SUSANA MARTINEZ, GOVERNOR



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

	, ,	
Present:	Dolores Car Sherill Bodw Gloria Barne	<u>y Center, Inc.</u> rillo, Adult Services Manager vell, Chief Operating Officer es, Lead Early Interventionist son, Chief Executive Officer
		<u>MB</u> stañeda, MPA, Team Lead/Healthcare Surveyor I, BS, Healthcare Surveyor
Exit Conference Date:	January 30,	2014
Present:	Dolores Car Sharon Gils Peggy Dens Diana Lande Paige Span Sherill Bodw	<u>y Center, Inc.</u> rillo, Adult Services Manager dorf, Chief Financial Officer ers, Billing Specialist n, Business Office Assistant yell, Chief Operating Officer es, Lead Early Interventionist
	Deb Russell DDSD - SW	stañeda, MPA, Team Lead/Healthcare Surveyor , BS, Healthcare Surveyor Regional Office
		thers, Social and Community Service Coordinator
Administrative Locations Visited	Number:	1
Total Sample Size	Number:	 10 0 - Jackson Class Members 10 - Non-Jackson Class Members 3 - Family Living 8 - Customized Community Supports 4 - Community Integrated Employment 3 - Customized In-Home Supports
Total Homes Visited	Number:	3
 Family Living Homes Visited 	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 survey. Two individuals do not attend day hab 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 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 Community Integrated Employment Services); and Customized In-Home Supports
Monitoring Type: Survey Date:	Routine Survey January 27 - 30, 2014

Standard of Care	Deficiencies	Agency Plan of Correction, On-going QA/QI and Responsible Party	Date 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;	 Did not contain Physician name and phone 	Improvement processes as it related to this tag	
	number (#9)	number here: \rightarrow	
2. Career Development Plans as incorporated in			
the ISP; and	 Positive Behavioral Plan (#7) 	r	
3. Documentation of evidence that services	 Positive Behavioral Crisis Plan (#2) 		
provided under the DDW are not otherwise			
available under the Rehabilitation Act of 1973	 Physical Therapy Plan (#3, 9) 		
(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	 Individual #4 - As indicated by the DDSD file 	
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	 Individual #7 - As indicated by collateral 	
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.	 Individual #8 - As indicated by collateral 	
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	
E. Consumer Records Policy: 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	 Individual #9 - As indicated by collateral 	
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	
D. Consumer Records Policy: 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	 Individual #7 - As indicated by the DDSD file 	
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.	
D. Consumer Records Policy: 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;		
 ISP budget forms and budget prior 		
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; • Behavior Support Consultant, Occupational		
Therapist, Physical Therapist and Speech- 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;		
 Signed secondary freedom of choice form; 		
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 whenever an individual changes provider agencies: (a) Complete file for the past 12 months;		
 (b) ISP and quarterly reports from the current and prior ISP year; (c) Intake information from original admission to services; and (d) When applicable, the Individual 		
Transition Plan at the time of discharge from Los Lunas Hospital and Training School or Ft. Stanton Hospital.		
NMAC 8.302.1.17 RECORD KEEPING AND DOCUMENTATION REQUIREMENTS: A provider must maintain all the records necessary to fully disclose the nature, quality, amount and medical necessity of services furnished to an eligible recipient who is currently receiving or who has received services in the past.		
B. Documentation of test results: 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
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Chapter 11 (FL) 3. Agency Requirements: 4.
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Chapter 12 (SL) 3. Agency Requirements:
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Chapter 13 (IMLS) 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 15 (ANS) 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		
 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: (3) Progress notes and other service delivery documentation; 		

