



MICHELLE LUJAN GRISHAM  
Governor

PATRICK M. ALLEN  
Cabinet Secretary

Date: March 7, 2024

To: Lupe Ordunez, DSP / Executive Director

Provider: An Open Door, LLC  
Address: 715 E Idaho Building 4  
State/Zip: Las Cruces, New Mexico 88001

E-mail Address: [lordunez@aodnm.com](mailto:lordunez@aodnm.com)

CC: Mark Chavez, Owner  
E-mail Address: [anopendoor@aodnm.com](mailto:anopendoor@aodnm.com)

Region: Southwest  
Routine Survey: June 26 – July 7, 2023  
Verification Survey: February 19 – 28, 2024

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: Supported Living, Family Living, Customized In-Home Supports, Customized Community Supports, and Community Integrated Employment Services

Survey Type: Verification

Team Leader: Marilyn Moreno, AA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Team Members: Amanda Castañeda-Holguin, MPA, Healthcare Surveyor Supervisor, Division of Health Improvement/Quality Management Bureau

Dear Ms. Lupe Ordunez,

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 June 26 – July 7, 2023*.

**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 # 1A09.1 Medication Delivery PRN Medication Administration (***New / Repeat Findings***)
- Tag # 1A09.2 Medication Delivery Nurse Approval for PRN Medication (***New / Repeat Findings***)

**NMDOH-DIVISION OF HEALTH IMPROVEMENT  
QUALITY MANAGEMENT BUREAU**

5300 HOMESTEAD ROAD NE, SUITE 300-3223, ALBUQUERQUE, NEW MEXICO  
87110 (505) 470-4797 • FAX: (505) 222-8661 • <http://nmhealth.org/about/dhi>

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Survey Report #: Q.24.3.DDW.40775852.3.VER.01.24.067

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 to submit the Plan of Correction (POC). The POC must include the following:

1. Evidence your agency has contacted your DDSD 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;
3. Upon notification that your POC has been approved, you will have 3 days to submit documents verifying that all deficiencies have been corrected and evidence of the ongoing Quality Assurance/Quality Improvement (QA/QI) processes.

**Submission of your Plan of Correction:**

Please submit your agency's Plan of 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**  
[Marie.Passaglia@doh.nm.gov](mailto:Marie.Passaglia@doh.nm.gov)
2. **Developmental Disabilities Supports Division Regional Office for region of service surveyed**

Please submit documents electronically within 3 business days of the POC being approved according to the following: If the documents do not contain protected Health information (PHI) then you may submit your documents electronically scanned and attached to the POC Coordinator at [Marie.Passaglia@doh.nm.gov](mailto:Marie.Passaglia@doh.nm.gov) . If documents contain PHI **do not** submit PHI directly to the State email account. You may submit PHI **only when replying to a secure email received from the State email account.** When possible, please submit requested documentation using a "zipped/compressed" file to reduce file size. You may also submit documents via S-Comm (Therap), or another electronic format, i.e. flash drive.

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, Marie Passaglia at 505-819-7344 or [Marie.Passaglia@doh.nm.gov](mailto:Marie.Passaglia@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,

*Marilyn Moreno, AA*

Marilyn Moreno, AA  
Team Lead/Healthcare Surveyor  
Division of Health Improvement  
Quality Management Bureau

