

New Mexico DOH / DHI / QMB: RESIDENTIAL Individual Record Review Survey Tool

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| Standard of Care (TAG) | Surveyor Notes | MET | NOT MET | NA |
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Agency/Region: _____

Surveyor: _____ **Date/Time** _____

Individual Name and Identifier: _____

Surveyor Instruction: You must identify which case file review you are completing:
 • **2018 Living Care Arrangements: Supported Living – Family Living - Intensive Medical LS**

Surveyor Instruction: Item(s) which are required in THERAP system, must be in Therap and will be accessed via Therap, unless specified to be a printed copy. Other items that are required, may be accessed via the Agency's electronic system or hardcopy file.

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| Standard of Care Questions | (Tag #) Surveyor Notes / Deficiency Description | MET | NOT MET | NA |
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ISP Requirements

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| <p>Annual ISP</p> <p>Surveyor Instruction: You are to ensure the Individual has a current ISP. The surveyor is to review the cover sheet of the ISP to determine if information related to the individual is current, i.e. address, phone number, services, etc. For this to be met, there must be a current and complete (all pages) ISP. If ISP is not current, then this is not met and a potential CoP.</p> | <p>Tag #LS14 (CoP) Residential service delivery site</p> <p>Term of ISP: _____</p> <p>ISP Meeting Date: _____</p> | | | |
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| <p>Teaching & Support Strategies (TSS)</p> <p>Surveyor Instruction: You are to look for required TSS which are only those applicable to residential services being provided by the agency being surveyed. You will review the ISP "action plan for desired outcome in the" section and look to determine if the box is checked under strategies / WDSIs needed. If checked "yes" this indicates a TSS is required. If the box is checked "yes" and there is no separate TSS document, then this is not met and a potential CoP. Surveyors must list complete Outcome and then Action Plans which require Teaching & Support Strategies, circle ones deficient.</p> | <p>Tag #LS14 (CoP) Residential service delivery site</p> | | | |
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Therapy Plans

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| <p>Positive Behavior Support Plan</p> <p>Date(s) of Plan:</p> <p>Surveyor Instruction: If the individual receives BSC services, you must ensure the plan is current for the ISP year and it is a plan developed by the BSC provider listed in the MAD 046 / Budget Worksheet. You must ensure the plan at the service delivery is current for the ISP year and is developed by the BSC provider listed on the budget. If it is current and staff are aware of the location of the plan this would be met.</p> | <p>Tag #LS14.1 Residential service delivery site</p> | | | |
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| <p>Behavior Crisis Intervention Plan (Note: this may not always be required, it is based on PBP)</p> <p>Date(s) of Plan:</p> <p>Surveyor Instruction: If the individual receives BSC services, you must ensure the plan is current for the ISP year and it is a plan developed by the BSC provider listed in the MAD 046 / Budget Worksheet. You must ensure the BCIP at the service delivery is current for the ISP year and is developed by the BSC provider listed on the budget. If it is current and present this would be met.</p> | <p>Tag #LS14.1 Residential service delivery site</p> | | | |
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Health Related Documentation

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| <p>Health Passport</p> <p>Surveyor Instruction: Review Therap to determine if there is a Health Passport. The Health Passport must be updated annually and if e-CHAT or contact information changes. This document must contain the 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. This would be met if it there is a printed copy, current copy in the file. If there is no printed copy this cannot not met.</p> | <p>Tag #LS14 (CoP) Residential service delivery site</p> <p>Ensure all components below are current:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual's Name <input type="checkbox"/> Name of Physician <input type="checkbox"/> Emergency Contact Information <input type="checkbox"/> Medical Diagnosis <input type="checkbox"/> Health and Safety risk factors <input type="checkbox"/> Allergies <input type="checkbox"/> Information regarding Insurance <input type="checkbox"/> Guardianship <input type="checkbox"/> Advanced Directives | | | |
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| <p>Medical Emergency Response Plans (MERP)</p> <p><i>Surveyor Instruction: MERPs are required for persons who have one or more conditions or illnesses that present a likely potential to become a life-threatening situation. You must ensure that required MERPs listed in the eCHAT summary and IST section of the ISP are in place and current (annual review prior to ISP meeting). MERPs must be individualized and cannot be combined with other MERPs. If an individual has a CAMRP, there will still be MERPs if required in eCHAT. If no MERP is in place as required by eCHAT or is not current, you must document on the tool which plan does not exist or what plan is not current. For this to be met, there must be a current individualized plan in place as required and a MERP for each required plan in eCHAT.</i></p> | <p><i>Tag #LS14 (CoP) Residential service delivery site</i></p> <p><i>Required per IST:</i></p> <p><i>Required per e-CHAT:</i></p> | | | |
| Progress Notes & Data Tracking | | | | |
| <p>Living Care Arrangements (SL, FL, IMLS): Progress Notes/Daily Contact Logs:</p> <p><i>Surveyor Instruction: If the Individual receives LCA services you must review daily notes for the current month of your visit to ensure they contain the name of the individual, date, time in/out, description of service and signature of staff providing the service. This cannot be met if there is no documentation found for the period reviewed (1st day of the month to the day prior to your visit) or if documentation found is completed in advance, e.g. you conduct a visit on the 5th of the month, yet documentation has already been completed for the entire month. In this circumstance you would document what is found.</i></p> | <p><i>Tag #1A08.1</i></p> <p><i>List dates if any are not found</i></p> | | | |

