



MICHELLE LUJAN GRISHAM  
Governor

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

Date: December 13, 2022

To: Claudine Valerio-Salazar, Executive Director

Provider: EnSuenos Y Los Angelitos Development Center  
Address: 1030 Salazar Rd.  
State/Zip: Taos, New Mexico 87571

E-mail Address: [cvs@eladc.org](mailto:cvs@eladc.org)

CC: Analisa Rugelio, Supported Living Coordinator / QI Coordinator / Trainer  
E-Mail Address: [avigil@eladc.org](mailto:avigil@eladc.org)

Region: Northeast  
Routine Survey: May 16 - 26, 2022  
Verification Survey: November 28 – December 8, 2022

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: Supported Living, Customized Community Supports, and Community Integrated Employment Services

Survey Type: Verification

Team Leader: Lei Lani Nava, MPH, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Team Members: Verna Newman-Sikes, AA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Ms. Claudine Valerio-Salazar,

The Division of Health Improvement/Quality Management Bureau has completed a Verification survey of the services identified above. The purpose of the survey was to determine compliance with your Plan of Correction submitted to DHI regarding the *Routine Survey on May 16 – 26, 2022*.

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

***Partial Compliance with Standard Level Tags and Conditions of Participation Level Tags:*** 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 # 1A08.2 Administrative Case File: Healthcare Requirements & Follow-up (***Repeat Finding***)
- Tag # 1A09 Medication Delivery Routine Medication Administration (***New / Repeat Finding***)

**DIVISION OF HEALTH IMPROVEMENT**  
5300 Homestead Rd NE, Suite 303-3223 • Albuquerque, New Mexico • 87110  
(505) 470-4797 • FAX: (505) 222-8661 • <https://nmhealth.org/about/dhi>



QMB Report of Findings – EnSuenos Y Los Angelitos Development Center – Northeast – November 28 – December 8, 2022

Survey Report #: Q.23.2.DDW.D1065.2.VER.01.22.347

However, due to the new/repeat deficiencies your agency will be required to contact your DDS Regional Office for technical assistance and complete the Plan of Correction document attached at the end of this report. Please note that verification survey POC does not have the same timelines as the routine POC process. You are required to complete the Plan of Correction within 10 business days from the receipt of this letter. Once your POC is approved, you will have 3 business days to submit your documents.

**Plan of Correction:**

The POC must include the following:

1. Evidence your agency has contacted your DDS Regional Office for technical assistance;
2. A Plan of Correction detailing Corrective Action for any new/repeat deficiencies and Quality Assurance/Quality Improvement processes to prevent your agency from receiving deficiencies in the future;

**Submission of your Plan of Correction:**

Please submit your agency's Plan of Correction using the format at the end of this report within 10 business days of receipt of this letter to the parties below:

1. **Quality Management Bureau, Monica Valdez, Plan of Correction Coordinator**  
[MonicaE.Valdez@doh.nm.gov](mailto:MonicaE.Valdez@doh.nm.gov)
2. **Developmental Disabilities Supports Division Regional Office for region of service surveyed**

As a reminder, you are to submit your documents electronically within 3 business days of the POC being approved.

- Documents not containing Protected Health Information (PHI) may be submitted to the POC Coordinator at [Monicae.valdez@doh.nm.gov](mailto:Monicae.valdez@doh.nm.gov)
- Documents containing Protected Health Information (PHI) may be submitted via Therap® S-Comm or you may contact the POC Coordinator at [Monicae.valdez@doh.nm.gov](mailto:Monicae.valdez@doh.nm.gov) to initiate a secure State email where you will reply and attach your documents. When possible, please submit requested documentation using a "zipped/compressed" file to reduce file size.
- You may also submit documents via another electronic format, i.e., flash drive. Please contact the POC Coordinator Monica Valdez at 505-273-1930 or [Monicae.valdez@doh.nm.gov](mailto:Monicae.valdez@doh.nm.gov) to make arrangements for delivery of your documents.

