#### SUSANA MARTINEZ, GOVERNOR



| Date:  | April 04, 2014  |
|--|---|
| To:<br>Provider:<br>Address:<br>State/Zip:   | Peggy S. Denson, Chief Executive Officer<br>Zia Therapy Center, Inc.<br>900 First Street<br>Alamogordo, New Mexico 88310  |
| E-mail Address:  | admin@ziatherapy.org  |
| CC:<br>Address:<br>State/Zip:  | Robert Flotte, Board Chair<br>3001 N. Florida<br>Alamogordo, New Mexico 88310   |
| Board Chair<br>E-Mail Address:   | bflotte@hotmail.com   |
| Region:<br>Survey Date:<br>Program Surveyed:<br>Service Surveyed:<br>Survey Type:<br>Team Leader:<br>Team Members: | Southwest<br>January 27 - 30, 2014<br>Developmental Disabilities Waiver<br>Living Supports (Family Living) and Inclusion Supports (Customized Community Supports and<br>Community Integrated Employment Services); and Customized In-Home Supports<br>Routine<br>Amanda Castañeda, MPA, Healthcare Surveyor, Division of Health Improvement/Quality<br>Management Bureau<br>Deb Russell, BS, Healthcare Surveyor, Division of Health Improvement/Quality Management |
|  | Bureau  |

#### Dear Ms. Denson;

The Division of Health Improvement/Quality Management Bureau has completed a compliance survey of the services identified above. The purpose of the survey was to determine compliance with federal and state standards; to assure the health, safety, and welfare of individuals receiving services through the Developmental Disabilities Waiver; and to identify opportunities for improvement. This Report of Findings will be shared with the Developmental Disabilities Supports Division for their use in determining your current and future provider agreements. Upon receipt of this letter and Report of Findings your agency must immediately correct all deficiencies which place Individuals served at risk of harm.

#### **Determination of Compliance:**

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

#### Partial Compliance with Conditions of Participation

This determination is based on non compliance with one or more CMS waiver assurances at the Condition of Participation level as well as Standard level deficiencies identified in the attached QMB Report of Findings and requires implementation of a Plan of Correction. <u>Plan of Correction</u>:

#### **DIVISION OF HEALTH IMPROVEMENT**

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

The attached Report of Findings identifies the Standard Level and/or Condition of Participation deficiencies found during your agency's compliance review. You are required to complete and implement a Plan of Correction. Your agency has a total of 45 business days (10 business days to submit your POC for approval and 35 days to implement your *approved* Plan of Correction) from the receipt of this letter.

#### Submission of your Plan of Correction:

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: Plan of Correction Coordinator 5301 Central Ave. NE Suite 400 Albuquerque, NM 87108

#### 2. Developmental Disabilities Supports Division Regional Office for region of service surveyed

Upon notification from QMB that your *Plan of Correction has been approved*, you must implement all remedies and corrective actions to come into compliance. If your Plan of Correction is denied, you must resubmit a revised plan as soon as possible for approval, as your POC approval and all remedies must be completed within 45 business days of the receipt of this letter.

Failure to submit your POC within the allotted 10 business days or complete and implement your Plan of Correction within the total 45 business days allowed may result in the imposition of a \$200 per day Civil Monetary Penalty until it is received, completed and/or implemented.

#### Request for Informal Reconsideration of Findings (IRF):

If you disagree with a finding of deficient practice, you have 10 business days upon receipt of this notice to request an IRF. Submit your request for an IRF in writing to:

> QMB Deputy Bureau Chief 5301 Central Ave NE Suite #400 Albuquerque, NM 87108 Attention: IRF request

See Attachment "C" for additional guidance in completing the request for Informal Reconsideration of Findings. The request for an IRF will not delay the implementation of your Plan of Correction which must be completed within 45 total business days (10 business days to submit your POC for approval and 35 days to implement your *approved* Plan of Correction). Providers may not appeal the nature or interpretation of the standard or regulation, the team composition or sampling methodology. If the IRF approves the modification or removal of a finding, you will be advised of any changes.

Please call the Plan of Correction Coordinator at 505-231-7436 if you have questions about the Report of Findings or Plan of Correction. Thank you for your cooperation and for the work you perform.

Sincerely,

Amanda Castañeda, MPA

Amanda Castañeda, MPA Team Lead/Healthcare Surveyor Division of Health Improvement Quality Management Bureau

|   | , <b>,</b>  |   |
|---|---|---|
| Present:  | Dolores Car<br>Sherill Bodw<br>Gloria Barne   | <u>y Center, Inc.</u><br>rillo, Adult Services Manager<br>vell, Chief Operating Officer<br>es, Lead Early Interventionist<br>son, Chief Executive Officer   |
|   |   | <u>MB</u><br>stañeda, MPA, Team Lead/Healthcare Surveyor<br>I, BS, Healthcare Surveyor  |
| Exit Conference Date:                           | January 30,   | 2014  |
| Present:  | Dolores Car<br>Sharon Gils<br>Peggy Dens<br>Diana Lande<br>Paige Span<br>Sherill Bodw | <u>y Center, Inc.</u><br>rillo, Adult Services Manager<br>dorf, Chief Financial Officer<br>ers, Billing Specialist<br>n, Business Office Assistant<br>yell, Chief Operating Officer<br>es, Lead Early Interventionist   |
|   | Deb Russell<br><b>DDSD - SW</b>   | stañeda, MPA, Team Lead/Healthcare Surveyor<br>, BS, Healthcare Surveyor<br><b>Regional Office</b>  |
|   |   | thers, Social and Community Service Coordinator   |
| Administrative Locations Visited                | Number:   | 1   |
| Total Sample Size                               | Number:   | <ul> <li>10</li> <li>0 - Jackson Class Members</li> <li>10 - Non-Jackson Class Members</li> <li>3 - Family Living</li> <li>8 - Customized Community Supports</li> <li>4 - Community Integrated Employment</li> <li>3 - Customized In-Home Supports</li> </ul> |
| Total Homes Visited                             | Number:   | 3   |
| <ul> <li>Family Living Homes Visited</li> </ul> | Number:   | 3   |
| Persons Served Records Reviewed                 | Number:   | 10  |
| Persons Served Interviewed                      | Number:   | 6   |
| Persons Served Observed                         | Number:   | 4 (4 Individual were not available during the on-site<br>survey. Two individuals do not attend day hab<br>regularly, one individual was out in the community, one   |

January 27, 2014

Direct Support Personnel Interviewed

**Survey Process Employed:** 

Entrance Conference Date:

14

Individual was at home and not available)

QMB Report of Findings - Zia Therapy Center, Inc. - SW - January 27 - 30, 2014

Number:

| Direct Support Personnel Records Reviewed             | Number: | 47 |
|---|---------|----|
| Substitute Care/Respite Personnel<br>Records Reviewed | Number: | 2  |
| Service Coordinator Records Reviewed                  | Number: | 3  |

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:
  - Individual Service Plans
  - 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
- · 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:
- st: DOH Division of Health Improvement
  - DOH Developmental Disabilities Supports Division
  - DOH Office of Internal Audit
  - HSD Medical Assistance Division
  - DOH Internal Review Committee

# Attachment A

# Provider Instructions for Completing the QMB Plan of Correction (POC) Process

## Introduction:

After a QMB Compliance Survey, your QMB Report of Findings will be sent to you via e-mail.

Each provider must develop and implement a Plan of Correction (POC) that identifies specific quality assurance and quality improvement activities the agency will implement to correct deficiencies and prevent continued deficiencies and non-compliance.

Agencies must submit their Plan of Correction within ten (10) business days from the date you receive the QMB Report of Findings. (Providers who do not submit a POC within 10 business days may be referred to the Internal Review Committee [IRC] for possible actions or sanctions).

Agencies must fully implement their approved Plan of Correction within 45 business days (10 business days to submit your POC for approval and 35 days to implement your approved Plan of Correction) from the date they receive the QMB Report of Findings (Providers who fail to complete a POC within the 45 business days allowed will be referred to the IRC for possible actions or sanctions.)

If you have questions about the Plan of Correction process, call the Plan of Correction Coordinator at 505-231-7436 or email at <u>Anthony.Fragua@state.nm.us</u>. Requests for technical assistance must be requested through your Regional DDSD Office.

The POC process cannot resolve disputes regarding findings. If you wish to dispute a finding on the official Report of Findings, you must file an Informal Reconsideration of Findings (IRF) request within ten (10) business days of receiving your report. Please note that you must still submit a POC for findings that are in question (see Attachment "C").

# Instructions for Completing Agency POC:

# Required Content

Your Plan of Correction should provide a step-by-step description of the methods to correct each deficient practice to prevent recurrence and information that ensures the regulation cited is in compliance. The remedies noted in your POC are expected to be added to your Agency's required, annual Quality Assurance Plan.

If a deficiency has already been corrected, the plan should state how it was corrected, the completion date (date the correction was accomplished), and how possible recurrence of the deficiency will be prevented.

# The Plan of Correction must address the six required Center for Medicare and Medicaid Services (CMS) core elements to address each deficiency cited in the Report of Findings:

- 1. How the specific and realistic corrective action will be accomplished for individuals found to have been affected by the deficient practice.
- 2. How the agency will identify other individuals who have the potential to be affected by the same deficient practice, and how the agency will act to protect individuals in similar situations.
- 3. What QA measures will be put into place or systemic changes made to ensure that the deficient practice will not recur
- 4. Indicate how the agency plans to monitor its performance to make sure that solutions are sustained. The agency must develop a QA plan for ensuring that correction is achieved and

sustained. This QA plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the agency quality assurance system; and

- 5. Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State.
- 6. The POC must be signed and dated by the agency director or other authorized official.

The following details should be considered when developing your Plan of Correction:

- Details about how and when Consumer, Personnel and Residential files are audited by Agency personnel to ensure they contain required documents;
- Information about how Medication Administration Records are reviewed to verify they contain all required information before they are distributed, as they are being used, and after they are completed;
- Your processes for ensuring that all staff are trained in Core Competencies, Abuse, Neglect and Exploitation Reporting, and Individual-Specific service requirements, etc;
- How accuracy in Billing/Reimbursement documentation is assured;
- How health, safety is assured;
- For Case Management Providers, how Individual Specific Plans are reviewed to verify they
  meet requirements, how the timeliness of LOC packet submissions and consumer visits are
  tracked;
- Your process for gathering, analyzing and responding to Quality data indicators; and,
- Details about Quality Targets in various areas, current status, analyses about why targets were not met, and remedies implemented.

*Note:* <u>Instruction or in-service of staff alone may not be a sufficient plan of correction.</u> This is a good first step toward correction, but additional steps should be taken to ensure the deficiency is corrected and will not recur.

# **Completion Dates**

- The plan of correction must include a **completion date** (entered in the far right-hand column) for each finding. Be sure the date is **realistic** in the amount of time your Agency will need to correct the deficiency; not to exceed 45 total business days.
- Direct care issues should be corrected immediately and monitored appropriately.
- Some deficiencies may require a staged plan to accomplish total correction.
- Deficiencies requiring replacement of equipment, etc., may require more time to accomplish correction but should show reasonable time frames.

# Initial Submission of the Plan of Correction Requirements

- 1. The Plan of Correction must be completed on the official QMB Survey Report of Findings/Plan of Correction Form and received by QMB within ten (10) business days from the date you received the report of findings.
- 2. For questions about the POC process, call the POC Coordinator, Anthony Fragua at 505-231-7436 for assistance.
- 3. For Technical Assistance (TA) in developing or implementing your POC, contact your Regional DDSD Office.
- 4. Submit your POC to Anthony Fragua, POC Coordinator in any of the following ways:
  - a. Electronically at <u>Anthony.Fragua@state.nm.us</u> (preferred method)
    - b. Fax to 505-222-8661, or
    - c. Mail to POC Coordinator, 5301 Central Avenue NE, Suite 400, Albuquerque, NM 87108
- 5. Do not submit supporting documentation (evidence of compliance) to QMB until after your POC has been approved by the QMB.

- 6. QMB will notify you when your POC has been "approved" or "denied."
  - a. During this time, whether your POC is "approved," or "denied," you will have a maximum of 45 business days from the date of receipt of your Report of Findings to correct all survey deficiencies.
  - b. If your POC is denied, it must be revised and resubmitted as soon as possible, as the 45 business day limit is in effect.
  - c. If your POC is denied a second time your agency may be referred to the Internal Review Committee.
  - d. You will receive written confirmation when your POC has been approved by QMB and a final deadline for completion of your POC.
  - e. Please note that all POC correspondence will be sent electronically unless otherwise requested.
- Failure to submit your POC within 10 business days without prior approval of an extension by QMB will
  result in a referral to the Internal Review Committee and the possible implementation of monetary
  penalties and/or sanctions.

## **POC Document Submission Requirements**

Once your POC has been approved by the QMB Plan of Correction Coordinator you must submit copies of documents as evidence that all deficiencies have been corrected, as follows.

- 1. Your internal documents are due within a *maximum* of 45 business days of receipt of your Report of Findings.
- It is preferred that you submit your documents via USPS or other carrier (scanned and saved to CD/DVD disc, flash drive, etc.). If the documents do not contain protected Health information (PHI) the preferred method is that you submit your documents electronically (scanned and attached to e-mails).
- 3. All submitted documents <u>must be annotated</u>; please be sure the tag numbers and Identification numbers are indicated on each document submitted. Documents which are not annotated with the Tag number and Identification number may not be accepted.
- 4. Do not submit original documents; Please provide copies or scanned electronic files for evidence. Originals must be maintained in the agency file(s) per DDSD Standards.
- 5. In lieu of some documents, you may submit copies of file or home audit forms that clearly indicate cited deficiencies have been corrected, other attestations of correction must be approved by the Plan of Correction Coordinator prior to their submission.
- 6. When billing deficiencies are cited, you must provide documentation to justify billing and/or void and adjust forms submitted to Xerox State Healthcare, LLC. for the deficiencies cited in the Report of Findings. In addition to this, we ask that you submit:
  - a. Evidence of an internal audit of billing/reimbursement conducted for a sample of individuals and timeframes of your choosing to verify POC implementation;
  - b. Copies of "void and adjust" forms submitted to Xerox State Healthcare, LLC. to correct all unjustified units identified and submitted for payment during your internal audit.

Revisions, Modifications or Extensions to your Plan of Correction (post QMB approval) must be made in writing and submitted to the Plan of Correction Coordinator, prior to the due date and are approved on a case-by-case basis. No changes may be made to your POC or the timeframes for implementation without written approval of the POC Coordinator.

# 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 <u>repeat</u> 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 <u>repeat</u> 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 <u>within 10 business days</u> 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: <u>http://dhi.health.state.nm.us/qmb</u>
- 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 IRC process, email the IRF Chairperson, Crystal Lopez-Beck at <u>crystal.lopez-beck@state.nm.us</u> 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-toface 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:                          | Zia Therapy Center, Inc Southwest Region  |
|----------------------------------|---|
| Program:                         | Developmental Disabilities Waiver   |
| Service:                         | 2012: Living Supports (Family Living) and Inclusion Supports (Customized Community Supports and<br>Community Integrated Employment Services); and Customized In-Home Supports |
| Monitoring Type:<br>Survey Date: | Routine Survey<br>January 27 - 30, 2014   |

| Standard of Care   | Deficiencies   | Agency Plan of Correction, On-going<br>QA/QI and Responsible Party | Date<br>Due |
|--|--|--|-------------|
|  |  | accordance with the service plan, including                        | type,       |
| scope, amount, duration and frequency s  | pecified in the service plan.                                |  |             |
| Tag # 1A08   | Standard Level Deficiency                                    |  |             |
| Agency Case File   |  |  |             |
| Developmental Disabilities (DD) Waiver Service   | Based on record review, the Agency did not                   | Provider:  |             |
| Standards effective 11/1/2012 revised 4/23/2013  | maintain a complete and confidential case file at            | State your Plan of Correction for the                              |             |
|  | the administrative office for 6 of 10 individuals.           | deficiencies cited in this tag here: $\rightarrow$                 |             |
| Chapter 5 (CIES) 3. Agency Requirements  |  |  |             |
| H. Consumer Records Policy: All Provider   | Review of the Agency individual case files                   |  |             |
| Agencies must maintain at the administrative   | revealed the following items were not found,                 |  |             |
| office a confidential case file for each individual.                                     | incomplete, and/or not current:                              |  |             |
| Provider agency case files for individuals are required to comply with the DDSD Consumer | • MAD 046  |  |             |
| Records Policy. Additional documentation that  | None Found (#7)  |  |             |
| is required to be maintained at the administrative                                       |  |  |             |
| office includes:   | Current Emergency and Personal                               |  |             |
|  | Identification Information                                   |  |             |
| 1. Vocational Assessments that are of quality  | ° Did not contain Pharmacy Information (#1,                  | Provider:  |             |
| and contain content acceptable to DVR and  | 9, 10)   | Enter your ongoing Quality Assurance/Quality                       |             |
| DDSD;  | <ul> <li>Did not contain Physician name and phone</li> </ul> | Improvement processes as it related to this tag                    |             |
|  | number (#9)  | number here: $\rightarrow$   |             |
| 2. Career Development Plans as incorporated in   |  |  |             |
| the ISP; and   | <ul> <li>Positive Behavioral Plan (#7)</li> </ul>            | r  |             |
|  |  |  |             |
| 3. Documentation of evidence that services   | <ul> <li>Positive Behavioral Crisis Plan (#2)</li> </ul>     |  |             |
| provided under the DDW are not otherwise   |  |  |             |
| available under the Rehabilitation Act of 1973   | <ul> <li>Physical Therapy Plan (#3, 9)</li> </ul>            |  |             |
| (DVR).   | (Note: No Plan of Correction required due                    |  |             |
|  | diligence for #3 and #9)                                     |  |             |

| Chapter 6 (CCS) 3. Agency Requirements:  | Dental Exam   |  |
|--|---|--|
| G. Consumer Records Policy: All Provider   | <ul> <li>Individual #4 - As indicated by the DDSD file</li> </ul> |  |
| Agencies shall maintain at the administrative  | matrix Dental Exams are to be conducted                           |  |
| office a confidential case file for each individual.   | annually. No evidence of exam was found.                          |  |
| Provider agency case files for individuals are   |   |  |
| required to comply with the DDSD Individual  | <ul> <li>Individual #7 - As indicated by collateral</li> </ul>    |  |
| Case File Matrix policy. Additional  | documentation reviewed, the exam was                              |  |
| documentation that is required to be maintained  | completed on 6/25/2012. As indicated by                           |  |
| at the administrative office includes:   | the DDSD file matrix, Dental Exams are to                         |  |
| 4 Manual Assessments (if any lischla) that   | be conducted annually. No evidence of                             |  |
| 1. Vocational Assessments (if applicable) that   | current exam was found.   |  |
| are of quality and contain content acceptable  |   |  |
| to DVR and DDSD.   | <ul> <li>Individual #8 - As indicated by collateral</li> </ul>    |  |
| Chapter 7 (CIUS) 2 Ageness Demuirementer   | documentation reviewed, exam was                                  |  |
| Chapter 7 (CIHS) 3. Agency Requirements:   | completed on 9/11/2011. Follow-up was to                          |  |
| <b>E. Consumer Records Policy:</b> All Provider Agencies must maintain at the administrative | be completed in 1 year. No evidence of                            |  |
| office a confidential case file for each individual.   | follow-up found.  |  |
|  |   |  |
| Provider agency case files for individuals are required to comply with the DDSD Individual   | <ul> <li>Individual #9 - As indicated by collateral</li> </ul>    |  |
| Case File Matrix policy.   | documentation reviewed, the exam was                              |  |
| Case File Matrix policy.   | completed on 11/13/2012. As indicated by                          |  |
| Chapter 11 (FL) 3. Agency Requirements:  | the DDSD file matrix, Dental Exams are to                         |  |
| <b>D. Consumer Records Policy:</b> All Family  | be conducted annually. No evidence of                             |  |
| Living Provider Agencies must maintain at the  | current exam was found.   |  |
| administrative office a confidential case file for   |   |  |
| each individual. Provider agency case files for  | Vision Exam   |  |
| individuals are required to comply with the  | <ul> <li>Individual #7 - As indicated by the DDSD file</li> </ul> |  |
| DDSD Individual Case File Matrix policy.   | matrix, Vision Exams are to be conducted                          |  |
|  | every other year. No evidence of exam was                         |  |
| Chapter 12 (SL) 3. Agency Requirements:  | found.  |  |
| <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.   |   |  |
|  |   |  |
| Chapter 13 (IMLS) 2. Service Requirements:   |   |  |
| C. Documents to be maintained in the agency  |   |  |

| administrative office, include: (This is not an all                                 |  |  |
|---|--|--|
| inclusive list refer to standard as it includes other                               |  |  |
| items)  |  |  |
| Emergency contact information;  |  |  |
| Personal identification;  |  |  |
| <ul> <li>ISP budget forms and budget prior</li> </ul>                               |  |  |
| authorization;  |  |  |
| ISP with signature page and all applicable  |  |  |
| assessments, including teaching and support   |  |  |
| strategies, Positive Behavior Support Plan  |  |  |
| (PBSP), Behavior Crisis Intervention Plan   |  |  |
| (BCIP), or other relevant behavioral plans,   |  |  |
| Medical Emergency Response Plan (MERP),   |  |  |
| Healthcare Plan, Comprehensive Aspiration   |  |  |
| Risk Management Plan (CARMP), and Written   |  |  |
| Direct Support Instructions (WDSI);   |  |  |
| Dated and signed evidence that the individual                                       |  |  |
| has been informed of agency   |  |  |
| grievance/complaint procedure at least  |  |  |
| annually, or upon admission for a short term  |  |  |
| stay;   |  |  |
| Copy of Guardianship or Power of Attorney   |  |  |
| documents as applicable;<br>• Behavior Support Consultant, Occupational             |  |  |
|   |  |  |
| Therapist, Physical Therapist and Speech-<br>Language Pathology progress reports as |  |  |
| applicable, except for short term stays;  |  |  |
| Written consent by relevant health decision   |  |  |
| maker and primary care practitioner for self-                                       |  |  |
| administration of medication or assistance with                                     |  |  |
| medication from DSP as applicable;  |  |  |
| Progress notes written by DSP and nurses;   |  |  |
| <ul> <li>Signed secondary freedom of choice form;</li> </ul>                        |  |  |
| Transition Plan as applicable for change of   |  |  |
| provider in past twelve (12) months.  |  |  |
| ······  |  |  |
| Developmental Disabilities (DD) Waiver Service                                      |  |  |
| Standards effective 4/1/2007  |  |  |
| CHAPTER 1 II. PROVIDER AGENCY   |  |  |
| REQUIREMENTS: D. Provider Agency Case   |  |  |
| File for the Individual: All Provider Agencies                                      |  |  |

| shall maintain at the administrative office a       |  |  |
|---|--|--|
| confidential case file for each individual. Case    |  |  |
| records belong to the individual receiving          |  |  |
| services and copies shall be provided to the        |  |  |
| receiving agency whenever an individual             |  |  |
| changes providers. The record must also be          |  |  |
| made available for review when requested by         |  |  |
| DOH, HSD or federal government                      |  |  |
| representatives for oversight purposes. The         |  |  |
| individual's case file shall include the following  |  |  |
| requirements:                                       |  |  |
| (1) Emergency contact information, including the    |  |  |
| individual's address, telephone number,             |  |  |
| names and telephone numbers of relatives,           |  |  |
| or guardian or conservator, physician's             |  |  |
| name(s) and telephone number(s), pharmacy           |  |  |
| name, address and telephone number, and             |  |  |
| health plan if appropriate;                         |  |  |
| (2) The individual's complete and current ISP,      |  |  |
| with all supplemental plans specific to the         |  |  |
| individual, and the most current completed          |  |  |
| Health Assessment Tool (HAT);                       |  |  |
| (3) Progress notes and other service delivery       |  |  |
| documentation;                                      |  |  |
| (4) Crisis Prevention/Intervention Plans, if there  |  |  |
| are any for the individual;                         |  |  |
| (5) A medical history, which shall include at least |  |  |
| demographic data, current and past medical          |  |  |
| diagnoses including the cause (if known) of         |  |  |
| the developmental disability, psychiatric           |  |  |
| diagnoses, allergies (food, environmental,          |  |  |
| medications), immunizations, and most               |  |  |
| recent physical exam;                               |  |  |
| (6) When applicable, transition plans completed     |  |  |
| for individuals at the time of discharge from       |  |  |
| Fort Stanton Hospital or Los Lunas Hospital         |  |  |
| and Training School; and                            |  |  |
| (7) Case records belong to the individual           |  |  |
| receiving services and copies shall be              |  |  |
| provided to the individual upon request.            |  |  |
| (8) The receiving Provider Agency shall be          |  |  |

