

Date: August 20, 2018

To: Sheilla Allen, Executive Director  
Provider: Better Together Home and Community Services, LLC  
Address: 405 E. Gladden  
State/Zip: Farmington, New Mexico 87401

E-mail Address: [bettertogetherhomeandcommunity@gmail.com](mailto:bettertogetherhomeandcommunity@gmail.com)

Region: Northwest  
Routine Survey: January 19 - 25, 2018  
Verification Survey: July 6-10, 2018

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: **2012:** Family Living, Customized Community Supports, Community Integrated Employment Services, Customized In-Home Supports

Survey Type: Verification

Team Leader: Lora Norby, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Team Members: Debbie Russell, BS, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau;

Dear Sheilla Allen;

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 January 19 – 25, 2018*.

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

However, due to the new/repeat condition level deficiencies your agency will be referred to the Internal Review Committee (IRC). Your agency will also 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:

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:**

**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>



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,

*Lora Norby*

Lora Norby  
Team Lead/Healthcare Surveyor  
Division of Health Improvement  
Quality Management Bureau

**Survey Process Employed:**

Administrative Review Start Date: July 6, 2018

Contact: **Better Together Home and Community Services, LLC**  
Sheilla Allen, Executive Director

**DOH/DHI/QMB**  
Lora Norby, Team Lead/Healthcare Surveyor

Entrance Conference Date: Agency chose to waive the Entrance Conference on July 9, 2018

Exit Conference Date: July 10, 2018

Present: **Better Together Home and Community Services, LLC**  
Sheilla Allen, Executive Director  
Holly Lowe, Program Supervisor  
Beth Sandusky, Director of Quality, LPN

**DOH/DHI/QMB**  
Lora Norby, Team Lead/Healthcare Surveyor  
Debbie Russell, BS, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

**DDSD Northwest Regional Office**  
Michele Groblebe, Social and Community Service Coordinator

Administrative Locations Visited 1

Total Sample Size 12

12 - Non-*Jackson* Class Members

9 - Family Living  
10 - Customized Community Supports  
6 - Community Integrated Employment Services  
1 - Customized In-Home Supports

Persons Served Records Reviewed 12

Direct Support Personnel Records Reviewed 53

Direct Support Personnel Interviewed during Routine Survey 15

Substitute Care/Respite Personnel Records Reviewed 29

Service Coordinator Records Reviewed 2

Administrative Interviews completed during Routine Survey 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: <https://nmhealth.org/about/dhi/cbp/irf/>
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:** Better Together Home and Community Services, LLC - Northwest Region  
**Program:** Developmental Disabilities Waiver  
**Service:** 2012: Family Living, Customized Community Supports, Community Integrated Employment Services, Customized In-Home Supports  
**Survey Type:** Verification  
**Routine Survey:** January 19 - 25, 2018  
**Verification Survey:** July 6 – 10, 2018

Standard of Care	Routine Survey Deficiencies January 19 – 25, 2018	Verification Survey New and Repeat Deficiencies July 6 – 10, 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 Individual Service Plan Implementation</b>	<b>Condition of Participation Level Deficiency</b>	<b>Condition of Participation Level Deficiency</b>
<p><b>NMAC 7.26.5.16.C and D Development of the ISP. Implementation of the ISP.</b> The ISP shall be implemented according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcomes and action plan.</p> <p>C. The IDT shall review and discuss information and recommendations with the individual, with the goal of supporting the individual in attaining desired outcomes. The IDT develops an ISP based upon the individual's personal vision statement, strengths, needs, interests and preferences. The ISP is a dynamic document, revised periodically, as needed, and amended to reflect progress towards personal goals and achievements consistent with the individual's future vision. This regulation is consistent with standards established for individual plan development as set forth by the commission on the accreditation of rehabilitation facilities (CARF) and/or other program accreditation approved and adopted by the developmental disabilities division and the department of health. It is the policy of the developmental disabilities division (DDD), that to the extent permitted by funding, each individual receive supports and</p>	<p>After an analysis of the evidence it has been determined there is a significant potential for a negative outcome to occur.</p> <p>Based on record review, the Agency did not implement the ISP according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcome and action plan for 12 of 13 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: Family Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</b></p> <p>Individual #1</p> <ul style="list-style-type: none"> <li>According to the Live Outcome; Action Step for "With prompting, ... will sort and load the washer at home, measuring proper amount of detergent per load" is to be completed 2 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 10/2017 - 12/2017.</li> </ul>	<p><b>New / Repeat Finding:</b></p> <p>After an analysis of the evidence it has been determined there is a significant potential for a negative outcome to occur.</p> <p>Based on record review, the Agency did not implement the ISP according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcome and action plan for 8 of 12 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: Family Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</b></p> <p>Individual #2</p> <ul style="list-style-type: none"> <li>None found regarding: Live Outcome/Action Step: "Research/purchase items" for 5/2018 – 6/2018. Action step is to be completed monthly.</li> </ul>