Tag # 1A32 and 6L14 Individual Service Plan Implementation	Condition of Participation Level Deficiency		
NMAC 7.26.5.16.C and D Development of the	After an analysis of the evidence it has been	Provider:	
ISP. Implementation of the ISP. The ISP shall be implemented according to the timelines 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 implement the ISP according to the timelines determined by the IDT and as specified in the		
C. The IDT shall review and discuss information and recommendations with the individual, with 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 based upon the individual's personal vision 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, revised periodically, as needed, and amended to reflect progress towards personal goals and	Administrative Files Reviewed:	Provider: Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag	
achievements consistent with the individual's future vision. This regulation is consistent with standards established for individual plan	Family Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:	number here: →	
development as set forth by the commission on the accreditation of rehabilitation facilities (CARF) and/or other program accreditation approved and adopted by the developmental disabilities division and the department of health. It is the policy of the developmental disabilities	 Individual #2 None found regarding: "Will ask someone out on a date, once a month" for 10/2013 – 12/2013 		
division (DDD), that to the extent permitted by funding, each individual receive supports and services that will assist and encourage independence and productivity in the community	Customized In Home Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes:		
and attempt to prevent regression or loss of current capabilities. Services and supports include specialized and/or generic services, training, education and/or treatment as determined by the IDT and documented in the ISP.	 Individual #4 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. 		
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: ividual #2 (CCS Individual) None found regarding: "Will have support to attend classes, and study the sport, 1 - 5 times a week for 5 years" for 10/2013. ividual #9 (CCS Individual) According to the Live Outcome; Action Step for "Will go to the Wellness Center and say hi to friends" is to be completed 1 time per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 8/2013. munity Integrated Employment Services ta Collection/Data Tracking/Progress with ards to ISP Outcomes: ividual #7 (CIES Individual) None found regarding: "Zia supports in learning fax, monthly" for 8/2013, 9/2013 and 11/2013. sidential Files Reviewed: mily Living Data Collection/Data toking/Progress with regards to ISP tcomes: ividual #2 None found regarding: "Will ask someone out on a date once a month" for 1/2014. ividual #6 None found regarding: "Practices on the		
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Tag # 6L14 Residential Case File	Standard Level Deficiency		
Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013 CHAPTER 11. 3. Agency Requirements C. Residence Case File: The Agency must maintain in the individual's home a complete and current confidential case file for each individual. Residence case files are required to comply with the DDSD Individual Case File Matrix policy.	Based on record review, the Agency did not maintain a complete and confidential case file in the residence for 3 of 3 Individuals receiving Family Living Services. Review of the residential individual case files revealed the following items were not found, incomplete, and/or not current:	Provider: State your Plan of Correction for the deficiencies cited in this tag here: →	
CHAPTER 12. 3. Agency Requirements C. Residence Case File: The Agency must maintain in the individual's home a complete and current confidential case file for each individual. Residence case files are required to comply with the DDSD Individual Case File Matrix policy. CHAPTER 13. 2. Service Requirements B.1. Documents To Be Maintained In The Home: a. Current Health Passport generated through the e-CHAT section of the Therap website and printed for use in the home in case of disruption in internet access; b. Personal identification; c. Current ISP with all applicable assessments, teaching and support strategies, and as applicable for the consumer, PBSP, BCIP, MERP, health care plans, CARMPs, Written Therapy Support Plans, and any other plans (e.g. PRN Psychotropic Medication Plans) as applicable; d. Dated and signed consent to release information forms as applicable; e. Current orders from health care practitioners; f. Documentation and maintenance of accurate medical history in Therap website; g. Medication Administration Records for the current month;	 Current Emergency and Personal Identification Information Did not contain Pharmacy Information (#2, 3, 6) Did not contain Names and Phone numbers of relatives, or Guardian or Conservator (#6) Teaching and Support Strategies Individual #3 "Staff will note when/if has made a new friend, ongoing." Individual #6 "Decides upon a class that fits within the time frame, once." "Completes a class in the community by 12/31/2013, as scheduled." "Transported to Las Cruces, once." Positive Behavioral Plan (#3, 6) Positive Behavioral Crisis Plan (#2) Speech Therapy Plan (#3) 	Provider: Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here: →	