| provided at a minimum the following records<br>whenever an individual changes provider<br>agencies:<br>(a) Complete file for the past 12 months;  |  |  |
|---|--|--|
| <ul> <li>(b) ISP and quarterly reports from the current<br/>and prior ISP year;</li> <li>(c) Intake information from original admission<br/>to services; and</li> <li>(d) When applicable, the Individual</li> </ul>  |  |  |
| Transition Plan at the time of discharge<br>from Los Lunas Hospital and Training<br>School or Ft. Stanton Hospital.   |  |  |
| NMAC 8.302.1.17 RECORD KEEPING AND<br>DOCUMENTATION REQUIREMENTS: A<br>provider must maintain all the records necessary<br>to fully disclose the nature, quality, amount and<br>medical necessity of services furnished to an<br>eligible recipient who is currently receiving or<br>who has received services in the past. |  |  |
| 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.  |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

| Agency Case File - Progress Notes         Developmental Disabilities (DD) Waiver Service         Standards effective 11/1/2012 revised 4/23/2013         Chapter 5 (CIES) 3. Agency Requirements: 6.         Reimbursement A. 1.        Provider Agencies must maintain all records necessary to fully disclose the service, qualityThe documentation of the billable time spent with an individual shall be kept on the written or electronic record         Chapter 6 (CCS) 3. Agency Requirements: 4.         Reimbursement A. 1.        Provider Agencies must maintain all records necessary to fully disclose the service, qualityThe documentation of the billable time spent with an individual shall be kept on the written or electronic record         Chapter 7 (CIHS) 3. Agency Requirements: 4.         Reimbursement A. 1.        Provider Agencies must maintain all records necessary to fully disclose the service, qualityThe documentation of the billable time spent with an individual shall be kept on the written or electronic record         Chapter 7 (CIHS) 3. Agency Requirements: 4.         Reimbursement A. 1.        Provider Agencies must maintain all records necessary to fully disclose the service, qualityThe documentation of the billable time  |
|---|
| <ul> <li>Standards effective 11/1/2012 revised 4/23/2013</li> <li>Chapter 5 (CIES) 3. Agency Requirements: 6.</li> <li>Reimbursement A. 1.</li> <li>Provider Agencies must maintain all records necessary to fully disclose the service, qualityThe documentation of the billable time spent with an individual shall be kept on the written or electronic record</li> <li>Chapter 6 (CCS) 3. Agency Requirements: 4.</li> <li>Reimbursement A. Record Requirements: 4.</li> <li>Reimbursement A. 1.</li> <li>Provider 7 (CIHS) 3. Agency Requirements: 4.</li> <li>Reimbursement A. 1.</li> <li>Provider 7 (CIHS) 3. Agency Requirements: 4.</li> <li>Reimbursement A. 1.</li> <li>Provider 7 (CIHS) 3. Agency Requirements: 4.</li> <li>Reimbursement A. 1.</li> <li>Provider Agencies must maintain all records necessary to fully disclose the service, qualityThe documentation of the billable time spent with an individual shall be kept on the written or electronic record</li> <li>Chapter 7 (CIHS) 3. Agency Requirements: 4.</li> <li>Reimbursement A. 1.</li> <li>Provider Agencies must maintain all records necessary to fully disclose the service, qualityThe documentation of the billable time spent with an individual shall be kept on the written or electronic record</li> <li>Chapter 7 (CIHS) 3. Agency Requirements: 4.</li> <li>Reimbursement A. 1.</li> <li>Provider Agencies must maintain all records necessary to fully disclose the service, qualityThe documentation of the billable time</li> <li>State your Option of the sillable time</li> <li>State your Option of the sillable time</li> <li>State your Plan of Correction for the differences and ther service</li> <li>Individual #8 - None found for 10/9/2013.</li> </ul> |
| <ul> <li>Chapter 5 (CIES) 3. Agency Requirements: 6.<br/>Reimbursement A. 1.</li> <li>Provider Agencies must maintain all records<br/>necessary to fully disclose the service,<br/>qualityThe documentation of the billable time<br/>spent with an individual shall be kept on the written<br/>or electronic record</li> <li>Chapter 6 (CCS) 3. Agency Requirements: 4.<br/>Reimbursement A. Record Requirements: 1.<br/>Provider Agencies must maintain all records<br/>necessary to fully disclose the service,<br/>qualityThe documentation of the billable time<br/>spent with an individual shall be kept on the written<br/>or electronic record</li> <li>Chapter 7 (CIHS) 3. Agency Requirements: 4.<br/>Reimbursement A. 1.<br/>Provider Agencies must maintain all records<br/>necessary to fully disclose the service,<br/>qualityThe documentation of the billable time<br/>spent with an individual shall be kept on the written<br/>or electronic record</li> <li>Chapter 7 (CIHS) 3. Agency Requirements: 4.<br/>Reimbursement A. 1.<br/>Provider Agencies must maintain all records<br/>necessary to fully disclose the service,<br/>qualityThe documentation of the billable time<br/>spent with an individual shall be kept on the written<br/>or electronic record</li> </ul>   |
| <ul> <li>Reimbursement A. 1.</li> <li>Provider Agencies must maintain all records necessary to fully disclose the service, qualityThe documentation of the billable time spent with an individual shall be kept on the written or electronic record</li> <li>Chapter 6 (CCS) 3. Agency Requirements: 4. Reimbursement A. Record Requirements 1.</li> <li>Provider Agencies must maintain all records necessary to fully disclose the service, qualityThe documentation of the billable time spent with an individual shall be kept on the written or electronic record</li> <li>Chapter 7 (CIHS) 3. Agency Requirements: 4. Reimbursement A. 1.</li> <li>Provider Agencies must maintain all records necessary to fully disclose the service, qualityThe documentation of the billable time spent with an individual shall be kept on the written or electronic record</li> <li>Chapter 7 (CIHS) 3. Agency Requirements: 4. Reimbursement A. 1.</li> <li>Provider Agencies must maintain all records necessary to fully disclose the service, qualityThe documentation of the billable time spent with an individual shall be kept on the written or electronic record</li> </ul>   |
| <ul> <li>Provider Agencies must maintain all records necessary to fully disclose the service, qualityThe documentation of the billable time spent with an individual shall be kept on the written or electronic record</li> <li>Chapter 6 (CCS) 3. Agency Requirements: 4. Reimbursement A. Record Requirements: 4. Reimbursement A. 1.</li> <li>Chapter 7 (CIHS) 3. Agency Requirements: 4. Reimbursement A. 1.</li> <li>Chapter 7 (CIHS) 3. Agency Requirements: 4. Reimbursement A. 1.</li> <li>Chapter 7 (CIHS) 3. Agency Requirements: 4. Reimbursement A. 1.</li> <li>Chapter 7 (CIHS) 3. Agency Requirements: 4. Reimbursement A. 1.</li> <li>Chapter 7 (CIHS) 3. Agency Requirements: 4. Reimbursement A. 1.</li> <li>Chapter 7 (CIHS) 3. Agency Requirements: 4. Reimbursement A. 1.</li> <li>Chapter 7 (CIHS) 3. Agency Requirements: 4. Reimbursement A. 1.</li> <li>Chapter 7 (CIHS) 3. Agency Requirements: 4. Reimbursement A. 1.</li> <li>Chapter 7 (CIHS) 3. Agency Requirements: 4. Reimbursement A. 1.</li> <li>Chapter 7 (CIHS) 3. Agency Requirements: 4. Reimbursement A. 1.</li> <li>Chapter 7 (CIHS) 3. Agency Requirements: 4. Reimbursement A. 1.</li> <li>Chapter 7 (CIHS) 3. Agency Requirements: 4.</li> <li>Review of the Agencies must maintain all records necessary to fully disclose the service, qualityThe documentation of the billable time</li> </ul>   |
| necessary to fully disclose the service,<br>qualityThe documentation of the billable time<br>spent with an individual shall be kept on the written<br>or electronic record<br>Chapter 6 (CCS) 3. Agency Requirements: 4.<br>Reimbursement A. Record Requirements 1.<br>Provider Agencies must maintain all records<br>necessary to fully disclose the service,<br>qualityThe documentation of the billable time<br>spent with an individual shall be kept on the written<br>or electronic record<br>Chapter 7 (CIHS) 3. Agency Requirements: 4.<br>Reimbursement A. 1.<br>Provider Agencies must maintain all records<br>necessary to fully disclose the service,<br>qualityThe documentation of the billable time  |
| qualityThe documentation of the billable time<br>spent with an individual shall be kept on the written<br>or electronic record       Community Integrated Employment Services<br>Progress Notes/Daily Contact Logs         Chapter 6 (CCS) 3. Agency Requirements: 4.<br>Reimbursement A. Record Requirements 1.<br>Provider Agencies must maintain all records<br>necessary to fully disclose the service,<br>qualityThe documentation of the billable time<br>spent with an individual shall be kept on the written<br>or electronic record       Individual #8 - None found for 10/9/2013.         Chapter 7 (CIHS) 3. Agency Requirements: 4.<br>Reimbursement A. 1.<br>Provider Agencies must maintain all records<br>necessary to fully disclose the service,<br>qualityThe documentation of the billable time       Provider:<br>Enter your ongoing Quality Assurance/Quality<br>Improvement processes as it related to this tag<br>number here: →         Chapter 7 (CIHS) 3. Agency Requirements: 4.<br>Reimbursement A. 1.<br>Provider Agencies must maintain all records<br>necessary to fully disclose the service,<br>qualityThe documentation of the billable time       Image: Community Integrated Employment Services<br>Provider:<br>Enter your ongoing Quality Assurance/Quality<br>Improvement processes as it related to this tag<br>number here: →  |
| <ul> <li>spent with an individual shall be kept on the written or electronic record</li> <li>Chapter 6 (CCS) 3. Agency Requirements: 4. Reimbursement A. Record Requirements 1Provider Agencies must maintain all records necessary to fully disclose the service, qualityThe documentation of the billable time spent with an individual shall be kept on the written or electronic record</li> <li>Chapter 7 (CIHS) 3. Agency Requirements: 4. Reimbursement A. 1Provider Agencies must maintain all records necessary to fully disclose the service, qualityThe documentation of the billable time spent with an individual shall be kept on the written or electronic record</li> <li>Chapter 7 (CIHS) 3. Agency Requirements: 4. Reimbursement A. 1Provider Agencies must maintain all records necessary to fully disclose the service, qualityThe documentation of the billable time</li> </ul>   |
| or electronic record Chapter 6 (CCS) 3. Agency Requirements: 4. Reimbursement A. Record Requirements 1Provider Agencies must maintain all records necessary to fully disclose the service, qualityThe documentation of the billable time spent with an individual shall be kept on the written or electronic record Chapter 7 (CIHS) 3. Agency Requirements: 4. Reimbursement A. 1Provider Agencies must maintain all records necessary to fully disclose the service, qualityThe documentation of the billable time  |
| Chapter 7 (CIHS) 3. Agency Requirements: 4.         Reimbursement A. 1.        Provider Agencies must maintain all records necessary to fully disclose the service, qualityThe documentation of the billable time spent with an individual shall be kept on the written or electronic record         Chapter 7 (CIHS) 3. Agency Requirements: 4.         Reimbursement A. 1.        Provider Agencies must maintain all records necessary to fully disclose the service, qualityThe documentation of the billable time  |
| Reimbursement A. Record Requirements 1.        Provider Agencies must maintain all records         necessary to fully disclose the service,         qualityThe documentation of the billable time         spent with an individual shall be kept on the written         or electronic record         Chapter 7 (CIHS) 3. Agency Requirements: 4.         Reimbursement A. 1.        Provider Agencies must maintain all records         necessary to fully disclose the service,         qualityThe documentation of the billable time  |
| Provider Agencies must maintain all records necessary to fully disclose the service, qualityThe documentation of the billable time spent with an individual shall be kept on the written or electronic record <b>Chapter 7 (CIHS) 3. Agency Requirements: 4. Reimbursement A. 1.</b> Provider Agencies must maintain all records necessary to fully disclose the service, qualityThe documentation of the billable time   |
| necessary to fully disclose the service,<br>qualityThe documentation of the billable time<br>spent with an individual shall be kept on the written<br>or electronic record<br>Chapter 7 (CIHS) 3. Agency Requirements: 4.<br>Reimbursement A. 1.<br>Provider Agencies must maintain all records<br>necessary to fully disclose the service,<br>qualityThe documentation of the billable time  |
| qualityThe documentation of the billable time       Provider:         spent with an individual shall be kept on the written       Enter your ongoing Quality Assurance/Quality         or electronic record       Improvement processes as it related to this tag         Chapter 7 (CIHS) 3. Agency Requirements: 4.       mumber here: →         Reimbursement A. 1.      Provider Agencies must maintain all records         necessary to fully disclose the service,       qualityThe documentation of the billable time  |
| or electronic record  Chapter 7 (CIHS) 3. Agency Requirements: 4. Reimbursement A. 1Provider Agencies must maintain all records necessary to fully disclose the service, qualityThe documentation of the billable time  |
| Chapter 7 (CIHS) 3. Agency Requirements: 4.       number here: →         Reimbursement A. 1.      Provider Agencies must maintain all records necessary to fully disclose the service, qualityThe documentation of the billable time       Image: Comparison of the billable time   |
| Chapter 7 (CIHS) 3. Agency Requirements: 4.<br>Reimbursement A. 1.<br>Provider Agencies must maintain all records<br>necessary to fully disclose the service,<br>qualityThe documentation of the billable time  |
| Reimbursement A. 1.<br>Provider Agencies must maintain all records<br>necessary to fully disclose the service,<br>qualityThe documentation of the billable time   |
| Reimbursement A. 1.<br>Provider Agencies must maintain all records<br>necessary to fully disclose the service,<br>qualityThe documentation of the billable time   |
| Provider Agencies must maintain all records<br>necessary to fully disclose the service,<br>qualityThe documentation of the billable time  |
| necessary to fully disclose the service,<br>qualityThe documentation of the billable time   |
| qualityThe documentation of the billable time   |
|   |
| spent with an individual shall be kept on the written   |
| or electronic record  |
|   |
| Chapter 11 (FL) 3. Agency Requirements: 4.  |
| Reimbursement A. 1.   |
| Provider Agencies must maintain all records   |
| necessary to fully disclose the service,  |
| qualityThe documentation of the billable time   |
| spent with an individual shall be kept on the written   |
| or electronic record  |
| Chapter 12 (SL) 3. Agency Requirements:   |
| 2. Reimbursement A. 1.  |
| Provider Agencies must maintain all records   |
| necessary to fully disclose the service,  |
| qualityThe documentation of the billable time   |
| spent with an individual shall be kept on the written   |

| or electronic record  |  |  |
|---|--|--|
|   |  |  |
| Chapter 13 (IMLS) 3. Agency Requirements: 4.<br>Reimbursement A. 1.<br>Provider Agencies must maintain all records<br>necessary to fully disclose the service,<br>qualityThe documentation of the billable time<br>spent with an individual shall be kept on the written<br>or electronic record  |  |  |
| Chapter 15 (ANS) 4. Reimbursement A. 1.<br>Provider Agencies must maintain all records<br>necessary to fully disclose the service,<br>qualityThe documentation of the billable time<br>spent with an individual shall be kept on the written<br>or electronic record  |  |  |
| <ul> <li>Developmental Disabilities (DD) Waiver Service<br/>Standards effective 4/1/2007</li> <li>CHAPTER 1 II. PROVIDER AGENCY<br/>REQUIREMENTS: D. Provider Agency Case<br/>File for the Individual: All Provider Agencies shall<br/>maintain at the administrative office a confidential<br/>case file for each individual. Case records belong<br/>to the individual receiving services and copies shall<br/>be provided to the receiving agency whenever an<br/>individual changes providers. The record must<br/>also be made available for review when requested<br/>by DOH, HSD or federal government<br/>representatives for oversight purposes. The<br/>individual's case file shall include the following<br/>requirements:</li> <li>(3) Progress notes and other service delivery<br/>documentation;</li> </ul> |  |  |

| Tag # 1A32 and 6L14<br>Individual Service Plan Implementation  | Condition of Participation Level<br>Deficiency   |  |  |
|--|--|--|--|
| NMAC 7.26.5.16.C and D Development of the  | After an analysis of the evidence it has been  | Provider:  |  |
| <b>ISP. Implementation of the ISP.</b> The ISP shall<br>be implemented according to the timelines<br>determined by the IDT and as specified in the   | determined there is a significant potential for a negative outcome to occur.   | State your Plan of Correction for the deficiencies cited in this tag here: $\rightarrow$                     |  |
| ISP for each stated desired outcomes and action plan.  | Based on record review, the Agency did not<br>implement the ISP according to the timelines<br>determined by the IDT and as specified in the  |  |  |
| C. The IDT shall review and discuss information<br>and recommendations with the individual, with<br>the goal of supporting the individual in attaining   | ISP for each stated desired outcomes and action plan for 5 of 10 individuals.  |  |  |
| desired outcomes. The IDT develops an ISP<br>based upon the individual's personal vision<br>statement, strengths, needs, interests and   | As indicated by Individuals' ISP the following was found with regards to the implementation of ISP Outcomes:   |  |  |
| preferences. The ISP is a dynamic document,<br>revised periodically, as needed, and amended to<br>reflect progress towards personal goals and  | Administrative Files Reviewed:   | Provider:<br>Enter your ongoing Quality Assurance/Quality<br>Improvement processes as it related to this tag |  |
| achievements consistent with the individual's<br>future vision. This regulation is consistent with<br>standards established for individual plan  | Family Living Data Collection/Data<br>Tracking/Progress with regards to ISP<br>Outcomes:   | number here: →   |  |
| development as set forth by the commission on<br>the accreditation of rehabilitation facilities<br>(CARF) and/or other program accreditation<br>approved and adopted by the developmental<br>disabilities division and the department of health.<br>It is the policy of the developmental disabilities | <ul> <li>Individual #2</li> <li>None found regarding: "Will ask someone out on a date, once a month" for 10/2013 – 12/2013</li> </ul>  |  |  |
| division (DDD), that to the extent permitted by<br>funding, each individual receive supports and<br>services that will assist and encourage<br>independence and productivity in the community  | Customized In Home Supports Data<br>Collection/Data Tracking/Progress with<br>regards to ISP Outcomes:   |  |  |
| and attempt to prevent regression or loss of<br>current capabilities. Services and supports<br>include specialized and/or generic services,<br>training, education and/or treatment as<br>determined by the IDT and documented in the<br>ISP.  | <ul> <li>Individual #4</li> <li>None found regarding: "Will help make a meal and clean up after herself with staff assistance while reviewing the safety topics as she goes along, one time a week" for 4/2013 – 11/2013.</li> </ul> |  |  |
| D. The intent is to provide choice and obtain  | Customized Community Supports Data   |  |  |

| The following principles provide direction and purpose in planning for individuals with developmental disabilities.       Indi         [05/03/94; 01/15/97; Recompiled 10/31/01]       Indi         Indi       Indi | ards to ISP Outcomes:<br>ividual #2 (CCS Individual)<br>None found regarding: "Will have support to<br>attend classes, and study the sport, 1 - 5<br>times a week for 5 years" for 10/2013.<br>ividual #9 (CCS Individual)<br>According to the Live Outcome; Action Step<br>for "Will go to the Wellness Center and say<br>hi to friends" is to be completed 1 time per<br>week. Evidence found indicated it was not<br>being completed at the required frequency<br>as indicated in the ISP for 8/2013.<br>munity Integrated Employment Services<br>ta Collection/Data Tracking/Progress with<br>ards to ISP Outcomes:<br>ividual #7 (CIES Individual)<br>None found regarding: "Zia supports in<br>learning fax, monthly" for 8/2013, 9/2013<br>and 11/2013.<br>sidential Files Reviewed:<br>mily Living Data Collection/Data<br>toking/Progress with regards to ISP<br>tcomes:<br>ividual #2<br>None found regarding: "Will ask someone<br>out on a date once a month" for 1/2014.<br>ividual #6<br>None found regarding: "Practices on the |  |  |
|---|--|--|--|
|---|--|--|--|

| Tag # 6L14<br>Residential Case File   | Standard Level Deficiency   |  |  |
|---|---|--|--|
| Developmental Disabilities (DD) Waiver Service<br>Standards effective 11/1/2012 revised 4/23/2013<br>CHAPTER 11. 3. Agency Requirements<br>C. Residence Case File: The Agency must<br>maintain in the individual's home a complete and<br>current confidential case file for each individual.<br>Residence case files are required to comply with<br>the DDSD Individual Case File Matrix policy.   | Based on record review, the Agency did not<br>maintain a complete and confidential case file in<br>the residence for 3 of 3 Individuals receiving<br>Family Living Services.<br>Review of the residential individual case files<br>revealed the following items were not found,<br>incomplete, and/or not current:  | <b>Provider:</b><br>State your Plan of Correction for the deficiencies cited in this tag here: →                               |  |
| CHAPTER 12. 3. Agency Requirements<br>C. Residence Case File: The Agency must<br>maintain in the individual's home a complete and<br>current confidential case file for each individual.<br>Residence case files are required to comply with<br>the DDSD Individual Case File Matrix policy.<br>CHAPTER 13. 2. Service Requirements B.1.<br>Documents To Be Maintained In The Home:<br>a. Current Health Passport generated<br>through the e-CHAT section of the Therap<br>website and printed for use in the home in case<br>of disruption in internet access;<br>b. Personal identification;<br>c. Current ISP with all applicable<br>assessments, teaching and support strategies,<br>and as applicable for the consumer, PBSP,<br>BCIP, MERP, health care plans, CARMPs,<br>Written Therapy Support Plans, and any other<br>plans (e.g. PRN Psychotropic Medication Plans )<br>as applicable;<br>d. Dated and signed consent to release<br>information forms as applicable;<br>e. Current orders from health care<br>practitioners;<br>f. Documentation and maintenance of<br>accurate medical history in Therap website;<br>g. Medication Administration Records for<br>the current month; | <ul> <li>Current Emergency and Personal<br/>Identification Information</li> <li>Did not contain Pharmacy Information (#2,<br/>3, 6)</li> <li>Did not contain Names and Phone numbers<br/>of relatives, or Guardian or Conservator (#6)</li> <li>Teaching and Support Strategies</li> <li>Individual #3 <ul> <li>"Staff will note when/if has made a<br/>new friend, ongoing."</li> </ul> </li> <li>Individual #6 <ul> <li>"Decides upon a class that fits within the<br/>time frame, once."</li> <li>"Completes a class in the community by<br/>12/31/2013, as scheduled."</li> <li>"Transported to Las Cruces, once."</li> </ul> </li> <li>Positive Behavioral Plan (#3, 6)</li> <li>Positive Behavioral Crisis Plan (#2)</li> <li>Speech Therapy Plan (#3)</li> </ul> | Provider:<br>Enter your ongoing Quality Assurance/Quality<br>Improvement processes as it related to this tag<br>number here: → |  |

| <ul> <li>h. Record of medical and dental<br/>appointments for the current year, or during the<br/>period of stay for short term stays, including any<br/>treatment provided; <ol> <li>Progress notes written by DSP and<br/>nurses;</li> <li>Documentation and data collection<br/>related to ISP implementation;</li> <li>Medicaid card;</li> <li>Salud membership card or Medicare<br/>card as applicable; and</li> <li>A Do Not Resuscitate (DNR) document<br/>and/or Advanced Directives as applicable.</li> </ol> </li> <li>Developmental Disabilities (DD) Waiver Service<br/>Standards effective 4/1/2007</li> <li>CHAPTER 6. VIII. COMMUNITY LIVING<br/>SERVICE PROVIDER AGENCY<br/>REQUIREMENTS</li> <li>A. Residence Case File: For individuals<br/>receiving Supported Living or Family Living, the<br/>Agency shall maintain in the individual's home a<br/>complete and current confidential case file for<br/>each individual case file for</li> </ul> | <ul> <li>Special Health Care Needs <ul> <li>Comprehensive Aspiration Risk<br/>Management Plan (#3)</li> </ul> </li> <li>Progress Notes/Daily Contacts Logs: <ul> <li>Individual #2 - None found for 1/1/2014 – 1/26/2014.</li> </ul> </li> <li>Individual #6 - None found for 1/1/2014 – 1/26/2014.</li> </ul> |  |
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| CHAPTER 6. VIII. COMMUNITY LIVING  |  |  |
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| A. Residence Case File: For individuals  |  |  |
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| each individual. For individuals receiving   |  |  |
| Independent Living Services, rather than   |  |  |
| maintaining this file at the individual's home, the  |  |  |
| complete and current confidential case file for  |  |  |
| each individual shall be maintained at the   |  |  |
| agency's administrative site. Each file shall  |  |  |
| include the following:<br>(1) Complete and current ISP and all   |  |  |
| supplemental plans specific to the individual;   |  |  |
| (2) Complete and current Health Assessment   |  |  |
| Tool;  |  |  |
| (3) Current emergency contact information,   |  |  |
| which includes the individual's address.   |  |  |
| telephone number, names and telephone  |  |  |
| numbers of residential Community Living  |  |  |
| Support providers, relatives, or guardian or   |  |  |
| conservator, primary care physician's name(s)  |  |  |
| and telephone number(s), pharmacy name,  |  |  |