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<p>services that will assist and encourage independence and productivity in the community and attempt to prevent regression or loss of current capabilities. Services and supports include specialized and/or generic services, training, education and/or treatment as determined by the IDT and documented in the ISP.</p> <p>D. The intent is to provide choice and obtain opportunities for individuals to live, work and play with full participation in their communities. The following principles provide direction and purpose in planning for individuals with developmental disabilities. [05/03/94; 01/15/97; Recompiled 10/31/01]</p>	<ul style="list-style-type: none"> <li>• According to the Live Outcome; Action Step for "With prompting, ... will place clothing form washer to dryer and set to the correct temperature" is to be completed 2 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 10/2017 - 12/2017.</li> <li>• According to the Live Outcome: Action Step for "... will fold clean, dry laundry and put away" is to be completed 2 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 10/2017- 12/2017.</li> </ul> <p>Individual #2</p> <ul style="list-style-type: none"> <li>• None found regarding: Live Outcome/Action Step: "Research/purchase items" for 10/2017 - 12/2017. Action step is to be completed monthly.</li> <li>• None found regarding: Live Outcome/Action Step: "Cook" for 10/2017 - 12/2017. Action step is to be completed monthly.</li> <li>• None found regarding: Live Outcome/Action Step: "Enter items into tablet" for 10/2017 - 12/2017. Action step is to be completed monthly.</li> <li>• None found regarding: Fun Outcome/Action Step: "Save money" for 10/2017 - 12/2017. Action step is to be completed monthly.</li> </ul> <p>Individual #3</p> <ul style="list-style-type: none"> <li>• None found regarding: Live Outcome/ Action Step: "...will recognize auditory prompt of running water" for 10/2017 - 12/2017. Action step is to be completed 2 times per week.</li> </ul> <p>Individual #5</p>	<ul style="list-style-type: none"> <li>• None found regarding: Live Outcome/Action Step: "Cook" for 5/2018 - 6/2018. Action step is to be completed monthly.</li> <li>• None found regarding: Live Outcome/Action Step: "Enter items into tablet" for 5/2018 - 6/2018. Action step is to be completed monthly.</li> <li>• None found regarding: Fun Outcome/Action Step: "Save money" for 5/2018 - 6/2018. Action step is to be completed monthly.</li> </ul> <p>Individual #5</p> <ul style="list-style-type: none"> <li>• According to the Live Outcome: Action Step for "... will set up ironing board and iron" 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 6/2018.</li> <li>• According to the Live Outcome: Action Step for "... will iron his clothes" 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 6/2018.</li> </ul> <p>Individual #8</p> <ul style="list-style-type: none"> <li>• According to the Fun Outcome: Action Step for "...will save \$25.00 toward the events" 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 5/2018 - 6/2018.</li> </ul> <p>Individual #11</p> <ul style="list-style-type: none"> <li>• According to the Live Outcome: Action Step for "...will choose a meal to prepare" is to be completed 2 times per month. Evidence found indicated it was not being completed at the</li> </ul>
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	<ul style="list-style-type: none"> <li>• None found regarding: Live Outcome/ Action Step: "With assistance ... will create a check list of tasks" for 10/2017 - 12/2017. Action step is to be completed 1 time.</li> <li>• None found regarding: Live Outcome/Action Step: "With assistance ... will follow the check list and complete the tasks" for 10/2017 - 12/2017. Action step is to be completed 1 time a week.</li> </ul> <p>Individual #8</p> <ul style="list-style-type: none"> <li>• None found regarding: Live Outcome/Action Step: "...will make a hamburger" for 12/2017. Action step is to be completed 1 time per week.</li> <li>• None found regarding: Fun Outcome/Action Step: "...will save \$25.00 toward the events" for 12/2017. Action step is to be completed 1 time per month.</li> </ul> <p>Individual #9</p> <ul style="list-style-type: none"> <li>• None found regarding: Live Outcome/Action Step: "With assistance, ... will complete the household chores" for 10/2017 - 12/2017. Action step is to be completed 1 time per week.</li> </ul> <p>Individual #11</p> <ul style="list-style-type: none"> <li>• None found regarding: Live Outcome/Action Step: "... will choose a meal to prepare" for 10/2017 - 12/2017. Action step is to be completed 2 times per month.</li> <li>• None found regarding: Live Outcome/Action Step: "... will prepare the meal" for 10/2017 - 12/2017. Action step is to be completed 2 times per month.</li> </ul> <p>Individual #12</p> <ul style="list-style-type: none"> <li>• According to the Live Outcome; Action Step for "... will research a meal that he is going to make for the week" is to be completed 1 time per week. Evidence found indicated it was not being</li> </ul>	<p>required frequency as indicated in the ISP for 5/2018.</p> <ul style="list-style-type: none"> <li>• According to the Live Outcome: Action Step for "...will prepare the meal" 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 5/2018.</li> <li>• None found regarding: Live Outcome/Action Step: "... will choose a meal to prepare" for 6/2018. Action step is to be completed 2 times per month.</li> <li>• None found regarding: Live Outcome/Action Step: "... will prepare the meal" for 6/2018. Action step is to be completed 2 times per month.</li> </ul> <p>Individual #13</p> <ul style="list-style-type: none"> <li>• None found regarding: Live Outcome/Action Step: "Do chores on list at home" for 6/2018. Action step is to be completed 2 times per week.</li> </ul> <p><b>Customized Community Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</b></p> <p>Individual #7</p> <ul style="list-style-type: none"> <li>• According to the Health/Other Outcome; Action Step for: "...will go to the Fitness Center" 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 6/2018.</li> </ul> <p>Individual #8</p> <ul style="list-style-type: none"> <li>• According to the Fun Outcome; Action Step for "... will research events, dates and cost" 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 6/2018.</li> </ul>
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	<p>completed at the required frequency as indicated in the ISP for 10/2017 - 12/2017.</p> <ul style="list-style-type: none"> <li>• According to the Live Outcome; Action Step for "... will cook the meal with assistance" 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 10/2017 - 12/2017.</li> </ul> <p>Individual #13</p> <ul style="list-style-type: none"> <li>• None found regarding: Live Outcome/Action Step: "Sort folded laundry" for 10/2017 - 12/2017. Action step is to be completed 1 time per week.</li> <li>• None found regarding: Live Outcome/Action Step: "Practice by putting laundry away" for 10/2017 - 12/2017. Action step is to be completed 1 time per week.</li> </ul> <p><b>Customized Community Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</b></p> <p>Individual #3</p> <ul style="list-style-type: none"> <li>• None found regarding: Work/learn Outcome/Action Step: "... will participate in activities that explore his senses" for 10/2017 - 12/2017. Action step is to be completed 1 time weekly.</li> <li>• None found regarding: Work/learn Outcome/Action Step: "Take a picture of him using one of his five senses" for 10/2017 - 12/2017. Action step is to be completed 1 time weekly.</li> <li>• None found regarding: Fun Outcome/Action Step: "Research and participate in activity" for 10/2017 - 12/2017. Action step is to be completed 1 time Weekly.