individual #16 modified by IRF 5/14/2018.</i></li> <li>Individual #18 - As indicated by collateral documentation reviewed, exam was completed on 4/9/2015. Individual was referred to Carrie Tingley. No evidence of follow-up found. <i>Note: Dental Exam added for Individual #18 during IRF process as Individual #17 was cited for this deficiency in error.</i></li> <li>Individual #22 - As indicated by collateral documentation reviewed, exam was completed on 12/13/2016. Follow-up was to be completed on 3/2017. No evidence of follow-up found.</li> </ul> <p><b>Vision Exam</b></p> <ul style="list-style-type: none"> <li>Individual #14 - As indicated by the DDSD file matrix Vision Exams are to be conducted every other year. No evidence of exam was found.</li> <li>Individual #16 - As indicated by collateral documentation reviewed, exam was completed on 5/19/2015. Follow-up was to</li> </ul>	
---	--	--

<p>DD Waiver program, the HAT may be completed within 2 weeks following the initial ISP meeting and submitted with any strategies and support plans indicated in the ISP, or within 72 hours following admission into direct services, whichever comes first.</p> <p>(2) Each individual will have a Health Care Coordinator, designated by the IDT. When the individual's HAT score is 4, 5 or 6 the Health Care Coordinator shall be an IDT member, other than the individual. The Health Care Coordinator shall oversee and monitor health care services for the individual in accordance with these standards. In circumstances where no IDT member voluntarily accepts designation as the health care coordinator, the community living provider shall assign a staff member to this role.</p> <p>(3) For each individual receiving Community Living Services, the provider agency shall ensure and document the following:</p> <p>(a) Provision of health care oversight consistent with these Standards as detailed in Chapter One section III E: Healthcare Documentation by Nurses For Community Living Services, Community Inclusion Services and Private Duty Nursing Services.</p> <p>b) That each individual with a score of 4, 5, or 6 on the HAT, has a Health Care Plan developed by a licensed nurse.</p> <p>(c) That an individual with chronic condition(s) with the potential to exacerbate into a life threatening condition, has Crisis Prevention/ Intervention Plan(s) developed by a licensed nurse or other appropriate professional for each such condition.</p> <p>(4) That an average of 3 hours of documented nutritional counseling is available annually, if recommended by the IDT.</p> <p>(5) That the physical property and grounds are</p>	<p>be completed in 1 year. No evidence of follow-up found. <i>(No POC required as evidence of due diligence was provided.)</i></p> <p><i>Note: Visions exam for Individual #16 modified during IRF process 5/14/2018.</i></p> <ul style="list-style-type: none"> <li>Individual #19 - As indicated by collateral documentation reviewed, exam was completed on 10/30/2015. Follow-up was to be completed in 2 years. No evidence of follow-up found.</li> </ul> <p><b>Auditory Exam</b></p> <ul style="list-style-type: none"> <li>Individual #22 - As indicated by collateral documentation reviewed, the exam was completed on 9/6/2017. No evidence of exam results was found.</li> </ul> <p><b>Bilateral Cerumen Impaction Removal</b></p> <ul style="list-style-type: none"> <li>Individual #17 - As indicated by collateral documentation reviewed, referral was made on 1/18/2017 at annual Health &amp; Physical. No evidence of follow-up found.</li> </ul> <p><b>Blood Glucose / Cholesterol</b></p> <ul style="list-style-type: none"> <li>Individual #20 - As indicated by collateral documentation reviewed, lab work was ordered on 5/12/2017. No evidence follow-up found.</li> </ul> <p><b>Bone Density Exam</b></p> <ul style="list-style-type: none"> <li>Individual #4 - As indicated by collateral documentation reviewed, exam was completed on 2/25/2016. Follow-up was to be completed in 12 months. No evidence of follow-up found.</li> </ul> <p><b>Colorectal Cancer Screening</b></p> <ul style="list-style-type: none"> <li>Individual #17 - As indicated by collateral documentation reviewed, referral was made on 1/18/2017 at annual Health &amp; Physical. No evidence of follow-up found.</li> </ul>	
--	--	--

<p>free of hazards to the individual's health and safety.</p> <p>(6) In addition, for each individual receiving Supported Living or Family Living Services, the provider shall verify and document the following:</p> <ul style="list-style-type: none"> <li>(a) The individual has a primary licensed physician;</li> <li>(b) The individual receives an annual physical examination and other examinations as specified by a licensed physician;</li> <li>(c) The individual receives annual dental check-ups and other check-ups as specified by a licensed dentist;</li> <li>(d) The individual receives eye examinations as specified by a licensed optometrist or ophthalmologist; and</li> <li>(e) Agency activities that occur as follow-up to medical appointments (e.g. treatment, visits to specialists, changes in medication or daily routine).</li> </ul>	<p><b>Urology Exam</b></p> <ul style="list-style-type: none"> <li>• Individual #22 - As indicated by collateral documentation reviewed, referral was made on 11/17/2016. No evidence of follow-up found.</li> </ul>	
---	---	--

Standard of Care	Routine Survey Deficiencies November 10 – 20, 2017	Verification Survey New and Repeat Deficiencies July 27 – August 6, 2018
<i>Service Domain: Service Plans: ISP Implementation - Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan.</i>		
Tag # 1A08 Agency Case File	Standard Level Deficiency	Completed
Tag # 1A08.1 Agency Case File - Progress Notes	Standard Level Deficiency	Completed
Tag # IS12 – Person Centered Assessment (Inclusion Services)	Standard Level Deficiency	Completed
Tag # LS17 / 6L17 Reporting Requirements (Community Living Reports)	Standard Level Deficiency	Completed
<i>Service Domain: Qualified Providers - 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>		
Tag # 1A20 Direct Support Personnel Training	Standard Level Deficiency	Completed
Tag # 1A22 Agency Personnel Competency	Standard Level Deficiency	Completed
Tag # 1A25 Caregiver Criminal History Screening	Standard Level Deficiency	Completed
Tag # 1A26 Consolidated On-line Registry Employee Abuse Registry	Standard Level Deficiency	Completed
Tag # 1A28.1 Incident Mgt. System - Personnel Training	Condition of Participation Level Deficiency	Completed
Tag # 1A37 Individual Specific Training	Standard Level Deficiency	Completed
Tag # 1A43.1 General Events Reporting - Individual Approval	Standard Level Deficiency	Completed
<i>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.</i>		
Tag # 1A03.1 CQI System - Implementation	Standard Level Deficiency	Completed
Tag # 1A09 Medication Delivery Routine Medication Administration	Standard Level Deficiency	Completed
Tag # 1A15.2 and IS09 / 5109 Healthcare Documentation	Standard Level Deficiency	Completed
Tag # 1A29 Complaints / Grievances Acknowledgement	Standard Level Deficiency	Completed

<b>Tag # 1A33 Board of Pharmacy – Med. Storage</b>	<b>Standard Level Deficiency</b>	<b>Completed</b>
<b>Tag # LS06 / 6L06 Family Living Requirements</b>	<b>Condition of Participation Level Deficiency</b>	<b>Completed</b>
<b>Tag # LS25 / 6L25 Residential Health and Safety (SL/FL)</b>	<b>Standard Level Deficiency</b>	<b>Completed</b>
<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>		
<b>Tag # IS30 Customized Community Supports Reimbursement</b>	<b>Standard Level Deficiency</b>	<b>Completed</b>
<b>Tag # LS26 / 6L26 Supported Living Reimbursement</b>	<b>Standard Level Deficiency</b>	<b>Completed</b>

Agency Plan of Correction		
Tag #	Corrective Action for survey deficiencies / On-going QA/QI and Responsible Party	Due Date
<b>Tag # 1A32 and LS14 /6L14 Individual Service Plan Implementation</b>	<p><b>Provider:</b>  <b>State your Plan of Correction for the deficiencies cited in this tag here</b> <i>(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?):</i> →</p> <p><b>Provider:</b>  <b>Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here</b> <i>(What is going to be done? How many individuals is this going to effect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?):</i> →</p>	
<b>Tag # LS14 / 6L14 Residential Case File</b>	<p><b>Provider:</b>  <b>State your Plan of Correction for the deficiencies cited in this tag here</b> <i>(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?):</i> →</p> <p><b>Provider:</b>  <b>Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here</b> <i>(What is going to be done? How many individuals is this going to effect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?):</i> →</p>	

---

Date: August 20, 2018

To: Brianne Conner, State Director  
Provider: Dungarvin New Mexico, LLC.  
Address: 2309 Renard Place Suite 205  
State/Zip: Albuquerque, New Mexico 87105

E-mail Address: [bconner@dungarvin.com](mailto:bconner@dungarvin.com)

CC: Dave Toeniskoetter, CEO

E-Mail Address [Toeniskoetter@dungarvin.com](mailto:Toeniskoetter@dungarvin.com)

Region: Metro and Northwest (Grants)  
Routine Survey: November 10 – 20, 2017  
Verification Survey: July 27 – August 6, 2018

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: **2007:** Supported Living, Adult Habilitation  
**2012:** Supported Living, Family Living, Intensive Medical Living Supports;  
Customized Community Supports, Community Integrated Employment  
Services, Customized In-Home Supports

Survey Type: Verification

Dear Ms. Conner;

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.19.1.DDW.D1696.1/5.VER.09.18.232