## Survey Process Employed:

Administrative Review Start Date:	February 19, 2024
Contact:	<b><u>An Open Door, LLC</u></b> Lupe Ordunez, DSP / Executive Director
	<b><u>DOH/DHI/QMB</u></b> Marilyn Moreno, AA, Team Lead/Healthcare Surveyor
On-site Entrance Conference Date:	<i>Entrance meeting waived by Provider.</i>
Exit Conference Date:	February 28, 2024
Present:	<b><u>An Open Door, LLC</u></b> Lupe Ordunez, DSP / Executive Director Iris Arredondo, Service Coordinator Mayra Hernandez, Service Coordinator Julie Perez, Service Coordinator Chantelle Sifuentes, Service Coordinator
	<b><u>DOH/DHI/QMB</u></b> Marilyn Moreno, AA, Team Lead/Healthcare Surveyor Amanda Castañeda-Holguin, MPA, Healthcare Surveyor Supervisor
Total Sample Size:	13
	4 - Supported Living 5 - Family Living 3 - Customized In-Home Supports 8 - Customized Community Supports 4 - Community Integrated Employment
Persons Served Records Reviewed	13
Direct Support Professional Records Reviewed	85 ( <i>Note: Three DSP performs dual roles as Service Coordinator</i> )
Direct Support Professional Interviewed during Routine Survey	12
Substitute Care/Respite Personnel Records Reviewed	6
Service Coordinator Records Reviewed	4 ( <i>Note: Three Service Coordinators perform dual roles as DSP</i> )
Nurse Interview completed during Routine Survey	1

### 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:

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- Individual Service Plans
- Progress on Identified Outcomes
- Healthcare Plans
- Medical Emergency Response Plans
- Medication Administration Records
- Physician Orders
- 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
- Quality Assurance / Improvement Plan

CC: Distribution List: DOH - Division of Health Improvement  
DOH - Developmental Disabilities Supports Division  
HSD - Medical Assistance Division

## 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 DDS 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 (DDS), 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 Professional Training
- **1A22** - Agency Personnel Competency

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- **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

**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
- **1A09.2** – Medication Delivery Nurse Approval for PRN Medication
- **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
- **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@doh.nm.gov](mailto:valerie.valdez@doh.nm.gov) 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>"Non-Compliance"</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>"Partial Compliance with Standard Level tags and Condition of Participation Level Tags"</b>					Any Amount Standard Level Tags, plus 1 to 5 Conditions of Participation Level tags.		
<b>"Partial Compliance with Standard Level tags"</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>"Compliance"</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:** An Open Door, LLC - Southwest Region  
**Program:** Developmental Disabilities Waiver  
**Service:** Supported Living, Family Living, Customized In-Home Supports; Customized Community Supports, and Community Integrated Employment Services  
**Survey Type:** Verification  
**Routine Survey:** June 26 – July 7, 2023  
**Verification Survey:** February 19 – 28, 2024

Standard of Care	Routine Survey Deficiencies June 26 – July 7, 2023	Verification Survey New and Repeat Deficiencies February 19 – 28, 2024
<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 # 1A09.1 Medication Delivery PRN Medication Administration</b></p>	<p><b>Condition of Participation Level Deficiency</b></p>	<p><b>Condition of Participation Level Deficiency</b></p>
<p>Developmental Disabilities Waiver Service Standards Eff 11/1/2023 rev. 12/2023</p> <p><b>Chapter 10 Living Care Arrangements (LCA): 10.3.5 Medication Assessment and Delivery:</b> Living Supports Provider Agencies must support and comply with:</p> <ol style="list-style-type: none"> <li>the processes identified in the DDS AWMD training;</li> <li>the nursing and DSP functions identified in the Chapter 13.3 Adult Nursing Services;</li> <li>all Board of Pharmacy regulations as noted in Chapter 16.5 Board of Pharmacy; and</li> <li>documentation requirements in a Medication Administration Record (MAR) as described in Chapter 20 5.7 Medication Administration Record (MAR)</li> </ol> <p><b>Chapter 20 Provider Documentation and Client Records: 20.5.7 Medication Administration Record (MAR):</b> Administration of medications apply to all provider agencies of the following services: living supports, customized community supports, community integrated employment, intensive medical living supports.</p> <ol style="list-style-type: none"> <li>Primary and secondary provider agencies are to utilize the Medication Administration Record (MAR) online in Therap.</li> <li>Medication/Treatment must be recorded online per assisting with medication delivery per the DDS</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, May, and June 2023.</p> <p>Based on record review, 4 of 4 individuals had PRN Medication Administration Records (MAR), which contained missing elements as required by standard:</p> <p>Individual #1 April 2023</p> <p>As indicated by the Medication Administration Records the individual is to take Acetaminophen 1000mg 1 to 2 tablets by mouth every 4 hours as needed not to exceed 6 tabs/24 hours not to exceed 3000mg/24 hours (PRN). According to the Physician's Orders, Acetaminophen 325 mg tablets or 500mg tablets 1-2 tablets every 4 hours not to exceed 8 pills in a 24-hour period. Medication Administration Record and Physician's Orders do not match.</p> <p>As indicated by the Medication Administration Records the individual is to take Acetaminophen 650mg 1 to 2 tablets by mouth every 4 hours as needed not to exceed 8 tabs/24 hours or not to exceed 3000/24 hours (PRN). According to the</p>	<p><b>New / Repeat Findings:</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 month of January 2024. Based on record review, 4 of 4 individuals had PRN Medication Administration Records (MAR), which contained missing elements as required by standard:</p> <p>Individual #1 January 2024</p> <p>Physician's Orders indicated the following medication were to be given. The following Medications <u>were not documented on the Medication Administration Records:</u></p> <ul style="list-style-type: none"> <li>Calcium Carbonate / Magnesium Carbonate (Mylanta) (PRN)</li> <li>Sore throat spray (PRN)</li> <li>Milk of Magnesia (PRN)</li> <li>Bengay (PRN)</li> <li>Saline Nasal Spray (PRN)</li> </ul>

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<p>Assisting with Medication Delivery (AWMD) program.</p> <p>3. Family Living Providers may opt not to use MARs if they are the <b>sole</b> provider who supports the person and are related by affinity or consanguinity. However, if there are services provided by unrelated DSP, ANS for Medication Oversight must be budgeted, a MAR online in Therap must be created and used by the DSP.</p> <p>4. Provider Agencies must configure and use the MAR when assisting with medication.</p> <p>5. Provider Agencies Continually communicate any changes about medications and treatments between Provider Agencies to assure health and safety.</p> <p>6. Provider agencies must include the following on the MAR: 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.</p> <p>b. The prescribed dosage, frequency and method or route of administration; times and dates of administration for all ordered routine and PRN medications and other treatments; all over the counter (OTC) or "comfort" medications or treatments; all self-selected herbal preparation approved by the prescriber, and/or vitamin therapy approved by prescriber.</p> <p>c. Documentation of all time limited or discontinued medications or treatments.</p> <p>d. The initials of the person administering or assisting with medication delivery.</p> <p>e. Documentation of refused, missed, or held medications or treatments.</p> <p>f. Documentation of any allergic reaction that occurred due to medication or treatments.</p> <p>g. For PRN medications or treatments including all physician approved over the counter medications and herbal or other supplements:</p> <p>i. instructions for the use of the PRN medication or treatment which must include observable signs/symptoms or circumstances in which the</p>	<p>Physician's Orders, Acetaminophen 325 mg tablets or 500mg tablets 1-2 tablets every 4 hours not to exceed 8 pills in a 24-hour period. Medication Administration Record and Physician's Orders do not match.</p> <p>As indicated by the Medication Administration Records the individual is to take Ibuprofen 400mg 2 tablets (400mg) by mouth every 6 hours as needed not to exceed 3 doses/24 hours (PRN). According to the Physician's Orders Ibuprofen 200mg 2 tablets every 6 hours, not to exceed 6 tablets in 24 hours Medication Administration Record and Physician's Orders do not match.</p> <p>Individual #5 June 2023</p> <p>As indicated by the Medication Administration Record the individual is to take the following medication. The following medications were not in the Individual's home.</p> <ul style="list-style-type: none"> <li>• Albuterol Sulfate (0.083%) (PRN)</li> <li>• Bismatrol 262mg/15ml (PRN)</li> <li>• Deep sea nasal 0.65 % (PRN)</li> <li>• Guaifenesin Dextromethorphan 100mg (PRN)</li> <li>• Milk of Magnesia 12000 mg (PRN)</li> <li>• Sore Throat Spray 1.4% (PRN)</li> <li>• Triple antibiotic</li> </ul> <p>Individual #7 April 2023</p> <p>No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:</p> <ul style="list-style-type: none"> <li>• Meloxicam 7.5 mg (PRN)</li> </ul>	<ul style="list-style-type: none"> <li>• Dextromethrophan and Guaifenesin</li> <li>• Sunscreen SPF 30, 40, 50</li> </ul> <p>Individual #5 January 2024</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>• Geri-Lanta 200/200/200mg (PRN)</li> <li>• Hydrocodone Acetaminophen 5-325mg (PRN)</li> <li>• Loratadine 10mg (PRN)</li> </ul> <p>Individual #7 January 2024</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>• Diclofenac Sodium 1% (PRN)</li> <li>• Epinephrine 0.3mg/0.3ml (PRN)</li> <li>• Ondansetron 4mg (PRN)</li> <li>• Albuterol Sulfate 2.5mg/3ml (PRN)</li> </ul> <p>Physician's Orders indicated the following medication were to be given. The following Medications <u>were not documented on the Medication Administration Records:</u></p> <ul style="list-style-type: none"> <li>• Acetaminophen 500mg (PRN)</li> <li>• Pink Bismuth (Pepto Bismol) 262mg/15ml (PRN)</li> <li>• Aluminum Hydroxide Magnesium hydroxide Simethicone (Mylanta) 200mg-200mg-20mg 5ml (PRN)</li> <li>• Sore throat spray 1.4% (PRN)</li> </ul>
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<p>medication or treatment is to be used and the number of doses that may be used in a 24-hour period;</p> <p>ii. clear follow-up detailed documentation that the DSP contacted the agency nurse or physician service prior to assisting with the medication or treatment; and</p> <p>iii. documentation of the effectiveness of the PRN medication or treatment.</p> <p><b>NMAC 16.19.11.8 MINIMUM STANDARDS:</b>  <b>A. MINIMUM STANDARDS FOR THE DISTRIBUTION, STORAGE, HANDLING AND RECORD KEEPING OF DRUGS:</b>  (d) The facility shall have a Medication Administration Record (MAR) documenting medication administered to residents, <b>including over-the-counter medications.</b> This documentation shall include:</p> <ul style="list-style-type: none"> <li>(i) Name of resident;</li> <li>(ii) Date given;</li> <li>(iii) Drug product name;</li> <li>(iv) Dosage and form;</li> <li>(v) Strength of drug;</li> <li>(vi) Route of administration;</li> <li>(vii) How often medication is to be taken;</li> <li>(viii) Time taken and staff initials;</li> <li>(ix) Dates when the medication is discontinued or changed;</li> <li>(x) The name and initials of all staff administering medications.</li> </ul> <p><b>Model Custodial Procedure Manual</b>  <b>D. Administration of Drugs</b>  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.</p> <p>All PRN (As needed) medications shall have complete detail instructions regarding the administering of the medication. This shall include:</p>	<p>Individual #11  April 2023  No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:</p> <ul style="list-style-type: none"> <li>• Acetaminophen 1000/650 mg</li> <li>• Clindamycin Phosphate 1%</li> <li>• Geri-Lanta</li> </ul> <p>June 2023  As indicated by the Medication Administration Records the individual is to take Azelastine HCL 274 mcg take 2 Sprays 2 times a day (PRN). According to the Physician's Orders Azelastine HCL137 mcg use 2 sprays in each nostril twice daily as needed in 24 hours. Medication Administration Record and Physician's Orders do not match.</p>	<ul style="list-style-type: none"> <li>• Aspercreme 4% (PRN)</li> <li>• Saline Nasal Spray 0.65% (PRN)</li> <li>• Dextromethorphan and Guaifenesin 10mg-100mg/5ml (PRN)</li> <li>• Sunscreen SPF 30 or greater (PRN)</li> <li>• Vicks vapor rub 4.8%-1.2%-2.6% (PRN)</li> <li>• Insect Repellant (PRN)</li> </ul> <p>Individual #11  January 2024  Physician's Orders indicated the following medication were to be given. The following Medications <u>were not documented on the Medication Administration Records:</u></p> <ul style="list-style-type: none"> <li>• Ibuprofen 200mg (PRN)</li> <li>• Sore throat spray 1.4% (PRN)</li> <li>• Aspercreme 4% (PRN)</li> <li>• Saline Nasal Spray 0.65% (PRN)</li> <li>• Dextromethorpahn and guaifenesin 10mg-100mg/5ml (PRN)</li> <li>• Vicks Vapor Rub 4.8%-1.2%-2.6% (PRN)</li> </ul>
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- 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.