</li> </ul> <p>Individual #4</p>	<ul style="list-style-type: none"> <li>• According to the Fun Outcome; Action Step for "... will design invitations" 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 5/2018 - 6/2018.</li> </ul> <p><b>Community Integrated Employment Services Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</b></p> <p>Individual #7</p> <ul style="list-style-type: none"> <li>• According to the Work/Learn Outcome; Action Step for "... will review her weekly schedule" 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 5/2018 - 6/2018.</li> <li>• According to the Work/Learn Outcome; Action Step for "... will go to work as scheduled and remain for her entire shift" is to be completed 2 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 5/2018 – 6/2018.</li> <li>• According to the Work/Learn Outcome; Action Step for "... will be in good standing at work" is to be completed 2 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 5/2018 – 6/2018.</li> </ul> <p>Individual #9</p> <ul style="list-style-type: none"> <li>• According to the Work/Learn Outcome; Action Step for "With assistance, ... will become familiar with the fax machine" is to be completed each shift. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 5/2018 – 6/2018.</li> </ul>
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	<ul style="list-style-type: none"> <li>• According to the Work/learn Outcome; Action Step for "...will make a list of his top three to volunteer" is to be completed 1 time weekly. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 10/2017 - 11/2017.</li> <li>• According to the Work/Learn Outcome; Action Step for "...will choose a place to volunteer" is to be completed 2 times Monthly. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 10/2017 - 11/2017.</li> <li>• According to the Fun Outcome; Action Step for "With assistance, ... will research books at the library" for 10/2017 - 12/2017. Action step 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 10/2017 - 11/2017.</li> <li>• According to the Fun Outcome; Action Step for "Participate in chosen activity" is to be completed 1 time weekly. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 10/2017 - 11/2017.</li> </ul> <p>Individual #5</p> <ul style="list-style-type: none"> <li>• None found regarding: Work/learn Outcome/Action Step: "With assistance ... will research new volunteer opportunities" for 11/2017 - 12/2017. Action step is to be completed 1 time per month.</li> </ul> <p>Individual #7</p> <ul style="list-style-type: none"> <li>• None found regarding: Health/Other Outcome/Action Step: "...will go to the Fitness Center 2 x's per month" for 10/2017 - 12/2017. Action step is to be completed monthly.</li> </ul> <p>Individual #8</p>	<ul style="list-style-type: none"> <li>• According to the Work/Learn Outcome; Action Step for "With assistance, ... will use the fax machine" is to be completed each shift. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 5/2018 – 6/2018.</li> </ul> <p>Individual #11</p> <ul style="list-style-type: none"> <li>• None found regarding: Work/Learn Outcome/Action Step: "With assistance, ... will develop a routine with the new task" for 5/2018 – 6/2018. Action step is to be completed each shift.</li> </ul> <p>Individual #13</p> <ul style="list-style-type: none"> <li>• None found regarding: Work/Learn Outcome/Action Step: "Follow visual guide" for 5/2018 – 6/2018. Action step is to be completed 2 times per week.</li> </ul> <p><b>Customized In-Home Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</b></p> <p>Individual #14</p> <ul style="list-style-type: none"> <li>• According to the Live Outcome: Action Step for "With assistance will choose a healthy breakfast" is to be completed 4 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 5/2018 – 6/2018.</li> <li>• According to the Live Outcome: Action Step for "With assistance will make his breakfast" is to be completed 4 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 5/2018 – 6/2018.</li> </ul> <p>Per the Plan of Correction approved on 6/12/2018, "In the event data collection documentation does not</p>
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	<ul style="list-style-type: none"> <li>• None found regarding: Fun Outcome/Action Step: "...will research events, dates and costs" for 12/2017. Action step is to be completed 1 time per week.</li> <li>• None found regarding: Fun Outcome/Action Step: "...will rent and try different games" for 12/2017. Action step is to be completed 1 time per month.</li> <li>• None found regarding: Fun Outcome/Action Step: "...will design invitations" for 12/2017. Action step is to be completed 1 time per month until completed.</li> </ul> <p>Individual #9</p> <ul style="list-style-type: none"> <li>• None found regarding: Fun Outcome/Action Step: "With assistance, ... will become familiar with the ASL sign language" for 10/2017 - 12/2017. Action step is to be completed 1 time per week.</li> <li>• None found regarding: Fun Outcome/Action Step: "With assistance, ... will practice ASL signs of he choice" for 10/2017 - 12/2017. Action step is to be completed 1 time per week.</li> <li>• According to the Work/Learn Outcome; Action Step for "With assistance, ... will use 5 different ASL signs" 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 10/2017 - 12/2017.</li> </ul> <p>Individual #11</p> <ul style="list-style-type: none"> <li>• None found regarding: Fun Outcome/Action Step: "... will gather supplies needed for his class" for 11/2017 - 12/2017. Action step is to be completed 2 times per month.</li> <li>• None found regarding: Fun Outcome/Action Step: "... will choose a place to hold his class" for</li> </ul>	<p>meet required frequency staff will be retrained and disciplinary action will be implemented."</p> <p>During the Verification Survey on July 6 – 10, 2018 the agency failed to provide evidence of retraining of Family Living Provider for Individual #2.</p> <p>During the Verification Survey on July 6 – 10, 2018 the agency failed to provide evidence of retraining of Customized In-Home Support staff for Individual #14.</p>
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	<p>10/2017 - 12/2017. Action step is to be completed 2 times per month.</p> <ul style="list-style-type: none"> <li>• None found regarding: Fun Outcome/Action Step: "... will notify people of the class dates" for 10/2017 - 12/2017. Action step is to be completed 1 time per month.</li> <li>• None found regarding: Fun Outcome/Action Step: "... will hold the class" for 10/2017 - 11/2017. Action step is to be completed 2 times per month.</li> </ul> <p>Individual #13</p> <ul style="list-style-type: none"> <li>• None found regarding: Fun Outcome/Action Step: "Take photos of places of interest" for 10/2017 - 12/2017. Action step is to be completed 1 time per week.</li> <li>• None found regarding: Relationship/Fun Outcome/Action Step: "Print photos" for 10/2017 - 12/2017. Action step is to be completed 2 times per month.</li> <li>• None found regarding: Relationship/Fun Outcome/Action Step: "Add photos to choose making system" for 10/2017 - 12/2017. Action step is to be completed 2 times per month.</li> </ul> <p>Individual #14</p> <ul style="list-style-type: none"> <li>• None found regarding: Fun Outcome/Action Step: "With assistance, ... will research books at the library" for 10/2017 - 12/2017. Action step is to be completed 2 times per month.</li> <li>• None found regarding: Fun Outcome/Action Step: "With assistance, ... will make copies of craft projects he likes" for 10/2017 - 12/2017. Action step is to be completed 2 times per month.</li> </ul>	