| address and telephone number and dentist<br>name, address and telephone number, and<br>health plan;   |  |  |
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| (4) Up-to-date progress notes, signed and<br>dated by the person making the note for at least<br>the past month (older notes may be transferred<br>to the agency office);   |  |  |
| (5) Data collected to document ISP Action Plan implementation   |  |  |
| <ul> <li>(6) Progress notes written by direct care staff<br/>and by nurses regarding individual health status<br/>and physical conditions including action taken in<br/>response to identified changes in condition for at<br/>least the past month;</li> <li>(7) Physician's or qualified health care providers<br/>written orders;</li> <li>(8) Progress notes documenting implementation<br/>of a physician's or qualified health care<br/>provider's order(s);</li> <li>(9) Medication Administration Record (MAR) for<br/>the past three (3) months which includes: <ul> <li>(a) The name of the individual;</li> <li>(b) A transcription of the healthcare<br/>practitioners prescription including the<br/>brand and generic name of the medication;</li> <li>(c) Diagnosis for which the medication is<br/>prescribed;</li> <li>(d) Dosage, frequency and method/route of<br/>delivery;</li> <li>(e) Times and dates of delivery;</li> <li>(f) Initials of person administering or assisting<br/>with medication; and</li> <li>(g) An explanation of any medication<br/>irregularity, allergic reaction or adverse<br/>effect.</li> </ul></li></ul> |  |  |
| <ul> <li>(h) For PRN medication an explanation for the use of the PRN must include:</li> <li>(i) Observable signs/symptoms or</li> </ul>  |  |  |
| circumstances in which the medication   |  |  |

| <ul> <li>(ii) Documentation of the effectiveness/result of the PRN defivered.</li> <li>(i) A MAR is not required for individuals participating in Independent Living Services who self-administration is provided as part of the Independent Living Service a MAR must be maintained at the individual's home and an updated copy must be placed in the agency file on a weekly basis.</li> <li>(ii) Record O visits to healthcare practitioners including any treatment provided at the visit and a record of all diagnostic testing for the current ISP year; and</li> <li>(iii) Modical History to include: demographic data, current and past medical diagnosts including the cause (if known) of the developmental disability and any psychiatric diagnostis, saltergies (flood, environmental, medications), tastus of routine adult health care screenings, immunizations, hospital discharge summales for past twelve (12) months, past medical history including hospitalizations, surgeries, injuries, family history and current physical exam.</li> </ul>   | is to be used, and                           |  | [] |
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| <ul> <li>effectiveness/result of the PRN<br/>delivered.</li> <li>(i) A MAR is not required for individuals<br/>participating in Independent Living Services<br/>who self-administer their own medication.<br/>However, when medication administration<br/>is provided as part of the Independent<br/>Living Service a MAR must be maintained<br/>at the individual's home and an updated<br/>copy must be placed in the agency file on a<br/>weekly basis.</li> <li>(10) Record of visits to healthcare practitioners<br/>including any treatment provided at the visit and<br/>a record of all diagnostic testing for the current<br/>ISP year; and</li> <li>(11) Medical History to include: demographic<br/>data, current and past medical diagnoses<br/>including the cause (if known) of the<br/>developmental disability and any psychiatric<br/>diagnosis, slatergies (food, environmental,<br/>medications), status of routine adult health care<br/>screenings, immunizations, hospital discharge<br/>summaries for past twelve (12) months, past<br/>medical history including hospitalizations,<br/>surgeries, injuries, family history and current</li> </ul> |  |  |    |
| delivered.         (i) A MAR is not required for individuals<br>participating in Independent Living Services<br>who self-administer their own medication.<br>However, when medication administration<br>is provided as part of the Independent<br>Living Service a MAR must be maintained<br>at the individual's home and an updated<br>copy must be placed in the agency file on a<br>weekly basis.         (10) Record of visits to healthcare practitioners<br>including any treatment provided at the visit and<br>a record of all diagnostic testing for the current<br>ISP year, and<br>developmental disability and any psychiatric<br>diagnosis, allergies (food, environmental,<br>medications), status of routine adult health care<br>screenings, immunizations, hospital discharge<br>summaries for past twelve (12) months, past<br>medical history includie; most and<br>surgeries, injuries, family history and current  |  |  |    |
| <ul> <li>(i) A MAR is not required for individuals<br/>participating in Independent Living Services<br/>who self-administre their own medication.<br/>However, when medication administration<br/>is provided as part of the Independent<br/>Living Service a MAR must be maintained<br/>at the individual's home and an updated<br/>copy must be placed in the agency file on a<br/>weekly basis.</li> <li>(10) Record of visits to healthcare practitioners<br/>including any treatment provided at the visit and<br/>a record of all diagnostic testing for the current<br/>ISP year; and</li> <li>(11) Medical History to include: demographic<br/>data, current and past medical diagnoses<br/>including the cause (if known) of the<br/>developmental disability and any psychiatric<br/>diagnosis, allergies (food, environmental,<br/>medications), status of routine adult health care<br/>screenings, immunizations, hospital discharge<br/>summaries for past twelve (12) months, past<br/>medical history including hospitalizations,<br/>surgeries, injuries, family history and current</li> </ul>  |  |  |    |
| <ul> <li>participating in Independent Living Services<br/>who self-administer their own medication.<br/>However, when medication administration<br/>is provided as part of the Independent<br/>Living Service a MAR must be maintained<br/>at the individual's home and an updated<br/>copy must be placed in the agency file on a<br/>weekly basis.</li> <li>(10) Record of visits to healthcare practitioners<br/>including any treatment provided at the visit and<br/>a record of all diagnostic testing for the current<br/>ISP year; and</li> <li>(11) Medical History to include: demographic<br/>data, current and past medical diagnoses<br/>including the cause (if known) of the<br/>developmental disability and any psychiatric<br/>diagnosis, allergies (food, environmental,<br/>medications), status of routine adult health care<br/>screenings, immunizations, hospital discharge<br/>summaries for past twelve (12) months, past<br/>medical history including hospitalizations,<br/>surgeries, injuries, family history and current</li> </ul>  |  |  |    |
| who self-administer their own medication.<br>However, when medication administration<br>is provided as part of the Independent<br>Living Service a MAR must be maintained<br>at the individual's home and an updated<br>copy must be placed in the agency file on a<br>weekly basis.<br>(10) Record of visits to healthcare practitioners<br>including any treatment provided at the visit and<br>a record of all diagnostic testing for the current<br>ISP year; and<br>(11) Medical History to include: demographic<br>data, current and past medical diagnoses<br>including the cause (if known) of the<br>developmental disability and any psychiatric<br>diagnosis, allergies (food, environmental,<br>medications), status of routine adult health care<br>screenings, immunizations, hospital discharge<br>summaries for past twelve (12) months, past<br>medical history including hospitalizations,<br>surgeries, injuries, family history and current   | participating in Independent Living Services |  |    |
| is provided as part of the Independent<br>Living Service a MAR must be maintained<br>at the individual's home and an updated<br>copy must be placed in the agency file on a<br>weekly basis.<br>(10) Record of visits to healthcare practitioners<br>including any treatment provided at the visit and<br>a record of all diagnostic testing for the current<br>ISP year; and<br>(11) Medical History to include: demographic<br>data, current and past medical diagnoses<br>including the cause (if known) of the<br>developmental disability and any psychiatric<br>diagnosis, allergies (food, environmental,<br>medications), status of routine adult health care<br>screenings, immunizations, hospital discharge<br>summaries for past twelve (12) months, past<br>medical history including hospitalizations,<br>surgeries, injuries, family history and current   |  |  |    |
| Living Service a MAR must be maintained<br>at the individual's home and an updated<br>copy must be placed in the agency file on a<br>weekly basis.<br>(10) Record of visits to healthcare practitioners<br>including any treatment provided at the visit and<br>a record of all diagnostic testing for the current<br>ISP year; and<br>(11) Medical History to include: demographic<br>data, current and past medical diagnoses<br>including the cause (if known) of the<br>developmental disability and any psychiatric<br>diagnosis, allergies (food, environmental,<br>medications), status of routine adult health care<br>screenings, immunizations, hospital discharge<br>summaries for past twelve (12) months, past<br>medical history including hospitalizations,<br>surgeries, injuries, family history and current   | However, when medication administration      |  |    |
| at the individual's home and an updated<br>copy must be placed in the agency file on a<br>weekly basis.<br>(10) Record of visits to healthcare practitioners<br>including any treatment provided at the visit and<br>a record of all diagnostic testing for the current<br>ISP year; and<br>(11) Medical History to include: demographic<br>data, current and past medical diagnoses<br>including the cause (if known) of the<br>developmental disability and any psychiatric<br>diagnosis, allergies (food, environmental,<br>medications), status of routine adult health care<br>screenings, immunizations, hospital discharge<br>summaries for past twelve (12) months, past<br>medical history including hospitalizations,<br>surgeries, injuries, family history and current  |  |  |    |
| copy must be placed in the agency file on a<br>weekly basis.<br>(10) Record of visits to healthcare practitioners<br>including any treatment provided at the visit and<br>a record of all diagnostic testing for the current<br>ISP year; and<br>(11) Medical History to include: demographic<br>data, current and past medical diagnoses<br>including the cause (if known) of the<br>developmental disability and any psychiatric<br>diagnosis, allergies (food, environmental,<br>medications), status of routine adult health care<br>screenings, immunizations, hospital discharge<br>summaries for past twelve (12) months, past<br>medical history including hospitalizations,<br>surgeries, injuries, family history and current   |  |  |    |
| weekly basis.<br>(10) Record of visits to healthcare practitioners<br>including any treatment provided at the visit and<br>a record of all diagnostic testing for the current<br>ISP year; and<br>(11) Medical History to include: demographic<br>data, current and past medical diagnoses<br>including the cause (if known) of the<br>developmental disability and any psychiatric<br>diagnosis, allergies (food, environmental,<br>medications), status of routine adult health care<br>screenings, immunizations, hospital discharge<br>summaries for past twelve (12) months, past<br>medical history including hospitalizations,<br>surgeries, injuries, family history and current  |  |  |    |
| <ul> <li>(10) Record of visits to healthcare practitioners including any treatment provided at the visit and a record of all diagnostic testing for the current ISP year; and</li> <li>(11) Medical History to include: demographic data, current and past medical diagnoses including the cause (if known) of the developmental disability and any psychiatric diagnosis, allergies (food, environmental, medications), status of routine adult health care screenings, immunizations, hospital discharge summaries for past twelve (12) months, past medical history including hospitalizations, surgeries, injuries, family history and current</li> </ul>   |  |  |    |
| including any treatment provided at the visit and<br>a record of all diagnostic testing for the current<br>ISP year; and<br>(11) Medical History to include: demographic<br>data, current and past medical diagnoses<br>including the cause (if known) of the<br>developmental disability and any psychiatric<br>diagnosis, allergies (food, environmental,<br>medications), status of routine adult health care<br>screenings, immunizations, hospital discharge<br>summaries for past twelve (12) months, past<br>medical history including hospitalizations,<br>surgeries, injuries, family history and current  |  |  |    |
| a record of all diagnostic testing for the current<br>ISP year; and<br>(11) Medical History to include: demographic<br>data, current and past medical diagnoses<br>including the cause (if known) of the<br>developmental disability and any psychiatric<br>diagnosis, allergies (food, environmental,<br>medications), status of routine adult health care<br>screenings, immunizations, hospital discharge<br>summaries for past twelve (12) months, past<br>medical history including hospitalizations,<br>surgeries, injuries, family history and current   |  |  |    |
| ISP year; and<br>(11) Medical History to include: demographic<br>data, current and past medical diagnoses<br>including the cause (if known) of the<br>developmental disability and any psychiatric<br>diagnosis, allergies (food, environmental,<br>medications), status of routine adult health care<br>screenings, immunizations, hospital discharge<br>summaries for past twelve (12) months, past<br>medical history including hospitalizations,<br>surgeries, injuries, family history and current   |  |  |    |
| (11) Medical History to include: demographic<br>data, current and past medical diagnoses<br>including the cause (if known) of the<br>developmental disability and any psychiatric<br>diagnosis, allergies (food, environmental,<br>medications), status of routine adult health care<br>screenings, immunizations, hospital discharge<br>summaries for past twelve (12) months, past<br>medical history including hospitalizations,<br>surgeries, injuries, family history and current  |  |  |    |
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| including the cause (if known) of the<br>developmental disability and any psychiatric<br>diagnosis, allergies (food, environmental,<br>medications), status of routine adult health care<br>screenings, immunizations, hospital discharge<br>summaries for past twelve (12) months, past<br>medical history including hospitalizations,<br>surgeries, injuries, family history and current  |  |  |    |
| diagnosis, allergies (food, environmental,<br>medications), status of routine adult health care<br>screenings, immunizations, hospital discharge<br>summaries for past twelve (12) months, past<br>medical history including hospitalizations,<br>surgeries, injuries, family history and current   |  |  |    |
| medications), status of routine adult health care<br>screenings, immunizations, hospital discharge<br>summaries for past twelve (12) months, past<br>medical history including hospitalizations,<br>surgeries, injuries, family history and current   |  |  |    |
| screenings, immunizations, hospital discharge<br>summaries for past twelve (12) months, past<br>medical history including hospitalizations,<br>surgeries, injuries, family history and current  |  |  |    |
| summaries for past twelve (12) months, past<br>medical history including hospitalizations,<br>surgeries, injuries, family history and current   |  |  |    |
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| Standard of Care  | Deficiencies  | Agency Plan of Correction, On-going<br>QA/QI and Responsible Party   | Date<br>Due |
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|   |   | fied providers to assure adherence to waive<br>ovider training is conducted in accordance  |             |
| Tag # 1A11.1  | Standard Level Deficiency   |  |             |
| Transportation Training   |   |  |             |
| <ul> <li>Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) Policy Training Requirements for Direct Service Agency Staff Policy Eff. Date: March 1, 2007</li> <li>II. POLICY STATEMENTS: <ol> <li>Staff providing direct services shall complete safety training within the first thirty (30) days of employment and before working alone with an individual receiving services. The training shall address at least the following: <ol> <li>Operating a fire extinguisher</li> <li>Proper lifting procedures</li> <li>General vehicle safety precautions (e.g., pre-trip inspection, removing keys from the ignition when not in the driver's seat)</li> <li>Assisting passengers with cognitive and/or physical impairments (e.g., general guidelines for supporting individuals who may be unaware of safety issues involving traffic or those who require physical assistance to enter/exit a vehicle)</li> <li>Operating wheelchair lifts (if applicable to the staff's role)</li> <li>Wheelchair tie-down procedures (if applicable to the staff's role)</li> <li>Emergency and evacuation procedures (e.g., roadside emergency, fire emergency)</li> </ol> </li> </ol></li></ul> | <ul> <li>Based on record review and interview, the<br/>Agency did not provide and/or have<br/>documentation for staff training regarding the<br/>safe operation of the vehicle, assisting<br/>passengers and safe lifting procedures for 28 of<br/>47 Direct Support Personnel.</li> <li>No documented evidence was found of the<br/>following required training:</li> <li>Transportation (DSP #202, 203, 204, 206,<br/>208, 209, 211, 212, 215, 216, 217, 220, 221,<br/>224, 226, 227, 228, 229, 230, 231, 236, 238,<br/>239, 240, 241, 243, 244, 245)</li> <li>When DSP were asked if they had received<br/>transportation training including training on<br/>wheelchair tie downs and van lift safety the<br/>following was reported:</li> <li>DSP #226 stated, "I have not had defensive<br/>driving."</li> <li>DSP #230 stated, "Not yet. Supposed to do<br/>that."</li> <li>DSP #238 stated, "No, I haven't received it. I<br/>have at other places but not here."</li> </ul> | Provider:<br>State your Plan of Correction for the<br>deficiencies cited in this tag here: →<br>Provider:<br>Enter your ongoing Quality Assurance/Quality<br>Improvement processes as it related to this tag<br>number here: → |             |

| <b>Training Requirements: 1.</b> All Community<br>Inclusion Providers must provide staff training in   |  |  |
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| accordance with the DDSD policy T-003:<br>Training Requirements for Direct Service<br>Agency Staff Policy.   |  |  |
| CHAPTER 6. 3. Agency Requirements F.<br>Meet all training requirements as follows: 1.<br>All Customized Community Supports Providers<br>shall provide staff training in accordance with the<br>DDSD Policy T-003: Training Requirements for<br>Direct Service Agency Staff Policy;   |  |  |
| CHAPTER 7. 3. Agency Requirements C.<br>Training Requirements: The Provider Agency<br>must report required personnel training status to<br>the DDSD Statewide Training Database as<br>specified in the DDSD Policy T-001: Reporting<br>and Documentation of DDSD Training<br>Requirements Policy. The Provider Agency<br>must ensure that the personnel support staff<br>have completed training as specified in the<br>DDSD Policy T-003: Training Requirements for<br>Direct Service Agency Staff Policy |  |  |
| CHAPTER 11. 3. Agency Requirements B.<br>Living Supports- Family Living Services<br>Provider Agency Staffing Requirements: 3.<br>Training:<br>A. All Family Living Provider agencies must<br>ensure staff training in accordance with the<br>Training Requirements for Direct Service  |  |  |
| Agency Staff policy. DSP's or subcontractors<br>delivering substitute care under Family Living<br>must at a minimum comply with the section of<br>the training policy that relates to Respite,<br>Substitute Care, and personal support staff  |  |  |
| [Policy T-003: for Training Requirements for<br>Direct Service Agency Staff; Sec. II-J, Items 1-<br>4]. Pursuant to the Centers for Medicare and<br>Medicaid Services (CMS) requirements, the  |  |  |

| services that a provider renders may only be<br>claimed for federal match if the provider has<br>completed all necessary training required by the<br>state. All Family Living Provider agencies must<br>report required personnel training status to the<br>DDSD Statewide Training Database as specified<br>in DDSD Policy T-001: Reporting and<br>Documentation for DDSD Training<br>Requirements.   |  |  |
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| <ul> <li>CHAPTER 12. 3. Agency Requirements B.<br/>Living Supports- Supported Living Services<br/>Provider Agency Staffing Requirements: 3.<br/>Training:</li> <li>A. All Living Supports- Supported Living<br/>Provider Agencies must ensure staff training in<br/>accordance with the DDSD Policy T-003: for<br/>Training Requirements for Direct Service<br/>Agency Staff. Pursuant to CMS requirements,<br/>the services that a provider renders may only be<br/>claimed for federal match if the provider has<br/>completed all necessary training required by the<br/>state. All Supported Living provider agencies<br/>must report required personnel training status to<br/>the DDSD Statewide Training Database as<br/>specified in DDSD Policy T-001: Reporting and<br/>Documentation for DDSD Training<br/>Requirements.</li> <li>CHAPTER 13. R. 2. Service Requirements.<br/>Staff Qualifications 2. DSP Qualifications. E.<br/>Complete training requirements as specified in<br/>the DDSD Policy T-003: Training Requirements</li> </ul> |  |  |
| for Direct Service Agency Staff - effective March<br>1, 2007. Report required personnel training<br>status to the DDSD Statewide Training<br>Database as specified in the DDSD Policy T-<br>001: Reporting and Documentation of DDSD<br>Training Requirements Policy;  |  |  |

| Tag # 1A20   | Standard Level Deficiency   |  |  |
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|  |   |  |  |
| <ul> <li>Direct Support Personnel Training</li> <li>Department of Health (DOH) Developmental</li> <li>Disabilities Supports Division (DDSD) Policy -</li> <li>Policy Title: Training Requirements for Direct</li> <li>Service Agency Staff Policy - Eff. March 1, 2007</li> <li>- II. POLICY STATEMENTS:</li> <li>A. Individuals shall receive services from</li> <li>competent and qualified staff.</li> <li>B. Staff shall complete individual-specific (formerly known as "Addendum B") training requirements in accordance with the specifications described in the individual service plan (ISP) of each individual served.</li> <li>C. Staff shall complete training on DOH-approved incident reporting procedures in accordance with 7 NMAC 1.13.</li> <li>D. Staff providing direct services shall complete training in universal precautions on an annual basis. The training materials shall meet</li> <li>Occupational Safety and Health Administration (OSHA) requirements.</li> <li>E. Staff providing direct services shall maintain certification in first aid and CPR. The training</li> </ul> | Standard Level DeficiencyBased on record review, the Agency did not<br>ensure Orientation and Training requirements<br>were met for 15 of 47 Direct Support Personnel.Review of Direct Support Personnel training<br>records found no evidence of the following<br>required DOH/DDSD trainings and certification<br>being completed:Pre- Service (DSP #215, 221, 244)Foundation for Health and Wellness (DSP<br>#208, 214, 215, 244)Person-Centered Planning (1-Day) (DSP<br>#208, 214, 215, 221, 226, 230)First Aid (DSP #217, 223)CPR (DSP #217, 223) | Provider:         State your Plan of Correction for the deficiencies cited in this tag here: →         Provider:         Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here: →         [ |  |
| <ul> <li>materials shall meet OSHA</li> <li>requirements/guidelines.</li> <li>F. Staff who may be exposed to hazardous<br/>chemicals shall complete relevant training in<br/>accordance with OSHA requirements.</li> <li>G. Staff shall be certified in a DDSD-approved<br/>behavioral intervention system (e.g., Mandt, CPI)<br/>before using physical restraint techniques. Staff<br/>members providing direct services shall maintain<br/>certification in a DDSD-approved behavioral<br/>intervention system if an individual they support<br/>has a behavioral crisis plan that includes the use of<br/>physical restraint techniques.</li> <li>H. Staff shall complete and maintain certification in<br/>a DDSD-approved medication course in<br/>accordance with the DDSD Medication Delivery<br/>Policy M-001.</li> <li>I. Staff providing direct services shall complete<br/>safety training within the first thirty (30) days of</li> </ul>  | <ul> <li>Assisting With Medication Delivery (DSP #212, 222, 223, 225, 226, 228, 231)</li> <li>Participatory Communication and Choice Making (DSP #215)</li> <li>Rights and Advocacy (DSP #215)</li> <li>Positive Behavior Supports Strategies (DSP #215, 236)</li> <li>Teaching and Support Strategies (DSP #215, 236)</li> </ul>   |  |  |

| employment and before working alone with an individual receiving service.  |  |
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| Developmental Disabilities (DD) Waiver Service<br>Standards effective 11/1/2012 revised 4/23/2013<br><b>CHAPTER 5. 3. Agency Requirements G.</b><br><b>Training Requirements: 1.</b> All Community<br>Inclusion Providers must provide staff training in<br>accordance with the DDSD policy T-003: Training<br>Requirements for Direct Service Agency Staff<br>Policy.   |  |
| <b>CHAPTER 6. 3. Agency Requirements F. Meet</b><br><b>all training requirements as follows: 1.</b> All<br>Customized Community Supports Providers shall<br>provide staff training in accordance with the DDSD<br>Policy T-003: Training Requirements for Direct<br>Service Agency Staff Policy;   |  |
| CHAPTER 7. 3. Agency Requirements C.<br>Training Requirements: The Provider Agency<br>must report required personnel training status to<br>the DDSD Statewide Training Database as<br>specified in the DDSD Policy T-001: Reporting<br>and Documentation of DDSD Training<br>Requirements Policy. The Provider Agency must<br>ensure that the personnel support staff have<br>completed training as specified in the DDSD Policy<br>T-003: Training Requirements for Direct Service<br>Agency Staff Policy   |  |
| CHAPTER 11. 3. Agency Requirements B.<br>Living Supports- Family Living Services<br>Provider Agency Staffing Requirements: 3.<br>Training:<br>A. All Family Living Provider agencies must<br>ensure staff training in accordance with the<br>Training Requirements for Direct Service Agency<br>Staff policy. DSP's or subcontractors delivering<br>substitute care under Family Living must at a<br>minimum comply with the section of the training<br>policy that relates to Respite, Substitute Care, and |  |

| CHAPTER 12. 3. Agency Requirements B.         Living Supports- Supported Living Services         Provider Agency Staffing Requirements: 3.         Training:         A. All Living Supports- Supported Living Provider         Agencies must ensure staff training in accordance         with the DDSD Policy T-003: for Training         Requirements for Direct Service Agency Staff.         Pursuant to CMS requirements, the services that a         provider renders may only be claimed for federal         match if the provider has completed all necessary         training status to the DDSD Statewide Training         Database as specified in DDSD Policy T-001:         Reporting and Documentation for DDSD Training         Requirements.         CHAPTER 13. R. 2. Service Requirements. Staff         Qualifications 2. DSP Qualifications. E.         Complete training requirements as specified in the DDSD Policy T-001:         PDSD Policy T-003: Training Requirements for Direct Service Agency Staff - effective March 1,         2007. Report required personnel training status to         the DDSD Policy T-001: Reporting | Requirements for Direct Service Agency Staff; Sec.<br>II-J, Items 1-4]. Pursuant to the Centers for<br>Medicare and Medicaid Services (CMS)<br>requirements, the services that a provider renders<br>may only be claimed for federal match if the<br>provider has completed all necessary training<br>required by the state. All Family Living Provider<br>agencies must report required personnel training<br>status to the DDSD Statewide Training Database<br>as specified in DDSD Policy T-001: Reporting and<br>Documentation for DDSD Training Requirements.   |  |
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|  | Living Supports- Supported Living Services<br>Provider Agency Staffing Requirements: 3.<br>Training:<br>A. All Living Supports- Supported Living Provider<br>Agencies must ensure staff training in accordance<br>with the DDSD Policy T-003: for Training<br>Requirements for Direct Service Agency Staff.<br>Pursuant to CMS requirements, the services that a<br>provider renders may only be claimed for federal<br>match if the provider has completed all necessary<br>training required by the state. All Supported Living<br>provider agencies must report required personnel<br>training status to the DDSD Statewide Training<br>Database as specified in DDSD Policy T-001:<br>Reporting and Documentation for DDSD Training<br>Requirements.<br>CHAPTER 13. R. 2. Service Requirements. Staff<br>Qualifications 2. DSP Qualifications. E.<br>Complete training requirements as specified in the<br>DDSD Policy T-003: Training Requirements for<br>Direct Service Agency Staff - effective March 1,<br>2007. Report required personnel training status to<br>the DDSD Statewide Training Database as |  |

