

Date: August 7, 2015

To: Larry Maxey, Executive Director  
Provider: Alegria Family Services, Inc.  
Address: 2921 Carlisle Blvd. NE  
State/Zip: Albuquerque, New Mexico 87110

E-mail Address: [larry@alegriafamily.com](mailto:larry@alegriafamily.com)

Region: Metro  
Routine Survey: October 27 - 31, 2014  
Verification Survey: June 29, 2015

Program Surveyed: Developmental Disabilities Waiver  
Service Surveyed: **2012: Living Supports** (Supported Living, Family Living); *Inclusion Supports* (Customized Community Supports) and *Other* (Customized In-Home Supports)  
Survey Type: Verification

Team Leader: Jesus Trujillo, RN, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau  
Team Members: Tony Fragua, BA, DDW Program Manager, Division of Health Improvement/Quality Management Bureau

Dear Mr. Larry Maxey:

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 October 27- 31, 2014*.

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

***Compliance with Conditions of Participation.***

However, due to the new/repeat standard level deficiencies your agency will be required to contact your DDSD Regional Office for technical assistance and follow up. You are also required to continue your Plan of Correction. 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. The Plan of Correction must include the following:

1. Evidence your agency has contacted your DDSD Regional Office for technical assistance;
2. A Plan of Correction detailing Quality Assurance/Quality Improvement processes to prevent your agency from receiving deficiencies in the future;
3. Documentation verifying that newly cited deficiencies have been corrected.

**Submission of your Plan of Correction:**

**DIVISION OF HEALTH IMPROVEMENT**

5301 Central Avenue NE, Suite 400 • Albuquerque, New Mexico • 87108  
(505) 222-8623 • FAX: (505) 222-8661 • <http://www.dhi.health.state.nm.us>

Please submit your agency's Plan of Correction in the space on the two right columns of the Report of Findings. (See attachment "A" for additional guidance in completing the Plan of Correction).

Within 10 business days of receipt of this letter your agency Plan of Correction must be submitted to the parties below:

- 1. Quality Management Bureau, Attention: Amanda Castaneda, Plan of Correction Coordinator  
1170 North Solano Suite D Las Cruces, New Mexico 88001**
- 2. Developmental Disabilities Supports Division Regional Office for region of service surveyed**

Failure to submit your POC within the allotted 10 business days may result in the imposition of a \$200 per day Civil Monetary Penalty until it is received, completed and/or implemented.

Please call the Plan of Correction Coordinator at 575-373-5716, if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,

*Jesus R. Trujillo, RN*

Jesus R. Trujillo, RN  
Team Lead/Healthcare Surveyor  
Division of Health Improvement  
Quality Management Bureau

## Survey Process Employed:

Entrance Conference Date:	June 29, 2015
Present:	<b><u>Alegria Family Services, Inc.</u></b> Adriana Arias, Office Manager Larry Maxey, Executive Director  <b><u>DOH/DHI/QMB</u></b> Jesus Trujillo, RN, Team Lead/Healthcare Surveyor Tony Fragua, BA, DDW Program Manager
Exit Conference Date:	June 29, 2015
Present:	<b><u>Alegria Family Services, Inc.</u></b> Adriana Arias, Office Manager Larry Maxey, Executive Director  <b><u>DOH/DHI/QMB</u></b> Jesus Trujillo, RN, Team Lead/Healthcare Surveyor Tony Fragua, BA, DDW Program Manager
Administrative Locations Visited	Number: 1
Total Sample Size	Number: 19  0 - <i>Jackson</i> Class Members 19 - <i>Non-Jackson</i> Class Members  5 - Supported Living 9 - Family Living 1 - Independent Living  10 - Customized Community Supports 4 - Customized In-Home Supports
Persons Served Records Reviewed	Number: 9 (19 individuals were presently receiving services, however only 9 files were reviewed as they had deficiencies related to CoPs)
Direct Support Personnel Records Reviewed	Number: 100 ( <i>Note: 2 DSP also perform duties as Service Coordinators</i> )
Substitute Care/Respite Personnel Records Reviewed	Number: 30
Service Coordinator Records Reviewed	Number: 3
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>