 h. Record of medical and dental appointments for the current year, or during the period of stay for short term stays, including any treatment provided; Progress notes written by DSP and nurses; Documentation and data collection related to ISP implementation; Medicaid card; Salud membership card or Medicare card as applicable; and A Do Not Resuscitate (DNR) document and/or Advanced Directives as applicable. Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007 CHAPTER 6. VIII. COMMUNITY LIVING SERVICE PROVIDER AGENCY REQUIREMENTS A. Residence Case File: For individuals receiving Supported Living or Family Living, the Agency shall maintain in the individual's home a complete and current confidential case file for each individual case file for 	 Special Health Care Needs Comprehensive Aspiration Risk Management Plan (#3) Progress Notes/Daily Contacts Logs: Individual #2 - None found for 1/1/2014 – 1/26/2014. Individual #6 - None found for 1/1/2014 – 1/26/2014. 	
CHAPTER 6. VIII. COMMUNITY LIVING		
A. Residence Case File: For individuals		
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: (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 name, address and telephone number, and health plan;		
(4) Up-to-date progress notes, signed and dated by the person making the note for at least the past month (older notes may be transferred to the agency office);		
(5) Data collected to document ISP Action Plan implementation		
 (6) Progress notes written by direct care staff and by nurses regarding individual health status and physical conditions including action taken in response to identified changes in condition for at least the past month; (7) Physician's or qualified health care providers written orders; (8) Progress notes documenting implementation of a physician's or qualified health care provider's order(s); (9) Medication Administration Record (MAR) for the past three (3) months which includes: (a) The name of the individual; (b) A transcription of the healthcare practitioners prescription including the brand and generic name of the medication; (c) Diagnosis for which the medication is prescribed; (d) Dosage, frequency and method/route of delivery; (e) Times and dates of delivery; (f) Initials of person administering or assisting with medication; and (g) An explanation of any medication irregularity, allergic reaction or adverse effect. 		
 (h) For PRN medication an explanation for the use of the PRN must include: (i) Observable signs/symptoms or 		
circumstances in which the medication		

 (ii) Documentation of the effectiveness/result of the PRN defivered. (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. (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 (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. 	is to be used, and		[]
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(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			
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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			
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			
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			
screenings, immunizations, hospital discharge summaries for past twelve (12) months, past medical history including hospitalizations, surgeries, injuries, family history and current			
summaries for past twelve (12) months, past medical history including hospitalizations, surgeries, injuries, family history and current			
medical history including hospitalizations, surgeries, injuries, family history and current			
surgeries, injuries, family history and current			

Standard of Care	Deficiencies	Agency Plan of Correction, On-going QA/QI and Responsible Party	Date Due
		fied providers to assure adherence to waive ovider training is conducted in accordance	
Tag # 1A11.1	Standard Level Deficiency		
Transportation Training			
 Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) Policy Training Requirements for Direct Service Agency Staff Policy Eff. Date: March 1, 2007 II. POLICY STATEMENTS: 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: Operating a fire extinguisher Proper lifting procedures General vehicle safety precautions (e.g., pre-trip inspection, removing keys from the ignition when not in the driver's seat) 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) Operating wheelchair lifts (if applicable to the staff's role) Wheelchair tie-down procedures (if applicable to the staff's role) Emergency and evacuation procedures (e.g., roadside emergency, fire emergency) 	 Based on record review and interview, the Agency did not provide and/or have documentation for staff training regarding the safe operation of the vehicle, assisting passengers and safe lifting procedures for 28 of 47 Direct Support Personnel. No documented evidence was found of the following required training: Transportation (DSP #202, 203, 204, 206, 208, 209, 211, 212, 215, 216, 217, 220, 221, 224, 226, 227, 228, 229, 230, 231, 236, 238, 239, 240, 241, 243, 244, 245) When DSP were asked if they had received transportation training including training on wheelchair tie downs and van lift safety the following was reported: DSP #226 stated, "I have not had defensive driving." DSP #230 stated, "Not yet. Supposed to do that." DSP #238 stated, "No, I haven't received it. I have at other places but not here." 	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: →	

Training Requirements: 1. All Community Inclusion Providers must provide staff training in		
accordance with the DDSD policy T-003: Training Requirements for Direct Service Agency Staff Policy.		
CHAPTER 6. 3. Agency Requirements F. Meet all training requirements as follows: 1. 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;		
CHAPTER 7. 3. Agency Requirements C. Training Requirements: The Provider Agency must 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. 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		
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.		
 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 required by the state. All Supported 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. 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;		