Tag # 1A09.2 Medication Delivery Nurse Approval for PRN Medication	Condition of Participation Level Deficiency	Condition of Participation Level Deficiency
<p>Developmental Disabilities Waiver Service Standards Eff 11/1/2023 rev. 12/2023</p> <p><b>Chapter 13 Nursing Services:</b></p> <p><b>13.3.2.3 Medication Oversight:</b> Medication Oversight by a DD Waiver nurse is required in Family Living when a person lives with a non-related Family Living provider; and whenever non-related DSP provide AWMD medication supports.</p> <p>1. The nurse must respond to calls requesting delivery of PRN medications from AWMD trained DSP, non-related Family Living providers.</p> <p>2. Family Living providers related by affinity or consanguinity (blood, adoption, or marriage) are not required to contact the nurse prior to assisting with delivery of a PRN medication.</p> <p>3. Medication Oversight is optional if the person lives independently and can self-administer their medication or resides with their related family. If the person resides with their family and it is determined that Medication Oversight is not desired, the family must continue to provide any needed health supports or interventions based on guidance from the Primary Care Practitioner or specialists and all elements of medication administration and oversight are the sole responsibility of the person and their biological family. In addition, for Family Living participants the related family must:</p> <p>a. Communicate as needed any change of condition with the agency nurse.</p> <p>b. The agency is not responsible for providing a monthly MAR unless the family requests it and continually communicates all medication changes to the Provider Agency in a timely manner to ensure accuracy of the MAR.</p> <p>4. Medication Oversight is not optional if substitute care is provided by DSP who are not related.</p> <p>a. A MAR is required for the substitute care provider to use.</p> <p>b. Biological families (by affinity or consanguinity) are encouraged, but not required to use the MAR.</p> <p>c. DSP who are related families (by affinity or consanguinity) must complete AWMD training.</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 and interview, the Agency did not maintain documentation of PRN authorization as required by standard for 2 of 4 Individuals.</p> <p>Individual #7 May 2023 No documentation of the verbal authorization from the Agency nurse prior to each administration / assistance of PRN medication was found for the following PRN medication:</p> <ul style="list-style-type: none"> <li>• Acetaminophen 500mg – PRN – 5/17 (given 1 time)</li> </ul> <p>Individual #11 April 2023 No documentation of the verbal authorization from the Agency nurse prior to each administration / assistance of PRN medication was found for the following PRN medication:</p> <ul style="list-style-type: none"> <li>• Acetaminophen 1000 mg – PRN – 4/9 -10, 22, 30 (given 1 time)</li> <li>• Clindamycin Phosphate 1% – PRN –4/20, 21 (given 1 time)</li> </ul> <p>June 2023 No documentation of the verbal authorization from the Agency nurse prior to each administration / assistance of PRN medication was found for the following PRN medication:</p> <ul style="list-style-type: none"> <li>• Acetaminophen 500mg – PRN – 6/6, 15 (given 1 time)</li> </ul>	<p><b>New / Repeat Findings:</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 and interview, the Agency did not maintain documentation of PRN authorization as required by standard for 1 of 4 Individuals.</p> <p>Individual #7 January 2024 No documentation of the verbal authorization from the Agency nurse prior to each administration / assistance of PRN medication was found for the following PRN medication:</p> <ul style="list-style-type: none"> <li>• Diclofenac Sodium 1% – PRN – 1/2 (given 1 time)</li> </ul>

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Standard of Care	Routine Survey Deficiencies June 26 – July 7, 2023	Verification Survey New and Repeat Deficiencies February 19 – 28, 2024
<i>Service Domain: Service Plans: ISP Implementation – Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan.</i>		
Tag # 1A08 Administrative Case File (Other Required Documents)	Standard Level Deficiency	COMPLETE
Tag # 1A08.1 Administrative and Residential Case File: Progress Notes	Standard Level Deficiency	COMPLETE
Tag # 1A08.3 Administrative Case File: Individual Service Plan / ISP Components	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
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
<i>Service Domain: Qualified Providers – The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.</i>		
Tag # 1A22 Agency Personnel Competency	Condition of Participation Level Deficiency	
<i>Service Domain: Health and Welfare – The state, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.</i>		
Tag #1A08.2 Administrative Case File: Healthcare Requirements & Follow-up	Standard Level Deficiency	COMPLETE
Tag # 1A09 Medication Delivery Routine Medication Administration	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A09.0 Medication Delivery Routine Medication Administration	Standard Level Deficiency	COMPLETE
Tag # 1A09.1.0 Medication Delivery PRN Medication Administration	Standard Level Deficiency	COMPLETE
Tag # 1A15 Healthcare Coordination - Nurse Availability / Knowledge	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 # LS25 Residential Health & Safety (Supported Living / Family Living / Intensive Medical Living)	Standard Level Deficiency	COMPLETE