QMB Report of Findings – Alegria Family Services, Inc. – Metro Region – June 29, 2015

Survey Report #: Q.15.4.DDW.91080509.5.VER.01.15.219

- 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

## 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 state and federal regulations. QMB has grouped the CMS assurances into five Service Domains: Level of Care; Plan of Care; 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 Management 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 in the QMB Report of Findings. 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.

Within the QMB Service Domains there are fundamental regulations, standards, or policies with which a provider must be in essential compliance in order to ensure the health and welfare of individuals served known as Conditions of Participation (CoPs).

The Determination of Compliance for each service type is based on a provider's compliance with CoPs in three (3) Service Domains.

#### Case Management Services:

- Level of Care
- Plan of Care
- Qualified Providers

#### Community Inclusion Supports/ Living Supports:

- Qualified Provider
- Plan of Care
- Health, Welfare and Safety

### Conditions of Participation (CoPs)

A CoP is an identified fundamental regulation, standard, or policy with which a provider must be in compliance in order to ensure the health and welfare of individuals served. CoPs are based on the Centers for Medicare and Medicaid Services, Home and Community-Based Waiver required assurances. A provider must be in compliance with CoPs to participate as a waiver provider.

QMB surveyors use professional judgment when reviewing the critical elements of each standard and regulation to determine when non-compliance with a standard level deficiency rises to the level of a CoP out of compliance. Only some deficiencies can rise to the level of a CoP (See the next section for a list of CoPs). The QMB survey team analyzes the relevant finding in terms of scope, actual harm or potential for harm, unique situations, patterns of performance, and other factors to determine if there is the potential for a negative outcome which would rise to the level of a CoP. A Standard level deficiency becomes a CoP out of compliance when the team's analysis establishes that there is an identified potential for

significant harm or actual harm. It is then cited as a CoP out of compliance. If the deficiency does not rise to the level of a CoP out of compliance, it is cited as a Standard Level Deficiency.

The Division of Health Improvement (DHI) and the Developmental Disabilities Supports Division (DDSD) collaborated to revise the current Conditions of Participation (CoPs). There are seven Conditions of Participation in which providers must be in compliance.

**CoPs and Service Domains for Case Management Supports are as follows:**

**Service Domain: Level of Care**

Condition of Participation:

1. **Level of Care:** The Case Manager shall complete all required elements of the Long Term Care Assessment Abstract (LTCAA) to ensure ongoing eligibility for waiver services.

**Service Domain: Plan of Care**

Condition of Participation:

2. **Individual Service Plan (ISP) Creation and Development:** Each individual shall have an ISP. The ISP shall be developed in accordance with DDSD regulations and standards and is updated at least annually or when warranted by changes in the individual's needs.

Condition of Participation:

3. **ISP Monitoring and Evaluation:** The Case Manager shall ensure the health and welfare of the individual through monitoring the implementation of ISP desired outcomes.

**CoPs and Service Domain for ALL Service Providers is as follows:**

**Service Domain: Qualified Providers**

Condition of Participation:

4. **Qualified Providers:** Agencies shall ensure support staff has completed criminal background screening and all mandated trainings as required by the DDSD.

**CoPs and Service Domains for Living Supports and Inclusion Supports are as follows:**

**Service Domain: Plan of Care**

Condition of Participation:

5. **ISP Implementation:** Services provided shall be consistent with the components of the ISP and implemented to achieve desired outcomes.

**Service Domain: Health, Welfare and Safety**

Condition of Participation:

6. **Individual Health, Safety and Welfare: (Safety)** Individuals have the right to live and work in a safe environment.