| Tag # 1A22  | Standard Level Deficiency  |  |  |
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| Agency Personnel Competency                         |  |  |  |
| Department of Health (DOH) Developmental            | Based on interview, the Agency did not ensure                    | Provider:  |  |
| Disabilities Supports Division (DDSD) Policy        | training competencies were met for 4 of 14                       | State your Plan of Correction for the              |  |
| - Policy Title: Training Requirements for           | Direct Support Personnel.  | deficiencies cited in this tag here: $\rightarrow$ |  |
| Direct Service Agency Staff Policy - Eff.           |  |  |  |
| March 1, 2007 - II. POLICY STATEMENTS:              | When DSP were asked if they received                             |  |  |
| A. Individuals shall receive services from          | training on the Individual's Individual Service                  |  |  |
| competent and qualified staff.                      | Plan and what the plan covered, the                              |  |  |
| B. Staff shall complete individual specific         | following was reported:  |  |  |
| (formerly known as "Addendum B") training           |  |  |  |
| requirements in accordance with the                 | <ul> <li>DSP #238 stated, "No, I don't know."</li> </ul>         |  |  |
| specifications described in the individual service  | (Individual #7)  |  |  |
| plan (ISP) for each individual serviced.            |  |  |  |
|   | When DSP were asked if the Individual had a                      |  |  |
| Developmental Disabilities (DD) Waiver Service      | Positive Behavioral Supports Plan and if so,                     | Provider:  |  |
| Standards effective 11/1/2012 revised 4/23/2013     | what the plan covered, the following was                         | Enter your ongoing Quality Assurance/Quality       |  |
| CHAPTER 5. 3. Agency Requirements G.                | reported:  | Improvement processes as it related to this tag    |  |
| Training Requirements: 1. All Community             |  | number here: $\rightarrow$                         |  |
| Inclusion Providers must provide staff training in  | <ul> <li>DSP #200 stated, "I don't think we've</li> </ul>        |  |  |
| accordance with the DDSD policy T-003:              | received it yet." According to the Individual                    |  |  |
| Training Requirements for Direct Service            | Specific Training Section of the ISP, the                        |  |  |
| Agency Staff Policy. 3. Ensure direct service       | Individual requires a Positive Behavioral                        |  |  |
| personnel receives Individual Specific Training     | Supports Plan. (Individual #2)                                   |  |  |
| as outlined in each individual ISP, including       |  |  |  |
| aspects of support plans (healthcare and            | <ul> <li>DSP #215 stated, "No, we still have class to</li> </ul> |  |  |
| behavioral) or WDSI that pertain to the             | attend. BSC hasn't trained on a plan."                           |  |  |
| employment environment.                             | According to the Individual Specific Training                    |  |  |
|   | Section of the ISP, the Individual requires a                    |  |  |
| CHAPTER 6. 3. Agency Requirements F.                | Positive Behavioral Supports Plan. (Individual                   |  |  |
| Meet all training requirements as follows: 1.       | #4)  |  |  |
| All Customized Community Supports Providers         |  |  |  |
| shall provide staff training in accordance with the | <ul> <li>DSP #238 stated, "No, she does not have a</li> </ul>    |  |  |
| DDSD Policy T-003: Training Requirements for        | Behavior Therapy Plan." According to the                         |  |  |
| Direct Service Agency Staff Policy;                 | Health and Safety Section of the ISP, the                        |  |  |
|   | Individual requires a Positive Behavioral                        |  |  |
| CHAPTER 7. 3. Agency Requirements C.                | Supports Plan. (Individual #7)                                   |  |  |
| Training Requirements: The Provider Agency          |  |  |  |
| must report required personnel training status to   | When DSP were asked if the individual had a                      |  |  |
| the DDSD Statewide Training Database as             | Positive Behavioral Crisis Plan and if so,                       |  |  |

| specified in the DDSD Policy T-001: Reporting      | what the plan covered, the following was                        |  |
|--|---|--|
| and Documentation of DDSD Training                 | reported:   |  |
| Requirements Policy. The Provider Agency           |   |  |
| must ensure that the personnel support staff       | <ul> <li>DSP #200 stated, "No, he's never hurt</li> </ul>       |  |
| have completed training as specified in the        | anyone or ran away." According to the                           |  |
| DDSD Policy T-003: Training Requirements for       | Individual Specific Training Section of the                     |  |
| Direct Service Agency Staff Policy. 3. Staff shall | ISP, the individual has Positive Behavioral                     |  |
| complete individual specific training              | Crisis Plan. (Individual #2)                                    |  |
| requirements in accordance with the                |   |  |
| specifications described in the ISP of each        | When DSP were asked if the Individual had                       |  |
| individual served; and 4. Staff that assists the   |   |  |
| individual with medication (e.g., setting up       | Health Care Plans and if so, what the plan(s)                   |  |
|  | covered, the following was reported:                            |  |
| medication, or reminders) must have completed      |   |  |
| Assisting with Medication Delivery (AWMD)          | • DSP #215 stated, "No." As indicated by the                    |  |
| Training.  | Electronic Comprehensive Health                                 |  |
| CHADTED 11 2 Agency Demissments D                  | Assessment Tool, the Individual requires                        |  |
| CHAPTER 11. 3. Agency Requirements B.              | Health Care Plans for Falls. (Individual #4)                    |  |
| Living Supports- Family Living Services            |   |  |
| Provider Agency Staffing Requirements: 3.          | When DSP were asked if the Individual had a                     |  |
| Training:  | Medical Emergency Response Plans and if                         |  |
| A. All Family Living Provider agencies must        | so, what the plan(s) covered, the following                     |  |
| ensure staff training in accordance with the       | was reported:   |  |
| Training Requirements for Direct Service           |   |  |
| Agency Staff policy. DSP's or subcontractors       | <ul> <li>DSP #215 stated, "No, just call 911 in case</li> </ul> |  |
| delivering substitute care under Family Living     | of an emergency." As indicated by the                           |  |
| must at a minimum comply with the section of       | Electronic Comprehensive Health                                 |  |
| the training policy that relates to Respite,       | Assessment Tool, the Individual requires                        |  |
| Substitute Care, and personal support staff        | Medical Emergency Response Plans for                            |  |
| [Policy T-003: for Training Requirements for       | Falls. (Individual #4)  |  |
| Direct Service Agency Staff; Sec. II-J, Items 1-   |   |  |
| 4]. Pursuant to the Centers for Medicare and       | When DSP were asked if they received                            |  |
| Medicaid Services (CMS) requirements, the          | training on the Individual's Comprehensive                      |  |
| services that a provider renders may only be       | Aspiration Risk Management Plan and what                        |  |
| claimed for federal match if the provider has      | the plan covered, the following was reported:                   |  |
| completed all necessary training required by the   |   |  |
| state. All Family Living Provider agencies must    | • DSP #237 stated, "Yes, the sister trained and                 |  |
| report required personnel training status to the   | the Nurse trained the sister." As indicated by                  |  |
| DDSD Statewide Training Database as specified      | the Individual Specific Training section of the                 |  |
| in DDSD Policy T-001: Reporting and                |   |  |
| Documentation for DDSD Training                    | ISP, the individual has a CARMP. Note: The                      |  |
| Requirements.                                      | CARMP indicated the PT, OT, SLP, and                            |  |
| roqui ononio.                                      |   |  |

| B. Individual specific training must be arranged<br>and conducted, including training on the<br>Individual Service Plan outcomes, actions steps<br>and strategies and associated support plans<br>(e.g. health care plans, MERP, PBSP and BCIP<br>etc), information about the individual's<br>preferences with regard to privacy,<br>communication style, and routines. Individual<br>specific training for therapy related WDSI,<br>Healthcare Plans, MERPs, CARMP, PBSP, and<br>BCIP must occur at least annually and more<br>often if plans change or if monitoring finds<br>incorrect implementation. Family Living<br>providers must notify the relevant support plan<br>author whenever a new DSP is assigned to work<br>with an individual, and therefore needs to<br>receive training, or when an existing DSP<br>requires a refresher. The individual should be<br>present for and involved in individual specific | agency Nurse are responsible for training.<br>No evidence found indicating sister was<br>approved to do the training. (Individual #3) |  |
|---|---|--|
| training whenever possible.<br>CHAPTER 12. 3. Agency Requirements B.<br>Living Supports- Supported Living Services<br>Provider Agency Staffing Requirements: 3.<br>Training:<br>A. All Living Supports- Supported Living  |   |  |
| Provider Agencies must ensure staff training in<br>accordance with the DDSD Policy T-003: for<br>Training Requirements for Direct Service<br>Agency Staff. Pursuant to CMS requirements,<br>the services that a provider renders may only be<br>claimed for federal match if the provider has<br>completed all necessary training required by the<br>state. All Supported Living provider agencies  |   |  |
| <ul> <li>must report required personnel training status to<br/>the DDSD Statewide Training Database as<br/>specified in DDSD Policy T-001: Reporting and<br/>Documentation for DDSD Training<br/>Requirements.</li> <li>B Individual specific training must be arranged<br/>and conducted, including training on the ISP</li> </ul>   |   |  |

| Outcomes, actions steps and strategies,           |  |  |
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| associated support plans (e.g. health care plans, |  |  |
| MERP, PBSP and BCIP, etc), and information        |  |  |
| about the individual's preferences with regard to |  |  |
| privacy, communication style, and routines.       |  |  |
| Individual specific training for therapy related  |  |  |
| WDSI, Healthcare Plans, MERP, CARMP,              |  |  |
| PBSP, and BCIP must occur at least annually       |  |  |
| and more often if plans change or if monitoring   |  |  |
| finds incorrect implementation. Supported         |  |  |
| Living providers must notify the relevant support |  |  |
| plan author whenever a new DSP is assigned to     |  |  |
| work with an individual, and therefore needs to   |  |  |
| receive training, or when an existing DSP         |  |  |
| requires a refresher. The individual should be    |  |  |
| present for and involved in individual specific.  |  |  |
| training whenever possible.                       |  |  |
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| CHAPTER 13. R. 2. Service Requirements.           |  |  |
| Staff Qualifications 2. DSP Qualifications. E.    |  |  |
| Complete training requirements as specified in    |  |  |
| the DDSD Policy T-003: Training Requirements      |  |  |
| for Direct Service Agency Staff - effective March |  |  |
| 1, 2007. Report required personnel training       |  |  |
| status to the DDSD Statewide Training             |  |  |
| Database as specified in the DDSD Policy T-       |  |  |
| 001: Reporting and Documentation of DDSD          |  |  |
| Training Requirements Policy;                     |  |  |
| Training Requirements Folicy,                     |  |  |
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| Tag # 1A28.1  | Condition of Participation Level  |   |  |
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| Incident Mgt. System - Personnel<br>Training  | Deficiency  |   |  |
| <ul> <li>NMAC 7.1.13.10 INCIDENT MANAGEMENT<br/>SYSTEM REQUIREMENTS:</li> <li>A. General: All licensed health care facilities<br/>and community based service providers shall<br/>establish and maintain an incident management<br/>system, which emphasizes the principles of<br/>prevention and staff involvement. The licensed<br/>health care facility or community based service<br/>provider shall ensure that the incident<br/>management system policies and procedures<br/>requires all employees to be competently trained<br/>to respond to, report, and document incidents in<br/>a timely and accurate manner.</li> <li>D. Training Documentation: All licensed<br/>health care facilities and community based<br/>service providers shall prepare training<br/>documentation for each employee to include a<br/>signed statement indicating the date, time, and<br/>place they received their incident management<br/>reporting instruction. The licensed health care<br/>facility and community based service provider<br/>shall maintain documentation of an employee's<br/>training for a period of at least twelve (12)<br/>months, or six (6) months after termination of an<br/>employee's employment. Training curricula shall<br/>be kept on the provider premises and made<br/>available on request by the department. Training<br/>documentation shall be made available<br/>immediately upon a division representative's<br/>request. Failure to provide employee training<br/>documentation shall subject the licensed health<br/>care facility or community based service<br/>provider to the penalties provided for in this rule.</li> <li>Policy Title: Training Requirements for Direct<br/>Service Agency Staff Policy - Eff. March 1,<br/>2007</li> </ul> | <ul> <li>After an analysis of the evidence it has been determined there is a significant potential for a negative outcome to occur.</li> <li>Based on record review and interview, the Agency did not ensure Incident Management Training for 20 of 50 Agency Personnel.</li> <li>Direct Support Personnel (DSP): <ul> <li>Incident Management Training (Abuse, Neglect and Misappropriation of Consumers' Property) (DSP# 200, 211, 212, 218, 220, 221, 222, 223, 227, 228, 235, 237, 242, 243, 244)</li> </ul> </li> <li>When Direct Support Personnel were asked what two State Agencies must be contacted when there is suspected Abuse, Neglect and Misappropriation of Consumers' Property, the following was reported: <ul> <li>DSP #205 stated, "APS." Staff was not able to identify the 2<sup>nd</sup> State Agency as DHI/IMB.</li> <li>DSP #215 stated, "No, I don't remember." Staff was not able to identify the 2<sup>nd</sup> State Agency as DHI/IMB.</li> <li>DSP #226 stated, "APS." Staff was not able to identify the 2<sup>nd</sup> State Agency as DHI/IMB.</li> </ul> </li> <li>DSP #226 stated, "APS." Staff was not able to identify the 2<sup>nd</sup> State Agency as DHI/IMB.</li> <li>DSP #226 stated, "APS." Staff was not able to identify the 2<sup>nd</sup> State Agency as DHI/IMB.</li> <li>DSP #230 stated, "DPS and Zia Therapy." Staff was not able to identify the two State Agencies as Adult Protective Services and Division of Health Improvement.</li> </ul> | Provider:<br>State your Plan of Correction for the<br>deficiencies cited in this tag here: →<br>Provider:<br>Enter your ongoing Quality Assurance/Quality<br>Improvement processes as it related to this tag<br>number here: →<br>[ |  |

| II. POLICY STATEMENTS:<br>A. Individuals shall receive services from<br>competent and qualified staff.<br>C. Staff shall complete training on DOH-<br>approved incident reporting procedures in<br>accordance with 7 NMAC 1.13. | <ul> <li>DSP #238 stated, "Right now I'm blank on the<br/>name." Staff was not able to identify the two<br/>State Agencies as Adult Protective Services<br/>and Division of Health Improvement.</li> </ul> |  |
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| Tag # 1A37   | Standard Level Deficiency  |  |  |
|--|--|--|--|
| Tag # 1A37Individual Specific TrainingDepartment of Health (DOH) DevelopmentalDisabilities Supports Division (DDSD) Policy- Policy Title: Training Requirements forDirect Service Agency Staff Policy - Eff.March 1, 2007 - II. POLICY STATEMENTS:A. Individuals shall receive services fromcompetent and qualified staff.B. Staff shall complete individual specific(formerly known as "Addendum B") trainingrequirements in accordance with thespecifications described in the individual serviceplan (ISP) for each individual serviced.Developmental Disabilities (DD) Waiver ServiceStandards effective 11/1/2012 revised 4/23/2013CHAPTER 5. 3. Agency Requirements G.Training Requirements: 1. All CommunityInclusion Providers must provide staff training inaccordance with the DDSD policy T-003:Training Requirements for Direct ServiceAgency Staff Policy. 3. Ensure direct servicepersonnel receives Individual Specific Trainingas outlined in each individual ISP, includingaspects of support plans (healthcare and | Standard Level Deficiency         Based on record review, the Agency did not<br>ensure that Individual Specific Training<br>requirements were met for 8 of 50 Agency<br>Personnel.         Review of personnel records found no evidence<br>of the following:         Direct Support Personnel (DSP):         • Individual Specific Training (DSP #202, 203,<br>225, 230, 231, 232, 244)         Service Coordination Personnel (SC):         • Individual Specific Training (SC #247) | Provider:         State your Plan of Correction for the deficiencies cited in this tag here: →         Provider:         Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here: →         [ |  |
| <ul> <li>behavioral) or WDSI that pertain to the employment environment.</li> <li>CHAPTER 6. 3. Agency Requirements F.</li> <li>Meet all training requirements as follows: 1.</li> <li>All Customized Community Supports Providers shall provide staff training in accordance with the DDSD Policy T-003: Training Requirements for Direct Service Agency Staff Policy;</li> <li>CHAPTER 7. 3. Agency Requirements C.</li> <li>Training Requirements: The Provider Agency must report required personnel training status to the DDSD Statewide Training Database as</li> </ul>   |  |  |  |

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| specified in the DDSD Policy T-001: Reporting      |    |  |
| and Documentation of DDSD Training                 |    |  |
| Requirements Policy. The Provider Agency           |    |  |
| must ensure that the personnel support staff       |    |  |
| have completed training as specified in the        |    |  |
| DDSD Policy T-003: Training Requirements for       |    |  |
| Direct Service Agency Staff Policy. 3. Staff shall |    |  |
| complete individual specific training              |    |  |
| requirements in accordance with the                |    |  |
| specifications described in the ISP of each        |    |  |
| individual served; and 4. Staff that assists the   |    |  |
| individual with medication (e.g., setting up       |    |  |
| medication, or reminders) must have completed      |    |  |
| Assisting with Medication Delivery (AWMD)          |    |  |
| Training.  |    |  |
|  |    |  |
| CHAPTER 11. 3. Agency Requirements B.              |    |  |
| Living Supports- Family Living Services            |    |  |
| Provider Agency Staffing Requirements: 3.          |    |  |
| Training:  |    |  |
| A. All Family Living Provider agencies must        |    |  |
| ensure staff training in accordance with the       |    |  |
| Training Requirements for Direct Service           |    |  |
| Agency Staff policy. DSP's or subcontractors       |    |  |
| delivering substitute care under Family Living     |    |  |
| must at a minimum comply with the section of       |    |  |
| the training policy that relates to Respite,       |    |  |
| Substitute Care, and personal support staff        |    |  |
| [Policy T-003: for Training Requirements for       |    |  |
| Direct Service Agency Staff; Sec. II-J, Items 1-   |    |  |
| 4]. Pursuant to the Centers for Medicare and       |    |  |
| Medicaid Services (CMS) requirements, the          |    |  |
| services that a provider renders may only be       |    |  |
| claimed for federal match if the provider has      |    |  |
| completed all necessary training required by the   |    |  |
| state. All Family Living Provider agencies must    |    |  |
| report required personnel training status to the   |    |  |
| DDSD Statewide Training Database as specified      |    |  |
| in DDSD Policy T-001: Reporting and                |    |  |
| Documentation for DDSD Training                    |    |  |
| Requirements.                                      |    |  |

| B. Individual specific training must be arranged  |   |  |
|---|---|--|
| and conducted, including training on the  |   |  |
| Individual Service Plan outcomes, actions steps   |   |  |
| and strategies and associated support plans   |   |  |
| (e.g. health care plans, MERP, PBSP and BCIP  |   |  |
| etc), information about the individual's  |   |  |
| preferences with regard to privacy,   |   |  |
| communication style, and routines. Individual   |   |  |
| specific training for therapy related WDSI,   |   |  |
| Healthcare Plans, MERPs, CARMP, PBSP, and   |   |  |
| BCIP must occur at least annually and more  |   |  |
| often if plans change or if monitoring finds  |   |  |
| incorrect implementation. Family Living   |   |  |
| providers must notify the relevant support plan   |   |  |
| author whenever a new DSP is assigned to work   | κ |  |
| with an individual, and therefore needs to  |   |  |
| receive training, or when an existing DSP   |   |  |
| requires a refresher. The individual should be  |   |  |
| present for and involved in individual specific   |   |  |
| training whenever possible.   |   |  |
|   |   |  |
| CHAPTER 12. 3. Agency Requirements B.   |   |  |
| Living Supports- Supported Living Services  |   |  |
| Provider Agency Staffing Requirements: 3.   |   |  |
| Training:   |   |  |
| A. All Living Supports- Supported Living  |   |  |
| Provider Agencies must ensure staff training in   |   |  |
| accordance with the DDSD Policy T-003: for  |   |  |
| Training Requirements for Direct Service  |   |  |
| Agency Staff. Pursuant to CMS requirements,   |   |  |
| the new decay the standard share and share over the last the standard standar |   |  |
| the services that a provider renders may only be  |   |  |
| claimed for federal match if the provider has   |   |  |
| claimed for federal match if the provider has completed all necessary training required by the  |   |  |
| claimed for federal match if the provider has<br>completed all necessary training required by the<br>state. All Supported Living provider agencies  |   |  |
| claimed for federal match if the provider has<br>completed all necessary training required by the<br>state. All Supported Living provider agencies<br>must report required personnel training status to   |   |  |
| claimed for federal match if the provider has<br>completed all necessary training required by the<br>state. All Supported Living provider agencies<br>must report required personnel training status to<br>the DDSD Statewide Training Database as  |   |  |
| claimed for federal match if the provider has<br>completed all necessary training required by the<br>state. All Supported Living provider agencies<br>must report required personnel training status to<br>the DDSD Statewide Training Database as<br>specified in DDSD Policy T-001: Reporting and   |   |  |
| claimed for federal match if the provider has<br>completed all necessary training required by the<br>state. All Supported Living provider agencies<br>must report required personnel training status to<br>the DDSD Statewide Training Database as<br>specified in DDSD Policy T-001: Reporting and<br>Documentation for DDSD Training  |   |  |
| claimed for federal match if the provider has<br>completed all necessary training required by the<br>state. All Supported Living provider agencies<br>must report required personnel training status to<br>the DDSD Statewide Training Database as<br>specified in DDSD Policy T-001: Reporting and<br>Documentation for DDSD Training<br>Requirements.   |   |  |
| claimed for federal match if the provider has<br>completed all necessary training required by the<br>state. All Supported Living provider agencies<br>must report required personnel training status to<br>the DDSD Statewide Training Database as<br>specified in DDSD Policy T-001: Reporting and<br>Documentation for DDSD Training  |   |  |

| Outcompose actions atoms and atratagies           |  |  |
|---|--|--|
| Outcomes, actions steps and strategies,           |  |  |
| associated support plans (e.g. health care plans, |  |  |
| MERP, PBSP and BCIP, etc), and information        |  |  |
| about the individual's preferences with regard to |  |  |
| privacy, communication style, and routines.       |  |  |
| Individual specific training for therapy related  |  |  |
| WDSI, Healthcare Plans, MERP, CARMP,              |  |  |
| PBSP, and BCIP must occur at least annually       |  |  |
| and more often if plans change or if monitoring   |  |  |
| finds incorrect implementation. Supported         |  |  |
| Living providers must notify the relevant support |  |  |
| plan author whenever a new DSP is assigned to     |  |  |
| work with an individual, and therefore needs to   |  |  |
| receive training, or when an existing DSP         |  |  |
| requires a refresher. The individual should be    |  |  |
| present for and involved in individual specific.  |  |  |
| training whenever possible.                       |  |  |
|   |  |  |
| CHAPTER 13. R. 2. Service Requirements.           |  |  |
| Staff Qualifications 2. DSP Qualifications. E.    |  |  |
| Complete training requirements as specified in    |  |  |
| the DDSD Policy T-003: Training Requirements      |  |  |
| for Direct Service Agency Staff - effective March |  |  |
| 1, 2007. Report required personnel training       |  |  |
| status to the DDSD Statewide Training             |  |  |
| Database as specified in the DDSD Policy T-       |  |  |
| 001: Reporting and Documentation of DDSD          |  |  |
| Training Requirements Policy;                     |  |  |
|   |  |  |
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QMB Report of Findings – Zia Therapy Center, Inc. – SW – January 27 - 30, 2014

