

Date: January 6, 2012

To: Chris Henderson, Executive Director
 Provider: Expressions Unlimited Co.
 Address: 525 San Pedro NE
 State/Zip: Albuquerque, NM 87108

E-mail Address: chrisknows1@yahoo.com

Region: Metro
 Routine Survey: April 4 - 6, 2011
 Verification Survey: November 7 - 8, 2011
 Program Surveyed: Developmental Disabilities Waiver
 Service Surveyed: Community Living (Supported Living) & Community Inclusion (Adult Habilitation & Community Access)

Survey Type: Verification
 Team Leader: Tony Fragua, BFA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau
 Team Members: Erica Nelsen, BA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Mr. Henderson,

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 *April 4 – 6, 2011*. The Division of Health Improvement, Quality Management Bureau has determined your agency is in:

Partial Compliance with Conditions of Participation

This determination is based on non-compliance with one or more CMS waiver assurances at the Condition of Participation level as well as Standard level deficiencies identified in the attached QMB Report of Findings and requires implementation of a Plan of Correction. These findings will be reviewed by the DOH – Internal Review Committee during an upcoming review meeting. The findings are attached. You will be contacted by the Department for further instructions regarding your plan of correction requirements.

Thank you for your cooperation and for the work you perform.

Sincerely,

Tony Fragua, BFA

Tony Fragua, BFA
 Team Lead/Healthcare Surveyor
 Division of Health Improvement
 Quality Management Bureau



DIVISION OF HEALTH IMPROVEMENT • QUALITY MANAGEMENT BUREAU

5301 Central Avenue NE, Suite 400 • Albuquerque, New Mexico • 87108

(505) 222-8623 • FAX: (505) 222-8661 • <http://www.dhi.health.state.nm.us>

QMB Report of Findings – Expressions Unlimited Co. – Metro Region – November 7 - 8, 2011

Survey Report #: Q12.02.91028761.METRO.001.VS.01

Survey Process Employed:

Entrance Conference Date: November 7, 2011

Present: **Expressions Unlimited Co.**
Jameelah Reese, Residential Coordinator

DOH/DHI/QMB
Tony Fragua, BFA, Team Lead/Healthcare Surveyor
Jennifer Bruns, BSW, Healthcare Surveyor

Exit Conference Date: November 8, 2011

Present: **Expressions Unlimited Co.**
Lashelle Harvey, Assistant Director
Christina Rodriguez, Service Coordinator
Chris Henderson, Executive Director

DOH/DHI/QMB
Tony Fragua, BFA, Team Lead/Healthcare Surveyor
Erica Nilsen, BA, Healthcare Surveyor

Total Homes Visited Number: 1
❖ Supported Homes Visited Number: 1
Administrative Locations Visited Number: 1
Total Sample Size Number: 5
1 - *Jackson* Class Members
4 - Non-*Jackson* Class Members
3 - Supported Living
4 - Adult Habilitation
1 - Community Access

Direct Service Professionals Record Review Number: 10

Service Coordinator Record Review Number: 1

Administrative Files Reviewed

- Billing Records
- Medical Records
- Incident Management Records
- Personnel Files
- Training Records
- Agency Policy and Procedure
- Caregiver Criminal History Screening Records
- Employee Abuse Registry
- Human Rights Notes and/or Meeting Minutes
- Evacuation Drills
- 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

QMB Scope and Severity Matrix

Each deficiency in your Report of Findings is scored on a Scope and Severity Scale. The culmination of each deficiency's Scope and Severity is used to determine degree of compliance to standards and regulations and level of QMB Compliance Determination.

		SCOPE			
		Isolated 01% - 15%	Pattern 16% - 79%	Widespread 80% - 100%	
SEVERITY	High Impact	Immediate Jeopardy to individual health and or safety	J.	K.	L.
		Actual harm	G.	H.	I.
	Medium Impact	No Actual Harm Potential for more than minimal harm	D.	E.	F. (3 or more)
			D. (2 or less)		F. (no conditions of participation)
	Low Impact	No Actual Harm Minimal potential for harm.	A.	B.	C.