Condition of Participation:

7. **Individual Health, Safety and Welfare (Healthcare Oversight):** The provider shall support individuals to access needed healthcare services in a timely manner. Nursing, healthcare services and healthcare oversight shall be available and provided as needed to address individuals' health, safety and welfare.

## QMB Determinations of Compliance

### Compliance with Conditions of Participation

The QMB determination of *Compliance with Conditions of Participation* indicates that a provider is in compliance with all Conditions of Participation, (CoP). 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 with Conditions of Participation, the provider must be in compliance with all Conditions of Participation in all relevant Service Domains. The agency may also have Standard level deficiencies (deficiencies which are not at the condition level) out of compliance in any of the Service Domains.

### Partial-Compliance with Conditions of Participation

The QMB determination of *Partial-Compliance with Conditions of Participation* indicates that a provider is out of compliance with Conditions of Participation in one (1) to two (2) Service Domains. The agency may have one or more Condition level tags within a Service Domain. 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. The agency may also have Standard level deficiencies (deficiencies which are not at the condition level) in any of the Service Domains.

Providers receiving a repeat determination of Partial-Compliance for repeat deficiencies at the level of a Condition in any Service Domain may be referred by the Quality Management Bureau to the Internal Review Committee (IRC) for consideration of remedies and possible actions or sanctions.

### Non-Compliance with Conditions of Participation

The QMB determination of *Non-Compliance with Conditions of Participation* indicates a provider is significantly out of compliance with Conditions of Participation in multiple Service Domains. The agency may have one or more Condition level tags in each of 3 relevant Service Domains. 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. The agency may also have Standard level deficiencies (deficiencies which are not at the condition level) in any of the Service Domains

Providers receiving a repeat determination of Non-Compliance will be referred by Quality Management Bureau to the Internal Review Committee (IRC) for consideration of remedies 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 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 Deputy Bureau Chief **within 10 business days** of receipt of the final Report of Findings.
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.
5. If you have questions about the IRF process, email the IRF Chairperson, Crystal Lopez-Beck at [Crystal.Lopez-Beck@state.nm.us](mailto:Crystal.Lopez-Beck@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.



**Agency:** Alegria Family Services, Inc. – Metro Region  
**Program:** Developmental Disabilities Waiver  
**Service:** 2012: Living Supports (Supported Living, Family Living); Inclusion Supports (Customized Community Supports) and Other (Customized In-Home Supports)  
**Monitoring Type:** Verification Survey  
**Routine Survey:** October 27 – 31, 2014  
**Verification Survey:** June 29, 2015