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	<ul style="list-style-type: none"> <li>• None found regarding: Fun Outcome/Action Step: "With assistance, ... will add copies to his book" for 10/2017 - 12/2017. Action step is to be completed 2 times per month.</li> <li>• None found regarding: Fun Outcome/Action Step: " ... will share his book with friends and family" for 10/2017 - 12/2017. Action step is to be completed 1 time per month.</li> </ul> <p><b>Community Integrated Employment Services Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</b></p> <p>Individual #7</p> <ul style="list-style-type: none"> <li>• According to the Work/Learn Outcome; Action Step for "... will review her weekly schedule" 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 10/2017 - 12/2017.</li> <li>• According to the Work/Learn Outcome; Action Step for "... will go to work as scheduled and remain for her entire shift" is to be completed 2 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 10/2017 and 12/2017.</li> <li>• According to the Work/Learn Outcome; Action Step for "... will be in good standing at work" is to be completed 2 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 10/2017 - 12/2017.</li> </ul> <p>Individual #9</p> <ul style="list-style-type: none"> <li>• None found regarding: Work/learn Outcome/Action Step: "With assistance, ... will become familiar with the fax machine" for 10/2017 - 12/2017. Action step is to be completed on each shift.</li> </ul>	
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	<ul style="list-style-type: none"> <li>• None found regarding: Work/learn Outcome/Action Step: "With assistance, ... will use the fax machine" for 10/2017 - 12/2017. Action step is to be completed on each shift.</li> </ul> <p>Individual #11</p> <ul style="list-style-type: none"> <li>• According to the Work/Learn Outcome; Action Step for "With assistance, ... will develop a routine with the new task" is to be completed each shift. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 10/2017 - 12/2017.</li> </ul> <p>Individual #13</p> <ul style="list-style-type: none"> <li>• None found regarding: Work/Learn Outcome/Action Step: "Follow visual guide" for 10/2017 - 12/2017. Action step is to be completed 2 times per week.</li> </ul> <p><b>Customized In-Home Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</b></p> <p>Individual #14</p> <ul style="list-style-type: none"> <li>• None found regarding: Live Outcome/Action Step: "With assistance will choose a healthy breakfast" for 10/2017 - 12/2017. Action step is to be completed 4 times per week.</li> <li>• None found regarding: Live Outcome/Action Step: "With assistance will make his breakfast" for 10/2017 - 12/2017. Action step is to be completed 4 times per week.</li> </ul> <p><b>Residential Files Reviewed:</b></p> <p><b>Family Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</b></p> <p>Individual #1</p>	
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	<ul style="list-style-type: none"> <li>• According to the Live Outcome; Action Step for " With prompting, ... will sort and load the washer at home, measuring proper amount of detergent per load" is to be completed 2 times per week, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for January 1 – 19, 2018.</li> <li>• According to the Live Outcome; Action Step for " With prompting, ... will place clothing from washer to dryer and set to the correct temperature" is to be completed 2 times per week, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for January 1 – 19, 2018.</li> <li>• According to the Live Outcome; Action Step for " ... will fold clean, dry laundry and put away" is to be completed 2 times per week, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for January 1 – 19, 2018.</li> </ul> <p>Individual #3</p> <ul style="list-style-type: none"> <li>• None found regarding: Live Outcome/Action Step: "...will recognize auditory prompt of running water" for 1/1 - 19, 2018. Action step is to be completed 2 times per week.</li> </ul> <p>Individual #5</p> <ul style="list-style-type: none"> <li>• None found regarding: Live Outcome/Action Step: "With assistance, ... will follow the check list and complete the tasks" for 1/1 - 19, 2018. Action step is to be completed 1 time per week.</li> </ul> <p>Individual #8</p> <ul style="list-style-type: none"> <li>• None found regarding: Live Outcome/Action Step: "...will make a hamburger" for 1/1 - 19, 2018. Action step is to be completed 1 time per week.</li> </ul> <p>Individual #13</p>	
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	<ul style="list-style-type: none"><li>• None found regarding: Live Outcome/Action Step: "Do chore on the list at home" for 1/1 - 19, 2018. Action step is to be completed 2 times per week.</li></ul>	
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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>  a. 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;  b. Personal identification;  c. 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;  d. Dated and signed consent to release information forms as applicable;  e. Current orders from health care practitioners;  f. Documentation and maintenance of accurate medical history in Therap website;  g. Medication Administration Records for the current month;</p>	<p>Based on record review, the Agency did not maintain a complete and confidential case file in the residence for 9 of 10 Individuals receiving Family 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>◦ None Found (#1, 2)</li> <li>◦ Did not contain Health Insurance Plan (#4, 9)</li> <li>◦ Did not contain Pharmacy Information (#4, 9)</li> <li>◦ Did not contain Primary Care Physician information (#4, 9)</li> <li>◦ Did not contain current address (#4, 9, 11)</li> <li>◦ Did not contain names and/or phone number of guardian, relatives, etc. (#4, 9)</li> </ul> <p><b>ISP Teaching and Support Strategies:</b></p> <ul style="list-style-type: none"> <li>◦ <i>Individual #8 - TSS not found for the following Fun Outcome/Action Steps:</i> <ul style="list-style-type: none"> <li>➢ "... will save \$25.00 toward the events."</li> </ul> </li> <li>◦ <i>Individual #11 - TSS not found for the following Live Outcome/Action Steps:</i> <ul style="list-style-type: none"> <li>➢ "... will choose a meal to prepare."</li> <li>➢ "... will prepare the meal with assistance."</li> </ul> </li> </ul> <p><b>Physical Therapy Plan:</b></p> <ul style="list-style-type: none"> <li>• Not Current (#3)</li> </ul>	<p><b>New / Repeat Finding:</b></p> <p>Based on record review, the Agency did not maintain a complete and confidential case file in the residence for 2 of 9 Individuals receiving Family Living Services.</p> <p>Review of documentation for residential individual case files revealed the following items were not found, incomplete, and/or not current:</p> <p><b>ISP Teaching and Support Strategies:</b></p> <ul style="list-style-type: none"> <li>◦ <i>Individual #8 - TSS not found for the following Fun Outcome/Action Steps:</i> <ul style="list-style-type: none"> <li>➢ "... will save \$25.00 toward the events."</li> </ul> </li> </ul> <p>Per the Plan of Correction approved on 6/12/2018, "Service Coordinator will print and take copies of TSS for #8 and place in home book".</p> <ul style="list-style-type: none"> <li>• During the Verification Survey on July 6 – 10, 2018 the agency failed to provide documentation of Teaching and Support Strategies being place in the Residential Case File for Individual #8.</li> <li>• <b>Progress Notes/Daily Contacts Logs:</b> <ul style="list-style-type: none"> <li>◦ Individual #2 – No evidence of Family Living Provider training on documentation policy and procedure and no evidence of Service Coordinator unannounced home visits was found.</li> </ul> </li> </ul> <p>Per the Plan of Correction approved on 6/12/2018, "Service Coordinator will train Family Living Providers on documentation policy and procedure. Service Coordinator will make unannounced home visit to monitor Progress Notes are completed daily per Documentation Policy and Procedure."</p>