Scope and Severity Definitions:

- **Isolated:**
A deficiency that is limited to 1% to 15% of the sample, usually impacting few individuals in the sample.

- **Pattern:**
A deficiency that impacts a number or group of individuals from 16% to 79% of the sample is defined as a pattern finding. Pattern findings suggest the need for system wide corrective actions.

- **Widespread:**
A deficiency that impacts most or all (80% to 100%) of the individuals in the sample is defined as widespread or pervasive. Widespread findings suggest the need for system wide corrective actions as well as the need to implement a Continuous Quality Improvement process to improve or build infrastructure. Widespread findings could be referred to the Internal Review Committee for review and possible actions or sanctions.

Guidelines for the Provider Informal Reconsideration of Finding (IRF) Process

Introduction:

Throughout the QMB Survey process, surveyors are openly communicating with providers. Open communication means that surveyors have clarified issues and/or requested missing information before completing the review. 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 in writing to the QMB Deputy Bureau Chief **within 10 working days** of receipt of the final report.
2. The written request for an IRF must be completed on the QMB Request for Informal Reconsideration of Finding Form available on the QMB website: <http://dhi.health.state.nm.us/qmb>
3. The written request for an IRF must specify in detail the request for reconsideration and why the finding is inaccurate.
4. The IRF request must include all supporting documentation or evidence.

The following limitations apply to the IRF process:

- The request for an IRF and all supporting evidence must be received within 10 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 QMB compliance determination or the length of their DDSD provider contract.

A Provider forfeits the right to an IRF if the request is not made within 10 working days of receiving the report and/or does not include all supporting documentation or evidence to show compliance with the standards and regulations.

QMB has 30 working days to complete the review and notify the provider of the decision. The request will be reviewed by the IRF committee. The Provider will be notified in writing of the ruling; no face to face meeting will be conducted.

When a Provider requests that a finding be reconsidered, it does not stop or delay the Plan of Correction process. **Providers must continue to complete the Plan of Correction, including the finding in dispute regardless of the IRF status.** If a finding is removed or modified, it will be noted and removed or modified from the Report of Findings. It should be noted that in some cases a Plan of Correction may be completed prior to the IRF process being completed. The provider will be notified in writing on the decisions of the IRF committee.

Agency: Expressions Unlimited - Metro Region
Program: Developmental Disabilities Waiver
Service: Community Living (Supported Living) & Community Inclusion (Adult Habilitation & Community Access)
Monitoring Type: Verification Survey
Routine Survey: April 4 - 6, 2011
Verification Survey: November 7 – 8, 2011