Standard of Care	Routine Survey Deficiencies October 27 – 31, 2015	Verification Survey New and Repeat Deficiencies June 29, 2015
<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 # 1A27</b> <b>Incident Mgt. Late and Failure to Report</b></p>	<p><b>Standard Level Deficiency</b></p>	<p><b>Standard Level Deficiency</b></p>
<p><b>NMAC 7.1.14 ABUSE, NEGLECT, EXPLOITATION, AND DEATH REPORTING, TRAINING AND RELATED REQUIREMENTS FOR COMMUNITY PROVIDERS</b></p> <p><b>NMAC 7.1.14.8 INCIDENT MANAGEMENT SYSTEM REPORTING REQUIREMENTS FOR COMMUNITY-BASED SERVICE PROVIDERS:</b></p> <p><b>A. Duty to report:</b>  <b>(1)</b> All community-based providers shall immediately report alleged crimes to law enforcement or call for emergency medical services as appropriate to ensure the safety of consumers.  <b>(2)</b> All community-based service providers, their employees and volunteers shall immediately call the department of health improvement (DHI) hotline at 1-800-445-6242 to report abuse, neglect, exploitation, suspicious injuries or any death and also to report an environmentally hazardous condition which creates an immediate threat to health or safety.</p>	<p>Based on the Incident Management Bureau’s Late and Failure Reports, the Agency did not report suspected abuse, neglect, or misappropriation of property, unexpected and natural/expected deaths; or other reportable incidents to the Division of Health Improvement, as required by regulations for 10 of 29 individuals.</p> <p>Individual #3</p> <ul style="list-style-type: none"> <li>• Incident date 4/19/2014. Allegation was Neglect. Incident report was received on 4/21/2014. Failure to Report. IMB Late and Failure Report indicated incident of Neglect was “Confirmed.”</li> <li>• Incident date 5/07/2014. Allegation was Neglect. Incident report was received on 5/09/2014. Failure to Report. IMB Late and Failure Report indicated incident of Neglect was “Confirmed.”</li> </ul> <p>Individual #4</p>	<p><b>New / Repeat Findings:</b></p> <p>Based on the Incident Management Bureau’s Late and Failure Reports, the Agency did not report suspected abuse, neglect, or exploitation, unexpected and natural/expected deaths; or other reportable incidents to the Division of Health Improvement, as required by regulations for 4 of 24 individuals.</p> <p>Individual #8</p> <ul style="list-style-type: none"> <li>• Incident date 01/29/2015. Allegation was Neglect. Incident report was received on 02/06/2015. Late Reporting. IMB Late and Failure Report indicated incident of Neglect was “Confirmed.”</li> </ul> <p>Individual #17</p> <ul style="list-style-type: none"> <li>• Incident date 11/12/2014. Allegation was Neglect. Incident report was received on 11/22/2015. Late Reporting. IMB Late and Failure Report indicated incident of Neglect was “Confirmed.”</li> </ul>

QMB Report of Findings – Alegria Family Services, Inc. – Metro Region – June 29, 2015

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<p><b>B. Reporter requirement.</b> All community-based service providers shall ensure that the employee or volunteer with knowledge of the alleged abuse, neglect, exploitation, suspicious injury, or death calls the division's hotline to report the incident.</p> <p><b>C. Initial reports, form of report, immediate action and safety planning, evidence preservation, required initial notifications: (1) Abuse, neglect, and exploitation, suspicious injury or death reporting:</b> Any person may report an allegation of abuse, neglect, or exploitation, suspicious injury or a death by calling the division's toll-free hotline number 1-800-445-6242. Any consumer, family member, or legal guardian may call the division's hotline to report an allegation of abuse, neglect, or exploitation, suspicious injury or death directly, or may report through the community-based service provider who, in addition to calling the hotline, must also utilize the division's abuse, neglect, and exploitation or report of death form. The abuse, neglect, and exploitation or report of death form and instructions for its completion and filing are available at the division's website, <a href="http://dhi.health.state.nm.us">http://dhi.health.state.nm.us</a>, or may be obtained from the department by calling the division's toll free hotline number, 1-800-445-6242.</p> <p><b>(2) Use of abuse, neglect, and exploitation or report of death form and notification by community-based service providers:</b> In addition to calling the division's hotline as required in Paragraph (2) of Subsection A of 7.1.14.8 NMAC, the community-based service provider shall also report the incident of abuse, neglect, exploitation, suspicious injury, or death utilizing the division's abuse, neglect, and exploitation or report of death form consistent with the requirements of the division's abuse, neglect, and exploitation reporting guide. The community-based service provider shall ensure all abuse, neglect, exploitation or death reports describing the alleged incident are completed on the</p>	<ul style="list-style-type: none"> <li>• Incident date 10/10/2013. Allegation was Emergency Services. Incident report was received on 10/15/2013. Late Reporting. IMB issued a Late Reporting for Emergency Services.</li> </ul> <p>Individual #15</p> <ul style="list-style-type: none"> <li>• Incident date 6/23/2014. Allegation was Abuse. Incident report was received on 7/01/2014. Late Reporting. IMB Late and Failure Report indicated incident of Abuse was "Unconfirmed."</li> </ul> <p>Individual #17</p> <ul style="list-style-type: none"> <li>• Incident date 5/01/2014. Allegation was Neglect. Incident report was received on 5/12/2014. Failure to Report. IMB Late and Failure Report indicated incident of Neglect was "Confirmed."</li> </ul> <p>Individual #20</p> <ul style="list-style-type: none"> <li>• Incident date 1/07/2014. Allegation was Neglect. Incident report was received on 1/16/2014. Late Reporting. IMB Late and Failure Report indicated incident of Neglect was "Confirmed."</li> </ul> <p>Individual #21</p> <ul style="list-style-type: none"> <li>• Incident date 2/19/2014. Allegation was Neglect Law Enforcement Involvement. Incident report was received on 3/18/2014. IMB issued a Late Reporting for Neglect Law Enforcement Involvement.</li> </ul> <p>Individual #26</p> <ul style="list-style-type: none"> <li>• Incident date 12/10/2013. Allegation was Emergency Services. Incident report was received on 12/12/2013. Late Reporting.</li> <li>• Incident date 3/22/2014. Allegation was Emergency Services. Incident report was received on 3/26/2014. IMB issued a Late Reporting for Emergency Services.</li> </ul>	<p>Individual #30</p> <ul style="list-style-type: none"> <li>• Incident date 01/29/2015. Allegation was Neglect. Incident report was received on 02/06/2015. Late Reporting. IMB Late and Failure Report indicated incident of Neglect was "Confirmed."</li> </ul> <p>Individual #31</p> <ul style="list-style-type: none"> <li>• Incident date 02/25/2015. Allegation was Neglect. Incident report was received on 03/04/2015. IMB issued a Failure to Report for Neglect.</li> </ul>
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<p>division's abuse, neglect, and exploitation or report of death form and received by the division within 24 hours of the verbal report. If the provider has internet access, the report form shall be submitted via the division's website at <a href="http://dhi.health.state.nm.us">http://dhi.health.state.nm.us</a>; otherwise it may be submitted via fax to 1-800-584-6057. The community-based service provider shall ensure that the reporter with the most direct knowledge of the incident participates in the preparation of the report form.</p> <p><b>(3) Limited provider investigation:</b> No investigation beyond that necessary in order to be able to report the abuse, neglect, or exploitation and ensure the safety of consumers is permitted until the division has completed its investigation.</p> <p><b>(4) Immediate action and safety planning:</b> Upon discovery of any alleged incident of abuse, neglect, or exploitation, the community-based service provider shall:</p> <p><b>(a)</b> develop and implement an immediate action and safety plan for any potentially endangered consumers, if applicable;</p> <p><b>(b)</b> be immediately prepared to report that immediate action and safety plan verbally, and revise the plan according to the division's direction, if necessary; and</p> <p><b>(c)</b> provide the accepted immediate action and safety plan in writing on the immediate action and safety plan form within 24 hours of the verbal report. If the provider has internet access, the report form shall be submitted via the division's website at <a href="http://dhi.health.state.nm.us">http://dhi.health.state.nm.us</a>; otherwise it may be submitted by faxing it to the division at 1-800-584-6057.