MICHELLE LUJAN GRISHAM Governor

DAVID R. SCRASE, M.D. Acting Cabinet Secretary

#### (Upheld by IRF 8.2022)

Date:	August 11, 2022
То:	Cruz Maria Rojas. Administrative Director
Provider: Address: State/Zip:	Grace Requires Understanding, Incorporated 212 S, Main Street Las Cruces, New Mexico 88001
E-mail Address:	<u>crojas@mygru.org</u>
Region: Routine Survey: Verification Survey:	Southwest January 14 – 28, 2022 July 18 – 29, 2022
Program Surveyed:	Developmental Disabilities Waiver
Service Surveyed:	Family Living, Customized In-Home Supports, Customized Community Supports
Survey Type:	Verification
Team Leader:	Sally Rel, MS, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau
Team Members:	LeiLani Nava, MPH, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Ms. Cruz Rojas;

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* 14 – 28, 2022.

#### **Determination of Compliance:**

NEW MEXICO

Department of Health

**Division of Health Improvement** 

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

<u>Partial Compliance with Conditions of Participation Level Tags</u>: This determination is based on noncompliance with one to five (1 - 5) Condition of Participation Level Tags (refer to Attachment D for details). The attached QMB Report of Findings indicates Standard Level and Condition of Participation Level deficiencies identified and requires completion and implementation of a Plan of Correction.

The following tags are identified as Condition of Participation Level:

- Tag # 1A09 Medication Delivery Routine Medication Administration (New / Repeat Findings) (Upheld by IRF)
- Tag # 1A09.1 Medication Delivery PRN Medication Administration (New / Repeat Findings) (Upheld by IRF)



#### **DIVISION OF HEALTH IMPROVEMENT**

5301 Central Avenue NE, Suite 400 • Albuquerque, New Mexico • 87108 (505) 222-8623 • FAX: (505) 222-8661 • <u>https://nmhealth.org/about/dhi</u>

However, due to the new/repeat deficiencies your agency will be required to contact your DDSD Regional Office for technical assistance and follow up and complete the Plan of Correction document attached at the end of this report. Please respond to the Plan of Correction Coordinator within 10 business days of receipt of this letter.

#### Plan of Correction:

The attached Report of Findings identifies the new/repeat Standard Level deficiencies found during your agency's verification compliance review. You are required to complete and implement a Plan of Correction. Your agency has a total of 10 business days from the receipt of this letter. The Plan of Correction must include the following:

- 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 5301 Central Ave. NE Suite 400, New Mexico 87108 <u>MonicaE.Valdez@state.nm.us</u>

#### 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 Monica Valdez at 505-273-1930 if you have questions about the Report of Findings or Plan of Correction. Thank you for your cooperation and for the work you perform.

Sincerely,

Sally Rel, MS

Sally Rel, MS Team Lead/Healthcare Surveyor Division of Health Improvement Quality Management Bureau

Survey Process Employed:	
Administrative Review Start Date:	July 18, 2022
Contact:	Grace Requires Understanding, Incorporated Cruz Maria Rojas, Administrative Director
	DOH/DHI/QMB Sally Rel, MS Team Lead/Healthcare Surveyor
On-site Entrance Conference Date:	Entrance conference was waived by provider
Exit Conference Date:	July 29, 2022
Present:	<u>Grace Requires Understanding, Incorporated</u> Cruz Maria Rojas, Administrative Director Frank Villegas, Family Support Specialist / Trainer Noel Marquez, Program Manager Sharon DeSanto, Nurse Delilah Mason, Nurse Supervisor
	DOH/DHI/QMB Sally Rel, MS Team Lead/Healthcare Surveyor Amanda Castaneda-Holguin, MPA Healthcare Surveyor Supervisor
	DDSD – SW Regional Office Jacqueline Marquez, Social & Community Services Coordinator
Total Sample Size:	17
	0 - <i>Jackson</i> Class Members 17 - Non- <i>Jackson</i> Class Members
	<ul><li>13 - Family Living</li><li>4 - Customized In-Home Supports</li><li>8 - Customized Community Supports</li></ul>
Direct Support Personnel Records Reviewed	119 (Note: 1 DSP perform dual roles as Service Coordinator)
Direct Support Personnel Interviewed during Routine Survey	24 (Note: Interviews conducted by video / phone due to COVID- 19 Public Health Emergency)
Substitute Care/Respite Personnel Records Reviewed	55
Service Coordinator Records Reviewed	4 (Note: 1 Service Coordinator perform dual roles as DSP)
Nurse Interview completed during Routine Survey	1
Administrative Processes and Records Review	ved.

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
- <sup>o</sup>Medical Emergency Response Plans
- °Therapy Evaluations and Plans
- <sup>o</sup>Healthcare Documentation Regarding Appointments and Required Follow-Up <sup>o</sup>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
- 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

NM Attorney General's Office

#### 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 other state and federal regulations. For the purpose of the LCA / CI survey the CMS waiver assurances have been grouped into four (4) Service Domains: Plan of Care (ISP Implementation); 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 Assurance 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 during the on-site survey process and as reported in the QMB Report of Findings. All areas reviewed by QMB have been agreed to by DDSD and DHI/QMB and are reflective of CMS requirements. 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.

Each deficiency in your Report of Findings has been predetermined to be a Standard Level Deficiency, a Condition of Participation Level Deficiency, if below 85% compliance or a non-negotiable Condition of Participation Level Deficiency. Your Agency's overall Compliance Determination is based on a Scope and Severity Scale which takes into account the number of Standard, and Condition Level Tags cited as well as the percentage of Individuals affected in the sample.

#### **Conditions of Participation (CoPs)**

CoPs are based on the Centers for Medicare and Medicaid Services, Home and Community-Based Waiver required assurances, in addition to the New Mexico Developmental Disability Waiver (DDW) Service Standards. The Division of Health Improvement (DHI), in conjunction with the Developmental Disability Support Division (DDSD), has identified certain deficiencies that have the potential to be a Condition of Participation Level, if the tag falls below 85% compliance based on the number of people affected. Additionally, there are what are called non-negotiable Conditions of Participation, regardless of if one person or multiple people are affected. In this context, a CoP is defined as an essential / fundamental regulation or standard, which when out of compliance directly affects the health and welfare of the Individuals served. If no deficiencies within a Tag are at the level of a CoP, it is cited as a Standard Level Deficiency.

#### Service Domains and CoPs for Living Care Arrangements and Community Inclusion are as follows:

<u>Service Domain: Service Plan: ISP Implementation -</u> Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan.

#### Potential Condition of Participation Level Tags, if compliance is below 85%:

- 1A08.3 Administrative Case File: Individual Service Plan / ISP Components
- 1A32 Administrative Case File: Individual Service Plan Implementation
- LS14 Residential Service Delivery Site Case File (ISP and Healthcare Requirements)
- IS14 CCS / CIES Service Delivery Site Case File (ISP and Healthcare Requirements)

<u>Service Domain: Qualified Providers -</u> 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.

#### Potential Condition of Participation Level Tags, if compliance is below 85%:

- **1A20 -** Direct Support Personnel Training
- 1A22 Agency Personnel Competency
- **1A37** Individual Specific Training

#### Non-Negotiable Condition of Participation Level Tags (one or more Individuals are cited):

- 1A25.1 Caregiver Criminal History Screening
- 1A26.1 Consolidated On-line Registry Employee Abuse Registry

<u>Service Domain: Health, Welfare and Safety -</u> 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.

#### Potential Condition of Participation Level Tags, if compliance is below 85%:

- 1A08.2 Administrative Case File: Healthcare Requirements & Follow-up
- 1A09 Medication Delivery Routine Medication Administration
- **1A09.1 –** Medication Delivery PRN Medication Administration
- **1A15.2** Administrative Case File: Healthcare Documentation (Therap and Required Plans)

#### Non-Negotiable Condition of Participation Level Tags (one or more Individuals are cited):

- **1A05 –** General Requirements / Agency Policy and Procedure Requirements
- 1A07 Social Security Income (SSI) Payments
- **1A09.2 –** Medication Delivery Nurse Approval for PRN Medication
- 1A15 Healthcare Coordination Nurse Availability / Knowledge
- **1A31 –** Client Rights/Human Rights
- LS25.1 Residential Requirements. (Physical Environment Supported Living / Family Living / Intensive Medical Living)

#### Attachment C

#### 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:

- The Informal Reconsideration of the Finding (IRF) request must be received in writing to the QMB Bureau Chief <u>within 10 business days</u> of receipt of the final Report of Findings (*Note: No extensions are granted for the IRF*).
- 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: <u>https://nmhealth.org/about/dhi/cbp/irf/</u>
- 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, Valerie V. Valdez at <u>valerie.valdez@state.nm.us</u> 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.

#### **QMB** Determinations of Compliance

#### Compliance:

The QMB determination of *Compliance* indicates that a provider has either no deficiencies found during a survey or that no deficiencies at the Condition of Participation Level were found. 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*, the provider must have received no Conditions of Participation Level Deficiencies and have a minimal number of Individuals on the sample affected by the findings indicated in the Standards Level Tags.

#### Partial-Compliance with Standard Level Tags:

The QMB determination of *Partial-Compliance with Standard Level Tags* indicates that a provider is in compliance with all Condition of Participation Level deficiencies but is out of compliance with a certain percentage of Standard Level deficiencies. This partial-compliance, if not corrected, may result in a negative outcome or the potential for more than minimal harm to individuals' health and safety. There are two ways to receive a determination of Partial Compliance with Standard Level Tags:

- 1. Your Report of Findings includes 16 or fewer Standards Level Tags with between 75% and 100% of the survey sample affected in any tag.
- 2. Your Report of Findings includes 17 or more Standard Level Tags with between 50% to 74% of the survey sample affected in any tag.

#### Partial-Compliance with Standard Level Tags and Condition of Participation Level Tags:

The QMB determination of *Partial-Compliance with Standard Level Tags and Condition of Participation Level Tags* indicates that a provider is out of compliance with one to five (1 - 5) Condition of Participation Level Tags. 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.

#### Non-Compliance:

The QMB determination of *Non-Compliance* indicates a provider is significantly out of compliance with both Standard Level deficiencies and Conditions of Participation level deficiencies. 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. There are three ways an agency can receive a determination of Non-Compliance:

- 1. Your Report of Findings includes 17 or more total Tags with 0 to 5 Condition of Participation Level Tags with 75% to 100% of the survey sample affected in any Condition of Participation Level tag.
- 2. Your Report of Findings includes any amount of Standard Level Tags with 6 or more Condition of Participation Level Tags.

Compliance				Weighting			
Determination	LC	W		MEDIUM		Н	ligh
Total Tags:	up to 16	17 or more	up to 16	17 or more	Any Amount	17 or more	Any Amount
	and	and	and	and	And/or	and	And/or
COP Level Tags:	0 COP	0 COP	0 COP	0 COP	1 to 5 COP	0 to 5 CoPs	6 or more COP
	and	and	and	and		and	
Sample Affected:	0 to 74%	0 to 49%	75 to 100%	50 to 74%		75 to 100%	
"Non-Compliance"						<b>17 or more</b> Total Tags with <b>75 to 100%</b> of the Individuals in the sample cited in any CoP Level tag.	Any Amount of Standard Level Tags and 6 or more Conditions of Participation Level Tags.
"Partial Compliance with Standard Level tags <u>and</u> Condition of Participation Level Tags"					Any Amount Standard Level Tags, plus <b>1 to 5</b> Conditions of Participation Level tags.		
"Partial Compliance with Standard Level tags"			up to 16 Standard Level Tags with 75 to 100% of the individuals in the sample cited in any tag.	<b>17 or more</b> Standard Level Tags with <b>50 to</b> <b>74%</b> of the individuals in the sample cited any tag.			
"Compliance"	Up to 16 Standard Level Tags with 0 to 74% of the individuals in the sample cited in any tag.	<b>17 or more</b> Standard Level Tags with <b>0 to</b> <b>49%</b> of the individuals in the sample cited in any tag.					

# Agency:Grace Requires Understanding, Incorporated - Southwest RegionProgram:Developmental Disabilities WaiverService:Family Living, Customized In-Home Supports, Customized Community SupportsSurvey Type:VerificationRoutine Survey:January 14 – 28, 2022Verification Survey:July 18 – 29, 2022

Standard of Care	Routine Survey Deficiencies January 14 – 28, 2022	Verification Survey New and Repeat Deficiencies July 18 – 29, 2022
	an ongoing basis, identifies, addresses, and seeks to p	
	uman rights. The provider supports individuals to access	
Tag # 1A09 Medication Delivery Routine	Condition of Participation Level Deficiency	Condition of Participation Level Deficiency
Medication Administration (Upheld by IRF)		
Developmental Disabilities (DD) Waiver Service	After an analysis of the evidence, it has been	New / Repeat Findings:
Standards 2/26/2018; Re-Issue: 12/28/2018; Eff	determined there is a significant potential for a	
1/1/2019	negative outcome to occur.	After an analysis of the evidence, it has been
Chapter 20: Provider Documentation and Client		determined there is a significant potential for a
Records 20.6 Medication Administration Record	Medication Administration Records (MAR) were	negative outcome to occur.
(MAR): A current Medication Administration Record	reviewed for December 2021.	Madiantian Administration Departs (MAD) ware
(MAR) must be maintained in all settings where medications or treatments are delivered. Family	Based on record review, 6 of 9 individuals had	Medication Administration Records (MAR) were reviewed for June 2022.
Living Providers may opt not to use MARs if they are	Medication Administration Records (MAR), which	
the sole provider who supports the person with	contained missing medications entries and/or other	Based on record review, 3 of 8 individuals had
medications or treatments. However, if there are	errors:	Medication Administration Records (MAR), which
services provided by unrelated DSP, ANS for		contained missing medications entries and/or other
Medication Oversight must be budgeted, and a MAR	Individual #1	errors:
must be created and used by the DSP.	December 2021	
Primary and Secondary Provider Agencies are	Medication Administration Records contain the	Individual #4
responsible for:	following medications. No Physician's Orders were	June 2022
1. Creating and maintaining either an	found for the following medications:	Medication Administration Records contain the
electronic or paper MAR in their service	<ul> <li>Victoza 1.8 IUS (1 time daily)</li> </ul>	following medications. No Physician's Orders were
setting. Provider Agencies may use the MAR		found for the following medications:
in Therap but are not mandated to do so.	<ul> <li>Novolog Flex Pen 100 unit (3 times daily)</li> </ul>	<ul> <li>Source Natural Daily Essential Enzymes 500mg</li> </ul>
2. Continually communicating any changes		(1 time daily)
about medications and treatments between	<ul> <li>Calcium 600 vit D3 (1 time daily)</li> </ul>	
Provider Agencies to assure health and safety.		<ul> <li>Zyrtec 10mg (1 time daily)</li> </ul>
7. Including the following on the MAR:	<ul> <li>Aspirin 81 mg (1 time daily)</li> </ul>	
a. The name of the person, a transcription of		<ul> <li>Multi-vitamin (1 time daily)</li> </ul>
the physician's or licensed health care	<ul> <li>Tamsulosin HCL 0.4 mg (2 times daily)</li> </ul>	
provider's orders including the brand and		<ul> <li>Zinc 50mg (1 time daily)</li> </ul>
generic names for all ordered routine and PRN medications or treatments, and the	<ul> <li>Metoprolol Succinate 50 mg (1 time daily)</li> </ul>	