Standard of Care	April 4 – 6, 2011 Deficiencies	November 7 – 8, 2011 Verification Survey – New and Repeat Deficiencies
<p>Tag # 1A32 & 6L14 (CoP) ISP Implementation</p> <p>NMAC 7.26.5.16.C and D Development of the ISP. Implementation of the ISP. The ISP shall be implemented according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcomes and action plan.</p> <p>C. The IDT shall review and discuss information and recommendations with the individual, with the goal of supporting the individual in attaining desired outcomes. The IDT develops an ISP based upon the individual's personal vision statement, strengths, needs, interests and preferences. The ISP is a dynamic document, revised periodically, as needed, and amended to reflect progress towards personal goals and achievements consistent with the individual's future vision. This regulation is consistent with standards established for individual plan development as set forth by the commission on the accreditation of rehabilitation facilities (CARF) and/or other program accreditation approved and adopted by the developmental disabilities division and the department of health. It is the policy of the developmental disabilities division (DDD), that to the extent permitted by funding, each individual receive supports and services that will assist and encourage independence and productivity in the community and attempt to prevent regression or loss of current capabilities. Services and supports include specialized and/or generic services, training, education and/or treatment as determined by the IDT</p>	<p>Scope and Severity Rating: E</p> <p>Based on record review, the Agency failed to implement the ISP according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcomes and action plan for 3 of 6 individuals.</p> <p>Per Individuals ISP the following was found with regards to the implementation of ISP Outcomes:</p> <p>Administrative Files Reviewed:</p> <p>Supported Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #5</p> <ul style="list-style-type: none"> • None found for 2/2011 <p>Adult Habilitation Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #4</p> <ul style="list-style-type: none"> • None found for 1/2011 - 2/2011 <p>Community Access Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #5</p> <ul style="list-style-type: none"> • None found for 2/2011 	<p>Scope and Severity Rating: D</p> <p>New and Repeat Finding:</p> <p>Based on record review, the Agency failed to implement the ISP according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcomes and action plan for 1 of 5 individuals.</p> <p>Per Individuals ISP the following was found with regards to the implementation of ISP Outcomes:</p> <p>Administrative Files Reviewed:</p> <p>Adult Habilitation Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #4</p> <ul style="list-style-type: none"> • "I want to develop an art portfolio." Action Step: "... will choose what type of art I'll work on" is to be completed daily. Outcome was NOT being completed at the required frequency for 11/2011. • Actions Steps, "...will work on my art piece" is to be completed daily. Outcome is NOT being completed at the required frequency indicated in the ISP for 11/2011. • Actions Steps, "...will turn in art work to my portfolio" is to be completed daily. Outcome is

and documented in the ISP.
D. The intent is to provide choice and obtain opportunities for individuals to live, work and play with full participation in their communities. The following principles provide direction and purpose in planning for individuals with developmental disabilities.
[05/03/94; 01/15/97; Recompiled 10/31/01]

Residential Files Reviewed:

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

Individual #2

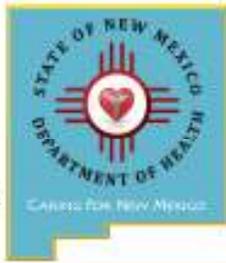
- None found for 4/1 – 4, 2011

NOT being completed at the required frequency indicated in the ISP for 11/2011.

Tag # 6L25 (CoP) Residential Health & Safety (Supported Living & Family Living)	Scope and Severity Rating: F	Scope and Severity Rating: F
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 6. VIII. COMMUNITY LIVING SERVICE PROVIDER AGENCY REQUIREMENTS</p> <p>L. Residence Requirements for Family Living Services and Supported Living Services</p> <p>(1) Supported Living Services and Family Living Services providers shall assure that each individual's residence has:</p> <ul style="list-style-type: none"> (a) Battery operated or electric smoke detectors, heat sensors, or a sprinkler system installed in the residence; (b) General-purpose first aid kit; (c) When applicable due to an individual's health status, a blood borne pathogens kit; (d) Accessible written procedures for emergency evacuation e.g. fire and weather-related threats; (e) Accessible telephone numbers of poison control centers located within the line of sight of the telephone; (f) Accessible written documentation of actual evacuation drills occurring at least three (3) times a year. For Supported Living evacuation drills shall occur at least once a year during each shift; (g) Accessible written procedures for the safe storage of all medications with dispensing instructions for each individual that are consistent with the Assisting with Medication Administration training or each individual's ISP; and (h) Accessible written procedures for emergency placement and relocation of individuals in the event of an emergency evacuation that makes the residence unsuitable for occupancy. The emergency evacuation procedures shall address, but are not limited to, fire, chemical and/or hazardous waste spills, and flooding. 	<p>Based on observation, the Agency failed to ensure that each individual's residence met all requirements within the standard for 1 of 1 Supported Living residences.</p> <p>The following items were not found, not functioning or incomplete:</p> <p>Supported Living Requirements:</p> <ul style="list-style-type: none"> • Accessible written procedures for emergency placement and relocation of individuals in the event of an emergency evacuation that makes the residence unsuitable for occupancy. The emergency evacuation procedures shall address, but are not limited to, fire, chemical and/or hazardous waste spills, and flooding (#1, 2 & 5) <p>Note: Individuals #1, 2 & 5 share a residence.</p>	<p>Repeat Finding:</p> <p>Based on observation, the Agency failed to ensure that each individual's residence met all requirements within the standard for 1 of 1 Supported Living residences.</p> <p>The following items were not found, not functioning or incomplete:</p> <p>Supported Living Requirements:</p> <ul style="list-style-type: none"> • Accessible written procedures for emergency placement and relocation of individuals in the event of an emergency evacuation that makes the residence unsuitable for occupancy. The emergency evacuation procedures shall address, but are not limited to, fire, chemical and/or hazardous waste spills, and flooding (#2 & 5) <p>Note: Individuals #2 & 5 share a residence. Individual #1 has since moved to new home.</p>