- h. Record of medical and dental appointments for the current year, or during the period of stay for short term stays, including any treatment provided;
- 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.

**DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION (DDSD): Director's Release: Consumer Record Requirements eff. 11/1/2012 III. Requirement Amendments(s) or Clarifications:**

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.  
 H. Readily accessible electronic records are accessible, including those stored through the Therap web-based system.

Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007

**CHAPTER 6. VIII. COMMUNITY LIVING SERVICE PROVIDER AGENCY REQUIREMENTS**

**A. Residence Case File:** 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

**Health Care Plans:**

- Bowel and Bladder (#5)

**Medical Emergency Response Plans:**

- Aspiration (#4, 5)
- Seizures (#4)

**• Progress Notes/Daily Contacts Logs:**

- Individual #1 - None found for 1/16 - 23, 2018 (date of visit: 1/24/2018)
- Individual #2 - None found for 1/1 - 15, 2018 (date of visit: 1/25/2018)
- Individual #3 - None found for 1/1 - 15, 2018 and 1/21 - 23, 2018 (date of visit: 1/24/2018)
- Individual #4 - None found for 1/1 - 15, 2018 (date of visit: 1/23/2018)
- Individual #5 - None found for 1/1 - 4, 2018 (date of visit: 1/22/2018)
- Individual #8 - None found for 1/1 - 21, 2018 (date of visit: 1/22/2018)
- Individual #11 - None found for 1/1 - 23, 2018 (date of visit: 1/23/2018)
- Individual #13 - None found for 1/1 - 15 and 20-21, 2018 (date of visit: 1/22/2018)

<p>complete and current confidential case file for each individual shall be maintained at the agency's administrative site. Each file shall include the following:</p> <ol style="list-style-type: none"> <li>(1) Complete and current ISP and all supplemental plans specific to the individual;</li> <li>(2) Complete and current Health Assessment Tool;</li> <li>(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;</li> <li>(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);</li> <li>(5) Data collected to document ISP Action Plan implementation</li> <li>(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;</li> <li>(7) Physician's or qualified health care providers written orders;</li> <li>(8) Progress notes documenting implementation of a physician's or qualified health care provider's order(s);</li> <li>(9) Medication Administration Record (MAR) for the past three (3) months which includes: <ol style="list-style-type: none"> <li>(a) The name of the individual;</li> <li>(b) A transcription of the healthcare practitioner's prescription including the brand and generic name of the medication;</li> </ol> </li> </ol>		
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(c) Diagnosis for which the medication is prescribed;

(d) Dosage, frequency and method/route of delivery;

(e) Times and dates of delivery;

(f) Initials of person administering or assisting with medication; and

(g) An explanation of any medication irregularity, allergic reaction or adverse effect.

(h) For PRN medication an explanation for the use of the PRN must include:

(i) Observable signs/symptoms or circumstances in which the medication is to be used, and

(ii) Documentation of the effectiveness/result of the PRN delivered.

(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.

(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

(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.

Standard of Care	Routine Survey Deficiencies January 19 – 25, 2018	Verification Survey New and Repeat Deficiencies July 6 – 10, 2018
<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	Condition of Participation Level Deficiency	Condition of Participation Level Deficiency
<p><b>Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) Policy - 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>B. Staff shall complete individual-specific (formerly known as "Addendum B") training requirements in accordance with the specifications described in the individual service plan (ISP) of each individual served.</p> <p>C. Staff shall complete training on DOH-approved incident reporting procedures in accordance with 7 NMAC 1.13.</p> <p>D. Staff providing direct services shall complete training in universal precautions on an annual basis. The training materials shall meet Occupational Safety and Health Administration (OSHA) requirements.</p> <p>E. Staff providing direct services shall maintain certification in first aid and CPR. The training materials shall meet OSHA requirements/guidelines.</p> <p>F. Staff who may be exposed to hazardous chemicals shall complete relevant training in accordance with OSHA requirements.</p> <p>G. Staff shall be certified in a DDSD-approved behavioral intervention system (e.g., Mandt, CPI) before using physical restraint techniques. Staff members providing direct services shall maintain certification in a DDSD-approved behavioral intervention system if an individual they support has a behavioral crisis plan that includes the use of physical restraint techniques.</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 ensure Orientation and Training requirements were met for 40 of 51 Direct Support Personnel.</p> <p>Review of Direct Support Personnel training records found no evidence of the following required DOH/DDSD trainings and certification being completed:</p> <p><b>Pre- Service:</b></p> <ul style="list-style-type: none"> <li>• Not Found (DSP #525, 549)</li> </ul> <p><b>Foundation for Health and Wellness:</b></p> <ul style="list-style-type: none"> <li>• Not Found (DSP #525, 549)</li> </ul> <p><b>ISP Person-Centered Planning (1-Day):</b></p> <ul style="list-style-type: none"> <li>• Not Found (DSP #520, 537, 539, 545, 547, 549)</li> </ul> <p><b>Assisting with Medication Delivery:</b></p> <ul style="list-style-type: none"> <li>• Not Found (DSP #500, 502, 503, 504, 505, 507, 509, 510, 513, 514, 520, 526, 529, 530, 532, 537, 538, 539, 541, 544, 545, 549)</li> <li>• Expired (DSP #501, 508, 511, 512, 515, 516, 517, 519, 521, 531, 532, 535, 536, 540, 547, 550)</li> </ul> <p><b>First Aid:</b></p> <ul style="list-style-type: none"> <li>• Not Found (DSP #500, 503, 504, 512, 513, 519, 522, 544, 548, 550)</li> <li>• Expired (DSP #501, 535)</li> </ul>	<p><b>Repeat Finding:</b></p> <p>After an analysis of the evidence it has been determined there is a significant potential for a negative outcome to occur.</p> <p>Based on record review, the Agency did not ensure Orientation and Training requirements were met for 13 of 52 Direct Support Personnel.</p> <p>Review of Direct Support Personnel training records found no evidence of the following required DOH/DDSD trainings and certification being completed:</p> <p><b>ISP Person-Centered Planning (1-Day):</b></p> <ul style="list-style-type: none"> <li>• Not Found (DSP #549)</li> </ul> <p><b>Assisting with Medication Delivery:</b></p> <ul style="list-style-type: none"> <li>• Not Found (DSP #500, 505, 510, 529, 538)</li> <li>• Expired (DSP #516, 519, 535, 536, 540, 547, 550)</li> </ul> <p><b>First Aid:</b></p> <ul style="list-style-type: none"> <li>• Not Found (DSP #550)</li> </ul> <p><b>CPR:</b></p> <ul style="list-style-type: none"> <li>• Not Found (DSP #550)</li> </ul>