diagnoses for which the medications or treatments are prescribed;

- b. The prescribed dosage, frequency and method or route of administration; times and dates of administration for all ordered routine or PRN prescriptions or treatments; over the counter (OTC) or "comfort" medications or treatments and all selfselected herbal or vitamin therapy;
- c. Documentation of all time limited or discontinued medications or treatments;
- d. The initials of the individual administering or assisting with the medication delivery and a signature page or electronic record that designates the full name corresponding to the initials;
- e. Documentation of refused, missed, or held medications or treatments;
- f. Documentation of any allergic reaction that occurred due to medication or treatments; and
- g. For PRN medications or treatments:
  - i. instructions for the use of the PRN medication or treatment which must include observable signs/symptoms or circumstances in which the medication or treatment is to be used and the number of doses that may be used in a 24-hour period;

ii. clear documentation that the DSP contacted the agency nurse prior to assisting with the medication or treatment, unless the DSP is a Family Living Provider related by affinity of consanguinity; and

iii. documentation of the effectiveness of the PRN medication or treatment.

# Chapter 10 Living Care Arrangements

10.3.4 Medication Assessment and Delivery:Living Supports Provider Agencies must support and comply with:1. the processes identified in the DDSD AWMD

- Fish Oil 1000 mg (3 times daily)
- Zolpidem Tartrate 5 mg (1 time daily)
- Naproxen 500 mg (2 times daily)
- Acetaminophen 650 mg (2 times daily)
- Ondansetron ODT 8 mg (2 times daily)
- Clotrimazole-Betamethasone 1-0.05 (2 times daily)

## Individual #2

#### December 2021

Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:

- Insulin Lantus 12 Units (1 time daily)
- Divalproex 125 mg (1 time daily)
- Levothyroxine 0.05 mg (1 time daily)
- Vitamin D 50,000 IU (1 time week)

# Individual #4

#### December 2021

Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:

- Source Naturals Daily Essential Enzymes 500mg (1 time daily)
- Zyrtec 10 mg (1 time daily)
- Multivitamin gummies (2 times daily)
- Bio Zinc 15 mg (1 time daily)
- Glucosamine & Chondroitin 1500mg & 1200mg (2 times daily)

- Glucosamine & Chondroidin1500mg & 122mg (1 time daily)
- Power Gummies (1 time daily)
- Omega 3 Fish Oil 4080mg, EPA 1200mg, DHA900 mg-3 (2 times daily)
- Oxygen 2L (Continuous when sleeping)
- Aspirin 81mg (1 time daily)
- Vitamin D3 5,000 IU (1 time daily)
- Famotidine 20mg (1 time daily)

#### Individual #11 June 2022

Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:

- Fluticasone Propionate Nasal Spray 50mcg (2 Times daily)
- Aspirin 81 mg (1time daily)
- Vitamin D3 125mcg (1time daily)
- Fish Oil 1200mg (1time daily)
- CO Q10 100mg (1time daily)
- Red Rice Yeast 600mg (1 time daily)

#### Individual #15 June 2022

Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:

• Happy MPS Progesterone Cream(1 time daily for 3 weeks, off for 1 week)

training;		Active PK 50mg (1 time daily)
2. the nursing and DSP functions identified in	• Vita fusion Power C Gummies (2 times daily)	
the Chapter 13.3 Part 2- Adult Nursing		- Bonofibor 2g (1 time doily)
	Liningsvil Emer (2 times doils)	<ul> <li>Benefiber 3g (1 time daily)</li> </ul>
Services;	Lisinopril 5mg (2 times daily)	
3. all Board of Pharmacy regulations as noted in		<ul> <li>Bone Care 1000mg Calcium 100 IU Vitamin (2</li> </ul>
Chapter 16.5 Board of Pharmacy; and	<ul> <li>Fluticasone Propionate Nasal spray 50mcg (2</li> </ul>	times daily)
4. documentation requirements in a	times daily)	
Medication Administration Record (MAR) as		<ul> <li>Multivitamin w/Minerals (2 times daily)</li> </ul>
described in Chapter 20.6 Medication	Fluticasone Prop & Salmeterol inhalation	······································
Administration Record (MAR).	powder 113mcg / 14mcg (2 times daily)	<ul> <li>Niacin 500mg (1 time daily)</li> </ul>
		• Nidein Soonig (T time daily)
NMAC 16.19.11.8 MINIMUM STANDARDS:	• Omega 3 fish oil, EPA, DHA 4080 mg, 1200	- Omore 2 650mg (1 time deily)
A. MINIMUM STANDARDS FOR THE		<ul> <li>Omega 3 650mg (1 time daily)</li> </ul>
DISTRIBUTION, STORAGE, HANDLING AND	mg, 900mg (3 times daily)	
RECORD KEEPING OF DRUGS:		<ul> <li>Restore 5ml (1 time daily)</li> </ul>
(d) The facility shall have a Medication	<ul> <li>Oxygen 2L (Continuous when sleeping)</li> </ul>	
		<ul> <li>Vitamin C 500mg (2 times daily)</li> </ul>
Administration Record (MAR) documenting	<ul> <li>Aspirin 81 mg (1 time daily)</li> </ul>	
medication administered to residents, including		(Findings for Individuals #4, 11, 15 were upheld by
over-the-counter medications. This	<ul> <li>Vitamin D3 5000IU (1 time daily)</li> </ul>	the IRF).
documentation shall include:		
(i) Name of resident;	Pravastatin 10 mg (1 time daily)	
(ii) Date given;		
(iii) Drug product name;		
(iv) Dosage and form;	<ul> <li>Famotidine 20 mg (1 time daily)</li> </ul>	
(v) Strength of drug;		
(vi) Route of administration;	<ul> <li>Montelukast 10mg (1 time daily)</li> </ul>	
(vii) How often medication is to be taken;		
(viii) Time taken and staff initials;	<ul> <li>Cod Liver oil 650 mg (1 time daily)</li> </ul>	
(ix) Dates when the medication is discontinued		
or changed;	Fluconazole 150mg (1 time daily)	
(x) The name and initials of all staff	Individual #11	
administering medications.	December 2021	
	Medication Administration Records contain the	
Model Custodial Procedure Manual		
D. Administration of Drugs	following medications. No Physician's Orders were	
Unless otherwise stated by practitioner, patients will	found for the following medications:	
not be allowed to administer their own medications.	<ul> <li>Levothyroxine 0.05mg (1 time daily)</li> </ul>	
Document the practitioner's order authorizing the		
self-administration of medications.	<ul> <li>Ketotifen fumarate 0.035% (2 times daily)</li> </ul>	
All PRN (As needed) medications shall have	Fluticasone Propionate Nasal Spray 50mcg (1	
complete detail instructions regarding the	time daily)	
administering of the medication. This shall include:		
	L Das – Grace Requires Understanding Incorporated – Southwe	L

<ul> <li>symptoms that indicate the use of the medication,</li> </ul>	<ul> <li>Aspirin 81mg (1 time daily)</li> </ul>	
<ul> <li>exact dosage to be used, and</li> <li>the exact amount to be used in a 24-hour</li> </ul>	• Vitamin D3 125mcg (1 time daily)	
period.	Oxygen 2 liters (while sleeping)	
	• Fish Oil 1200mg 3 soft gels (1 time daily)	
	• CO Q10 100mg 2 soft gels (1 time daily)	
	• Red Rick Yeast 600mg 2 soft gels (1 time daily)	
	Atrovastin 40mg (1 time daily)	
	<ul> <li>Individual #12</li> <li>December 2021</li> <li>Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:</li> <li>Ferrous Sulfate 325 mg (1 time daily)</li> </ul>	
	• Vitamin D2 50,000U (1 time daily)	
	<ul> <li>Individual #15</li> <li>December 2021</li> <li>Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:</li> <li>Fiber powder 3 grams (1 time daily)</li> </ul>	
	Restore	
	<ul> <li>Multivitamin W Mineral (2 times daily)</li> </ul>	
	• Vitamin C 500mg (2 times daily)	
	<ul> <li>Bone care capsule (2 times daily)</li> </ul>	
	• Progesterone cream (1 time daily) not to use first 7 days of the month	
	Levothyroxine 50 mcg (1 time daily) ings – Grace Requires Understanding, Incorporated – Southwes	

<ul> <li>Niacin 500 mg (1 time daily)</li> <li>Omega 3/650 mg liquid (1 time daily)</li> </ul>	

Developmental Disabilities (DD) Waiver Service Standards 22/62/018; Re-Issue: 12/28/2018; Eff 11/2019         After an analysis of the evidence, it has been angative outcome to occur.         New / Repeat Findings:           Chapter 201: Provider Documentation and Client Records 20.6 Medication Administration Record (MAR): must be maintained in all settings where medications or treatments are dolivered. Family Living Providers may opt not to use MARs in they are services provided by unrelated DSP, ANS for the sole provider Yeno supports the person with medications or treatments. However, if they are services provided by unrelated DSP, ANS for the sole condary Provider Agencies are responsible for:         Based on record (MAR), which contained missing elements as required by standard: Individual #1         Individual #4 June 2022         Based on record (MAR), which contained missing physician orders: Individual #4 June 2022           1. Creating and maintaining either an electronic or paper MAR in their service sating. Provider Agencies are provider Agencies to assume the MAR in Therap but are not mandated to dos o. 2. Continuell provider Agencies are provider Agencies to assume that and safely. 7. Including the following medications or treatments are prescribed; 0. The prescribed cosage, frequency and method or route of administration freatments, and the diagnoses for which the medications or treatments are of maintainin therapy; 0. The prescribed cosage, frequency and method or route of administration freatments, and dates of administration freatments, and tase of administration freatments, and tase of administration for a conder method are following medications or treatments are prescribed; 0. The prescribed cosage, frequency method are doring instration freatments; over the counter (CTC) or comfort medications or treatments, and the elengrol/Aspectration for all ordered routine or PRN pre	Tag # 1A09.1 Medication Delivery PRN Medication Administration (Upheld by IRF)	Condition of Participation Level Deficiency	Condition of Participation Level Deficiency
<ul> <li>Standards 2/26/2018; Re-Issue: 12/28/2018; Eff 11/2019</li> <li>Chapter 20: Provider Documentation and Client Records 20 &amp; Medication Administration Records (MAR): A current Medication Administration Records (MAR): A current Medication Administration Records (MAR): A current Medication Administration Records (MAR): Must be mantianed in all settings where reviewed for the months of December 2021.</li> <li>Based on record review, 5 of 9 individuals had PRN Medication Administration Records (MAR), which contained missing physician orders:</li> <li>Based on record review, 5 of 9 individuals had PRN Medication Administration Records (MAR), which contained missing physician orders:</li> <li>Based on record review, 5 of 9 individuals had PRN Medication Administration Records (MAR), which contained missing physician orders:</li> <li>Based on record review, 5 of 9 individuals had PRN Medication Administration Records (MAR), which contained missing physician orders:</li> <li>Based on record review, 5 of 9 individuals had PRN Medication Administration Records (MAR), which contained missing physician orders:</li> <li>Individual #1</li> <li>December 2021</li> <li>Individual #4</li> <li>December 2021</li> <li>Medication Administration Records (MAR), which contained missing physicians orders:</li> <li>Acetaminophen 325 or 500 mg (PRN)</li> <li>Ibuprophen 200mg (PRN)</li> <li>Sore Throat Spray (PRN)</li> <li>Milk of Magnesia (PRN)</li> <li>Pink Bismuth (PRN)</li> <li>Saline Nasal Spray (PRN)</li> <li>Milk of Magnesia (PRN)</li> <li>Bengay/Aspercreme (PRN)</li> <li>Sunscreen SPF 30, 40, 50 (PRN)</li> <li>Ibuprofen 600mg (PRN)</li> <li>Findings for Individuals #4 and 11 were uphold by the IRF).</li> <li>Calcium Carbonate/Magnesium Carbonate</li> </ul>		After an analysis of the evidence, it has been	New / Repeat Findings:
<ul> <li>11/1/2019</li> <li>Chapter 22: Provider Documentation and Client Records 20.6 Medication Administration Record (MAR): Accurate Medications retreatments. Are delivered. Family and determined there is a significant potential for a medications or treatments. However, if there are services provided by unrelated DSP. ANS for Medication Administration Records (MAR), which contained missing elements as required by standard.</li> <li>Individual #1 December 2021.</li> <li>Based on record review, 2 of 8 individuals had PRN medications or treatments. However, if there are services provided by unrelated DSP. ANS for Medication Administration Records (MAR), which contained missing elements as required by standard.</li> <li>Individual #1 Individual #1 Medication Cversight must be tougheted, and a MAR must be created and used by the DSP. Primary and Secondary Provider Agencies are uses used to the size size and the following medications. To Physician's Orders were found for the following medications.</li> <li>I. Creating and maintaining either an electronic or paper MAR in their service setting. Provider Agencies are uses the MAR in There are of the person, at transcription of the following on the MAR:</li> <li>a. The name of the person, at transcription of the polycicals or current medications or treatments. How a determines are prescribed or oute of administration readments and person with diagnoses for which the medications or treatments are prescribed or could of administration medications or treatments are prescribed or or treatments are prescribed or could of administration medications or treatments and all self-self-self-administration medications or treatments, and all self-self-self-administration medications or treatments, and all self-self-bard or or treatments, and the dates of administration medications or treatments, and all self-self-bard or or treatments, and all self-self-bard or or treatments and person with medications or treatments, and the physician's or treatments, and the dates of administratio</li></ul>			
<ul> <li>Chapter 20: Provider Documentation and Client Records (MAR) were Records 20: Medication Administration Record (MAR): A current Medication Administration Record (MAR): A current Medication Administration Records (MAR) were reviewed for the months of December 2021.</li> <li>Mark must be maintained in all settings where an elevice provider who supports the person with the sole provider do supress the person with the resoner source of the sole provider do supress the person with the resoner source to accurate the size and used by the DSP.</li> <li>Primary and Secondary Provider Agencies are responsible for:</li> <li>Creating and maintaining either an electronic or paper MAR in their service sources to accure at negative outcomes to accurate the following medications:</li> <li>Acetaminophen 325 or 500 mg (PRN)</li> <li>Ibuprophen 200mg (PRN)</li> <li>Busite or name of the person, a transcription of the physician's or licensed health care and generic names for all ordered routine and person for sort interationens are prescribed:</li> <li>Antibiotic ointment (PRN)</li> <li>Salian Nasal Spray (PRN)</li> <li>Sunscreen SPF 30, 40, 50 (PRN)</li> <li>Antibiotic ointment (PRN)</li> <li>Sunscreen SPF 30, 40, 50 (PRN)</li> <li>Antibiotic ointment (PRN)</li> <li>Sunscreen SPF 30, 40, 50 (PRN)</li> <li>Antibiotic ointment (PRN)</li> <li>Antibiotic ointment (PRN)</li> <li>Sunscreen SPF 30, 40, 50 (PRN)</li> <li>Antibiotic ointment (PRN)</li> <li>Calcium Carbonate/Magnesium Carbonate</li> </ul>			After an analysis of the evidence, it has been
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<ul> <li>setting. Provider Agencies may use the MAR in Therap but are not mandated to do so.</li> <li>2. Continuedly communicating any changes about medications and treatments between Provider Agencies to assure health and safety.</li> <li>7. Including the following on the MAR:</li> <li>a. The name of the person, a transcription of the physician's or licensed health care provider's orders including the brand and generic names for all ordered routine and PRN medications or treatments, and the diagnoses for which the medications or treatments, and the diagnoses for which the medications or treatments, and the diagnoses of addition for all time limited or discontinued medications or treatments; over the counter (OTC) or "comfort" medications or treatments;</li> <li>b. The prescribed dosage, frequency and method or route of administration for all self-selected herbal or vitamin therapy;</li> <li>c. Documentation of all time limited or discontinued medications or treatments;</li> <li>c. Documentation of all time limited or discontinued medications or treatments;</li> <li>c. Documentation of all time limited or discontinued medications or treatments;</li> <li>c. Documentation of all time limited or discontinued medications or treatments;</li> <li>c. Documentation of all time limited or discontinued medications or treatments;</li> <li>c. Documentation or treatments;</li> <li>c. Documentation or all time limited or discontinued medications or treatments;</li> <li>c. Documentation or all time limited or discontinued medications or treatments;</li> <li>c. Documentation or freatments;</li> <li>d. The calcium Carbonate/Magnesium Carbonate</li> </ul>	electronic or paper MAR in their service		<ul> <li>Albuterol Sulfate Solution 2.5 mg/3ml (PRN)</li> </ul>
<ul> <li>in Therap but are not mandated to do so.</li> <li>Continually communicating any changes about medications and treatments between</li> <li>Provider Agencies to assure health and safety.</li> <li>T. Including the following on the MAR:</li> <li>a. The name of the person, a transcription of the physician's or licensed health care provider's orders including the brand and generic names for all ordered routine and PRN medications or treatments, and the diagnoses for which the medications or treatments, and the diagnoses for which the medications or treatments, and the diagnoses for which the medications or treatments, and the diagnoses for which the medications or treatments, and the diagnoses of all ordered routine and method or route of administration for all ordered routine or PRN prescriptions or treatments; over the counter (OTC) or "comfort" medications or treatments;</li> <li>b. The prescribed dosage, frequency and method or route of administration for all ordered routine or PRN prescriptions or treatments; over the counter (OTC) or "comfort" medications or treatments;</li> <li>c. Documentation of all time limited or discontinued medications or treatments;</li> <li>c. Documentation of all time limited or discontinued medications or treatments;</li> <li>d. The counter (CTC) or "comfort" medications or treatments;</li> <li>d. The counter (OTC) or "comfort" medications or treatments;</li> <li>d. The counter (CTC) or "comfort" medications or treatments;</li> <li>d. The counter (CTC) or "comfort" medications or treatments;</li> <li>d. The counter (CTC) or "comfort" medications or treatments;</li> <li>d. The counter (CTC) or "comfort" medications or treatments;</li> <li>d. The counter (CTC) or "comfort" medications or treatments;</li> <li>d. The counter (CTC) or "comfort" medications or treatments;</li> <li>d. The counter (CTC) or "comfort" medications or treatments;</li> <li>d. Subscence SPF 30, 40, 50 (PRN)</li> <li>d. Vicks Vapor Rub (PRN)</li> <li>d. Calcium Carbonate/Magnesium Carbonate</li> </ul>	setting. Provider Agencies may use the MAR	<ul> <li>Ibuprophen 200mg (PRN)</li> </ul>	<b>.</b> , , , , , , , , , , , , , , , , ,
<ul> <li>about medications and treatments between</li> <li>Provider Agencies to assure health and safety.</li> <li>7. Including the following on the MAR:</li> <li>a. The name of the person, a transcription of the physician's or licensed health care provider's orders including the brand and generic names for all ordered routine and PRN medications or treatments, and the diagnoses for which the medications or treatments, and the diagnoses for which the medications or treatments, and the diagnoses for which the medications or treatments, and the diagnoses for which the medications or treatments; over the counter (OTC) or "comfort" medications or treatments; over the counter (OTC) or "comfort"</li> <li>b. The prescribed dosage, frequency and method or route of administration for all ordered routine on PRN prescriptions or treatments; over the counter (OTC) or "comfort"</li> <li>c. Documentation of all time limited or discontinued medications or treatments;</li> <li>c. Documentation of all time limited or discontinued medications or treatments;</li> <li>c. Documentation of all time limited or discontinued medications or treatments;</li> <li>d. The prescriptions or treatments;</li> <li>d. The prescription or treatments;</li> &lt;</ul>	in Therap but are not mandated to do so.		Individual #11