| Standard of Care   | Deficiencies   | Agency Plan of Correction, On-going<br>QA/QI and Responsible Party   | Date<br>Due |
|--|--|--|-------------|
| abuse, neglect and exploitation. Individua<br>needed healthcare services in a timely ma  | als shall be afforded their basic human righ<br>anner.   | addresses and seeks to prevent occurrenc<br>ts. The provider supports individuals to ac  |             |
| Tag # 1A09   | Standard Level Deficiency  |  |             |
| Medication Delivery  |  |  |             |
| Routine Medication Administration  |  |  |             |
| <ul> <li>NMAC 16.19.11.8 MINIMUM STANDARDS:</li> <li>A. MINIMUM STANDARDS FOR THE<br/>DISTRIBUTION, STORAGE, HANDLING AND<br/>RECORD KEEPING OF DRUGS:</li> <li>(d) The facility shall have a Medication<br/>Administration Record (MAR) documenting<br/>medication administered to residents,<br/>including over-the-counter medications.</li> <li>This documentation shall include: <ul> <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<br/>discontinued or changed;</li> <li>(x) The name and initials of all staff<br/>administering medications.</li> </ul> </li> </ul> | <ul> <li>Medication Administration Records (MAR) were reviewed for the months of December 2013 and January 2014.</li> <li>Based on record review, 1 of 10 individuals had Medication Administration Records (MAR), which contained missing medications entries and/or other errors:</li> <li>Individual #3 January 2014 Medication Administration Records did not contain the route of administration for the following medications:</li> <li>Phenobarb Elx 20mg/5ml 2tsp (2 times daily) (9 AM; 6 PM)</li> <li>Phenobarb Elx 20mg/5ml 2tsp (1 time daily) (2 PM)</li> </ul> | Provider:<br>State your Plan of Correction for the<br>deficiencies cited in this tag here: →<br>Provider:<br>Enter your ongoing Quality Assurance/Quality<br>Improvement processes as it related to this tag<br>number here: → |             |
| Model Custodial Procedure Manual<br><i>D. Administration of Drugs</i><br>Unless otherwise stated by practitioner,<br>patients will not be allowed to administer their<br>own medications.<br>Document the practitioner's order authorizing<br>the self-administration of medications.  |  |  |             |
| All PRN (As needed) medications shall have   |  |  |             |

| complete detail instructions regarding the             |  |
|--|--|
| administering of the medication. This shall            |  |
| include:   |  |
| symptoms that indicate the use of the                  |  |
| medication,  |  |
| <ul> <li>exact dosage to be used, and</li> </ul>       |  |
|  |  |
| the exact amount to be used in a 24                    |  |
| hour period.   |  |
|  |  |
| Developmental Disabilities (DD) Waiver Service         |  |
| Standards effective 11/1/2012 revised 4/23/2013        |  |
| CHAPTER 5. 1. Scope of Service B. Self                 |  |
| Employment 8. Providing assistance with                |  |
| medication delivery as outlined in the ISP; C.         |  |
| Individual Community Integrated                        |  |
| <b>Employment 3.</b> Providing assistance with         |  |
| medication delivery as outlined in the ISP; <b>D</b> . |  |
| Group Community Integrated Employment 4.               |  |
|  |  |
| Providing assistance with medication delivery as       |  |
| outlined in the ISP; and                               |  |
| B. Community Integrated Employment                     |  |
| Agency Staffing Requirements: o. Comply                |  |
| with DDSD Medication Assessment and Delivery           |  |
| Policy and Procedures;                                 |  |
|  |  |
| CHAPTER 6. 1. Scope of Services A.                     |  |
| Individualized Customized Community                    |  |
| Supports 19. Providing assistance or supports          |  |
| with medications in accordance with DDSD               |  |
| Medication Assessment and Delivery policy. C.          |  |
| Small Group Customized Community                       |  |
| Supports 19. Providing assistance or supports          |  |
| with medications in accordance with DDSD               |  |
| Medication Assessment and Delivery policy. <b>D</b> .  |  |
|  |  |
| Group Customized Community Supports 19.                |  |
| Providing assistance or supports with                  |  |
| medications in accordance with DDSD                    |  |
| Medication Assessment and Delivery policy.             |  |
|  |  |
| CHAPTER 11. 1 SCOPE OF SERVICES                        |  |
| A. Living Supports- Family Living Services:            |  |

| Г |   |  |
|---|---|--|
|   | The scope of Family Living Services includes,   |  |
|   | but is not limited to the following as identified by  |  |
|   | the Interdisciplinary Team (IDT):   |  |
|   | <b>19.</b> Assisting in medication delivery, and related  |  |
|   | monitoring, in accordance with the DDSD's   |  |
|   | Medication Assessment and Delivery Policy,  |  |
|   | New Mexico Nurse Practice Act, and Board of   |  |
|   | Pharmacy regulations including skill  |  |
|   | development activities leading to the ability for   |  |
|   | individuals to self-administer medication as  |  |
|   | appropriate; and  |  |
|   | I. Healthcare Requirements for Family Living.   |  |
|   | 3. B. Adult Nursing Services for medication   |  |
|   | oversight are required for all surrogate Lining   |  |
|   | Supports- Family Living direct support personnel  |  |
|   | if the individual has regularly scheduled   |  |
|   | medication. Adult Nursing services for  |  |
|   | medication oversight are required for all   |  |
|   | surrogate Family Living Direct Support  |  |
|   | Personnel (including substitute care), if the   |  |
|   | individual has regularly scheduled medication.  |  |
|   | 6. Support Living- Family Living Provider   |  |
|   | Agencies must have written policies and   |  |
|   | procedures regarding medication(s) delivery and   |  |
|   | tracking and reporting of medication errors in  |  |
|   | accordance with DDSD Medication Assessment  |  |
|   | and Delivery Policy and Procedures, the New   |  |
|   | Mexico Nurse Practice Act and Board of  |  |
|   | Pharmacy standards and regulations.   |  |
|   | ,   |  |
|   | a. All twenty-four (24) hour residential home   |  |
|   | sites serving two (2) or more unrelated   |  |
|   | individuals must be licensed by the Board of  |  |
|   | Pharmacy, per current regulations;  |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   | maintained and include:   |  |
|   |   |  |
|   | i. The name of the individual, a transcription of   |  |
|   | the physician's or licensed health care   |  |
|   | <ul> <li>b. When required by the DDSD Medication<br/>Assessment and Delivery Policy, Medication<br/>Administration Records (MAR) must be<br/>maintained and include:</li> <li>i.The name of the individual, a transcription of</li> </ul> |  |

| provider's prescription including the brand     |  |  |
|---|--|--|
| provider's prescription including the brand     |  |  |
| and generic name of the medication, and         |  |  |
| diagnosis for which the medication is           |  |  |
| prescribed;                                     |  |  |
| ii.Prescribed dosage, frequency and             |  |  |
| method/route of administration, times and       |  |  |
| dates of administration;                        |  |  |
| iii.Initials of the individual administering or |  |  |
| assisting with the medication delivery;         |  |  |
| iv.Explanation of any medication error;         |  |  |
| v.Documentation of any allergic reaction or     |  |  |
| adverse medication effect; and                  |  |  |
| vi.For PRN medication, instructions for the use |  |  |
| of the PRN medication must include              |  |  |
| observable signs/symptoms or                    |  |  |
| circumstances in which the medication is to     |  |  |
| be used, and documentation of effectiveness     |  |  |
| of PRN medication administered.                 |  |  |
|   |  |  |
| c. The Family Living Provider Agency must       |  |  |
| also maintain a signature page that             |  |  |
| designates the full name that corresponds to    |  |  |
| each initial used to document administered      |  |  |
| or assisted delivery of each dose; and          |  |  |
| d. Information from the prescribing pharmacy    |  |  |
| regarding medications must be kept in the       |  |  |
| home and community inclusion service            |  |  |
| locations and must include the expected         |  |  |
| desired outcomes of administering the           |  |  |
| medication, signs and symptoms of adverse       |  |  |
| events and interactions with other              |  |  |
| medications.                                    |  |  |
| e. Medication Oversight is optional if the      |  |  |
| individual resides with their biological family |  |  |
| (by affinity or consanguinity). If Medication   |  |  |
| Oversight is not selected as an Ongoing         |  |  |
| Nursing Service, all elements of medication     |  |  |
| administration and oversight are the sole       |  |  |
| responsibility of the individual and their      |  |  |
| biological family. Therefore, a monthly         |  |  |
| medication administration record (MAR) is       |  |  |
| medication administration record (MAR) IS       |  |  |

| not required unless the family requests it  |   |  |
|---|---|--|
| and continually communicates all medication   |   |  |
| changes to the provider agency in a timely  |   |  |
| manner to insure accuracy of the MAR.   |   |  |
| i. The family must communicate at least   |   |  |
| annually and as needed for significant  |   |  |
| change of condition with the agency nurse   |   |  |
| regarding the current medications and the   |   |  |
| individual's response to medications for  |   |  |
| purpose of accurately completing required   |   |  |
| nursing assessments.  |   |  |
| ii. As per the DDSD Medication Assessment   |   |  |
| and Delivery Policy and Procedure, paid   |   |  |
| DSP who are not related by affinity or  |   |  |
| consanguinity to the individual may not   |   |  |
| deliver medications to the individual unless  |   |  |
| they have completed Assisting with  |   |  |
| Medication Delivery (AWMD) training. DSP  |   |  |
| may also be under a delegation relationship   |   |  |
| with a DDW agency nurse or be a Certified   |   |  |
| Medication Aide (CMA). Where CMAs are   |   |  |
| used, the agency is responsible for   |   |  |
| maintaining compliance with New Mexico  |   |  |
| Board of Nursing requirements.  |   |  |
| iii. If the substitute care provider is a surrogate                                       |   |  |
| (not related by affinity or consanguinity)  |   |  |
| Medication Oversight must be selected and   |   |  |
| provided.   |   |  |
| OUADTED 40. 0. Complete Demointemente l   |   |  |
| CHAPTER 12. 2. Service Requirements L.  |   |  |
| Training and Requirements: 3. Medication  |   |  |
| Delivery: Supported Living Provider Agencies<br>must have written policies and procedures |   |  |
| regarding medication(s) delivery and tracking   |   |  |
| and reporting of medication errors in accordance  |   |  |
| with DDSD Medication Assessment and Delivery  |   |  |
| Policy and Procedures, New Mexico Nurse   |   |  |
| Practice Act, and Board of Pharmacy standards   |   |  |
| and regulations.  |   |  |
|   |   |  |
| a. All twenty-four (24) hour residential home   |   |  |
|   | 1 |  |

|    | sites serving two (2) or more unrelated                     |  |  |
|----|---|--|--|
|    | individuals must be licensed by the Board of                |  |  |
|    | Pharmacy, per current regulations;                          |  |  |
|    |   |  |  |
| b. | When required by the DDSD Medication                        |  |  |
| ~. | Assessment and Delivery Policy, Medication                  |  |  |
|    | Administration Records (MAR) must be                        |  |  |
|    |   |  |  |
|    | maintained and include:                                     |  |  |
|    |   |  |  |
|    | i. The name of the individual, a transcription              |  |  |
|    | of the physician's or licensed health care                  |  |  |
|    | provider's prescription including the brand                 |  |  |
|    | and generic name of the medication, and                     |  |  |
|    | diagnosis for which the medication is                       |  |  |
|    | prescribed;   |  |  |
|    | procentiou,   |  |  |
|    | ii. Prescribed dosage, frequency and                        |  |  |
|    | method/route of administration, times and                   |  |  |
|    |   |  |  |
|    | dates of administration;                                    |  |  |
|    |   |  |  |
| Í  | ii. Initials of the individual administering or             |  |  |
|    | assisting with the medication delivery;                     |  |  |
|    |   |  |  |
| i  | <ul> <li>v. Explanation of any medication error;</li> </ul> |  |  |
|    |   |  |  |
|    | v. Documentation of any allergic reaction or                |  |  |
|    | adverse medication effect; and                              |  |  |
|    |   |  |  |
| ,  | i. For PRN medication, instructions for the                 |  |  |
|    | use of the PRN medication must include                      |  |  |
|    |   |  |  |
|    | observable signs/symptoms or                                |  |  |
|    | circumstances in which the medication is to                 |  |  |
|    | be used, and documentation of                               |  |  |
|    | effectiveness of PRN medication                             |  |  |
|    | administered.   |  |  |
|    |   |  |  |
| c. | The Supported Living Provider Agency must                   |  |  |
|    | also maintain a signature page that                         |  |  |
|    | designates the full name that corresponds to                |  |  |
|    | each initial used to document administered                  |  |  |
|    | or assisted delivery of each dose; and                      |  |  |
| L  | or accorded derivery of cach dose, and                      |  |  |

| d. Information from the prescribing pharmacy regarding medications must be kept in the home and community inclusion service locations and must include the expected desired outcomes of administrating the medication, signs, and symptoms of adverse events and interactions with other medications.   |  |  |
|---|--|--|
| <b>CHAPTER 13. 2. Service Requirements. B.</b><br>There must be compliance with all policy<br>requirements for Intensive Medical Living<br>Service Providers, including written policy and<br>procedures regarding medication delivery and<br>tracking and reporting of medication errors<br>consistent with the DDSD Medication Delivery<br>Policy and Procedures, relevant Board of<br>Nursing Rules, and Pharmacy Board standards<br>and regulations.  |  |  |
| Developmental Disabilities (DD) Waiver<br>Service Standards effective 4/1/2007<br><b>CHAPTER 1 II. PROVIDER AGENCY</b><br><b>REQUIREMENTS:</b><br><b>E. Medication Delivery:</b> Provider<br>Agencies that provide Community Living,<br>Community Inclusion or Private Duty Nursing<br>services shall have written policies and<br>procedures regarding medication(s) delivery<br>and tracking and reporting of medication errors<br>in accordance with DDSD Medication<br>Assessment and Delivery Policy and<br>Procedures, the Board of Nursing Rules and<br>Board of Pharmacy standards and regulations. |  |  |
| <ul> <li>(2) When required by the DDSD Medication<br/>Assessment and Delivery Policy, Medication<br/>Administration Records (MAR) shall be<br/>maintained and include: <ul> <li>(a) The name of the individual, a</li> </ul> </li> </ul>  |  |  |

| transprintion of the physician's written or     |  |  |
|---|--|--|
| transcription of the physician's written or     |  |  |
| licensed health care provider's                 |  |  |
| prescription including the brand and            |  |  |
| generic name of the medication,                 |  |  |
| diagnosis for which the medication is           |  |  |
| prescribed;                                     |  |  |
| (b) Prescribed dosage, frequency and            |  |  |
| method/route of administration, times           |  |  |
| and dates of administration;                    |  |  |
| (c) Initials of the individual administering or |  |  |
| assisting with the medication;                  |  |  |
| (d) Explanation of any medication               |  |  |
| irregularity;                                   |  |  |
| (e) Documentation of any allergic reaction      |  |  |
| or adverse medication effect; and               |  |  |
| (f) For PRN medication, an explanation for      |  |  |
| the use of the PRN medication shall             |  |  |
| include observable signs/symptoms or            |  |  |
| circumstances in which the medication           |  |  |
| is to be used, and documentation of             |  |  |
| effectiveness of PRN medication                 |  |  |
| administered.                                   |  |  |
| (3) The Provider Agency shall also maintain a   |  |  |
| signature page that designates the full name    |  |  |
| that corresponds to each initial used to        |  |  |
| document administered or assisted delivery of   |  |  |
| each dose;                                      |  |  |
| (4) MARs are not required for individuals       |  |  |
| participating in Independent Living who self-   |  |  |
| administer their own medications;               |  |  |
| (5) Information from the prescribing pharmacy   |  |  |
| regarding medications shall be kept in the      |  |  |
| home and community inclusion service            |  |  |
| locations and shall include the expected        |  |  |
| desired outcomes of administrating the          |  |  |
| medication, signs and symptoms of adverse       |  |  |
| events and interactions with other medications; |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

| Tag # 1A09.1  | Standard Level Deficiency                                    |  |  |
|---|--|--|--|
| Medication Delivery   |  |  |  |
| PRN Medication Administration   |  |  |  |
| NMAC 16.19.11.8 MINIMUM STANDARDS:  | Medication Administration Records (MAR) were                 | Provider:  |  |
| A. MINIMUM STANDARDS FOR THE  | reviewed for the months of December 2013 and                 | State your Plan of Correction for the              |  |
| DISTRIBUTION, STORAGE, HANDLING AND   | January 2014.  | deficiencies cited in this tag here: $\rightarrow$ |  |
| RECORD KEEPING OF DRUGS:  |  |  |  |
| (d) The facility shall have a Medication  | Based on record review, 2 of 10 individuals had              |  |  |
| Administration Record (MAR) documenting   | PRN Medication Administration Records (MAR),                 |  |  |
| medication administered to residents,   | which contained missing elements as required                 |  |  |
| including over-the-counter medications.   | by standard:   |  |  |
| This documentation shall include:   |  |  |  |
| (i) Name of resident;   | Individual #3  |  |  |
| (ii) Date given;  | December 2013  |  |  |
| (iii) Drug product name;  | No Effectiveness was noted on the                            |  |  |
| (iv) Dosage and form;   | Medication Administration Record for the                     |  |  |
| <ul><li>(v) Strength of drug;</li></ul>   | following PRN medication:                                    | Provider:  |  |
| (vi) Route of administration;   | Albuterol .083% Bullet, 1 bullet by Nebulizer                | Enter your ongoing Quality Assurance/Quality       |  |
| (vii) How often medication is to be taken;  | every 6 hours as needed – PRN – 12/1 –                       | Improvement processes as it related to this tag    |  |
| (viii) Time taken and staff initials;   | 12/31 (given 1 time)   | number here: $\rightarrow$                         |  |
| (ix) Dates when the medication is   |  |  |  |
| discontinued or changed;  | <ul> <li>Barrier Créme on buttocks as needed– PRN</li> </ul> | r  |  |
| (x) The name and initials of all staff  | – 12/1 – 12/31 (given 1 time)                                |  |  |
| administering medications.  |  |  |  |
|   | <ul> <li>Powder in Vaginal area as needed – PRN –</li> </ul> |  |  |
| Model Custodial Procedure Manual  | 12/1 – 12/31 (given 1 time)                                  |  |  |
| D. Administration of Drugs  |  |  |  |
| Unless otherwise stated by practitioner,  | • Miralax – PRN – 12/18 - 22, 24, 26, 28, 30                 |  |  |
| patients will not be allowed to administer their                                      | (given 1 time)   |  |  |
| own medications.  |  |  |  |
| Document the practitioner's order authorizing the self-administration of medications. | Medication Administration Records did not                    |  |  |
|   | contain the exact amount to be used in a 24                  |  |  |
| All PPN (As peeded) medications shall have  | hour period:   |  |  |
| All PRN (As needed) medications shall have complete detail instructions regarding the | • Miralax (PRN)  |  |  |
| administering of the medication. This shall   |  |  |  |
| include:  | January 2014   |  |  |
| <ul> <li>symptoms that indicate the use of the</li> </ul>                             | No Effectiveness was noted on the                            |  |  |
| medication,   | Medication Administration Record for the                     |  |  |
| <ul> <li>exact dosage to be used, and</li> </ul>                                      | following PRN medication:                                    |  |  |
|   | Albuterol .083% Bullet, 1 bullet by Nebulizer                |  |  |

| the exact amount to be used in a 24 hour period.   | every 6 hours as needed – PRN – 1/1 –<br>1/27 (given 1 time)   |  |
|--|--|--|
| Department of Health Developmental<br>Disabilities Supports Division (DDSD)<br>Medication Assessment and Delivery Policy   | <ul> <li>Barrier Créme on buttocks as needed– PRN<br/>– 1/1 – 1/27 (given 1 time)</li> </ul>   |  |
| <ul> <li>Eff. November 1, 2006</li> <li>F. PRN Medication</li> <li>3. Prior to self-administration, self-</li> </ul>   | <ul> <li>Powder in Vaginal area as needed – PRN –<br/>1/1 – 1/27 (given 1 time)</li> </ul>   |  |
| administration with physical assist or assisting with delivery of PRN medications, the direct  | Individual #6<br>December 2013   |  |
| support staff must contact the agency nurse to describe observed symptoms and thus assure that the PRN medication is being used  | Medication Administration Records did not<br>contain the exact amount to be used in a 24<br>hour period:   |  |
| according to instructions given by the ordering PCP. In cases of fever, respiratory distress   | • Ambien .5mg (PRN)  |  |
| (including coughing), severe pain, vomiting,<br>diarrhea, change in responsiveness/level of<br>consciousness, the nurse must strongly<br>consider the need to conduct a face-to-face   | No evidence of documented Signs/Symptoms<br>were found for the following PRN medication:<br>• Ambien .5mg – PRN – 12/6 - 7, 12/11 - 13,<br>12/16 - 17 (given 1 time)                   |  |
| assessment to assure that the PRN does not<br>mask a condition better treated by seeking<br>medical attention. This does not apply to home<br>based/family living settings where the provider<br>is related by affinity or by consanguinity to the<br>individual.                      | No Effectiveness was noted on the<br>Medication Administration Record for the<br>following PRN medication:<br>• Ambien .5mg – PRN – 12/6 - 7, 12/11 - 13,<br>12/16 - 17 (given 1 time) |  |
| 4. The agency nurse shall review the utilization<br>of PRN medications routinely. Frequent or<br>escalating use of PRN medications must be<br>reported to the PCP and discussed by the<br>Interdisciplinary for changes to the overall<br>support plan (see Section H of this policy). | January 2014<br>Medication Administration Records did not<br>contain the exact amount to be used in a 24<br>hour period:<br>• Ambien .5mg (PRN)  |  |
| <ul> <li>H. Agency Nurse Monitoring</li> <li>1. Regardless of the level of assistance with medication delivery that is required by the individual or the route through which the</li> </ul>  | No evidence of documented Signs/Symptoms<br>were found for the following PRN medication:<br>• Ambien .5mg – PRN – 1/18, 19, 23 (given 1<br>time)                                       |  |
| medication is delivered, the agency nurses<br>must monitor the individual's response to the<br>effects of their routine and PRN medications.   | No Effectiveness was noted on the Medication Administration Record for the   |  |

QMB Report of Findings – Zia Therapy Center, Inc. – SW – January 27 - 30, 2014

| The frequency and type of monitoring must be<br>based on the nurse's assessment of the<br>individual and consideration of the individual's<br>diagnoses, health status, stability, utilization of<br>PRN medications and level of support required<br>by the individual's condition and the skill level<br>and needs of the direct care staff. Nursing<br>monitoring should be based on prudent nursing<br>practice and should support the safety and<br>independence of the individual in the<br>community setting. The health care plan shall | following PRN medication:<br>• Ambien .5mg – PRN – 1/18, 19, 23 (given 1 time) |  |
|---|--|--|
| reflect the planned monitoring of the individual's response to medication.  |  |  |
| Department of Health Developmental<br>Disabilities Supports Division (DDSD) -<br>Procedure Title:   |  |  |
| Medication Assessment and Delivery<br>Procedure Eff Date: November 1, 2006  |  |  |
| C. 3. Prior to delivery of the PRN, direct<br>support staff must contact the agency nurse to<br>describe observed symptoms and thus assure  |  |  |
| that the PRN is being used according to<br>instructions given by the ordering PCP. In<br>cases of fever, respiratory distress (including  |  |  |
| coughing), severe pain, vomiting, diarrhea,<br>change in responsiveness/level of<br>consciousness, the nurse must strongly  |  |  |
| consider the need to conduct a face-to-face assessment to assure that the PRN does not  |  |  |
| mask a condition better treated by seeking<br>medical attention. (References: Psychotropic<br>Medication Use Policy, Section D, page 5 Use  |  |  |
| of PRN Psychotropic Medications; and, Human<br>Rights Committee Requirements Policy,  |  |  |
| Section B, page 4 Interventions Requiring<br>Review and Approval – Use of PRN<br>Medications).  |  |  |
| a. Document conversation with nurse including all reported signs and symptoms, advice given   |  |  |

| and a discussion of the                                  |  |
|--|--|
| and action taken by staff.                               |  |
| 4. Description the MAD such times a DDN                  |  |
| 4. Document on the MAR each time a PRN                   |  |
| medication is used and describe its effect on            |  |
| the individual (e.g., temperature down, vomiting         |  |
| lessened, anxiety increased, the condition is            |  |
| the same, improved, or worsened, etc.).                  |  |
| Developmental Disabilities (DD) Waiver Service           |  |
| Standards effective 11/1/2012 revised 4/23/2013          |  |
|  |  |
| CHAPTER 11.1 SCOPE OF SERVICES                           |  |
| A. Living Supports- Family Living Services:              |  |
| The scope of Family Living Services includes,            |  |
| but is not limited to the following as identified by     |  |
| the Interdisciplinary Team (IDT):                        |  |
| <b>19.</b> Assisting in medication delivery, and related |  |
| monitoring, in accordance with the DDSD's                |  |
| Medication Assessment and Delivery Policy,               |  |
| New Mexico Nurse Practice Act, and Board of              |  |
| Pharmacy regulations including skill                     |  |
| development activities leading to the ability for        |  |
| individuals to self-administer medication as             |  |
| appropriate; and   |  |
| I. Healthcare Requirements for Family Living.            |  |
| <b>3. B.</b> Adult Nursing Services for medication       |  |
| oversight are required for all surrogate Lining          |  |
| Supports- Family Living direct support personnel         |  |
| if the individual has regularly scheduled                |  |
| medication. Adult Nursing services for                   |  |
| medication oversight are required for all                |  |
| surrogate Family Living Direct Support                   |  |
| Personnel (including substitute care), if the            |  |
| individual has regularly scheduled medication.           |  |
| 6. Support Living- Family Living Provider                |  |
| Agencies must have written policies and                  |  |
| procedures regarding medication(s) delivery and          |  |
| tracking and reporting of medication errors in           |  |
| accordance with DDSD Medication Assessment               |  |
| and Delivery Policy and Procedures, the New              |  |
| Mexico Nurse Practice Act and Board of                   |  |

| Dharmony standards and regulations   |  |  |
|--|--|--|
| Pharmacy standards and regulations.  |  |  |
| <ul> <li>f. All twenty-four (24) hour residential home sites serving two (2) or more unrelated individuals must be licensed by the Board of Pharmacy, per current regulations;</li> <li>g. When required by the DDSD Medication Assessment and Delivery Policy, Medication Administration Records (MAR) must be</li> </ul> |  |  |
| maintained and include:  |  |  |
| i. The name of the individual, a transcription of<br>the physician's or licensed health care<br>provider's prescription including the brand<br>and generic name of the medication, and<br>diagnosis for which the medication is<br>prescribed;   |  |  |
| ii.Prescribed dosage, frequency and<br>method/route of administration, times and<br>dates of administration;   |  |  |
| <ul> <li>iii.Initials of the individual administering or<br/>assisting with the medication delivery;</li> <li>iv.Explanation of any medication error;</li> </ul>   |  |  |
| v.Documentation of any allergic reaction or<br>adverse medication effect; and<br>vi.For PRN medication, instructions for the use   |  |  |
| of the PRN medication must include<br>observable signs/symptoms or   |  |  |
| circumstances in which the medication is to<br>be used, and documentation of effectiveness<br>of PRN medication administered.  |  |  |
| h. The Family Living Provider Agency must<br>also maintain a signature page that<br>designates the full name that corresponds to<br>each initial used to document administered<br>or assisted delivery of each dose; and   |  |  |
| i. Information from the prescribing pharmacy<br>regarding medications must be kept in the<br>home and community inclusion service<br>locations and must include the expected   |  |  |

| desired outcomes of administering the              |  |  |
|--|--|--|
| medication, signs and symptoms of adverse          |  |  |
| events and interactions with other                 |  |  |
| medications.                                       |  |  |
| j. Medication Oversight is optional if the         |  |  |
| individual resides with their biological family    |  |  |
| (by affinity or consanguinity). If Medication      |  |  |
| Oversight is not selected as an Ongoing            |  |  |
| Nursing Service, all elements of medication        |  |  |
| administration and oversight are the sole          |  |  |
| responsibility of the individual and their         |  |  |
| biological family. Therefore, a monthly            |  |  |
| medication administration record (MAR) is          |  |  |
| not required unless the family requests it         |  |  |
| and continually communicates all medication        |  |  |
| changes to the provider agency in a timely         |  |  |
| manner to insure accuracy of the MAR.              |  |  |
| iv. The family must communicate at least           |  |  |
| annually and as needed for significant             |  |  |
| change of condition with the agency nurse          |  |  |
| regarding the current medications and the          |  |  |
| individual's response to medications for           |  |  |
| purpose of accurately completing required          |  |  |
| nursing assessments.                               |  |  |
| v. As per the DDSD Medication Assessment           |  |  |
| and Delivery Policy and Procedure, paid            |  |  |
| DSP who are not related by affinity or             |  |  |
| consanguinity to the individual may not            |  |  |
| deliver medications to the individual unless       |  |  |
| they have completed Assisting with                 |  |  |
| Medication Delivery (AWMD) training. DSP           |  |  |
| may also be under a delegation relationship        |  |  |
| with a DDW agency nurse or be a Certified          |  |  |
| Medication Aide (CMA). Where CMAs are              |  |  |
| used, the agency is responsible for                |  |  |
| maintaining compliance with New Mexico             |  |  |
| Board of Nursing requirements.                     |  |  |
| vi. If the substitute care provider is a surrogate |  |  |
| (not related by affinity or consanguinity)         |  |  |
| Medication Oversight must be selected and          |  |  |
| provided.  |  |  |

| CHAPTER 12. 2. Service Requirements L.<br>Training and Requirements: 3. Medication<br>Delivery: Supported Living Provider Agencies<br>must have written policies and procedures<br>regarding medication(s) delivery and tracking<br>and reporting of medication errors in accordance<br>with DDSD Medication Assessment and Delivery<br>Policy and Procedures, New Mexico Nurse<br>Practice Act, and Board of Pharmacy standards<br>and regulations. |  |
|--|--|
| <ul> <li>All twenty-four (24) hour residential home<br/>sites serving two (2) or more unrelated<br/>individuals must be licensed by the Board of<br/>Pharmacy, per current regulations;</li> </ul>   |  |
| f. When required by the DDSD Medication<br>Assessment and Delivery Policy, Medication<br>Administration Records (MAR) must be<br>maintained and include:   |  |
| <ul> <li>The name of the individual, a transcription<br/>of the physician's or licensed health care<br/>provider's prescription including the brand<br/>and generic name of the medication, and<br/>diagnosis for which the medication is<br/>prescribed;</li> </ul>   |  |
| <li>ii. Prescribed dosage, frequency and<br/>method/route of administration, times and<br/>dates of administration;</li>   |  |
| <li>iii. Initials of the individual administering or<br/>assisting with the medication delivery;</li>  |  |
| iv. Explanation of any medication error;   |  |
| v. Documentation of any allergic reaction or<br>adverse medication effect; and   |  |

| vi. For PRN medication, instructions for the<br>use of the PRN medication must include<br>observable signs/symptoms or<br>circumstances in which the medication is to<br>be used, and documentation of<br>effectiveness of PRN medication<br>administered.   |  |
|--|--|
| g. The Supported Living Provider Agency must<br>also maintain a signature page that<br>designates the full name that corresponds to<br>each initial used to document administered<br>or assisted delivery of each dose; and  |  |
| <ul> <li>Information from the prescribing pharmacy<br/>regarding medications must be kept in the<br/>home and community inclusion service<br/>locations and must include the expected<br/>desired outcomes of administrating the<br/>medication, signs, and symptoms of adverse<br/>events and interactions with other<br/>medications.</li> </ul>   |  |
| <b>CHAPTER 13. 2. Service Requirements. B.</b><br>There must be compliance with all policy<br>requirements for Intensive Medical Living<br>Service Providers, including written policy and<br>procedures regarding medication delivery and<br>tracking and reporting of medication errors<br>consistent with the DDSD Medication Delivery<br>Policy and Procedures, relevant Board of<br>Nursing Rules, and Pharmacy Board standards<br>and regulations. |  |
| Developmental Disabilities (DD) Waiver<br>Service Standards effective 4/1/2007<br><b>CHAPTER 1 II. PROVIDER AGENCY</b><br><b>REQUIREMENTS:</b> The objective of these<br>standards is to establish Provider Agency<br>policy, procedure and reporting requirements<br>for DD Medicaid Waiver program. These  |  |

| requirements apply to all such Provider Agency   |  |  |
|--|--|--|
| staff, whether directly employed or              |  |  |
| subcontracting with the Provider Agency.         |  |  |
| Additional Provider Agency requirements and      |  |  |
| personnel qualifications may be applicable for   |  |  |
| specific service standards.                      |  |  |
| E. Medication Delivery: Provider Agencies        |  |  |
| that provide Community Living, Community         |  |  |
| Inclusion or Private Duty Nursing services shall |  |  |
| have written policies and procedures regarding   |  |  |
| medication(s) delivery and tracking and          |  |  |
| reporting of medication errors in accordance     |  |  |
| with DDSD Medication Assessment and              |  |  |
| Delivery Policy and Procedures, the Board of     |  |  |
| Nursing Rules and Board of Pharmacy              |  |  |
| standards and regulations.                       |  |  |
|  |  |  |
| (2) When required by the DDSD Medication         |  |  |
| Assessment and Delivery Policy, Medication       |  |  |
| Administration Records (MAR) shall be            |  |  |
| maintained and include:                          |  |  |
| (a) The name of the individual, a                |  |  |
| transcription of the physician's written or      |  |  |
| licensed health care provider's                  |  |  |
| prescription including the brand and             |  |  |
| generic name of the medication,                  |  |  |
| diagnosis for which the medication is            |  |  |
| prescribed;                                      |  |  |
| (b) Prescribed dosage, frequency and             |  |  |
| method/route of administration, times            |  |  |
| and dates of administration;                     |  |  |
| (c) Initials of the individual administering or  |  |  |
| assisting with the medication;                   |  |  |
| (d) Explanation of any medication                |  |  |
| irregularity;                                    |  |  |
| (e) Documentation of any allergic reaction       |  |  |
| or adverse medication effect; and                |  |  |
| (f) For PRN medication, an explanation for       |  |  |
| the use of the PRN medication shall              |  |  |
| include observable signs/symptoms or             |  |  |
| circumstances in which the medication            |  |  |
|  |  |  |

| is to be used, and documentation of effectiveness of PRN medication administered.   |  |  |
|---|--|--|
| (3) The Provider Agency shall also maintain a signature page that designates the full name that corresponds to each initial used to document administered or assisted delivery of each dose;  |  |  |
| (4) MARs are not required for individuals participating in Independent Living who self-administer their own medications;  |  |  |
| (5) Information from the prescribing pharmacy<br>regarding medications shall be kept in the<br>home and community inclusion service<br>locations and shall include the expected<br>desired outcomes of administrating the<br>medication, signs and symptoms of adverse<br>events and interactions with other medications; |  |  |
|   |  |  |
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|   |  |  |
|   |  |  |

| Tag # 1A15.1<br>Nurse Availability  | Standard Level Deficiency  |  |  |
|---|--|--|--|
| <ul> <li>Nurse Availability</li> <li>Developmental Disabilities (DD) Waiver Service<br/>Standards effective 11/1/2012 revised 4/23/2013</li> <li>CHAPTER 6. 3. Agency Requirements C.</li> <li>Employ or subcontract with at least one RN to<br/>comply with services under "Nursing and<br/>Medical Oversight Services as needed" that is<br/>detailed in the Scope of Services above for<br/>Group Customized Community Supports<br/>Services. If the size of the provider warrants<br/>more than one nurse, a RN must supervise<br/>LPNs.</li> <li>1. Ensure compliance with the New Mexico<br/>Nurse Practice Act and DDSD Policies and<br/>Procedures regarding Delegation of Specific<br/>Nursing Functions, including:</li> <li>i. Provider agencies (Small group and Group<br/>services) must develop and implement<br/>policies and procedures regarding delegation<br/>which must comply with relevant DDSD<br/>Policies and Procedures, and the New<br/>Mexico Nurse Practice Act. Agencies must<br/>ensure that all nurses they employ or contract<br/>with are knowledgeable of all these<br/>requirements;</li> </ul> | <ul> <li>Based on interview, the Agency did not ensure nursing services were available as needed for 3 of 10 individuals.</li> <li>When Direct Service Professionals (DSP) were asked about the availability of their agency nurse, the following was reported:</li> <li>DSP #205 stated, "I don't know."</li> <li>DSP #213 stated, "Not at all times. Nurse comes in only so often."</li> <li>DSP #214 stated, "I don't think so."</li> <li>Note: Issue was brought to the attention of the agency. #250 reported the agency has 2 part time nurses who are available via phone and also have an answering system so that staff may leave a message.</li> </ul> | Provider:         State your Plan of Correction for the deficiencies cited in this tag here: →         Provider:         Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here: →         [ |  |
| <ul> <li>CHAPTER 11. 2. Service Requirements I.</li> <li>Health Care Requirements for Family Living:</li> <li>9. Family Living Provider Agencies are required to be an Adult Nursing provider and have a Registered Nurse (RN) licensed by the State of New Mexico on staff and residing in New Mexico or bordering towns see: Adult Nursing requirements. The agency nurse may be an employee or a sub-contractor.</li> <li>A. The Family Living Provider Agency must not</li> </ul>   |  |  |  |

| use a LPN without a RN supervisor. The RN         |  |  |
|---|--|--|
| must provide face to face supervision required    |  |  |
| by the New Mexico Nurse Practice Act and          |  |  |
| these services standards for LPNs, CMAs, and      |  |  |
| direct support personnel who have been            |  |  |
| delegated nursing tasks.                          |  |  |
| B. On-call nursing services: An on-call nurse     |  |  |
| must be available to surrogate or host families   |  |  |
| DSP for medication oversight. It is expected      |  |  |
| that no single nurse carry the full burden of on- |  |  |
| call duties for the agency.                       |  |  |
| call dulies for the agency.                       |  |  |
| CHAPTER 12. 2. Service Requirements. L.           |  |  |
| Training and Requirement: 6. Nursing              |  |  |
| Requirements and Roles:                           |  |  |
| A. Supported Living Provider Agencies are         |  |  |
|   |  |  |
| required to have a RN licensed by the State of    |  |  |
| New Mexico on staff. The agency nurse may be      |  |  |
| an employee or a sub-contractor.                  |  |  |
| CHAPTER 13. 1. SCOPE OF SERVICE. A.               |  |  |
|   |  |  |
| Living Supports- Intensive Medical Living         |  |  |
| Service includes the following:                   |  |  |
| 1. Provide appropriate levels of supports:        |  |  |
| Agency nurses and Direct Support                  |  |  |
| Personnel (DSP) provide individualized            |  |  |
| support based upon assessed need.                 |  |  |
| Assessment shall include use of required          |  |  |
| health-related assessments, eligibility           |  |  |
| parameters issued by the Developmental            |  |  |
| Disabilities Support Division (DDSD), other       |  |  |
| pertinent assessments completed by the            |  |  |
| nurse, and the nurse's professional               |  |  |
| judgment.   |  |  |
| 2. Provide daily nursing visits:                  |  |  |
| a. A daily, face to face nursing visit must be    |  |  |
| made by a Registered Nurse (RN) or                |  |  |
| Licensed Practical Nurse (LPN) in order to        |  |  |
| deliver required direct nursing care, monitor     |  |  |
| each individual's status, and oversee DSP         |  |  |
| delivery of health related care and               |  |  |

| interventions. Face to face nursing visits may<br>not be delegated to non-licensed staff.<br>b. Although a nurse may be present in the home<br>for extended periods of time, a nurse is not<br>required to be present in the home during<br>periods of time, when direct nursing services<br>are not needed.<br><b>NEW MEXICO NURSING PRACTICE ACT</b><br><b>CHAPTER 61, ARTICLE 3</b><br>1. Ticonsed practical nursing <sup>1</sup> means the<br>practice of a directed scope of nursing<br>requiring basic knowledge of the biological,<br>physical, social and behavioral sciences and<br>nursing procedures, which practice is at the<br>direction of a registered nurse, physician or<br>dentist licensed to practice in this state. This<br>practice includes but is not limited to:<br>(1) contributing to the assessment of the health<br>status of individuals, families and communities;<br>(2) participating in the development and<br>modification of the plan of care;<br>(3) implementing appropriate aspects of the<br>plan of care commensurate with education and<br>verified competence;<br>(4) collaborating with other health care<br>professionals in the manage of the balth<br>care; and<br>(5) participating in the develuation of responses<br>to interventions; |   |  |  |
|---|---|--|--|
| for extended periods of time, a nurse is not<br>required to be present in the home during<br>periods of time when direct nursing services<br>are not needed.<br>NEW MEXICO NURSING PRACTICE ACT<br>CHAPTER 61, ARTICLE 3<br>1. "Icensed practical nursing" means the<br>practice of a directed scope of nursing<br>requiring basic knowledge of the biological,<br>physical, social and behavioral sciences and<br>nursing procedures, which practice is at the<br>direction of a registered nurse, physician or<br>dentist licensed to practice in this state. This<br>practice includes but is not limited to:<br>(1) contributing to the assessment of the health<br>status of individuals, families and communities;<br>(2) participating in the development and<br>modification of the plan of care;<br>(3) implementing appropriate aspects of the<br>plan of care commensurate with education and<br>verified competence;<br>(4) collaborating with other health care<br>professionals in the management of health<br>care; and<br>(5) participating in the evaluation of responses  | interventions. Face to face nursing visits may not be delegated to non-licensed staff.  |  |  |
| CHAPTER 61, ARTICLE 3<br>I. "licensed practical nursing" means the<br>practice of a directed scope of nursing<br>requiring basic knowledge of the biological,<br>physical, social and behavioral sciences and<br>nursing procedures, which practice is at the<br>direction of a registered nurse, physician or<br>dentist licensed to practice in this state. This<br>practice includes but is not limited to:<br>(1) contributing to the assessment of the health<br>status of individuals, families and communities;<br>(2) participating in the development and<br>modification of the plan of care;<br>(3) implementing appropriate aspects of the<br>plan of care commensurate with education and<br>verified competence;<br>(4) collaborating with other health care<br>professionals in the management of health<br>care; and<br>(5) participating in the evaluation of responses  | for extended periods of time, a nurse is not<br>required to be present in the home during<br>periods of time when direct nursing services   |  |  |
|   | <ul> <li>CHAPTER 61, ARTICLE 3</li> <li>I. "licensed practical nursing" means the practice of a directed scope of nursing requiring basic knowledge of the biological, physical, social and behavioral sciences and nursing procedures, which practice is at the direction of a registered nurse, physician or dentist licensed to practice in this state. This practice includes but is not limited to:</li> <li>(1) contributing to the assessment of the health status of individuals, families and communities;</li> <li>(2) participating in the development and modification of the plan of care;</li> <li>(3) implementing appropriate aspects of the plan of care commensurate with education and verified competence;</li> <li>(4) collaborating with other health care professionals in the management of health care; and</li> <li>(5) participating in the evaluation of responses</li> </ul> |  |  |

| Tag # 1A15.2 and 5l09   | Standard Level Deficiency   |  |  |
|---|---|--|--|
| Healthcare Documentation  |   |  |  |
| Developmental Disabilities (DD) Waiver Service  | Based on record review, the Agency did not  | Provider:  |  |
| Standards effective 11/1/2012 revised 4/23/2013   | maintain the required documentation in the  | State your Plan of Correction for the              |  |
| Chapter 5 (CIES) 3. Agency Requirements   | Individuals Agency Record as required by  | deficiencies cited in this tag here: $\rightarrow$ |  |
| H. Consumer Records Policy: All Provider  | standard for 4 of 10 individual   |  |  |
| Agencies must maintain at the administrative office<br>a confidential case file for each individual. Provider |   |  |  |
| agency case files for individuals are required to   | Review of the administrative individual case files                                |  |  |
| comply with the DDSD Consumer Records Policy.   | revealed the following items were not found,                                      |  |  |
|   | incomplete, and/or not current:   |  |  |
| Chapter 6 (CCS) 2. Service Requirements. E.   | Electronic Comprehensive Health   |  |  |
| The agency nurse(s) for Customized Community  | Assessment Tool (eCHAT) (#4)  |  |  |
| Supports providers must provide the following   |   |  |  |
| services: 1. Implementation of pertinent PCP<br>orders; ongoing oversight and monitoring of the               | <ul> <li>Medication Administration Assessment Tool</li> </ul>                     |  |  |
| individual's health status and medically related  | (#9)  | Provider:  |  |
| supports when receiving this service;   |   | Enter your ongoing Quality Assurance/Quality       |  |
| 3. Agency Requirements: Consumer Records  | Comprehensive Aspiration Risk Management  | Improvement processes as it related to this tag    |  |
| Policy: All Provider Agencies shall maintain at the   | Plan (#3)   | number here: $\rightarrow$                         |  |
| administrative office a confidential case file for  |   |  |  |
| each individual. Provider agency case files for   | <ul> <li>Aspiration Risk Screening Tool (#9)</li> </ul>                           | ſ  |  |
| individuals are required to comply with the DDSD<br>Individual Case File Matrix policy.                       |   |  |  |
| individual Case The Matrix policy.  | Health Care Plans   |  |  |
| Chapter 7 (CIHS) 3. Agency Requirements:  | Self-Administration of insulin  |  |  |
| E. Consumer Records Policy: All Provider  | Individual #10 - According to Electronic  |  |  |
| Agencies must maintain at the administrative office   | Comprehensive Heath Assessment Tool the individual is required to have a plan. No |  |  |
| a confidential case file for each individual. Provider  | evidence of a plan found.   |  |  |
| agency case files for individuals are required to   | evidence of a plan found.   |  |  |
| comply with the DDSD Individual Case File Matrix policy.  | Diabetes  |  |  |
| ponoy.  | <ul> <li>Individual #10 - According to Electronic</li> </ul>                      |  |  |
| Chapter 11 (FL) 3. Agency Requirements:   | Comprehensive Heath Assessment Tool   |  |  |
| D. Consumer Records Policy: All Family Living   | the individual is required to have a plan. No                                     |  |  |
| Provider Agencies must maintain at the  | evidence of a plan found.   |  |  |
| administrative office a confidential case file for  |   |  |  |
| each individual. Provider agency case files for<br>individuals are required to comply with the DDSD           | <ul> <li>Medical Emergency Response Plans</li> </ul>                              |  |  |
| Individual Case File Matrix policy.   | <ul> <li>Self-Administration of insulin</li> </ul>                                |  |  |
| I. Health Care Requirements for Family Living:  | <ul> <li>Individual #10 - According to Electronic</li> </ul>                      |  |  |
| 5. A nurse employed or contracted by the Family   | Comprehensive Heath Assessment Tool   |  |  |
| Living Supports provider must complete the e-   | the individual is required to have a plan. No                                     |  |  |

QMB Report of Findings – Zia Therapy Center, Inc. – SW – January 27 - 30, 2014

| CHAT, the Aspiration Risk Screening Tool,(ARST),<br>and the Medication Administration Assessment<br>Tool (MAAT) and any other assessments deemed<br>appropriate on at least an annual basis for each<br>individual served, upon significant change of<br>clinical condition and upon return from any<br>hospitalizations. In addition, the MAAT must be<br>updated for any significant change of medication<br>regime, change of route that requires delivery by<br>licensed or certified staff, or when an individual has<br>completed training designed to improve their skills<br>to support self-administration. | evidence of a plan found. |  |
|--|---------------------------|--|
| a. For newly-allocated or admitted individuals,<br>assessments are required to be completed<br>within three (3) business days of admission or<br>two (2) weeks following the initial ISP meeting,<br>whichever comes first.  |                           |  |
| b. For individuals already in services, the required assessments are to be completed no more than forty-five (45) calendar days and at least fourteen (14) calendar days prior to the annual ISP meeting.  |                           |  |
| c. Assessments must be updated within three (3) business days following any significant change of clinical condition and within three (3) business days following return from hospitalization.   |                           |  |
| <b>d.</b> Other nursing assessments conducted to determine current health status or to evaluate a change in clinical condition must be documented in a signed progress note that includes time and date as well as subjective information including the individual complaints, signs and symptoms noted by staff, family members or other team members; objective information including vital signs, physical examination, weight, and other pertinent data for the given situation (e.g., seizure frequency, method in which temperature taken);  |                           |  |

| assessment of the clinical status, and plan of<br>action addressing relevant aspects of all active<br>health problems and follow up on any<br>recommendations of medical consultants.   |  |
|---|--|
| e. Develop any urgently needed interim<br>Healthcare Plans or MERPs per DDSD policy<br>pending authorization of ongoing Adult Nursing<br>services as indicated by health status and<br>individual/guardian choice.  |  |
| <ul> <li>Chapter 12 (SL) 3. Agency Requirements:</li> <li>D. Consumer Records Policy: All Living</li> <li>Supports- Supported Living Provider Agencies</li> <li>must maintain at the administrative office a</li> <li>confidential case file for each individual. Provider</li> <li>agency case files for individuals are required to</li> <li>comply with the DDSD Individual Case File Matrix</li> <li>policy.</li> <li>2. Service Requirements. L. Training and</li> <li>Requirements. 5. Health Related</li> <li>Documentation: For each individual receiving</li> <li>Living Supports- Supported Living, the provider</li> <li>agency must ensure and document the following:</li> </ul> |  |
| a. That an individual with chronic condition(s) with<br>the potential to exacerbate into a life threatening<br>condition, has a MERP developed by a licensed<br>nurse or other appropriate professional according<br>to the DDSD Medical Emergency Response Plan<br>Policy, that DSP have been trained to implement<br>such plan(s), and ensure that a copy of such<br>plan(s) are readily available to DSP in the home;  |  |
| <ul> <li>b. That an average of five (5) hours of documented<br/>nutritional counseling is available annually, if<br/>recommended by the IDT and clinically indicated;</li> </ul>  |  |
| c. That the nurse has completed legible and signed<br>progress notes with date and time indicated that<br>describe all interventions or interactions<br>conducted with individuals served, as well as all<br>interactions with other healthcare providers   |  |

| С              | erving the individual. All interactions must be<br>ocumented whether they occur by phone or in<br>erson; and   |
|----------------|--|
| d. E           | ocument for each individual that:  |
| i.             | The individual has a Primary Care Provider (PCP);  |
| ii.            | The individual receives an annual physical examination and other examinations as specified by a PCP;   |
| iii.           | The individual receives annual dental check-<br>ups and other check-ups as specified by a<br>licensed dentist;   |
| iv.            | The individual receives a hearing test as specified by a licensed audiologist;   |
| v.             | The individual receives eye examinations as specified by a licensed optometrist or ophthalmologist; and  |
| vi.            | Agency activities occur as required for follow-<br>up activities to medical appointments (e.g.<br>treatment, visits to specialists, and changes in<br>medication or daily routine).  |
| f. T<br>e<br>r | The agency nurse will provide the individual's team with a semi-annual nursing report that discusses the services provided and the status of the individual in the last six(6) months. This may be provided electronically or in paper format to the team no later than (2) weeks prior to the ISP and semi-annually. The Supported Living Provider Agency must nsure that activities conducted by agency urses comply with the roles and responsibilities dentified in these standards. |
|                | apter 13 (IMLS) 2. Service Requirements:<br>Documents to be maintained in the agency   |

| administrative office, include:<br>A. All assessments completed by the agency<br>nurse, including the Intensive Medical Living                                      |  |  |
|---|--|--|
| Eligibility Parameters tool; for e-CHAT a printed<br>copy of the current e-CHAT summary report shall<br>suffice;  |  |  |
| F. Annual physical exams and annual dental exams (not applicable for short term stays);   |  |  |
| G. Tri-annual vision exam (Not applicable for short<br>term stays. See Medicaid policy 8.310.6 for<br>allowable exceptions for more frequent vision<br>exam);       |  |  |
| H. Audiology/hearing exam as applicable (Not applicable for short term stays; See Medicaid policy 8.324.6 for applicable requirements);                             |  |  |
| I. All other evaluations called for in the ISP for which the Services provider is responsible to  |  |  |
| arrange;<br>J. Medical screening, tests and lab results (for<br>short term stays, only those which occur during the<br>period of the stay);                         |  |  |
| L. Record of medical and dental appointments,<br>including any treatment provided (for short term<br>stays, only those appointments that occur during<br>the stay); |  |  |
| O. Semi-annual ISP progress reports and MERP reviews (not applicable for short term stays);   |  |  |
| P. Quarterly nursing summary reports (not applicable for short term stays);   |  |  |
| NMAC 8.302.1.17 RECORD KEEPING AND<br>DOCUMENTATION REQUIREMENTS: A provider  |  |  |
| must maintain all the records necessary to fully<br>disclose the nature, quality, amount and medical<br>necessity of services furnished to an eligible              |  |  |
| recipient who is currently receiving or who has   |  |  |

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| maintain at the administrative office a confidential  |  |  |
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| case file for each individual. Case records belong    |  |  |
| to the individual receiving services and copies shall |  |  |
| be provided to the receiving agency whenever an       |  |  |
| individual changes providers. The record must         |  |  |
|   |  |  |
| also be made available for review when requested      |  |  |
| by DOH, HSD or federal government                     |  |  |
| representatives for oversight purposes. The           |  |  |
| individual's case file shall include the following    |  |  |
| requirements1, 2, 3, 4, 5, 6, 7, 8,                   |  |  |
| CHAPTER 1. III. PROVIDER AGENCY                       |  |  |
| DOCUMENTATION OF SERVICE DELIVERY                     |  |  |
| AND LOCATION - Healthcare Documentation               |  |  |
|   |  |  |
| by Nurses For Community Living Services,              |  |  |
| Community Inclusion Services and Private              |  |  |
| Duty Nursing Services: Chapter 1. III. E. (1 - 4)     |  |  |
| (1) Documentation of nursing assessment               |  |  |
| activities (2) Health related plans and (4)           |  |  |
| General Nursing Documentation                         |  |  |
| -   |  |  |
| Developmental Disabilities (DD) Waiver Service        |  |  |
| Standards effective 4/1/2007                          |  |  |
| CHAPTER 5 IV. COMMUNITY INCLUSION                     |  |  |
| SERVICES PROVIDER AGENCY                              |  |  |
| REQUIREMENTS B. IDT Coordination                      |  |  |
|   |  |  |
| (2) Coordinate with the IDT to ensure that each       |  |  |
| individual participating in Community Inclusion       |  |  |
| Services who has a score of 4, 5, or 6 on the HAT     |  |  |
| has a Health Care Plan developed by a licensed        |  |  |
| nurse, and if applicable, a Crisis                    |  |  |
| Prevention/Intervention Plan.                         |  |  |
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| Tag # 1A27  | Standard Level Deficiency   |  |  |
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| Incident Mgt. Late and Failure to Report  |   |  |  |
| <ul> <li>7.1.13.9 INCIDENT MANAGEMENT SYSTEM<br/>REPORTING REQUIREMENTS FOR<br/>COMMUNITY BASED SERVICE PROVIDERS:</li> <li>A. Duty To Report: <ol> <li>All community based service providers shall<br/>immediately report abuse, neglect or<br/>misappropriation of property to the adult<br/>protective services division.</li> <li>(2) All community based service providers shall<br/>report to the division within twenty four (24) hours<br/>: abuse, neglect, or misappropriation of property,<br/>unexpected and natural/expected deaths; and<br/>other reportable incidents<br/>to include:</li> <li>(a) an environmental hazardous condition, which<br/>creates an immediate threat to life or health; or</li> <li>(b) admission to a hospital or psychiatric facility or<br/>the provision of emergency services that results<br/>in medical care which is unanticipated or<br/>unscheduled for the consumer and which would<br/>not routinely be provided by a community based<br/>service provider.</li> <li>(3) All community based service providers shall<br/>ensure that the reporter with direct knowledge of<br/>an incident has immediate access to the division<br/>incident report form to allow the reporter to<br/>respond to, report, and document incidents in a<br/>timely and accurate manner.</li> <li>B. Notification: (1) Incident Reporting: Any<br/>consumer, employee, family member or legal<br/>guardian may report an incident independently or<br/>through the community based service provider to<br/>the division by telephone call, written<br/>correspondence or other forms of communication<br/>utilizing the division's incident report form. The<br/>incident report form and instructions for the<br/>completion and filing are available at the division's<br/>website,<br/>http://dhi.health.state.nm.us/elibrary/ironline/ir.php<br/>or may be obtained from the department by<br/>calling the toll free number.</li> </ol></li></ul> | Based on the Incident Management Bureau's<br>Late and Failure Reports, the Agency did not<br>report suspected abuse, neglect, or<br>misappropriation of property, unexpected and<br>natural/expected deaths; or other reportable<br>incidents to the Division of Health Improvement,<br>as required by regulations for 1 of 11 individuals.<br>Individual #11<br>• Incident date 9/25/2013. Allegation was<br>Emergency Services. Incident report was<br>received 9/27/2013. IMB issued a Late<br>Reporting for Emergency Services. | Provider:<br>State your Plan of Correction for the<br>deficiencies cited in this tag here: →<br>Provider:<br>Enter your ongoing Quality Assurance/Quality<br>Improvement processes as it related to this tag<br>number here: → |  |

| Training       Provide:         NMAC 7.1.13.10 INCIDENT MANAGEMENT:       Based on record review, the Agency did not       Provide:         System REQUIREMENTS:       provide documentation indicating consumer,       family members, or legal guardians had received       an orientation packet including incident         and community based service providers shall       establish and maintain an incident management system, which emphasizes the principles of       prevention and staff involvement. The licensed         health care facility or community based service       project and Misappropriation of Consumers'       Provider:         Provider:       State your Plan of Correction for the         management system policies and procedures       management system policies and procedures       information concerning the reporting of Abuse,         requires all employees to be competently trained       Review of the Agency individual case files       revealed the following items were not found         and/or incomplete:       • Parent/Guardian Incident Management       Training (Abuse, Neglect and       Misappropriation of Consumers' Property)         Packet: Consumers, family members and legal       guardians shall be made aware of and have       Parent/Guardian Incident Management       Training (Abuse, Neglect and         Misappropriation of Consumers' Property)       (#2)       (#2)       Improvement processes as it related to this tag         number here: →       amets or legal gua | Tag # 1A28.2<br>Incident Mgt. System - Parent/Guardian  | Standard Level Deficiency  |   |  |
|---|---|--|---|--|
| <ul> <li>SYSTEM REQUIREMENTS:</li> <li>A. General: All licensed health care facilities and community based service providers shall establish and maintain an incident management system, which emphasizes the principles of prevention and staff involvement. The licensed health care facility or community based service provider shall ensure that the incident management system policies and procedures requires all employees to be competently trained to respond to, report, and document incidents in a timely and accurate manner.</li> <li>E. Consumer and Guardian Orientation Packet: Consumers, family members and legal guardians shall be made aware of and have available immediate accessibility to the licensed health care facility and community based service provider incident reporting processes. The licensed health care facility and community based service provider incident management systems policies and procedural information concerning the reporting of abuse,</li> <li>Parent/Guardian Incident Management Training (Abuse, Neglect and Misappropriation of Consumers' Property) (#2)</li> </ul>   |   |  |   |  |
| care facility and community based service<br>provider shall include a signed statement<br>indicating the date, time, and place they<br>received their orientation packet to be contained<br>in the consumer's file. The appropriate<br>consumer, family member or legal guardian shall<br>sign this at the time of orientation.   | <ul> <li>NMAC 7.1.13.10 INCIDENT MANAGEMENT<br/>SYSTEM REQUIREMENTS:</li> <li>A. General: All licensed health care facilities<br/>and community based service providers shall<br/>establish and maintain an incident management<br/>system, which emphasizes the principles of<br/>prevention and staff involvement. The licensed<br/>health care facility or community based service<br/>provider shall ensure that the incident<br/>management system policies and procedures<br/>requires all employees to be competently trained<br/>to respond to, report, and document incidents in<br/>a timely and accurate manner.</li> <li>E. Consumer and Guardian Orientation<br/>Packet: Consumers, family members and legal<br/>guardians shall be made aware of and have<br/>available immediate accessibility to the licensed<br/>health care facility and community based service<br/>provider incident reporting processes. The<br/>licensed health care facility and community<br/>based service provider shall provide consumers,<br/>family members or legal guardians an<br/>orientation packet to include incident<br/>management systems policies and procedural<br/>information concerning the reporting of abuse,<br/>neglect or misappropriation. The licensed health<br/>care facility and community based service<br/>provider shall include a signed statement<br/>indicating the date, time, and place they<br/>received their orientation packet to be contained<br/>in the consumer's file. The appropriate<br/>consumer, family member or legal guardian shall</li> </ul> | <ul> <li>provide documentation indicating consumer,<br/>family members, or legal guardians had received<br/>an orientation packet including incident<br/>management system policies and procedural<br/>information concerning the reporting of Abuse,<br/>Neglect and Misappropriation of Consumers'<br/>Property, for 1 of 10 individuals.</li> <li>Review of the Agency individual case files<br/>revealed the following items were not found<br/>and/or incomplete:</li> <li>Parent/Guardian Incident Management<br/>Training (Abuse, Neglect and<br/>Misappropriation of Consumers' Property)</li> </ul> | State your Plan of Correction for the deficiencies cited in this tag here: → Provider: Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag |  |

| Tag # LS13 / 6L13  | Standard Level Deficiency   |  |  |
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| Community Living Healthcare Reqts.   |   |  |  |
| NMAC 8.302.1.17 RECORD KEEPING AND   | Based on record review, the Agency did not                        | Provider:  |  |
| DOCUMENTATION REQUIREMENTS: A  | provide documentation of annual physical                          | State your Plan of Correction for the              |  |
| provider must maintain all the records   | examinations and/or other examinations as                         | deficiencies cited in this tag here: $\rightarrow$ |  |
| necessary to fully disclose the nature, quality,   | specified by a licensed physician for 1 of 3                      |  |  |
| amount and medical necessity of services   | individuals receiving Community Living Services.                  |  |  |
| furnished to an eligible recipient who is  |   |  |  |
| currently receiving or who has received  | Review of the administrative individual case files                |  |  |
| services in the past.  | revealed the following items were not found,                      |  |  |
|  | incomplete, and/or not current:                                   |  |  |
| B. Documentation of test results: Results of   |   |  |  |
| tests and services must be documented, which   | <ul> <li>Dental Exam</li> </ul>                                   |  |  |
| includes results of laboratory and radiology   | <ul> <li>Individual #2 - As indicated by the DDSD file</li> </ul> |  |  |
| procedures or progress following therapy or  | matrix Dental Exams are to be conducted                           |  |  |
| treatment.   | annually. No evidence of exam was found.                          | Provider:  |  |
|  | ,   | Enter your ongoing Quality Assurance/Quality       |  |
| Developmental Disabilities (DD) Waiver Service   |   | Improvement processes as it related to this tag    |  |
| Standards effective 11/1/2012 revised 4/23/2013  |   | number here: $\rightarrow$                         |  |
| <ul> <li>Chapter 11 (FL) 3. Agency Requirements:</li> <li>D. Consumer Records Policy: All Family<br/>Living Provider Agencies must maintain at the<br/>administrative office a confidential case file for<br/>each individual. Provider agency case files for<br/>individuals are required to comply with the<br/>DDSD Individual Case File Matrix policy.</li> <li>Chapter 12 (SL) 3. Agency Requirements:</li> <li>D. Consumer Records Policy: All Living<br/>Supports- Supported Living Provider Agencies<br/>must maintain at the administrative office a<br/>confidential case file for each individual.<br/>Provider agency case files for individuals are<br/>required to comply with the DDSD Individual<br/>Case File Matrix policy.</li> <li>Developmental Disabilities (DD) Waiver<br/>Service Standards effective 4/1/2007<br/>CHAPTER 6. VI. GENERAL</li> </ul> |   |  |  |

| REQUIREMENTS FOR COMMUNITY LIVING                      |  |  |
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| G. Health Care Requirements for                        |  |  |
| Community Living Services.                             |  |  |
| (1) The Community Living Services.                     |  |  |
| 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                   |  |  |
| Inclusion Services and Private Duty                    |  |  |
| Nursing Services.                                      |  |  |
| <li>b) That each individual with a score of 4, 5,</li> |  |  |

| or 6 on the HAT, has a Health Care Plan          |  |  |
|--|--|--|
| developed by a licensed nurse.                   |  |  |
| (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.            |  |  |
| (4) That an average of 3 hours of documented     |  |  |
| nutritional counseling is available annually, if |  |  |
| recommended by the IDT.                          |  |  |
| (5) That the physical property and grounds are   |  |  |
| free of hazards to the individual's health and   |  |  |
| safety.  |  |  |
| (6) In addition, for each individual receiving   |  |  |
| Supported Living or Family Living Services, the  |  |  |
| provider shall verify and document the           |  |  |
| following:                                       |  |  |
| (a)The individual has a primary licensed         |  |  |
| physician;                                       |  |  |
| (b)The individual receives an annual             |  |  |
| physical examination and other                   |  |  |
| examinations as specified by a licensed          |  |  |
| physician;                                       |  |  |
| (c)The individual receives annual dental         |  |  |
| check-ups and other check-ups as                 |  |  |
| specified by a licensed dentist;                 |  |  |
| (d)The individual receives eye examinations      |  |  |
| as specified by a licensed optometrist or        |  |  |
| ophthalmologist; and                             |  |  |
| (e)Agency activities that occur as follow-up     |  |  |
| to medical appointments (e.g. treatment,         |  |  |
| visits to specialists, changes in                |  |  |
| medication or daily routine).                    |  |  |
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| Tag # LS25 / 6L25<br>Residential Health and Safety   | Standard Level Deficiency  |  |  |
|--|--|--|--|
| <ul> <li>(SL/FL/IMLS)</li> <li>Developmental Disabilities (DD) Waiver Service<br/>Standards effective 11/1/2012 revised 4/23/2013</li> <li>CHAPTER 11 (FL) Living Supports – Family<br/>Living Agency Requirements G. Residence<br/>Requirements for Living Supports - Family<br/>Living Services: 1.Family Living Services<br/>providers must assure that each individual's<br/>residence is maintained to be clean, safe and<br/>comfortable and accommodates the individuals'<br/>daily living, social and leisure activities. In addition<br/>the residence must:</li> <li>a. Maintain basic utilities, i.e., gas, power, water<br/>and telephone;</li> <li>b. Provide environmental accommodations and<br/>assistive technology devices in the residence<br/>including modifications to the bathroom (i.e.,<br/>shower chairs, grab bars, walk in shower, raised<br/>toilets, etc.) based on the unique needs of the<br/>individual in consultation with the IDT;</li> <li>c. Have a battery operated or electric smoke<br/>detectors, carbon monoxide detectors, fire<br/>extinguisher, or a sprinkler system;</li> <li>d. Have a general-purpose first aid kit;</li> <li>e. Allow at a maximum of two (2) individuals to<br/>share, with mutual consent, a bedroom and<br/>each individual has the right to have his or her<br/>own bed;</li> <li>f. Have accessible written documentation of<br/>actual evacuation drills occurring at least three<br/>(3) times a year;</li> <li>g. Have accessible written procedures for the safe<br/>storage of all medications with dispensing<br/>instructions for each individual that are</li> </ul> | <ul> <li>Based on observation, the Agency did not<br/>ensure that each individuals' residence met all<br/>requirements within the standard for 1 of 3<br/>Family Living residences.</li> <li>Review of the residential records and<br/>observation of the residence revealed the<br/>following items were not found, not functioning<br/>or incomplete:</li> <li>Family Living Requirements: <ul> <li>Accessible written procedures for emergency<br/>placement and relocation of individuals in the<br/>event of an emergency evacuation that makes<br/>the residence unsuitable for occupancy. The<br/>emergency evacuation procedures shall<br/>address, but are not limited to, fire, chemical<br/>and/or hazardous waste spills, and flooding<br/>(#6)</li> </ul> </li> </ul> | Provider:         State your Plan of Correction for the deficiencies cited in this tag here: →         Provider:         Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here: →         [ |  |

| consistent with the Assisting with Medication   |  |  |
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| Delivery training or each individual's ISP; and   |  |  |
| h. Have accessible written procedures for   |  |  |
| emergency placement and relocation of   |  |  |
| individuals in the event of an emergency  |  |  |
| evacuation that makes the residence unsuitable  |  |  |
| for occupancy. The emergency evacuation procedures must address, but are not limited to,      |  |  |
| fire, chemical and/or hazardous waste spills,   |  |  |
| and flooding.   |  |  |
|   |  |  |
| CHAPTER 12 (SL) Living Supports –   |  |  |
| Supported Living Agency Requirements G.   |  |  |
| Residence Requirements for Living Supports-   |  |  |
| <b>Supported Living Services:</b> 1. Supported Living Provider Agencies must assure that each |  |  |
| individual's residence is maintained to be clean,   |  |  |
| safe, and comfortable and accommodates the  |  |  |
| individual's daily living, social, and leisure  |  |  |
| activities. In addition the residence must:   |  |  |
| a. Maintain basic utilities, i.e., gas, power, water,   |  |  |
| and telephone;  |  |  |
| b. Provide environmental accommodations and   |  |  |
| assistive technology devices in the residence   |  |  |
| including modifications to the bathroom (i.e.,  |  |  |
| shower chairs, grab bars, walk in shower, raised  |  |  |
| toilets, etc.) based on the unique needs of the   |  |  |
| individual in consultation with the IDT;  |  |  |
| c. Ensure water temperature in home does not  |  |  |
| exceed safe temperature (110 <sup>°</sup> F);   |  |  |
|   |  |  |
| d. Have a battery operated or electric smoke  |  |  |
| detectors and carbon monoxide detectors, fire   |  |  |
| extinguisher, or a sprinkler system;  |  |  |
| e. Have a general-purpose First Aid kit;  |  |  |
|   |  |  |
| f. Allow at a maximum of two (2) individuals to   |  |  |
| share, with mutual consent, a bedroom and   |  |  |
| each individual has the right to have his or her  |  |  |

| own bed;   |  |  |
|--|--|--|
| own beu,   |  |  |
| <ul> <li>g. Have accessible written documentation of<br/>actual evacuation drills occurring at least three<br/>(3) times a year. For Supported Living<br/>evacuation drills must occur at least once a year<br/>during each shift;</li> </ul>  |  |  |
| <ul> <li>h. Have accessible written procedures for the safe<br/>storage of all medications with dispensing<br/>instructions for each individual that are<br/>consistent with the Assisting with Medication<br/>Delivery training or each individual's ISP; and</li> </ul>  |  |  |
| <ul> <li>i. Have accessible written procedures for<br/>emergency placement and relocation of<br/>individuals in the event of an emergency<br/>evacuation that makes the residence unsuitable<br/>for occupancy. The emergency evacuation<br/>procedures must address, but are not limited to,<br/>fire, chemical and/or hazardous waste spills,<br/>and flooding.</li> </ul> |  |  |
| CHAPTER 13 (IMLS) 2. Service Requirements  |  |  |
| R. Staff Qualifications: 3. Supervisor   |  |  |
| Qualifications And Requirements:   |  |  |
| S Each residence shall include operable safety   |  |  |
| equipment, including but not limited to, an  |  |  |
| operable smoke detector or sprinkler system, a   |  |  |
| carbon monoxide detector if any natural gas  |  |  |
| appliance or heating is used, fire extinguisher,<br>general purpose first aid kit, written procedures  |  |  |
| for emergency evacuation due to fire or other  |  |  |
| emergency and documentation of evacuation  |  |  |
| drills occurring at least annually during each   |  |  |
| shift, phone number for poison control within  |  |  |
| line of site of the telephone, basic utilities,  |  |  |
| general household appliances, kitchen and  |  |  |
| dining utensils, adequate food and drink for   |  |  |
| three meals per day, proper food storage, and cleaning supplies.   |  |  |
|  |  |  |
| T Each residence shall have a blood borne  |  |  |

| pathogens kit as applicable to the residents'                                  |   |  |
|--|---|--|
| health status, personal protection equipment,                                  |   |  |
| and any ordered or required medical supplies                                   |   |  |
| shall also be available in the home.   |   |  |
|  |   |  |
| U If not medically contraindicated, and with mutual                            |   |  |
| consent, up to two (2) individuals may share a                                 |   |  |
| single bedroom. Each individual shall have                                     |   |  |
| their own bed. All bedrooms shall have doors                                   |   |  |
|  |   |  |
| that may be closed for privacy. Individuals have                               |   |  |
| the right to decorate their bedroom in a style of                              |   |  |
| their choosing consistent with safe and sanitary                               |   |  |
| living conditions.   |   |  |
|  |   |  |
| V For residences with more than two (2) residents,                             |   |  |
| there shall be at least two (2) bathrooms.                                     |   |  |
| Toilets, tubs/showers used by the individuals                                  |   |  |
| shall provide for privacy and be designed or                                   |   |  |
| adapted for the safe provision of personal care.                               |   |  |
| Water temperature shall be maintained at a safe                                |   |  |
| level to prevent injury and ensure comfort and                                 |   |  |
| shall not exceed one hundred ten (110)   |   |  |
|  |   |  |
| degrees.   |   |  |
| Developmental Dischilitize (DD) Waiver Service                                 |   |  |
| Developmental Disabilities (DD) Waiver Service<br>Standards effective 4/1/2007 |   |  |
|  |   |  |
| CHAPTER 6. VIII. COMMUNITY LIVING  |   |  |
| SERVICE PROVIDER AGENCY  |   |  |
| <b>REQUIREMENTS</b> L. Residence Requirements                                  |   |  |
| for Family Living Services and Supported Living                                |   |  |
| Services   |   |  |
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| Standard of Care                                  | Deficiencies  | Agency Plan of Correction, On-going<br>QA/QI and Responsible Party | Date<br>Due |
|---|---|--|-------------|
| -   | •   | ists to assure that claims are coded and pa                        | id for in   |
|   | odology specified in the approved waiver.                   |  |             |
| Tag # IS25 / 5125                                 | Standard Level Deficiency                                   |  |             |
| Community Integrated Employment                   |   |  |             |
| Services / Supported Employment                   |   |  |             |
| Reimbursement                                     |   |  |             |
| Developmental Disabilities (DD) Waiver Service    | Based on record review, the Agency did not                  | Provider:  |             |
| Standards effective 11/1/2012 revised 4/23/2013   | provide written or electronic documentation as              | State your Plan of Correction for the                              | 1 1         |
| CHAPTER 5 - 6. REIMBURSEMENT: A. All              | evidence for each unit billed for Supported                 | deficiencies cited in this tag here: $\rightarrow$                 |             |
| Provider Agencies must maintain all records       | Employment Services for 2 of 4 individuals                  |  |             |
| necessary to fully disclose the type, quality,    |   |  |             |
| quantity and clinical necessity of services       | Individual #7 (CIES Individual)                             |  |             |
| furnished to individuals who are currently        | November 2013   |  |             |
| receiving services. The Provider Agency records   | <ul> <li>The Agency billed 16 units of Community</li> </ul> |  |             |
| must be sufficiently detailed to substantiate the | Integrated Employment Services (H2025)                      |  |             |
| date, time, individual name, servicing provider,  | on 11/5/2013. Documentation did not                         |  |             |
| nature of services, and length of a session of    | contain the required elements on 11/5/2013.                 |  |             |
| service billed.                                   | Documentation received accounted for 0                      |  |             |
| 1. The documentation of the billable time spent   | units. One or more of the following                         |  |             |
| with an individual must be kept on the written or | elements was not met:                                       | Provider:  |             |
| electronic record that is prepared prior to a     | A description of what occurred during                       | Enter your ongoing Quality Assurance/Quality                       |             |
| request for reimbursement from the HSD. For       | the encounter or service interval.                          | Improvement processes as it related to this tag                    |             |
| each unit billed, the record must contain the     |   | number here: $\rightarrow$   |             |
| following:  | Individual #8 (CIES Individual)                             |  |             |
|   | October 2013  |  |             |
| a. Date, start, and end time of each service      | The Agency billed 10 units of Community                     |  |             |
| encounter or other billable service interval;     | Integrated Employment Services (H2025)                      |  |             |
| ,   | on 10/9/2013. Documentation did not                         |  |             |
| b. A description of what occurred during the      | contain the required elements on 10/9/2013.                 |  |             |
| encounter or service interval; and                | Documentation received accounted for 0                      |  |             |
|   | units. One or more of the following                         |  |             |
| c. The signature or authenticated name of staff   | elements was not met:                                       |  |             |
| providing the service.                            | <ul> <li>No documentation found.</li> </ul>                 |  |             |
|   |   |  |             |
| MAD-MR: 03-59 Eff 1/1/2004                        |   |  |             |
| 8.314.1 BI RECORD KEEPING AND                     |   |  |             |
| DOCUMENTATION REQUIREMENTS:                       |   |  |             |