H. Staff shall complete and maintain certification in a DDSD-approved medication course in accordance with the DDSD Medication Delivery Policy M-001.

I. Staff providing direct services shall complete safety training within the first thirty (30) days of employment and before working alone with an individual receiving service.

Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013; 6/15/2015

**CHAPTER 5 (CIES) 3. Agency Requirements G.**

**Training Requirements:** 1. All Community Inclusion Providers must provide staff training in accordance with the DDSD policy T-003: Training Requirements for Direct Service Agency Staff Policy.

**CHAPTER 6 (CCS) 3. Agency Requirements F.**

**Meet all training requirements as follows:** 1. All Customized Community Supports Providers shall provide staff training in accordance with the DDSD Policy T-003: Training Requirements for Direct Service Agency Staff Policy;

**CHAPTER 7 (CIHS) 3. Agency Requirements C.**

**Training Requirements:** The Provider Agency must report required personnel training status to the DDSD Statewide Training Database as specified in the DDSD Policy T-001: Reporting and Documentation of DDSD Training Requirements Policy. The Provider Agency must ensure that the personnel support staff have completed training as specified in the DDSD Policy T-003: Training Requirements for Direct Service Agency Staff Policy

**CHAPTER 11 (FL) 3. Agency Requirements B.**

**Living Supports- Family Living Services**

**Provider Agency Staffing Requirements: 3.**

**Training:** A. All Family Living Provider agencies must ensure staff training in accordance with the Training Requirements for Direct Service Agency Staff policy. DSP's or subcontractors delivering substitute care under Family Living must at a minimum comply with the section of the training

**CPR:**

- Not Found (DSP #500, 503, 504, 512, 513, 519, 522, 544, 548, 550)
- Expired (DSP #501, 535)

policy that relates to Respite, Substitute Care, and personal support staff [Policy T-003: for Training Requirements for Direct Service Agency Staff; Sec. II-J, Items 1-4]. Pursuant to the Centers for Medicare and Medicaid Services (CMS) requirements, the services that a provider renders may only be claimed for federal match if the provider has completed all necessary training required by the state. All Family Living Provider agencies must report required personnel training status to the DDSD Statewide Training Database as specified in DDSD Policy T-001: Reporting and Documentation for DDSD Training Requirements.

**CHAPTER 12 (SL) 3. Agency Requirements B. Living Supports- Supported Living Services Provider Agency Staffing Requirements: 3. Training:** A. All Living Supports- Supported Living Provider Agencies must ensure staff training in accordance with the DDSD Policy T-003: for Training Requirements for Direct Service Agency Staff. Pursuant to CMS requirements, the services that a provider renders may only be claimed for federal match if the provider has completed all necessary training required by the state. All Supported Living provider agencies must report required personnel training status to the DDSD Statewide Training Database as specified in DDSD Policy T-001: Reporting and Documentation for DDSD Training Requirements.

**CHAPTER 13 (IMLS) R. 2. Service Requirements. Staff Qualifications 2. DSP Qualifications.** E. Complete training requirements as specified in the DDSD Policy T-003: Training Requirements for Direct Service Agency Staff - effective March 1, 2007. Report required personnel training status to the DDSD Statewide Training Database as specified in the DDSD Policy T-001: Reporting and Documentation of DDSD Training Requirements Policy;

Standard of Care	Routine Survey Deficiencies January 19 – 25, 2018	Verification Survey New and Repeat Deficiencies July 6 – 10, 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	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><b>Chapter 5 (CIES) 3. Agency Requirements: 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>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 8 of 13 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> <ul style="list-style-type: none"> <li>• <b>Neurology Evaluation</b> <ul style="list-style-type: none"> <li>◦ Individual #14 - As indicated by collateral documentation reviewed, an evaluation was completed on 10/20/2016. Follow-up was to be completed in 1 year. No evidence of follow-up found.</li> </ul> </li> </ul> <p><b>Community Living Services / Community Inclusion Services (Individuals Receiving Multiple Services):</b></p> <ul style="list-style-type: none"> <li>• <b>Annual Physical</b> <ul style="list-style-type: none"> <li>◦ Individual #12 - As indicated by collateral documentation reviewed, exam was completed on 6/22/2017. Follow-up was to be completed on 10/22/2017. No evidence of follow-up found.</li> </ul> </li> </ul>	<p><b>Repeat Finding:</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 12 individuals receiving Living Care Arrangements and Community Inclusion.</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> <ul style="list-style-type: none"> <li>• <b>Dental Exam</b> <ul style="list-style-type: none"> <li>◦ Individual #1 - As indicated by the DDSD file matrix Dental Exams are to be conducted annually. No evidence of exam was found.</li> </ul> </li> </ul> <p>Per the Plan of Correction approved on 6/12/2018, "Service Coordinator will ensure Dental appointment is scheduled for #1. "</p> <ul style="list-style-type: none"> <li>• During the Verification Survey on July 6 – 10, 2018 the agency failed to provide evidence a dental appointment had been scheduled for Individual #1.</li> </ul>

**Chapter 6 (CCS) 3. Agency Requirements: G. Consumer Records Policy:** 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 DDS D Individual Case File Matrix policy.

**Chapter 7 (CIHS) 3. Agency Requirements: E. Consumer Records Policy:** 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 DDS D Individual Case File Matrix policy.

**Chapter 11 (FL) 3. Agency Requirements: D. Consumer Records Policy:** 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 DDS D Individual Case File Matrix policy.