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Living Care Arrangements: Data Collection/Data Tracking:
(i.e. Outcomes/Action Steps Implementation Tracking)

Surveyor Instruction: You are to review data tracking for the current month of your visit to ensure to determine if outcomes / action steps are being completed as called for in the ISP. This include being completed at frequency. If the agencies have none or is not completing the tracking as required (i.e. frequency), tracking outcomes/action steps that do not match the current ISP then this cannot be met. Surveyors are to determine the frequency at which the outcome is to be completed. You will document from the 1st day of the month to the Friday prior to your visits to determine if they are completed as required (e.g. action step frequency is 1 time weekly, your visit is completed on a Wednesday, technically the agency has the remainder of the week to implement the AS).

Tag #1A32.2 Residential service delivery site

List specific outcome/action plan which is not met and list time frame if any are not found / Must document frequency if not completed as required.

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Medication Administration Record & Observation

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| <p>Medication Administration Records: ROUTINE MEDICATIONS</p> <p><u>Surveyor Instruction:</u> You are to review the current month (from 1st day of month to date of visit). You are to determine if the MAR is being completed correctly and if all requirements are in place.</p> <ul style="list-style-type: none"> • Name of resident; • Date given (administered or assisted); • Diagnosis for which the medication is prescribed • Drug product name; • Dosage and form (Liquid, tablet, capsule, injection, suppository) • Strength of drug; • Route of administration; • How often the medication is to be taken; • The name (initials) of the staff administering or assisting with the self-administration of the medication. <p><u>Findings in this area are considered standard level (1A09.0), unless the following are cited then a potential (85%) CoP level finding (1A09):</u></p> <ul style="list-style-type: none"> • MAR contains missing entries • MAR does not indicate exact dosage each time med was given; • MAR and Physician Orders do not match; • Physician Orders indicate med is to be given, med is not on MAR; • Med is to be given, yet not documented on MAR; • No physician orders were found for medication listed in MAR | <p><i>Tag #1A09 (CoP) / 1A09.0</i> <i>Include specific details, including dates, time, medication name, dosage, etc., for any deficiencies noted.</i></p> | | | |
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Medication Administration Records: PRN MEDICATIONS

Surveyor Instruction: You are to review the current month (from 1st day of month to date of visit). You are to determine if the MAR is being completed correctly and if all requirements are in place.

All **PRN** (as needed) medications shall have complete detailed instructions regarding the administration 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.
- Anyone assisting with meds must obtain verbal authorization from the Agency nurse prior to each administration of PRN medications; Unless related and in a Family Living situation.
- Documentation describing the effect of the PRN Medication.

Findings in this area are considered standard level (1A09.1.0), **unless the following are cited then a potential (85%) CoP level finding (1A09.1):**

- MAR does not contain the documented sign/symptoms to why med was given;
- MAR does not contain effectiveness of medication;
- MAR does not contain time PRN was assisted with / administered;
- MAR and Physician Orders do not match;
- Physician Orders indicate med is to be given, med is not on MAR;
- No physician orders were found for medication listed in MAR;

*Tag #1A09.1 (CoP) / 1A09.1.0
Include specific details, including dates, time, medication name, dosage, etc., for any deficiencies noted.*

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Medication Administration Records – Nurse Approval for PRN MEDICATIONS

Surveyor Instruction: You are to review the current month (1st day of month to date of visit). You are to determine if the PRN medication which was assisted with had nurse approval for individuals in SL or FL with a non-related FLP. If no documentation of prior authorization is found for medication given this cannot be met. Surveyor will review MAR for information, if it is not found the surveyor must verify with Nursing staff that approval was sought, prior to medication being delivered.

Surveyor must document medication name, date and time if no authorization is found.

*Tag #1A09.2 (CoP)
Include specific details, including dates, time, medication name, dosage, etc, for any deficiencies noted.*

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I affirm that missing documents requested by the QMB Survey Team were not located in the home or could not be found by myself when asked to produce them during the on-site home visit on:

Date: _____ ***Time:*** _____

DSP Name (Print and Signature) and Title:

Surveyor Initials: