

New Mexico DOH / DHI / QMB: RESIDENTIAL Observation Survey Tool

Standard of Care Questions	(Tag #) Surveyor Notes / Deficiency Description	MET	NOT MET	NA
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Agency/Region: Surveyor:	Date/Time
Individual Name and Identifier:	Residence Shared with (Initials & Identifier):

Location of Observation (Address):

Services (Circle those that apply to Individual):

- **2018 Living Care Arrangement:** **Supported Living – Family Living - Intensive Medical Living Supports**

Surveyor Instruction: During your observation document what is seen and heard. If suspected ANE is observed or reported, you must report to DHI/IMB immediately. Items are applicable to SL, FL, IMLS sites, unless otherwise noted. Residential Staff must sign the last page after the Observation.

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Health and Safety

Is there a battery operated or electric smoke detectors or a sprinkler system present in the residence? <i>(the smoke detector and carbon monoxide detector can be a combined unit)</i>	Tag #LS25			
Is there a carbon monoxide detector present in the residence? <i>(the smoke detector and carbon monoxide detector can be a combined unit)</i>	Tag #LS25			
Is a fire extinguisher present in the residence?	Tag #LS25			
Is a general first aid kit present in the residence?	Tag #LS25			
Is the number for poison control within line of site of the telephone?	Tag #LS25			
Does the water temperature <u>not exceed</u> 120°? Surveyor Instruction: This is ONLY applicable to SL & IMLS. You must document the Location Checked: (i.e. bath, kitchen) _____	Tag #LS25 <i>Temperatures exceeding 140° must be rechecked prior to the end of survey to ensure temperatures have been adjusted and an IR should be filed.</i>			

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Policies and Procedures				
<p>Does the residence have an emergency evacuation procedure that address, but are not limited to, fire, chemical and/or hazardous waste spills, and flood available?</p> <p>Surveyor Instruction: <i>The residence is required to have an evacuation procedure in place. The home floor plan evacuation drawing is part of this but there should also be P&P in the home to address the evacuation plan.</i></p>	<p>Tag #LS25</p>			
<p>Does the residence have an emergency placement plan for relocation of people in the event of an emergency evacuation that makes the residence unsuitable for occupancy available?</p> <p>Surveyor Instruction: <i>The residence is required to have an emergency placement plan in place. This should address where the individuals in the home would go if they were not able to return to their home for any reason, ex. Other agency operated home, w/ family, hotel, etc.</i></p>	<p>Tag #LS25</p>			
<p>Is there a Current Custodial Drug Permit from the NM Board of Pharmacy, with the current address in the residence?</p> <p>Surveyor Instruction: <i>Required for residential homes where there are two or more in-house residents, not related to the operator, and which maintains custody of the residents' drugs.</i></p>	<p>Tag #1A33.1</p> <p>Expiration Date: _____</p>			
General Observation				
<p>Does the Individual have free use of all common space in their residence, respecting other's privacy, personal possessions and individual interests?</p>	<p>Tag #LS25</p>			
<p>Do Individuals have access to food at any time or with a HRC review when food has a potential to be a danger?</p>	<p>Tag #LS25</p>			
<p>Does the residence have adequate food for three meals a day and individual preferences?</p>	<p>Tag #LS25</p>			

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<p>Are medication stored as required in the residence:</p> <ul style="list-style-type: none"> • Separate compartments are kept for each Individual in the home; • Expired Medications are kept separate; • Medication taken by mouth, are kept separate from other forms <i>(Can be stored in same container, but must be bagged separately)</i>; • Refrigerated Medication are in a locked compartment; • Medication no longer in use, is kept in a separate place; • Unwanted medication is kept in a separate place <p>Surveyor Instruction: <i>Must observe medication is store correctly as indicated above. Make note of any deficient found including name and dosage of med.</i></p>	<p>Tag #1A33</p>			
<p>During the on-site visit, did surveyors observe any physical environment conditions which were not safe for Individuals receiving Supported Living, Family Living or Intensive Medical Living?</p> <p>Surveyor Instruction: <i>Any items identified as unsafe for the residence required a detailed description of what was found and require an ANE report for environmental hazard. Must document date, time and what was observed.</i></p>	<p>Tag #LS25.1 (CoP)</p>			
<p>Additional Notes:</p>				
<p>Residential DSP:</p> <p><i>I affirm the above deficiencies found by the QMB Survey Team, items 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:</i></p> <p>Date: _____ Time: _____</p> <p>DSP Name (Print and Signature) and Title: _____</p> <p>Surveyor Initials: _____</p>				