**Chapter 12 (SL) 3. Agency Requirements: D. Consumer Records Policy:** 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 DDS D Individual Case File Matrix policy.

**Chapter 13 (IMLS) 2. Service Requirements:** 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)...

Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007

**CHAPTER 1 II. PROVIDER AGENCY Requirements: D. Provider Agency Case File for the Individual:** 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

• **Dental Exam**

- Individual #1 - As indicated by the DDS D file matrix Dental Exams are to be conducted annually. No evidence of exam was found.
- Individual #9 - As indicated by collateral documentation reviewed, the exam was completed on 12/22/2016. As indicated by the DDS D file matrix, Dental Exams are to be conducted annually. No evidence of current exam was found.

• **Vision Exam**

- Individual #1 - As indicated by the DDS D file matrix Vision Exams are to be conducted every other year. No evidence of exam was found.
- Individual #8 - As indicated by the DDS D file matrix Vision Exams are to be conducted every other year. No evidence of exam was found.
- Individual #11 - As indicated by the DDS D file matrix Vision Exams are to be conducted every other year. No evidence of exam was found.
- Individual #13 - As indicated by collateral documentation reviewed, the exam was completed on 10/20/2014. As indicated by the DDS D file matrix Vision Exams are to be conducted every other year. No evidence of current exam was found.

• **Auditory Exam**

- Individual #13 - As indicated by collateral documentation reviewed, exam was completed on 3/23/2015. Follow-up was to be completed after the removal of Cerumen by Primary Care Provider or Ear, Nose and Throat Doctor. No evidence of follow-up found.

▪ **Cholesterol and Blood Glucose**

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:

(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;

**CHAPTER 6. VI. GENERAL REQUIREMENTS FOR COMMUNITY LIVING**

**G. Health Care Requirements for Community Living Services.**

(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 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.

(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.

(3) For each individual receiving Community Living Services, the provider agency shall ensure and document the following:

- Individual #1 - As indicated by collateral documentation reviewed, lab work was ordered on 3/10/2017. No evidence of lab results found.
- **Blood Levels**
  - Individual #2 - As indicated by collateral documentation reviewed, lab work was ordered on 5/9/2017. No evidence of lab results found.
- **Review of Psychotropic Medication**
  - Individual #2 - As indicated by collateral documentation reviewed, Psychotropic medication prescribed by Psychiatrist on 2/15/2017. Notes indicate Primary Care Provider agreed to continue to prescribe until individual is established with a Mental Healthcare Provider. No evidence of establishing with a Mental Healthcare Provider found or that medication has been reviewed.
- **Diabetes (Type II)**
  - Individual #1 - As indicated by collateral documentation reviewed, screening was recommended on 3/10/2017. No evidence of screening being completed.
- **Tetanus-diphtheria (T dap)**
  - Individual #11 - As indicated by collateral documentation reviewed, vaccine was recommended on 4/12/2017. No evidence of vaccine being administered or if recommendation was completed.

<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 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> <p>(a) The individual has a primary licensed physician;</p> <p>(b) The individual receives an annual physical examination and other examinations as specified by a licensed physician;</p> <p>(c) The individual receives annual dental check-ups and other check-ups as specified by a licensed dentist;</p> <p>(d) The individual receives eye examinations as specified by a licensed optometrist or ophthalmologist; and</p> <p>(e) Agency activities that occur as follow-up to medical appointments (e.g. treatment, visits to specialists, changes in medication or daily routine).</p>		
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Tag # LS25 / 6L25 Residential Health and Safety (SL/FL)	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) Living Supports - Family Living Agency Requirements G. Residence Requirements for Living Supports- Family Living Services:</b> 1. Family Living Services providers must assure that each individual's residence is maintained to be clean, safe and comfortable and accommodates the individuals' daily living, social and leisure activities. In addition, the residence must:</p> <p>a. Maintain basic utilities, i.e., gas, power, water and telephone;</p> <p>b. Provide environmental accommodations and assistive technology devices in the residence including modifications to the bathroom (i.e., shower chairs, grab bars, walk in shower, raised toilets, etc.) based on the unique needs of the individual in consultation with the IDT;</p> <p>c. Have a battery operated or electric smoke detectors, carbon monoxide detectors, fire extinguisher, or a sprinkler system;</p> <p>d. Have a general-purpose first aid kit;</p> <p>e. Allow at a maximum of two (2) individuals to share, with mutual consent, a bedroom and each individual has the right to have his or her own bed;</p> <p>f. Have accessible written documentation of actual evacuation drills occurring at least three (3) times a year;</p> <p>g. Have accessible written procedures for the safe storage of all medications with dispensing instructions for each individual that are consistent with the Assisting with Medication Delivery training or each individual's ISP; and</p> <p>h. Have accessible written procedures for emergency placement and relocation of individuals in the event of an emergency</p>	<p>Based on observation, the Agency did not ensure that each individuals' residence met all requirements within the standard for 10 of 10 Family Living residences.</p> <p>Review of the residential records and observation of the residence revealed the following items were not found, not functioning or incomplete:</p> <p><b>Family Living Requirements:</b></p> <ul style="list-style-type: none"> <li>• General-purpose first aid kit (#11)</li> <li>• Accessible written procedures for emergency evacuation e.g. fire and weather-related threats (#1, 2, 3, 4, 5, 8, 11, 12)</li> <li>• Accessible written procedures for the safe storage of all medications with dispensing instructions for each individual that are consistent with the Assisting with Medication Administration training or each individual's ISP (#1, 2, 3, 4, 5, 8, 9, 11, 12, 13)</li> <li>• Accessible written procedures for emergency placement and relocation of individuals in the event of an emergency evacuation that makes the residence unsuitable for occupancy. The emergency evacuation procedures shall address, but are not limited to, fire, chemical and/or hazardous waste spills, and flooding (#1, 2, 3, 4, 5, 8, 11, 12)</li> </ul>	<p><b>New / Repeat Finding:</b></p> <p>Based on record review, the Agency did not ensure that each individuals' residence met all requirements within the standard for 1 of 9 Family Living residences.</p> <p>Review of the documentation provided revealed the following items were not found, not functioning or incomplete:</p> <p><b>Family Living Requirements:</b></p> <ul style="list-style-type: none"> <li>• Accessible written procedures for emergency evacuation e.g. fire and weather-related threats (#2)</li> <li>• Accessible written procedures for the safe storage of all medications with dispensing instructions for each individual that are consistent with the Assisting with Medication Administration training or each individual's ISP (#2)</li> <li>• Accessible written procedures for emergency placement and relocation of individuals in the event of an emergency evacuation that makes the residence unsuitable for occupancy. The emergency evacuation procedures shall address, but are not limited to, fire, chemical and/or hazardous waste spills, and flooding (#2)</li> </ul> <p>Per the Plan of Correction approved on 6/12/2018, "Service Coordinator will provide written procedures." "Quarterly Residential Inspection will be completed and include checks for 1<sup>st</sup> Aid Kit, Procedures for Emergency Evacuation, Procedures for Safe Storage of Medication, and Procedures for Emergency Placement/Relocation.</p> <ul style="list-style-type: none"> <li>• During the Verification Survey on July 6 – 10, 2018 the agency failed to provide evidence of written</li> </ul>