</p> <p><b>(5) Evidence preservation:</b> The community-based service provider shall preserve evidence related to an alleged incident of abuse, neglect, or exploitation, including records, and do nothing to disturb the evidence. If physical evidence must be removed or affected, the provider shall take</p>	<p>Individual #27</p> <ul style="list-style-type: none"> <li>• Incident date 12/29/2013. Allegation was Emergency Services. Incident report was received on 1/08/2014. IMB issued a Late Reporting for Emergency Services.</li> </ul> <p>Individual #28</p> <ul style="list-style-type: none"> <li>• Incident date 10/10/2013. Allegation was Emergency Services Law Enforcement Involvement. Incident report was received on 10/15/2013. IMB issued a Late Reporting for Emergency Services Law Enforcement.</li> </ul> <p>Individual #29</p> <ul style="list-style-type: none"> <li>• Incident date 3/25/2014. Allegation was Emergency Services. Incident report was received on 4/15/2014. IMB issued a Late Reporting for Emergency Services</li> </ul>	
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<p>photographs or do whatever is reasonable to document the location and type of evidence found which appears related to the incident.</p> <p><b>(6) Legal guardian or parental notification:</b> The responsible community-based service provider shall ensure that the consumer's legal guardian or parent is notified of the alleged incident of abuse, neglect and exploitation within 24 hours of notice of the alleged incident unless the parent or legal guardian is suspected of committing the alleged abuse, neglect, or exploitation, in which case the community-based service provider shall leave notification to the division's investigative representative.</p> <p><b>(7) Case manager or consultant notification by community-based service providers:</b> The responsible community-based service provider shall notify the consumer's case manager or consultant within 24 hours that an alleged incident involving abuse, neglect, or exploitation has been reported to the division. Names of other consumers and employees may be redacted before any documentation is forwarded to a case manager or consultant.</p> <p><b>(8) Non-responsible reporter:</b> Providers who are reporting an incident in which they are not the responsible community-based service provider shall notify the responsible community-based service provider within 24 hours of an incident or allegation of an incident of abuse, neglect, and exploitation</p>		
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<b>Tag # LS13 / 6L13</b> <b>Community Living Healthcare Reqts.</b>	<b>Standard Level Deficiency</b>	<b>Standard Level Deficiency</b>
<p><b>NMAC 8.302.1.17 RECORD KEEPING AND DOCUMENTATION REQUIREMENTS:</b> A provider must maintain all the records necessary to fully disclose the nature, quality, amount and medical necessity of services furnished to an eligible recipient who is currently receiving or who has received services in the past.</p> <p><b>B. Documentation of test results:</b> Results of tests and services must be documented, which includes results of laboratory and radiology procedures or progress following therapy or treatment.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013</p> <p><b>Chapter 11 (FL) 3. Agency Requirements:</b>  <b>D. Consumer Records Policy:</b> All Family Living Provider Agencies must maintain at the administrative office a confidential case file for each individual. Provider agency case files for individuals are required to comply with the DDSD Individual Case File Matrix policy.</p> <p><b>Chapter 12 (SL) 3. Agency Requirements:</b>  <b>D. Consumer Records Policy:</b> All Living Supports- Supported Living Provider Agencies must maintain at the administrative office a confidential case file for each individual. Provider agency case files for individuals are required to comply with the DDSD Individual Case File Matrix policy.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</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 9 of 20 individuals receiving Community Living Services.</p> <p>Review of the administrative individual case files revealed the following items were not found, incomplete, and/or not current:</p> <ul style="list-style-type: none"> <li>• <b>Annual Physical</b> (#10, 18)</li> <li>• <b>Dental Exam</b> <ul style="list-style-type: none"> <li>◦ Individual #6 - As indicated by the DDSD file matrix Dental Exams are to be conducted annually. No evidence of exam was found.</li> <li>◦ Individual #10 - As indicated by collateral documentation reviewed, exam was completed on 3/12/2013. Follow-up was to be completed in 6 months. No evidence of follow-up found.</li> <li>◦ Individual #11 - As indicated by collateral documentation reviewed, exam was completed on 11/1/2013. Follow-up was to be completed on 12/8/2013. No evidence of follow-up found.</li> <li>◦ Individual #20 - As indicated by the DDSD file matrix Dental Exams are to be conducted annually. No evidence of exam was found.</li> </ul> </li> <li>• <b>Vision Exam</b> <ul style="list-style-type: none"> <li>◦ Individual #11 - As indicated by the DDSD file matrix, Vision Exams are to be conducted every other year. No evidence of exam was found.</li> </ul> </li> </ul>	<p><b>New / Repeat Findings:</b></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 9 individuals reviewed.</p> <p>Review of the administrative individual case files revealed the following items were not found, incomplete, and/or not current:</p> <ul style="list-style-type: none"> <li>• <b>Dental Exam</b> <ul style="list-style-type: none"> <li>◦ Individual #11 - As indicated by the DDSD file matrix Dental Exams are to be conducted annually. Last Dental Exam found was completed 11/01/2013.</li> </ul> </li> <li>• <b>Vision Exam</b> <ul style="list-style-type: none"> <li>◦ Individual #15 - As indicated by collateral documentation reviewed, follow-up was to be completed 6/19/2015. No evidence of follow-up found.</li> </ul> </li> </ul>

**CHAPTER 6. VI. GENERAL  
REQUIREMENTS FOR COMMUNITY LIVING  
G. Health Care Requirements for  
Community Living Services.**

(1) The Community Living Service providers shall ensure completion of a HAT for each individual receiving this service. The HAT shall be completed 2 weeks prior to the annual ISP meeting and submitted to the Case Manager and all other IDT Members. A revised HAT is required to also be submitted whenever the individual's health status changes significantly. For individuals who are newly allocated to the DD Waiver program, the HAT may be completed within 2 weeks following the initial ISP meeting and submitted with any strategies and support plans indicated in the ISP, or within 72 hours following admission into direct services, whichever comes first.

(2) Each individual will have a Health Care Coordinator, designated by the IDT. When the individual's HAT score is 4, 5 or 6 the Health Care Coordinator shall be an IDT member, other than the individual. The Health Care Coordinator shall oversee and monitor health care services for the individual in accordance with these standards. In circumstances where no IDT member voluntarily accepts designation as the health care coordinator, the community living provider shall assign a staff member to this role.

(3) For each individual receiving Community Living Services, the provider agency shall ensure and document the following:

- (a) Provision of health care oversight consistent with these Standards as detailed in Chapter One section III E: Healthcare Documentation by Nurses For Community Living Services, Community

- Individual #13 - As indicated by the DDSD file matrix, Vision Exams are to be conducted every other year. No evidence of exam was found.
- Individual #15 - As indicated by the DDSD file matrix, Vision Exams are to be conducted every other year. No evidence of exam was found.
- Individual #17 - As indicated by the DDSD file matrix, Vision Exams are to be conducted every other year. No evidence of exam was found.
- Individual #20 - As indicated by the DDSD file matrix, Vision Exams are to be conducted every other year. No evidence of exam was found.
- ***Cholesterol and Blood Glucose***
  - Individual #15 - As indicated by collateral documentation reviewed, lab work was ordered on 2/25/2014. Follow-up was to be completed in 6 months. No evidence of follow-up found.
- ***Involuntary Movement Evaluations and/or Tardive Dyskinesia Screenings***
  - None found for Abilify (#15)
  - None found 6/2013 - 9/2014 for Risperidone (#21)