Standard of Care	April 4 – 6, 2011 Deficiencies	November 7 – 8, 2011 Verification Survey – New and Repeat Deficiencies
Tag # 1 A03 CQI System	Scope and Severity Rating: C	Completed
Tag # 1 A05 (CoP) General Requirements	Scope and Severity Rating: F	Completed
Tag # 1 A08 Agency Case File	Scope and Severity Rating: A	Completed
Tag # 1A08.1 Agency Case File – Progress Notes	Scope and Severity Rating: A	Completed
Tag # 1A09 Medication Delivery (MAR) – Routine Medications	Scope and Severity Rating: F	Completed
Tag # 1A09.1 Medication Delivery – PRN Medication	Scope and Severity Rating: E	Completed
Tag # 1A11 (CoP) Transportation P&P	Scope and Severity Rating: F	Completed
Tag # 1A11.1 (CoP) Transportation Training	Scope and Severity Rating: F	Completed
Tag # 1A15.2 & 5I09 – Healthcare Documentation	Scope and Severity Rating: D	Completed
Tag # 1A20 DSP Training Documents	Scope and Severity Rating: E	Completed
Tag # 1A22 Staff Competence	Scope and Severity Rating: E	Completed
Tag # 1A26 (CoP) COR / EAR	Scope and Severity Rating: E	Completed
Tag # 1A28.1 (CoP) Incident Mgt. System – Personnel Training	Scope and Severity Rating: D	Completed
Tag # 5I11 Reporting Requirements (Community Inclusion Quarterly Reports)	Scope and Severity Rating: A	Completed
Tag # 5I36 CA Reimbursement	Scope and Severity Rating: C	Completed
Tag # 5I44 AH Reimbursement	Scope and Severity Rating: B	Completed
Tag # 6L13 (CoP) – Healthcare Reqts.	Scope and Severity Rating: D	Completed
Tag # 6L14 Residential Case File	Scope and Severity Rating: F	Completed

Tag # 6L26 SL Reimbursement	Scope and Severity Rating: C	Completed
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SUSANA MARTINEZ, GOVERNOR

CATHERINE D. TORRES, M.D., CABINET SECRETARY

Date: May 15, 2012

To: Chris Henderson, Executive Director
Provider: Expressions Unlimited Co.
Address: 525 San Pedro NE
State/Zip: Albuquerque, NM 87108
E-mail Address: chrisknows1@yahoo.com

Region: Metro
Routine Survey: April 4 - 6, 2011
Verification Survey: November 7 - 8, 2011
Program Surveyed: Developmental Disabilities Waiver
Service Surveyed: Community Living (Supported Living) & Community Inclusion (Adult Habilitation & Community Access)
Survey Type: Verification

Dear Mr. Henderson,

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 to the IRC 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 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,

Scott Good
QMB Deputy Chief
Quality Management Bureau/DHI

Q.12.4.DDW. 91028761.5.001.VER.09.136