| <b>_</b>   |  |
|--|--|
| Providers must maintain all records necessary    |  |
| to fully disclose the extent of the services     |  |
| provided to the Medicaid recipient. Services     |  |
| that have been billed to Medicaid, but are not   |  |
| substantiated in a treatment plan and/or patient |  |
|  |  |
| records for the recipient are subject to         |  |
| recoupment.                                      |  |
|  |  |
| Developmental Disabilities (DD) Waiver           |  |
| Service Standards effective 4/1/2007             |  |
| CHAPTER 1 III. PROVIDER AGENCY                   |  |
| DOCUMENTATION OF SERVICE DELIVERY                |  |
| AND LOCATION                                     |  |
|  |  |
| A. General: All Provider Agencies shall          |  |
| maintain all records necessary to fully          |  |
| disclose the service, quality, quantity and      |  |
| clinical necessity furnished to individuals      |  |
| who are currently receiving services. The        |  |
| Provider Agency records shall be                 |  |
| sufficiently detailed to substantiate the        |  |
| date, time, individual name, servicing           |  |
|  |  |
| Provider Agency, level of services, and          |  |
| length of a session of service billed.           |  |
| B. Billable Units: The documentation of the      |  |
| billable time spent with an individual shall     |  |
| be kept on the written or electronic record      |  |
| that is prepared prior to a request for          |  |
| reimbursement from the HSD. For each             |  |
| unit billed, the record shall contain the        |  |
|  |  |
| following:                                       |  |
| (1) Date, start and end time of each service     |  |
| encounter or other billable service interval;    |  |
| (2) A description of what occurred during the    |  |
| encounter or service interval; and               |  |
| (3) The signature or authenticated name of       |  |
| staff providing the service.                     |  |
|  |  |
| Developmental Disabilities (DD) Waiver           |  |
|  |  |
| Service Standards effective 4/1/2007             |  |
| CHAPTER 5 VII. SUPPORTED                         |  |
| EMPLOYMENT SERVICES REQUIREMENTS                 |  |

| E. Reimbursement                                 |  |
|--|--|
| (1) Billable Unit:                               |  |
|  |  |
| (a) Job Development is a single flat fee unit    |  |
|  |  |
| per ISP year payable once an individual is       |  |
| placed in a job.                                 |  |
|  |  |
| (b) The billable unit for Individual             |  |
| Supported Employment is one hour with a          |  |
| maximum of four hours a month. The Individual    |  |
| Supported Employment hourly rate is for face-    |  |
| to-face time which is supported by non face-to-  |  |
|  |  |
| face activities as specified in the ISP and the  |  |
| performance based contract as negotiated         |  |
| annually with the provider agency. Individual    |  |
| Supported Employment is a minimum of one         |  |
| unit per month. If an individual needs less then |  |
| one hour of face-to-face service per month the   |  |
| IDT Members shall consider whether               |  |
| Supported Employment Services need to be         |  |
|  |  |
| continued. Examples of non face-to-face          |  |
| services include:                                |  |
| (i) Researching potential employers via          |  |
| telephone, Internet, or visits;                  |  |
| (ii) Writing, printing, mailing, copying,        |  |
| emailing applications, resume,                   |  |
| references and corresponding                     |  |
| documents;                                       |  |
| (iii) Arranging appointments for job tours,      |  |
|  |  |
| interviews, and job trials;                      |  |
| (iv) Documenting job search and                  |  |
| acquisition progress;                            |  |
| (v) Contacting employer, supervisor, co-         |  |
| workers and other IDT team members               |  |
| to assess individual's progress, needs           |  |
| and satisfaction; and                            |  |
| (vi) Meetings with individual surrounding        |  |
|  |  |
| job development or retention not at              |  |
| the employer's site.                             |  |
| (c) Intensive Supported Employment services      |  |
| are intended for individuals who need one-to-    |  |

| one, face-to-face support for 32 or more hours per month. The billable unit is one hour.  |  |  |
|---|--|--|
| (d) Group Supported Employment is a fifteen-<br>minute unit.  |  |  |
| (e) Self-employment is a fifteen minute unit.   |  |  |
| (4) Billable Activities include:  |  |  |
| (a) Activities conducted within the scope of services;  |  |  |
| <ul> <li>(b) Job development and related activities for<br/>up to ninety (90) calendar days) that result in<br/>employment of the individual for at least thirty<br/>(30) calendar days; and</li> </ul> |  |  |
| (c) Job development services shall not exceed<br>ninety (90) calendar days, without written<br>approval from the DDSD Regional Office.  |  |  |
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| Tag # IS30<br>Customized Community Supports  | Standard Level Deficiency  |   |  |
|--|--|---|--|
| Reimbursement  |  |   |  |
| Developmental Disabilities (DD) Waiver Service<br>Standards effective 11/1/2012 revised 4/23/2013<br>CHAPTER 6 (CCS) – 4. REIMBURSEMENT A.<br>Required Records: All Provider Agencies must<br>maintain all records necessary to fully disclose   | Based on record review, the Agency did not<br>provide written or electronic documentation as<br>evidence for each unit billed for Adult<br>Habilitation Services for 2 of 8 individuals.   | <b>Provider:</b><br>State your Plan of Correction for the<br>deficiencies cited in this tag here: →   |  |
| the type, quality, quantity and clinical necessity of<br>services furnished to individuals who are currently<br>receiving services. The Provider Agency records<br>must be sufficiently detailed to substantiate the<br>date, time, individual name, servicing Provider<br>Agency, nature of services, and length of a<br>session of service billed. | <ul> <li>Individual #5 (CCS Individual)</li> <li>November 2013</li> <li>The Agency billed 16 units Customized<br/>Community Supports (H2021, U1) on<br/>11/11/2013. Documentation did not contain<br/>the required elements on 11/11/2013.<br/>Documentation received accounted for 0</li> </ul> |   |  |
| <ol> <li>The documentation of the billable time spent<br/>with an individual shall be kept on the written or<br/>electronic record that is prepared prior to a<br/>request for reimbursement from the Human<br/>Services Department (HSD). For each unit<br/>billed, the record shall contain the following:</li> </ol>                              | <ul> <li>units. One or more of the following elements was not met:</li> <li>➤ A description of what occurred during the encounter or service interval</li> <li>December 2013 (CCS Individual)</li> <li>The Agency billed 24 units Customized</li> </ul>  | <b>Provider:</b><br>Enter your ongoing Quality Assurance/Quality<br>Improvement processes as it related to this tag<br>number here: $\rightarrow$ |  |
| a. Date, start and end time of each service encounter or other billable service interval;  | Community Supports (H2021, U1) on 12/10/2013. Documentation did not contain  |   |  |
| b. A description of what occurred during the encounter or service interval; and  | the required elements on 12/10/2013.<br>Documentation received accounted for 0<br>units. One or more of the following  |   |  |
| c. The signature or authenticated name of staff providing the service.   | <ul> <li>elements was not met:</li> <li>➤ A description of what occurred during<br/>the encounter or service interval</li> </ul>   |   |  |
| <ul> <li>B. Billable Unit:</li> <li>1. The billable unit for Individual Customized<br/>Community Supports is a fifteen (15) minute<br/>unit.</li> </ul>  | <ul> <li>Individual #9 (CCS Group)</li> <li>November 2013</li> <li>The Agency billed 22 units Customized<br/>Community Supports (T2021, U7) on</li> </ul>  |   |  |
| <ol> <li>The billable unit for Community Inclusion Aide<br/>is a fifteen (15) minute unit.</li> </ol>  | 11/21/2013. Documentation did not contain<br>the required elements on 11/21/13.<br>Documentation received accounted for 0  |   |  |
| 3. The billable unit for Group Customized<br>Community Supports is a fifteen (15) minute   | units. One or more of the following elements was not met:  |   |  |

| unit with the rate estagery based on the NIM  | > Data start and and time of each earlies                                       | ] |
|---|---|---|
| unit, with the rate category based on the NM DDW group.   | Date, start and end time of each service<br>encounter or other billable service |   |
| DDW group.  | interval.   |   |
| 4. The time at home is intermittent or brief; e.g.  | וווכו עמו.  |   |
| one hour time period for lunch and/or change  |   |   |
| of clothes. The Provider Agency may bill for  |   |   |
| providing this support under Customized   |   |   |
| Community Supports without prior approval   |   |   |
| from DDSD.  |   |   |
| E. The bills black if fair before the Data science.   |   |   |
| 5. The billable unit for Intensive Behavioral<br>Customized Community Supports is a fifteen                 |   |   |
| (15) minute unit. (There is a separate rate   |   |   |
| established for individuals who require one-to-   |   |   |
| one (1:1) support either in the community or in   |   |   |
| a group day setting due to behavioral   |   |   |
| challenges (NM DDW group G).  |   |   |
|   |   |   |
| 6. The billable unit for Fiscal Management for  |   |   |
| Adult Education is dollars charged for each   |   |   |
| class including a 10% administrative<br>processing fee.   |   |   |
| processing ree.   |   |   |
| C. Billable Activities:   |   |   |
| 1. All DSP activities that are:   |   |   |
|   |   |   |
| a. Provided face to face with the individual;   |   |   |
| h. Departihed in the individual's entroyed ICD.   |   |   |
| b. Described in the individual's approved ISP;  |   |   |
| c. Provided in accordance with the Scope of   |   |   |
| Services; and   |   |   |
| ,   |   |   |
| d. Activities included in billable services,  |   |   |
| activities or situations.   |   |   |
| 2. Durchage of tuition from and/or related  |   |   |
| <ol> <li>Purchase of tuition, fees, and/or related<br/>materials associated with adult education</li> </ol> |   |   |
| opportunities as related to the ISP Action Plan   |   |   |
| and Outcomes, not to exceed \$550 including   |   |   |
| administrative processing fee.  |   |   |
| ' Ŭ   |   |   |
| 3. Customized Community Supports can be   |   |   |

| included in ISP and budget with any other services.  |  |  |
|--|--|--|
| MAD-MR: 03-59 Eff 1/1/2004<br>8.314.1 BI RECORD KEEPING AND<br>DOCUMENTATION REQUIREMENTS:<br>Providers must maintain all records necessary to<br>fully disclose the extent of the services provided |  |  |
| to the Medicaid recipient. Services that have been<br>billed to Medicaid, but are not substantiated in a<br>treatment plan and/or patient records for the<br>recipient are subject to recoupment.    |  |  |
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| Tag # LS27 / 6L27  | Standard Level Deficiency  |  |  |
|--|--|--|--|
| Family Living Reimbursement  |  |  |  |
| Developmental Disabilities (DD) Waiver Service   | Based on record review, the Agency did not                               | Provider:  |  |
| Standards effective 11/1/2012 revised 4/23/2013  | provide written or electronic documentation as                           | State your Plan of Correction for the              |  |
| CHAPTER 11 – 4. REIMBURSEMENT A.   | evidence for each unit billed for Family Living                          | deficiencies cited in this tag here: $\rightarrow$ |  |
| Family Living Services Provider Agencies must  | Services for 4 of 4 individuals.   |  |  |
| maintain all records necessary to fully disclose<br>the type, quality, quantity and clinical necessity |  |  |  |
| of services furnished to individuals who are   | Note: At the time of the on-site service #8 was                          |  |  |
| currently receiving services. The Family Living  | receiving CIHS, nevertheless October 1 – 15,                             |  |  |
| Services Provider Agency records must be   | 2013 the individual was receiving FL services,                           |  |  |
| sufficiently detailed to substantiate the date,  | which is covered in the billing period reviewed.                         |  |  |
| time, individual name, servicing provider, nature  | la dividual #0   |  |  |
| of services, and length of a session of service  | Individual #2  |  |  |
| billed.  | November 2013  |  |  |
|  | • The Agency billed 13 units of Family Living                            | Provider:  |  |
| 1. The documentation of the billable time spent  | (T2033) from 11/1/2013 through 11/13/2013. Documentation did not contain | Enter your ongoing Quality Assurance/Quality       |  |
| with an individual must be kept on the written or  | the required elements on $11/1 - 13$ , 2013.                             | Improvement processes as it related to this tag    |  |
| electronic record that is prepared prior to a<br>request for reimbursement from the Human              | Documentation received accounted for 0                                   | number here: $\rightarrow$                         |  |
| Services Department (HSD). For each unit   | units. One or more of the following                                      |  |  |
| billed, the record must contain the following:   | elements was not met:  |  |  |
|  | <ul> <li>The signature or authenticated name of</li> </ul>               |  |  |
| a. Date, start and end time of each service  | staff providing the service.   |  |  |
| encounter or other billable service interval;  | g  |  |  |
|  | December 2013  |  |  |
| b. A description of what occurred during the   | The Agency billed 28 units of Family Living                              |  |  |
| encounter or service interval; and   | (T2033) from 12/1/2013 through   |  |  |
| a The aignoture or authenticated name of staff   | 12/28/2013. Documentation did not contain                                |  |  |
| c. The signature or authenticated name of staff providing the service.                                 | the required elements on $12/1 - 28$ , 2013.                             |  |  |
|  | Documentation received accounted for 0                                   |  |  |
| 2. From the payments received for Family Living  | units. One or more of the following                                      |  |  |
| services, the Family Living Agency must:   | elements was not met:  |  |  |
|  | The signature or authenticated name of                                   |  |  |
| a. Provide a minimum payment to the  | staff providing the service.   |  |  |
| contracted primary caregiver of \$2,051 per  |  |  |  |
| month; and   | Individual #3  |  |  |
| h. Drovide or erronge up to sover hundred fifty  | November 2013  |  |  |
| b. Provide or arrange up to seven hundred fifty (750) hours of substitute care as sick leave           | The Agency billed 28 units of Family Living                              |  |  |
| or relief for the primary caregiver.   | (T2033) from 11/1/2013 through   |  |  |
|  | 11/28/2013. Documentation did not contain                                |  |  |

| B. Billable Units: 1) The billable unit for Living                    | the required elements on 11/3 - 8, 17 - 22,                            |  |
|---|--|--|
| Supports- Family Living is based on a daily rate.                     | 24 - 28. Documentation received accounted                              |  |
| A day is determined based on whether the                              | for 11 units. One or more of the following                             |  |
| individual was residing in the home at midnight.                      | elements was not met:  |  |
| 2) The maximum allowable billable units cannot                        | The signature or authenticated name of                                 |  |
| exceed three hundred forty (340) days per ISP                         | staff providing the service.   |  |
| year or one hundred seventy (170) days per six                        |  |  |
| (6) months.   | December 2013  |  |
|   | <ul> <li>The Agency billed 28 units of Family Living</li> </ul>        |  |
|   | (T2033) from 12/1/2013 through   |  |
| Billable Activities: Any activities which DSP                         | 12/28/2013. Documentation did not contain                              |  |
| provides in accordance with the Scope of                              | the required elements on $12/1 - 6, 8 - 13, 15$                        |  |
| Services for Living Supports which are not listed                     | - 20, and 12/22 - 27. Documentation                                    |  |
| in non-billable services, activities or situations                    | received accounted for 4 units. One or                                 |  |
| below.<br>MAD-MR: 03-59 Eff 1/1/2004                                  | more of the following elements was not met:                            |  |
| 8.314.1 BI RECORD KEEPING AND   | <ul> <li>The signature or authenticated name of</li> </ul>             |  |
| DOCUMENTATION REQUIREMENTS:   | staff providing the service.   |  |
| Providers must maintain all records necessary to                      | stan providing the service.  |  |
| fully disclose the extent of the services provided                    | Individual #6  |  |
| to the Medicaid recipient. Services that have                         | October 2013   |  |
| been billed to Medicaid, but are not                                  |  |  |
| substantiated in a treatment plan and/or patient                      | • The Agency billed 5 units of Family Living                           |  |
| records for the recipient are subject to                              | (T2033) from 10/1/2013 through 10/5/2013.                              |  |
| recoupment.   | Documentation did not contain the required                             |  |
|   | elements on 10/1 - 5. Documentation                                    |  |
| Developmental Disabilities (DD) Waiver Service                        | received accounted for 0 units. One or                                 |  |
| Standards effective 4/1/2007  | more of the following elements was not met:                            |  |
| CHAPTER 1 III. PROVIDER AGENCY  | The signature or authenticated name of<br>staff arguiding the segurice |  |
| DOCUMENTATION OF SERVICE DELIVERY                                     | staff providing the service.   |  |
| AND LOCATION  |  |  |
| A. General: All Provider Agencies shall                               | <ul> <li>The Agency billed 25 units of Family Living</li> </ul>        |  |
| maintain all records necessary to fully                               | (T2033) from 10/6/2013 through   |  |
| disclose the service, quality, quantity and                           | 10/30/2013. Documentation did not contain                              |  |
| clinical necessity furnished to individuals                           | the required elements on 10/6 - 30.                                    |  |
| who are currently receiving services. The                             | Documentation received accounted for 0                                 |  |
| Provider Agency records shall be                                      | units. One or more of the following                                    |  |
| sufficiently detailed to substantiate the date,                       | elements was not met:  |  |
| time, individual name, servicing Provider                             | The signature or authenticated name of                                 |  |
| Agency, level of services, and length of a session of service billed. | staff providing the service.   |  |
| <b>B.</b> Billable Units: The documentation of the                    |  |  |
| billable time spent with an individual shall                          | November 2013  |  |
|   |  |  |

| <ul> <li>be kept on the written or electronic record that is prepared prior to a request for reimbursement from the HSD. For each unit billed, the record shall contain the following:</li> <li>(1) Date, start and end time of each service encounter or other billable service interval;</li> <li>(2) A description of what occurred during the encounter or service interval; and</li> <li>(3) The signature or authenticated name of staff providing the service.</li> </ul> | <ul> <li>The Agency billed 27 units of Family Living (T2033) from 11/1/2013 through 11/27/2013. Documentation did not contain the required elements on 11/1 – 23, 27. Documentation received accounted for 3 units. One or more of the following elements was not met:</li> <li>➤ The signature or authenticated name of staff providing the service.</li> <li>December 2013</li> <li>The Agency billed 24 units of Family Living (T2033) from 12/5/2013 through</li> </ul> |  |
|--|---|--|
| Developmental Disabilities (DD) Waiver Service<br>Standards effective 4/1/2007   | (12033) from 12/5/2013 through<br>12/28/2013. Documentation did not contain   |  |
| CHAPTER 6. IX. REIMBURSEMENT FOR   | the required elements on 12/15 - 22, 24, 26   |  |
| COMMUNITY LIVING SERVICES  | - 28. Documentation received accounted for  |  |
| <ul><li>B. Reimbursement for Family Living Services</li><li>(1) Billable Unit: The billable unit for Family</li></ul>  | 12 units. One or more of the following<br>elements was not met:   |  |
| Living Services is a daily rate for each   | <ul> <li>The signature or authenticated name of</li> </ul>  |  |
| individual in the residence. A maximum of  | staff providing the service.  |  |
| 340 days (billable units) are allowed per ISP<br>year.   |   |  |
| (2) Billable Activities shall include:   | Individual #8<br>October 2013   |  |
| <ul> <li>(a) Direct support provided to an individual in<br/>the residence any portion of the day;</li> <li>(b) Direct support provided to an individual</li> </ul>  | <ul> <li>The Agency billed 15 units of Family Living<br/>(T2033) from 10/1/2013 through<br/>10/15/2013. Documentation did not contain</li> </ul>  |  |
| by the Family Living Services direct<br>support or substitute care provider away   | the required elements on $10/1 - 15$ , 2013.<br>Documentation received accounted for 0  |  |
| from the residence (e.g., in the community); and   | units. One or more of the following<br>elements was not met:  |  |
| <ul><li>(c) Any other activities provided in accordance with the Scope of Services.</li></ul>  | <ul> <li>Date, start and end time of each service<br/>encounter or other billable service<br/>interval; (for 10/4 - 6, 11, 13)</li> </ul>   |  |
| <ul><li>(3) Non-Billable Activities shall include:</li><li>(a) The Family Living Services Provider</li></ul>   | <ul> <li>A description of what occurred during<br/>the encounter or service interval; and</li> </ul>  |  |
| Agency may not bill the for room and<br>board:   | (for 10/3)  |  |
| (b) Personal care, nutritional counseling and<br>nursing supports may not be billed as<br>separate services for an individual  | The signature or authenticated name of<br>staff providing the service (for 10/1 -<br>15).   |  |
| receiving Family Living Services; and  |   |  |

|   | 1 |
|---|---|
| (c) Family Living services may not be billed        |   |
| for the same time period as Respite.                |   |
| (d) The Family Living Services Provider             |   |
| Agency may not bill on days when an                 |   |
| individual is hospitalized or in an                 |   |
| institutional care setting. For this purpose        |   |
|   |   |
| a day is counted from one midnight to the           |   |
| following midnight.                                 |   |
|   |   |
| Developmental Disabilities (DD) Waiver Service      |   |
| Standards effective 4/1/2007 - Chapter 6 -          |   |
| COMMUNITY LIVING SERVICES                           |   |
| III. REQUIREMENTS UNIQUE TO FAMILY                  |   |
| LIVING SERVICES                                     |   |
|   |   |
| C. Service Limitations. Family Living Services      |   |
| cannot be provided in conjunction with any other    |   |
| Community Living Service, Personal Support          |   |
| Service, Private Duty Nursing, or Nutritional       |   |
| Counseling. In addition, Family Living may not      |   |
| be delivered during the same time as respite;       |   |
| therefore, a specified deduction to the daily rate  |   |
|   |   |
| for Family Living shall be made for each unit of    |   |
| respite received.                                   |   |
|   |   |
| Developmental Disabilities (DD) Waiver Service      |   |
| Standards effective 4/1/2007 - DEFINITIONS          |   |
| SUBSTITUTE CARE means the provision of              |   |
| family living services by an agency staff or        |   |
| subcontractor during a planned/scheduled or         |   |
| emergency absence of the direct service             |   |
| provider.   |   |
| provider.   |   |
| <b>DECDITE</b> means a support convict to allow the |   |
| <b>RESPITE</b> means a support service to allow the |   |
| primary caregiver to take a break from care         |   |
| giving responsibilities while maintaining           |   |
| adequate supervision and support to the             |   |
| individual during the absence of the primary        |   |
| caregiver.  |   |
|   |   |
|   |   |
|   |   |
|   |   |



| To:<br>Provider:<br>Address:<br>State/Zip:                        | Peggy S. Denson, Chief Executive Officer<br>Zia Therapy Center, Inc.<br>900 First Street<br>Alamogordo, New Mexico 88310  |
|---|---|
| E-mail Address:   | admin@ziatherapy.org  |
| CC:<br>Address:<br>State/Zip:                                     | Robert Flotte, Board Chair<br>3001 N. Florida<br>Alamogordo, New Mexico 88310   |
| Board Chair<br>E-Mail Address:                                    | bflotte@hotmail.com   |
| Region:<br>Survey Date:<br>Program Surveyed:<br>Service Surveyed: | Southwest<br>January 27 - 30, 2014<br>Developmental Disabilities Waiver<br>Living Supports (Family Living) and Inclusion Supports (Customized<br>Community Supports and Community Integrated Employment Services); and<br>Customized In-Home Supports |
| Survey Type:  | Routine   |

Dear Ms. Denson and Mr. Flotte:

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,

Tony Fragu

Tony Fragua

Plan of Correction Coordinator Quality Management Bureau/DHI

Q.14.4.DDW.D1644.3.001.RTN.09.182