<ul> <li>about medications and treatments between</li> <li>Provider Agencies to assure health and safety.</li> <li>7. Including the following on the MAR:</li> <li>a. The name of the person, a transcription of the physician's or licensed health care provider's orders including the brand and generic names for all ordered routine and PRN medications or treatments, and the diagnoses for which the medications or treatments, and the diagnoses for which the medications or treatments are prescribed;</li> <li>b. The prescribed dosage, frequency and method or route of administration for all ordered routine or PRN prescriptions or treatments; over the counter (OTC) or "comfort" medications or treatments and all self-selected herbal or vitamin therapy;</li> <li>c. Documentation of all time limited or discontinued medications or treatments;</li> <li>d. The prescribed or vitamin therapy;</li> <li>d. Documentation of all time limited or discontinued medications or treatments;</li> <li>d. The prescribed or vitamin therapy;</li> <li>c. Documentation of all time limited or discontinued medications or treatments;</li> <li>d. The prescribed or vitamin therapy;</li> <li>d. Dectromethorphan and Guaifenesim (PRN)</li> <li>d. Antibiotic ointment (PRN)</li> <li>d. Calcium Carbonate/Magnesium Carbonate</li> </ul>		<ul> <li>Pink Bismuth (PRN)</li> </ul>	June 2022
<ul> <li>7. Including the following on the MAR:</li> <li>a. The name of the person, a transcription of the physician's or licensed health care provider's orders including the brand and generic names for all ordered routine and PRN medications or treatments, and the diagnoses for which the medications or treatments, and the diagnoses for which the medications or treatments are prescribed;</li> <li>b. The prescribed dosage, frequency and method or route of administration; times and dates of administration for all ordered routine or PRN prescriptions or treatments; over the counter (OTC) or "comfort" medications or treatments; over the counter (OTC) or "comfort"</li> <li>c. Documentation of all time limited or discontinued medications or treatments;</li> <li>d. Destromethorphan and Guaifenesin (PRN)</li> <li>e. Sunscreen SPF 30, 40, 50 (PRN)</li> <li>e. Vicks Vapor Rub (PRN)</li> <li>e. Vicks Vapor Rub (PRN)</li> <li>e. Calcium Carbonate/Magnesium Carbonate</li> </ul>			Medication Administration Records contain the
<ul> <li>7. Including the following on the MAR:</li> <li>a. The name of the person, a transcription of the physician's or licensed health care provider's orders including the brand and generic names for all ordered routine and PRN medications or treatments, and the diagnoses for which the medications or treatments, and the diagnoses for which the medications or treatments are prescribed;</li> <li>b. The prescribed dosage, frequency and method or route of administration; times and dates of administration for all ordered routine or PRN prescriptions or treatments; over the counter (OTC) or "comfort" medications or treatments; over the counter (OTC) or "comfort"</li> <li>c. Documentation of all time limited or discontinued medications or treatments;</li> <li>c. Documentation of all time limited or discontinued medications or treatments;</li> <li>d. Dextromethorphan and Guaifenesin (PRN)</li> <li>e. Sunscreen SPF 30, 40, 50 (PRN)</li> <li>e. Vicks Vapor Rub (PRN)</li> <li>e. Vicks Vapor Rub (PRN)</li> <li>e. Calcium Carbonate/Magnesium Carbonate</li> </ul>	Provider Agencies to assure health and safety.	<ul> <li>Sore Throat Spray (PRN)</li> </ul>	following medications. No Physician's Orders were
<ul> <li>the physician's or licensed health care provider's orders including the brand and generic names for all ordered routine and PRN medications or treatments, and the diagnoses for which the medications or treatments are prescribed;</li> <li>b. The prescribed dosage, frequency and method or route of administration; times and dates of administration for all ordered routine or PRN prescriptions or treatments; over the counter (OTC) or "comfort" medications or treatments and all self-selected herbal or vitamin therapy;</li> <li>c. Documentation of all time limited or discontinued medications or treatments;</li> </ul>	<ol><li>Including the following on the MAR:</li></ol>		
<ul> <li>the physician's or licensed health care provider's orders including the brand and generic names for all ordered routine and PRN medications or treatments, and the diagnoses for which the medications or treatments are prescribed;</li> <li>b. The prescribed dosage, frequency and method or route of administration; times and dates of administration for all ordered routine or PRN prescriptions or treatments; over the counter (OTC) or "comfort" medications or treatments and all self-selected herbal or vitamin therapy;</li> <li>c. Documentation of all time limited or discontinued medications or treatments;</li> </ul>		<ul> <li>Milk of Magnesia (PRN)</li> </ul>	<ul> <li>Albuterol Sulfate Inhalation Sol 2.5 mg/3 ml</li> </ul>
<ul> <li>generic names for all ordered routine and PRN medications or treatments, and the diagnoses for which the medications or treatments are prescribed;</li> <li>b. The prescribed dosage, frequency and method or route of administration; times and dates of administration for all ordered routine or PRN prescriptions or treatments; over the counter (OTC) or "comfort" medications or treatments; and all self- selected herbal or vitamin therapy;</li> <li>c. Documentation of all time limited or discontinued medications or treatments;</li> <li>d. Dentromethorphan and Guaifenesin (PRN)</li> <li>e. Saline Nasal Spray (PRN)</li> <li>f. Dextromethorphan and Guaifenesin (PRN)</li> <li>f. Dextromethorphan and Guaifenesin (PRN)</li> <li>f. Dextromethorphan and Guaifenesin (PRN)</li> <li>f. Sunscreen SPF 30, 40, 50 (PRN)</li> <li>f. Antibiotic ointment (PRN)</li> <li>f. Vicks Vapor Rub (PRN)</li> <li>f. Calcium Carbonate/Magnesium Carbonate</li> </ul>		·······	(PRN)
<ul> <li>generic names for all ordered routine and PRN medications or treatments, and the diagnoses for which the medications or treatments are prescribed;</li> <li>b. The prescribed dosage, frequency and method or route of administration; times and dates of administration for all ordered routine or PRN prescriptions or treatments; over the counter (OTC) or "comfort" medications or treatments and all self- selected herbal or vitamin therapy;</li> <li>c. Documentation of all time limited or discontinued medications or treatments;</li> <li>d. Dextromethorphan and Guaifenesin (PRN)</li> <li>e. Saline Nasal Spray (PRN)</li> <li>f. Dextromethorphan and Guaifenesin (PRN)</li> <li>f. Sunscreen SPF 30, 40, 50 (PRN)</li> <li>f. Antibiotic ointment (PRN)</li> <li>f. Vicks Vapor Rub (PRN)</li> <li>f. Calcium Carbonate/Magnesium Carbonate</li> </ul>		<ul> <li>Bengav/Aspercreme (PRN)</li> </ul>	
<ul> <li>PRN medications or treatments, and the diagnoses for which the medications or treatments are prescribed;</li> <li>The prescribed dosage, frequency and method or route of administration; times and dates of administration for all ordered routine or PRN prescriptions or treatments; over the counter (OTC) or "comfort" medications or treatments and all self-selected herbal or vitamin therapy;</li> <li>Documentation of all time limited or discontinued medications or treatments;</li> <li>C. Documentation of all time limited or discontinued medications or treatments;</li> <li>Mathematical documents;</li> <li>Saline Nasal Spray (PRN)</li> <li>Saline Nasal Spray (PRN)</li> <li>Dextromethorphan and Guaifenesin (PRN)</li> <li>Dextromethorphan and Guaifenesin (PRN)</li> <li>Sunscreen SPF 30, 40, 50 (PRN)</li> <li>Antibiotic ointment (PRN)</li> <li>Vicks Vapor Rub (PRN)</li> <li>Calcium Carbonate/Magnesium Carbonate</li> </ul>			<ul> <li>Ibuprofen 600mg (PRN)</li> </ul>
<ul> <li>diagnoses for which the medications of treatments are prescribed;</li> <li>b. The prescribed dosage, frequency and method or route of administration; times and dates of administration for all ordered routine or PRN prescriptions or treatments; over the counter (OTC) or "comfort" medications or treatments and all self-selected herbal or vitamin therapy;</li> <li>c. Documentation of all time limited or discontinued medications or treatments;</li> <li>diagnoses for which the medications or treatments;</li> <li>Dextromethorphan and Guaifenesin (PRN)</li> <li>Sunscreen SPF 30, 40, 50 (PRN)</li> <li>Antibiotic ointment (PRN)</li> <li>Vicks Vapor Rub (PRN)</li> <li>Calcium Carbonate/Magnesium Carbonate</li> </ul>		<ul> <li>Saline Nasal Spray (PRN)</li> </ul>	
<ul> <li>treatments are prescribed;</li> <li>The prescribed dosage, frequency and method or route of administration; times and dates of administration for all ordered routine or PRN prescriptions or treatments; over the counter (OTC) or "comfort" medications or treatments and all self-selected herbal or vitamin therapy;</li> <li>Dextromethorphan and Guaifenesin (PRN)</li> <li>Sunscreen SPF 30, 40, 50 (PRN)</li> <li>Antibiotic ointment (PRN)</li> <li>Vicks Vapor Rub (PRN)</li> <li>Vicks Vapor Rub (PRN)</li> <li>Calcium Carbonate/Magnesium Carbonate</li> </ul>			(Findings for Individuals #4 and 11 were upheld by
<ul> <li>b. The prescribed dosage, frequency and method or route of administration; times and dates of administration for all ordered routine or PRN prescriptions or treatments; over the counter (OTC) or "comfort" medications or treatments and all self-selected herbal or vitamin therapy;</li> <li>c. Documentation of all time limited or discontinued medications or treatments;</li> <li>b. The prescribed dosage, frequency and method or selected herbal or vitamin therapy;</li> <li>c. Documentation of all time limited or discontinued medications or treatments;</li> <li>c. Documentation of all time limited or discontinued medications or treatments;</li> <li>c. Documentation of all time limited or discontinued medications or treatments;</li> <li>d. Sunscreen SPF 30, 40, 50 (PRN)</li> <li>Antibiotic ointment (PRN)</li> <li>Vicks Vapor Rub (PRN)</li> <li>Calcium Carbonate/Magnesium Carbonate</li> </ul>		<ul> <li>Dextromethorphan and Guaifenesin (PRN)</li> </ul>	
<ul> <li>and dates of administration for all ordered routine or PRN prescriptions or treatments; over the counter (OTC) or "comfort"</li> <li>medications or treatments and all self- selected herbal or vitamin therapy;</li> <li>c. Documentation of all time limited or discontinued medications or treatments;</li> <li>Sunscreen SPF 30, 40, 50 (PRN)</li> <li>Antibiotic ointment (PRN)</li> <li>Vicks Vapor Rub (PRN)</li> <li>Calcium Carbonate/Magnesium Carbonate</li> </ul>			· · ·
<ul> <li>And dates of administration for all ordered routine or PRN prescriptions or treatments; over the counter (OTC) or "comfort" medications or treatments and all self-selected herbal or vitamin therapy;</li> <li>C. Documentation of all time limited or discontinued medications or treatments;</li> <li>Antibiotic ointment (PRN)</li> <li>Vicks Vapor Rub (PRN)</li> <li>Calcium Carbonate/Magnesium Carbonate</li> </ul>		Sunscreen SPE 30 10 50 (PRN)	
<ul> <li>over the counter (OTC) or "comfort"</li> <li>medications or treatments and all self-selected herbal or vitamin therapy;</li> <li>c. Documentation of all time limited or discontinued medications or treatments;</li> <li>Antibiotic ointment (PRN)</li> <li>Vicks Vapor Rub (PRN)</li> <li>Calcium Carbonate/Magnesium Carbonate</li> </ul>			
<ul> <li>we the connect (of C) of connect medications or treatments and all self-selected herbal or vitamin therapy;</li> <li>c. Documentation of all time limited or discontinued medications or treatments;</li> <li>Vicks Vapor Rub (PRN)</li> <li>Calcium Carbonate/Magnesium Carbonate</li> </ul>		Antibiotic cintmont (DDN)	
<ul> <li>selected herbal or vitamin therapy;</li> <li>c. Documentation of all time limited or discontinued medications or treatments;</li> <li>Vicks Vapor Rub (PRN)</li> <li>Calcium Carbonate/Magnesium Carbonate</li> </ul>			
<ul> <li>c. Documentation of all time limited or discontinued medications or treatments;</li> <li>Calcium Carbonate/Magnesium Carbonate</li> </ul>		a Vieka Vapar Rub (DRN)	
discontinued medications or treatments;		• VICKS VAPOLIKUD (PKIN)	
		Coloium Corbonata (Marris coium Corbonata	
d. The initials of the individual administering ((TKN)			
QMB Report of Findings – Grace Requires Understanding, Incorporated – Southwest – July 18 – 29, 2022	d. The initials of the individual administering		

or assisting with the medication delivery		
and a signature page or electronic record	Individual #2	
that designates the full name	December 2021	
corresponding to the initials;	Medication Administration Records contain the	
e. Documentation of refused, missed, or held	following medications. No Physician's Orders	
medications or treatments:	were found for the following medications:	
f. Documentation of any allergic	Aspercreme (PRN)	
reaction that occurred due to		
medication or treatments; and	<ul> <li>Children's Sudafed Nasal Decongestant 10 ml</li> </ul>	
g. For PRN medications or treatments:	(PRN)	
i. instructions for the use of the PRN		
	Obildrenzia llauranten Linuid (C. m. L. (DDN))	
medication or treatment which must include	<ul> <li>Children's Ibuprofen Liquid 15 ml (PRN)</li> </ul>	
observable signs/symptoms or		
circumstances in which the medication or	<ul> <li>Insulin Humalog Sliding Scale (PRN)</li> </ul>	
treatment is to be used and the number of		
doses that may be used in a 24-hour period;	Individual #4	
<li>ii. clear documentation that the DSP</li>	December 2021	
contacted the agency nurse prior to	Medication Administration Records contain the	
assisting with the medication or	following medications. No Physician's Orders	
treatment, unless the DSP is a Family	were found for the following medications:	
Living Provider related by affinity of	<ul> <li>Albuterol Sulfate 90 mcg (PRN)</li> </ul>	
consanguinity; and		
iii. documentation of the effectiveness of	<ul> <li>Albuterol Sulfate Inhalation Sol 2.5 mg (PRN)</li> </ul>	
the PRN medication or treatment.		
	<ul> <li>Acetaminophen 325 or 500 mg (PRN)</li> </ul>	
Chapter 10 Living Core Arrengements	• Acciaminophen 525 of 500 mg (FNN)	
Chapter 10 Living Care Arrangements	a Ibuprophon 200 mg (DPN)	
10.3.4 Medication Assessment and Delivery:	<ul> <li>Ibuprophen 200 mg (PRN)</li> </ul>	
Living Supports Provider Agencies must support and		
comply with:	<ul> <li>Pink Bismuth (PRN)</li> </ul>	
1. the processes identified in the DDSD		
AWMD training;	<ul> <li>Sore Throat spray (PRN)</li> </ul>	
2. the nursing and DSP functions identified in		
the Chapter 13.3 Part 2- Adult Nursing	<ul> <li>Milk of Magnesia (PRN)</li> </ul>	
Services;		
3. all Board of Pharmacy regulations as noted in	<ul> <li>Bengay / Asper crème (PRN)</li> </ul>	
Chapter 16.5 Board of Pharmacy; and		
4. documentation requirements in a	<ul> <li>Saline Nasal spray (PRN)</li> </ul>	
Medication Administration Record (MAR) as		
described in Chapter 20.6 Medication	<ul> <li>Dextromethorphan and Guaifenesin (PRN)</li> </ul>	
Administration Record (MAR).		
	- Superson SPE 20, 40, 50 (PDNI)	
	<ul> <li>Sunscreen SPF 30, 40, 50 (PRN)</li> </ul>	

Antibiotic Ointment (PRN)	
Vicks Vapor Rub (PRN)	
<ul> <li>Individual #11</li> <li>December 2021</li> <li>Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:</li> <li>Albuterol Sulfate Inhalation Sol 2.5 Asthma/Allergies (PRN)</li> </ul>	
<ul> <li>Tylenol 325mg (PRN)</li> </ul>	
<ul> <li>Ibuprophen 600mg (PRN)</li> </ul>	
<ul> <li>Individual #12</li> <li>December 2021</li> <li>Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:</li> <li>Zyrtec 10mg (PRN)</li> <li>Magnesium Citrate Constipation Oral (PRN)</li> <li>Pepto Bismol (PRN)</li> </ul>	

Standard of Care	Routine Survey Deficiencies January 14 – 28, 2022	Verification Survey New and Repeat Deficiencies July 18 – 29, 2022
Service Domain: Service Plans: ISP Implementation	n – Services are delivered in accordance with the serv	vice plan, including type, scope, amount, duration and
frequency specified in the service plan.		
Tag # 1A08 Administrative Case File (Other	Standard Level Deficiency	COMPLETE
Required Documents)		
Tag # 1A08.3 Administrative Case File: Individual Service Plan / ISP Components	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A08.1 Administrative and Residential Case File: Progress Notes	Standard Level Deficiency	COMPLETE
Tag # 1A32 Administrative Case File: Individual Service Plan Implementation	Standard Level Deficiency	COMPLETE
Tag # 1A32.1 Administrative Case File: Individual Service Plan Implementation (Not Completed at Frequency)	Standard Level Deficiency	COMPLETE
Service Domain: Qualified Providers - The State mo	nitors non-licensed/non-certified providers to assure a	adherence to waiver requirements. The State
implements its policies and procedures for verifying that		
Tag # 1A22 Agency Personnel Competency	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A26 Consolidated On-line Registry Employee Abuse Registry	Standard Level Deficiency	COMPLETE
Tag # 1A37 Individual Specific Training	Standard Level Deficiency	COMPLETE
Tag # 1A43.1 General Events Reporting: Individual Reporting	Standard Level Deficiency	COMPLETE
	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 he	ealthcare services in a timely manner.
Tag # 1A08.2 Administrative Case File:         Healthcare Requirements & Follow-up	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A03 Continuous Quality Improvement System & Key Performance Indicators (KPIs)	Standard Level Deficiency	COMPLETE
Tag # 1A09.0 Medication Delivery Routine Medication Administration	Standard Level Deficiency	COMPLETE
Tag # 1A15.2 Administrative Case File:Healthcare Documentation (Therap and Required	Condition of Participation Level Deficiency	COMPLETE
Plans) Tag # LS06 Family Living Requirements	Standard Level Deficiency	COMPLETE
Service Domain: Medicaid Billing/Reimbursement reimbursement methodology specified in the approved		are coded and paid for in accordance with the
Tag # IS30 Customized Community Supports	Standard Level Deficiency	COMPLETE
Reimbursement		

Tag # LS27 Family Living Reimbursement	Standard Level Deficiency	COMPLETE
Tag #IH32 Customized In-Home Supports Reimbursement	Standard Level Deficiency	COMPLETE

	Verification Survey Plan of Correction, On-going QA/QI and Responsible Party	Completion Due
Tag # 1A09 Medication Delivery Routine Medication Administration	<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?): $\rightarrow$	
	Provider: 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 affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?): $\rightarrow$	
Tag # 1A09.1 Medication Delivery PRN Medication	Provider: State your Plan of Correction for the deficiencies cited in this tag here (How is the deficiency going to	
Administration	be corrected? This can be specific to each deficiency cited or if possible an overall correction?): $\rightarrow$	
	Provider: 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 affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?): $\rightarrow$	



DAVID R. SCRASE, M.D. Acting Cabinet Secretary

Date:	September 13, 2022
То:	Cruz Maria Rojas. Administrative Director
Provider: Address: State/Zip:	Grace Requires Understanding, Incorporated 212 S, Main Street Las Cruces, New Mexico 88001
E-mail Address:	crojas@mygru.org
Region: Routine Survey: Verification Survey:	Southwest January 14 – 28, 2022 July 18 – 29, 2022
Program Surveyed:	Developmental Disabilities Waiver
Service Surveyed:	Family Living, Customized In-Home Supports, Customized Community Supports
Survey Type:	Verification

Dear Ms. Rojas:

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, Monica Valdez, BS

Monica Valdez, BS Healthcare Surveyor Advanced/Plan of Correction Coordinator Quality Management Bureau/DHI

Q.23.3.DDW.D3861.3.VER.09.22.256