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

Please contact the Plan of Correction Coordinator, Monica Valdez at 505-273-1930 or [Monicae.valdez@doh.nm.gov](mailto:Monicae.valdez@doh.nm.gov) if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,

*Lei Lani Nava, MPH*

Lei Lani Nava, MPH  
Team Lead/Healthcare Surveyor  
Division of Health Improvement  
Quality Management Bureau

## Survey Process Employed:

Administrative Review Start Date:	November 28, 2022
Contact:	<b><u>EnSuenos Y Los Angelitos Development Center</u></b> Claudine Valerio-Salazar, Executive Director  <b><u>DOH/DHI/QMB</u></b> Lei Lani Nava, Team Lead/Healthcare Surveyor
On-site Entrance Conference Date:	<i>Entrance conference was waived by provider.</i>
Exit Conference Date:	December 8, 2022
Present:	<b><u>EnSuenos Y Los Angelitos Development Center</u></b> Claudine Valerio-Salazar, Executive Director Kimberly Tofoya, Human Resource Manager Joseph Rivera, Day Service Manager / Service Coordinator Beverly Rodriguez, Day Service / Residential Assistant Manager Analisa Vigil-Rugelio, Supported Living Manager  <b><u>DOH/DHI/QMB</u></b> Lei Lani Nava, MPH, Team Lead/Healthcare Surveyor Amanda Castaneda-Holguin, MPA, Healthcare Surveyor Supervisor Verna Newman-Sikes, AA, Healthcare Surveyor  <b><u>DDSD - NE Regional Office</u></b> Angela Pacheco, Regional Director Kim Hamstra, Social Community Service Coordinator
Total Sample Size:	5  1 - <i>Former Jackson Class Members</i> 4 - <i>Non-Jackson Class Members</i>  4 - <i>Supported Living</i> 5 - <i>Customized Community Supports</i> 1 - <i>Community Integrated Employment</i>
Direct Support Personnel Records Reviewed	15 ( <i>Note: One DSP performs multiple roles as a Day Service Manager and Service Coordinator</i> )
Direct Support Personnel Interviewed during Routine Survey	7 ( <i>Note: Interviews conducted by video / phone due to COVID-19 Public Health Emergency</i> )
Service Coordinator Records Reviewed	2 ( <i>Note: One Service Coordinator performs dual roles as a DSP and Day Service Manager</i> )
Nurse Interview completed during Routine Survey	1
Administrative Processes and Records Reviewed:	<ul style="list-style-type: none"><li>• Medicaid Billing/Reimbursement Records for all Services Provided</li><li>• Accreditation Records</li><li>• Oversight of Individual Funds</li><li>• Individual Medical and Program Case Files, including, but not limited to:<ul style="list-style-type: none"><li>◦ Individual Service Plans</li></ul></li></ul>

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- 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  
 NM Attorney General's Office

## 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 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 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:***

***Service Domain: Service Plan: ISP Implementation - 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)

***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.***

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

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

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**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

**Service Domain: Health, Welfare and Safety** - *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 Reqts. (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:

1. The Informal Reconsideration of the Finding (IRF) request must be received in writing to the QMB Bureau Chief **within 10 business days** 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: <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, Valerie V. Valdez at [valerie.valdez@state.nm.us](mailto:valerie.valdez@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.

## 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 Determination	Weighting						
	LOW		MEDIUM			HIGH	
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%	
<b><i>“Non-Compliance”</i></b>						17 or more Total Tags with 75 to 100% 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.
<b><i>“Partial Compliance with Standard Level tags and Condition of Participation Level Tags”</i></b>					Any Amount Standard Level Tags, plus 1 to 5 Conditions of Participation Level tags.		
<b><i>“Partial Compliance with Standard Level tags”</i></b>			up to 16 Standard Level Tags with 75 to 100% of the individuals in the sample cited in any tag.	17 or more Standard Level Tags with 50 to 74% of the individuals in the sample cited any tag.			
<b><i>“Compliance”</i></b>	Up to 16 Standard Level Tags with 0 to 74% of the individuals in the sample cited in any tag.	17 or more Standard Level Tags with 0 to 49% of the individuals in the sample cited in any tag.					

**Agency:** EnSuenos Y Los Angelitos Development Center - Northeast Region  
**Program:** Developmental Disabilities Waiver  
**Service:** Supported Living, Customized Community Supports, and Community Integrated Employment Services  
**Survey Type:** Verification  
**Routine Survey:** May 16 – 26, 2022  
**Verification Survey:** November 28 – December 8, 2022

Standard of Care	Routine Survey Deficiencies May 16 – 26, 2022	Verification Survey New and Repeat Deficiencies November 28 – December 8, 2022
<p><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.</p>		
<p><b>Tag # 1A08.2 Administrative Case File: Healthcare Requirements &amp; Follow-up</b></p>	<p><b>Condition of Participation Level Deficiency</b></p>	<p><b>Condition of Participation Level Deficiency</b></p>
<p>Developmental Disabilities (DD) Waiver Service Standards 2/26/2018; Re-Issue: 12/28/2018; Eff 1/1/2019</p> <p><b>Chapter 3 Safeguards: 3.1.1 Decision Consultation Process (DCP):</b> Health decisions are the sole domain of waiver participants, their guardians or healthcare decision makers. Participants and their healthcare decision makers can confidently make decisions that are compatible with their personal and cultural values. Provider Agencies are required to support the informed decision making of waiver participants by supporting access to medical consultation, information, and other available resources according to the following:</p> <p>1. The DCP is used when a person or his/her guardian/healthcare decision maker has concerns, needs more information about health-related issues, or has decided not to follow all or part of an order, recommendation, or suggestion. This includes, but is not limited to:</p> <ol style="list-style-type: none"> <li>medical orders or recommendations from the Primary Care Practitioner, Specialists or other licensed medical or healthcare practitioners such as a Nurse Practitioner (NP or CNP), Physician Assistant (PA) or Dentist;</li> <li>clinical recommendations made by registered/licensed clinicians who are either members of the IDT or clinicians who have performed an evaluation such as a video-</li> </ol>	<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 2 of 5 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>Living Care Arrangements / Community Inclusion (Individuals Receiving Multiple Services):</b></p> <p><b>Annual Physical:</b></p> <ul style="list-style-type: none"> <li>Not Found (#3, 5)</li> </ul> <p><b>Dental Exam:</b></p> <ul style="list-style-type: none"> <li>Individual #5 - As indicated by collateral documentation reviewed, Exam was completed on 3/14/2022. Exam was not linked / attached in Therap. (Note: Linked / attached in Therap during the on-site survey. Provider please complete POC for ongoing QA/QI.)</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 provide documentation of annual physical examinations and/or other examinations as specified by a licensed physician for 1 of 5 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>Living Care Arrangements / Community Inclusion (Individuals Receiving Multiple Services):</b></p> <p><b>Annual Physical:</b></p> <ul style="list-style-type: none"> <li>Not Found (#5)</li> </ul>

<p>fluoroscopy;</p> <p>c. health related recommendations or suggestions from oversight activities such as the Individual Quality Review (IQR) or other DOH review or oversight activities; and</p> <p>d. recommendations made through a Healthcare Plan (HCP), including a Comprehensive Aspiration Risk Management Plan (CARMP), or another plan.</p> <p>2. When the person/guardian disagrees with a recommendation or does not agree with the implementation of that recommendation, Provider Agencies follow the DCP and attend the meeting coordinated by the CM. During this meeting:</p> <p>a. Providers inform the person/guardian of the rationale for that recommendation, so that the benefit is made clear. This will be done in layman's terms and will include basic sharing of information designed to assist the person/guardian with understanding the risks and benefits of the recommendation.</p> <p>b. The information will be focused on the specific area of concern by the person/guardian. Alternatives should be presented, when available, if the guardian is interested in considering other options for implementation.</p> <p>c. Providers support the person/guardian to make an informed decision.</p> <p>d. The decision made by the person/guardian during the meeting is accepted; plans are modified; and the IDT honors this health decision in every setting.</p> <p><b>Chapter 20: Provider Documentation and Client Records: 20.2 Client Records Requirements:</b> All DD Waiver Provider Agencies are required to create and maintain individual client records. The contents of client records vary depending on the unique needs of the person receiving services and the resultant information produced. The extent of documentation required for individual client records</p>	<p><b>Urgent Care:</b></p> <ul style="list-style-type: none"> <li>Individual #5 - As indicated by collateral documentation reviewed, Exam was completed on 2/13/2022. Exam was not linked / attached in Therap. <i>(Note: Linked / attached in Therap during the on-site survey. Provider please complete POC for ongoing QA/QI.)</i></li> </ul> <p><b>Primary Care:</b></p> <ul style="list-style-type: none"> <li>Individual #5 - As indicated by collateral documentation reviewed, Exam was completed on 1/4/2022. Exam was not linked / attached in Therap. <i>(Note: Linked / attached in Therap during the on-site survey. Provider please complete POC for ongoing QA/QI.)</i></li> </ul> <p><b>Wound Care:</b></p> <ul style="list-style-type: none"> <li>Individual #5 - As indicated by collateral documentation reviewed, Appointment was completed on 3/3/2022. Appointment was not linked / attached in Therap. <i>(Note: Linked / attached in Therap during the on-site survey. Provider please complete POC for ongoing QA/QI.)</i></li> <li>Individual #5 - As indicated by collateral documentation reviewed, Appointment was completed on 4/5/2022. Appointment was not linked / attached in Therap. <i>(Note: Linked / attached in Therap during the on-site survey. Provider please complete POC for ongoing QA/QI.)</i></li> <li>Individual #5 - As indicated by collateral documentation reviewed, Appointment was completed on 4/26/2022. Appointment was not linked / attached in Therap. <i>(Note: Linked / attached in Therap during the on-site survey. Provider please complete POC for ongoing QA/QI.)</i></li> </ul>	
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per service type depends on the location of the file, the type of service being provided, and the information necessary.

DD Waiver Provider Agencies are required to adhere to the following:

1. Client records must contain all documents essential to the service being provided and essential to ensuring the health and safety of the person during the provision of the service.
2. Provider Agencies must have readily accessible records in home and community settings in paper or electronic form. Secure access to electronic records through the Therap web-based system using computers or mobile devices is acceptable.
3. Provider Agencies are responsible for ensuring that all plans created by nurses, RDs, therapists or BSCs are present in all needed settings.
4. Provider Agencies must maintain records of all documents produced by agency personnel or contractors on behalf of each person, including any routine notes or data, annual assessments, semi-annual reports, evidence of training provided/received, progress notes, and any other interactions for which billing is generated.
5. Each Provider Agency is responsible for maintaining the daily or other contact notes documenting the nature and frequency of service delivery, as well as data tracking only for the services provided by their agency.
6. The current Client File Matrix found in Appendix A Client File Matrix details the minimum requirements for records to be stored in agency office files, the delivery site, or with DSP while providing services in the community.
7. All records pertaining to JCMs must be retained permanently and must be made available to DDSD upon request, upon the termination or expiration of a provider agreement, or upon provider withdrawal from services.

**20.5.3 Health Passport and Physician Consultation Form:** All Primary and Secondary Provider Agencies must use the *Health Passport* and

*Physician Consultation* form from the Therap system. This standardized document contains individual, physician and emergency contact information, a complete list of current medical diagnoses, health and safety risk factors, allergies, and information regarding insurance, guardianship, and advance directives. The *Health Passport* also includes a standardized form to use at medical appointments called the *Physician Consultation* form. The *Physician Consultation* form contains a list of all current medications.

**Chapter 10: Living Care Arrangements (LCA)  
Living Supports-Supported Living: 10.3.9.6.1  
Monitoring and Supervision**

4. Ensure and document the following:

- a. The person has a Primary Care Practitioner.
- b. The person receives an annual physical examination and other examinations as recommended by a Primary Care Practitioner or specialist.
- c. The person receives annual dental check-ups and other check-ups as recommended by a licensed dentist.
- d. The person receives a hearing test as recommended by a licensed audiologist.
- e. The person receives eye examinations as recommended by a licensed optometrist or ophthalmologist.

5. Agency activities occur as required for follow-up activities to medical appointments (e.g. treatment, visits to specialists, and changes in medication or daily routine).

**10.3.10.1 Living Care Arrangements (LCA)**

**Living Supports-IMLS: 10.3.10.2 General Requirements:** 9 . Medical services must be ensured (i.e., ensure each person has a licensed Primary Care Practitioner and receives an annual physical examination, specialty medical care as needed, and annual dental checkup by a licensed

dentist).

**Chapter 13 Nursing Services: 13.2.3 General Requirements:**

1. Each person has a licensed primary care practitioner and receives an annual physical examination and specialty medical/dental care as needed. Nurses communicate with these providers to share current health information.

Tag # 1A09 Medication Delivery Routine Medication Administration	Condition of Participation Level Deficiency	Condition of Participation Level Deficiency
<p>Developmental Disabilities (DD) Waiver Service Standards 2/26/2018; Re-Issue: 12/28/2018; Eff 1/1/2019</p> <p><b>Chapter 20: Provider Documentation and Client Records 20.6 Medication Administration Record (MAR):</b> A current Medication Administration Record (MAR) must be maintained in all settings where medications or treatments are delivered. Family Living Providers may opt not to use MARs if they are the sole provider who supports the person with medications or treatments. However, if there are services provided by unrelated DSP, ANS for Medication Oversight must be budgeted, and a MAR must be created and used by the DSP. Primary and Secondary Provider Agencies are responsible for:</p> <ol style="list-style-type: none"> <li>1. Creating and maintaining either an electronic or paper MAR in their service setting. Provider Agencies may use the MAR in Therap, but are not mandated to do so.</li> <li>2. Continually communicating any changes about medications and treatments between Provider Agencies to assure health and safety.</li> <li>7. Including the following on the MAR: <ol style="list-style-type: none"> <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 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. The initials of the individual administering</li> </ol> </li> </ol>	<p>After an analysis of the evidence, it has been determined there is a significant potential for a negative outcome to occur.</p> <p>Medication Administration Records (MAR) were reviewed for the months of April and May 2022.</p> <p>Based on record review, 2 of 4 individuals had Medication Administration Records (MAR), which contained missing medications entries and/or other errors:</p> <p>Individual #3 April 2022 Physician's Orders indicated the following medication were to be given. The following Medications were not documented on the Medication Administration Records:</p> <ul style="list-style-type: none"> <li>• Melatonin 5mg (1 time daily)</li> </ul> <p>Individual #5 April 2022 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> <li>• Mupirocin 2% Ointment (2 times daily) – Blank 4/16 (8 AM), and 4/19, 26 (8PM)</li> </ul> <p>Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:</p> <ul style="list-style-type: none"> <li>• Ergocalciferol 50,000 IU (1 time monthly)</li> <li>• Saline Nasal Gel / Spray (2 times daily)</li> <li>• Mupirocin 2% Ointment (2 times daily)</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>Medication Administration Records (MAR) were reviewed for the months of October 2022.</p> <p>Based on record review, 1 of 4 individuals had Medication Administration Records (MAR), which contained missing medications entries and/or other errors:</p> <p>Individual #5 October 2022 As indicated by the Medication Administration Records the individual is to take Docusate Sodium 100mg (1 time daily). According to the Physician's Orders, Docusate Sodium 100mg (as needed). Medication Administration Record and Physician's Orders do not match.</p> <p>As indicated by the Medication Administration Records the individual is to take Miralax Powder 17gram (1 time daily). According to the Physician's Orders, Polyethylene Glycol 17gm (as needed). Medication Administration Record and Physician's Orders do not match.</p> <p>Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:</p> <ul style="list-style-type: none"> <li>• Creams (1 time daily)</li> </ul>

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<p>or assisting with the medication delivery and a signature page or electronic record that designates the full name corresponding to the initials;</p> <ul style="list-style-type: none"> <li>e. Documentation of refused, missed, or held medications or treatments;</li> <li>f. Documentation of any allergic reaction that occurred due to medication or treatments; and</li> <li>g. For PRN medications or treatments: <ul style="list-style-type: none"> <li>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;</li> <li>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</li> <li>iii. documentation of the effectiveness of the PRN medication or treatment.</li> </ul> </li> </ul> <p><b>Chapter 10 Living Care Arrangements</b>  <b>10.3.4 Medication Assessment and Delivery:</b>  Living Supports Provider Agencies must support and comply with:</p> <ul style="list-style-type: none"> <li>1. the processes identified in the DDS AWMD training;</li> <li>2. the nursing and DSP functions identified in the Chapter 13.3 Part 2- Adult Nursing Services;</li> <li>3. all Board of Pharmacy regulations as noted in Chapter 16.5 Board of Pharmacy; and</li> <li>4. documentation requirements in a Medication Administration Record (MAR) as described in Chapter 20.6 Medication Administration Record (MAR).</li> </ul> <p><b>NMAC 16.19.11.8 MINIMUM STANDARDS:</b></p>		
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A. MINIMUM STANDARDS FOR THE DISTRIBUTION, STORAGE, HANDLING AND RECORD KEEPING OF DRUGS:

(d) The facility shall have a Medication Administration Record (MAR) documenting medication administered to residents, **including over-the-counter medications**. This documentation shall include:

- (i) Name of resident;
- (ii) Date given;
- (iii) Drug product name;
- (iv) Dosage and form;
- (v) Strength of drug;
- (vi) Route of administration;
- (vii) How often medication is to be taken;
- (viii) Time taken and staff initials;
- (ix) Dates when the medication is discontinued or changed;
- (x) The name and initials of all staff administering medications.

**Model Custodial Procedure Manual**

***D. Administration of Drugs***

Unless otherwise stated by practitioner, patients will not be allowed to administer their own medications. Document the practitioner's order authorizing the self-administration of medications.

All PRN (As needed) medications shall have complete detail instructions regarding the administering of the medication. This shall include:

- symptoms that indicate the use of the medication,
- exact dosage to be used, and
- the exact amount to be used in a 24-hour period.

Standard of Care	Routine Survey Deficiencies May 16 – 26, 2022	Verification Survey New and Repeat Deficiencies November 28 – December 8, 2022
<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 Administrative Case File (Other Required Documents)	Standard Level Deficiency	COMPLETE
Tag # 1A32.1 Administrative Case File: Individual Service Plan Implementation (Not Completed at Frequency)	Standard Level Deficiency	COMPLETE
Tag # 1A32.2 Individual Service Plan Implementation (Residential Implementation)	Standard Level Deficiency	COMPLETE
Tag # LS14 Residential Service Delivery Site Case File (ISP and Healthcare Requirements)	Condition of Participation Level Deficiency	COMPLETE
Tag # LS14.1 Residential Service Delivery Site Case File (Other Req. Documentation)	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 # 1A22 Agency Personnel Competency	Standard 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	Condition of Participation Level Deficiency	COMPLETE
<b>Service Domain: Health and Welfare</b> – The state, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.		
Tag # 1A09.1 Medication Delivery PRN Medication Administration	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A09.1.0 Medication Delivery PRN Medication Administration	Standard Level Deficiency	COMPLETE
Tag # 1A09.2 Medication Delivery Nurse Approval for PRN Medication	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A15.2 Administrative Case File: Healthcare Documentation (Therap and Required Plans)	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A27.2 Duty to Report IRs Filed During On-Site and/or IRs Not Reported by Provider	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

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	Verification Survey Plan of Correction, On-going QA/QI and Responsible Party	Completion Due
<p><b>Tag # 1A08.2 Administrative Case File: Healthcare Requirements &amp; Follow-up</b></p>	<p><b>Provider:</b>  State your Plan of Correction for the deficiencies cited in this tag here <i>(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?):</i> →</p> <p><b>Provider:</b>  Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here <i>(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?):</i> →</p>	
<p><b>Tag # 1A09 Medication Delivery Routine Medication Administration</b></p>	<p><b>Provider:</b>  State your Plan of Correction for the deficiencies cited in this tag here <i>(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?):</i> →</p> <p><b>Provider:</b>  Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here <i>(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?):</i> →</p>	



MICHELLE LUJAN GRISHAM  
Governor

PATRICK M. ALLEN  
Cabinet Secretary Designate

Date: January 27, 2023

To: Claudine Valerio-Salazar, Executive Director

Provider: EnSuenos Y Los Angelitos Development Center  
Address: 1030 Salazar Rd.  
State/Zip: Taos, New Mexico 87571

E-mail Address: [cvs@eladc.org](mailto:cvs@eladc.org)

CC: Analisa Rugelio, Supported Living Coordinator / QI Coordinator / Trainer  
E-Mail Address: [aviqil@eladc.org](mailto:aviqil@eladc.org)

Region: Northeast  
Routine Survey: May 16 - 26, 2022  
Verification Survey: November 28 – December 8, 2022

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: Supported Living, Customized Community Supports, and Community Integrated Employment Services

Survey Type: Verification

Dear Ms. Valerio-Salazar,

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.23.2.DDW.D1065.2.VER.09.22.027