<b>Service Domain: Medicaid Billing/Reimbursement</b> – <i>State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.</i>		
<b>Tag # IS30 Customized Community Supports Reimbursement</b>	<b>Standard Level Deficiency</b>	<b>COMPLETE</b>
<b>Tag # LS26 Supported Living Reimbursement</b>	<b>Standard Level Deficiency</b>	<b>COMPLETE</b>
<b>Tag # LS27 Family Living Reimbursement</b>	<b>Standard Level Deficiency</b>	<b>COMPLETE</b>

	Verification Survey Plan of Correction, On-going QA/QI and Responsible Party	Date Due
<p><b>Tag # 1A09.1</b>  <b>Medication Delivery PRN</b>  <b>Medication Administration</b></p>	<p><b>Provider:</b>  State your Plan of Correction for the deficiencies cited in <b>this tag here</b> <i>(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?):</i> →</p> <p><b>Provider:</b>  Enter your <b>ongoing</b> 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 # 1A09.2</b>  <b>Medication Delivery Nurse</b>  <b>Approval for PRN Medication</b></p>	<p><b>Provider:</b>  State your Plan of Correction for the deficiencies cited in <b>this tag here</b> <i>(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?):</i> →</p> <p><b>Provider:</b>  Enter your <b>ongoing</b> 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

Date: March 25, 2024

To: Lupe Ordunez, DSP / Executive Director

Provider: An Open Door, LLC  
Address: 715 E Idaho Building 4  
State/Zip: Las Cruces, New Mexico 88001

E-mail Address: [lordunez@aodnm.com](mailto:lordunez@aodnm.com)

CC: Mark Chavez, Owner  
E-mail Address: [anopendoor@aodnm.com](mailto:anopendoor@aodnm.com)

Region: Southwest  
Routine Survey: June 26 – July 7, 2023  
Verification Survey: February 19 – 28, 2024

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: Supported Living, Family Living, Customized In-Home Supports, Customized Community Supports, and Community Integrated Employment Services

Survey Type: Verification

Dear Ms. Lupe Ordunez,

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,

*Marie Passaglia, BA*

Marie Passaglia, BA  
Healthcare Surveyor Advanced/Plan of Correction Coordinator  
Quality Management Bureau/DHI

Q.24.3.DDW.40775852.3.VER.09.24.085