<p>Inclusion Services and Private Duty Nursing Services.</p> <p>b) That each individual with a score of 4, 5, or 6 on the HAT, has a Health Care Plan developed by a licensed nurse.</p> <p>(c) That an individual with chronic condition(s) with the potential to exacerbate into a life threatening condition, has Crisis Prevention/ Intervention Plan(s) developed by a licensed nurse or other appropriate professional for each such condition.</p> <p>(4) That an average of 3 hours of documented nutritional counseling is available annually, if recommended by the IDT.</p> <p>(5) That the physical property and grounds are free of hazards to the individual's health and safety.</p> <p>(6) In addition, for each individual receiving Supported Living or Family Living Services, the provider shall verify and document the following:</p> <p>(a) The individual has a primary licensed physician;</p> <p>(b) The individual receives an annual physical examination and other examinations as specified by a licensed physician;</p> <p>(c) The individual receives annual dental check-ups and other check-ups as specified by a licensed dentist;</p> <p>(d) The individual receives eye examinations as specified by a licensed optometrist or ophthalmologist; and</p> <p>(e) Agency activities that occur as follow-up to medical appointments (e.g. treatment, visits to specialists, changes in medication or daily routine).</p>		
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Standard of Care	Routine Survey Deficiencies October 27 - 31, 2015	Verification Survey New and Repeat Deficiencies June 29, 2013
<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 Agency Case File	Standard Level Deficiency	Completed
Tag # 1A08.1 Agency Case File - Progress Notes	Standard Level Deficiency	Completed
Tag # 1A32 and LS14 / 6L14 Individual Service Plan Implementation	Standard Level Deficiency	Completed
Tag # IS11 / 5I11 Reporting Requirements Inclusion Reports	Standard Level Deficiency	Completed
Tag # LS14 / 6L14 Residential Case File	Standard Level Deficiency	Completed
Tag # LS17 / 6L17 Reporting Requirements (Community Living Reports)	Standard Level Deficiency	Completed
Tag # IH17 Reporting Requirements (Customized In-Home Supports Reports)	Standard Level Deficiency	Completed
<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 # 1A11.1 Transportation Training	Standard Level Deficiency	Completed
Tag # 1A22 Agency Personnel Competency	Standard Level Deficiency	Completed
Tag # 1A25 Criminal Caregiver History Screening	Standard Level Deficiency	Completed



Tag # 1A26 Consolidated On-line Registry Employee Abuse Registry	Standard Level Deficiency	Completed
Tag # 1A28.1 Incident Mgt. System - Personnel Training	Standard Level Deficiency	Completed
<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 # 1A03 CQI System	Standard Level Deficiency	Completed
Tag # 1A09 Medication Delivery Routine Medication Administration	Standard Level Deficiency	Completed
Tag # 1A15.2 and IS09 / 5I09 Healthcare Documentation	Condition of Participation Level Deficiency	Completed
Tag # 1A28.2 Incident Mgt. System - Parent/Guardian Training	Standard Level Deficiency	Completed
Tag # 1A29 Complaints / Grievances Acknowledgement	Standard Level Deficiency	Completed
Tag # 1A31 Client Rights/Human Rights	Standard Level Deficiency	Completed
Tag # 1A33 Board of Pharmacy – Med. Storage	Standard Level Deficiency	Completed
Tag # LS06 / 6L06 Family Living Requirements	Standard Level Deficiency	Completed
Tag # LS25 / 6L25 Residential Health and Safety (SL/FL)	Standard Level Deficiency	Completed

**Service Domain: Medicaid Billing/Reimbursement** – State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.

<b>Tag # IS30 Customized Community Supports Reimbursement</b>	<b>Standard Level Deficiency</b>	<b>Completed</b>
<b>Tag # LS26 / 6L26 Supported Living Reimbursement</b>	<b>Standard Level Deficiency</b>	<b>Completed</b>
<b>Tag # LS27 / 6L27 Family Living Reimbursement</b>	<b>Standard Level Deficiency</b>	<b>Completed</b>

Date: September 23, 2015

To: Larry Maxey, Executive Director  
Provider: Alegria Family Services, Inc.  
Address: 2921 Carlisle Blvd. NE  
State/Zip: Albuquerque, New Mexico 87110

E-mail Address: [larry@alegriafamily.com](mailto:larry@alegriafamily.com)

Region: Metro  
Routine Survey: October 27 - 31, 2014  
Verification Survey: June 29, 2015

Program Surveyed: Developmental Disabilities Waiver  
Service Surveyed: **2012: Living Supports** (Supported Living, Family Living); *Inclusion Supports* (Customized Community Supports) and *Other* (Customized In-Home Supports)  
Survey Type: Verification

Dear Mr. Larry Maxey:

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 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,

*Amanda Castañeda*

Amanda Castañeda  
Plan of Correction Coordinator  
Quality Management Bureau/DHI

Q.15.4.DDW.91080509.5.VER.09.15.266