evacuation that makes the residence unsuitable for occupancy. The emergency evacuation procedures must address, but are not limited to, fire, chemical and/or hazardous waste spills, and flooding.

**CHAPTER 12 (SL) Living Supports - Supported Living Agency Requirements G. Residence Requirements for Living Supports- Supported Living Services: 1.**

Supported Living Provider Agencies must assure that each individual's residence is maintained to be clean, safe, and comfortable and accommodates the individual's daily living, social, and leisure activities. In addition, the residence must:

- a. Maintain basic utilities, i.e., gas, power, water, and telephone;
- b. Provide environmental accommodations and assistive technology devices in the residence including modifications to the bathroom (i.e., shower chairs, grab bars, walk in shower, raised toilets, etc.) based on the unique needs of the individual in consultation with the IDT;
- c. Ensure water temperature in home does not exceed safe temperature (110° F);
- d. Have a battery operated or electric smoke detectors and carbon monoxide detectors, fire extinguisher, or a sprinkler system;
- e. Have a general-purpose First Aid kit;
- f. Allow at a maximum of two (2) individuals to share, with mutual consent, a bedroom and each individual has the right to have his or her own bed;
- g. Have accessible written documentation of actual evacuation drills occurring at least three (3) times a year. For Supported Living evacuation drills must occur at least once a year during each shift;
- h. Have accessible written procedures for the safe storage of all medications with dispensing

procedures being provided to the Family Living Provider for Individual #2.

instructions for each individual that are consistent with the Assisting with Medication Delivery training or each individual's ISP; and  
i. Have accessible written procedures for emergency placement and relocation of individuals in the event of an emergency evacuation that makes the residence unsuitable for occupancy. The emergency evacuation procedures must address, but are not limited to, fire, chemical and/or hazardous waste spills, and flooding.

**CHAPTER 13 (IMLS) 2. Service Requirements  
R. Staff Qualifications: 3. Supervisor  
Qualifications And Requirements:**

S Each residence shall include operable safety equipment, including but not limited to, an operable smoke detector or sprinkler system, a carbon monoxide detector if any natural gas appliance or heating is used, fire extinguisher, general purpose first aid kit, written procedures for emergency evacuation due to fire or other emergency and documentation of evacuation drills occurring at least annually during each shift, phone number for poison control within line of site of the telephone, basic utilities, general household appliances, kitchen and dining utensils, adequate food and drink for three meals per day, proper food storage, and cleaning supplies.

T Each residence shall have a blood borne pathogens kit as applicable to the residents' health status, personal protection equipment, and any ordered or required medical supplies shall also be available in the home.

U If not medically contraindicated, and with mutual consent, up to two (2) individuals may share a single bedroom. Each individual shall have their own bed. All bedrooms shall have doors that may be closed for privacy. Individuals have the right to decorate their bedroom in a

style of their choosing consistent with safe and sanitary living conditions.

V For residences with more than two (2) residents, there shall be at least two (2) bathrooms. Toilets, tubs/showers used by the individuals shall provide for privacy and be designed or adapted for the safe provision of personal care. Water temperature shall be maintained at a safe level to prevent injury and ensure comfort and shall not exceed one hundred ten (110) degrees.

Standard of Care	Routine Survey Deficiencies January 19 – 25, 2018	Verification Survey New and Repeat Deficiencies July 6 – 10, 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.		
Tag # 1A08 Agency Case File	Standard Level Deficiency	Complete
Tag # 1A08.1 Agency Case File - Progress Notes	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 # 1A25 Caregiver Criminal History Screening	Condition of Participation Level Deficiency	Complete
Tag # 1A26 Consolidated On-line Registry/Employee Abuse Registry	Condition of Participation Level Deficiency	Complete
Tag # 1A28.1 Incident Mgt. System - Personnel Training	Standard Level Deficiency	Complete
Tag # 1A37 Individual Specific Training	Standard Level Deficiency	Complete
Tag # 1A43.1 General Events Reporting - Individual Approval	Standard 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 # 1A15.1 Nurse Availability	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
<b>Service Domain: Medicaid Billing/Reimbursement</b> - State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.		
Tag # IS30 Customized Community Supports Reimbursement	Standard Level Deficiency	Complete
Tag # LS27 / 6L27 Family Living Reimbursement	Standard Level Deficiency	Complete

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> State your Plan of Correction for the deficiencies cited in this tag here (How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?): →</p> <p><b>Provider:</b> Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here (What is going to be done? How many individuals is this going to effect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?): →</p>	
<b>Tag # LS14 / 6L14 Residential Case File</b>	<p><b>Provider:</b> State your Plan of Correction for the deficiencies cited in this tag here (How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?): →</p> <p><b>Provider:</b> Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here (What is going to be done? How many individuals is this going to effect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?): →</p>	





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Date: September 10, 2018

To: Sheilla Allen, Executive Director  
Provider: Better Together Home and Community Services, LLC  
Address: 405 E. Gladden  
State/Zip: Farmington, New Mexico 87401

E-mail Address: [bettertogetherhomeandcommunity@gmail.com](mailto:bettertogetherhomeandcommunity@gmail.com)

Region: Northwest  
Routine Survey: January 19 - 25, 2018  
Verification Survey: July 6-10, 2018

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: **2012:** Family Living, Customized Community Supports, Community Integrated Employment Services, Customized In-Home Supports

Survey Type: Verification

Dear Sheilla Allen;

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.13631071.1.VER.09.18.253