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

employment and before working alone with an individual receiving service.	
Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013 CHAPTER 5. 3. Agency Requirements G. Training Requirements: 1. All Community Inclusion Providers must provide staff training in accordance with the DDSD policy T-003: Training Requirements for Direct Service Agency Staff Policy.	
CHAPTER 6. 3. Agency Requirements F. Meet all training requirements as follows: 1. 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;	
CHAPTER 7. 3. Agency Requirements C. Training Requirements: The Provider Agency must 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. 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	
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	

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. 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.	
	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 required by the state. All Supported 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. 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	

Tag # 1A22	Standard Level Deficiency		
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	 DSP #238 stated, "No, I don't know." 		
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	 DSP #200 stated, "I don't think we've 		
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	 DSP #215 stated, "No, we still have class to 		
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	 DSP #238 stated, "No, she does not have a 		
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	 DSP #200 stated, "No, he's never hurt 	
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	 DSP #215 stated, "No, just call 911 in case 	
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 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 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	agency Nurse are responsible for training. No evidence found indicating sister was approved to do the training. (Individual #3)	
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 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 Supported 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 ISP 		

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;		
Training Requirements Folicy,		

Tag # 1A28.1	Condition of Participation Level		
Incident Mgt. System - Personnel Training	Deficiency		
 NMAC 7.1.13.10 INCIDENT MANAGEMENT SYSTEM REQUIREMENTS: 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. D. Training Documentation: All licensed health care facilities and community based service providers shall prepare training documentation for each employee to include a signed statement indicating the date, time, and place they received their incident management reporting instruction. The licensed health care facility and community based service provider shall maintain documentation of an employee's training for a period of at least twelve (12) months, or six (6) months after termination of an employee's employment. Training curricula shall be kept on the provider premises and made available on request by the department. Training documentation shall be made available immediately upon a division representative's request. Failure to provide employee training documentation shall subject the licensed health care facility or community based service provider to the penalties provided for in this rule. Policy Title: Training Requirements for Direct Service Agency Staff Policy - Eff. March 1, 2007 	 After an analysis of the evidence it has been determined there is a significant potential for a negative outcome to occur. Based on record review and interview, the Agency did not ensure Incident Management Training for 20 of 50 Agency Personnel. Direct Support Personnel (DSP): 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) 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: DSP #205 stated, "APS." Staff was not able to identify the 2nd State Agency as DHI/IMB. DSP #215 stated, "No, I don't remember." Staff was not able to identify the 2nd State Agency as DHI/IMB. DSP #226 stated, "APS." Staff was not able to identify the 2nd State Agency as DHI/IMB. DSP #226 stated, "APS." Staff was not able to identify the 2nd State Agency as DHI/IMB. DSP #226 stated, "APS." Staff was not able to identify the 2nd State Agency as DHI/IMB. 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. 	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: → [

II. POLICY STATEMENTS: A. Individuals shall receive services from competent and qualified staff. C. Staff shall complete training on DOH- approved incident reporting procedures in accordance with 7 NMAC 1.13.	 DSP #238 stated, "Right now I'm blank on the name." Staff was not able to identify the two State Agencies as Adult Protective Services and Division of Health Improvement. 	

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 ensure that Individual Specific Training requirements were met for 8 of 50 Agency Personnel. Review of personnel records found no evidence of the following: Direct Support Personnel (DSP): • Individual Specific Training (DSP #202, 203, 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: → [
 behavioral) or WDSI that pertain to the employment environment. CHAPTER 6. 3. Agency Requirements F. Meet all training requirements as follows: 1. 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; CHAPTER 7. 3. Agency Requirements C. Training Requirements: The Provider Agency must report required personnel training status to the DDSD Statewide Training Database as 			

	T1	
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 completed all necessary training required by the state. All Supported Living provider agencies		
claimed for federal match if the provider has completed all necessary training required by the state. All Supported Living provider agencies must report required personnel training status to		
claimed for federal match if the provider has completed all necessary training required by the state. All Supported Living provider agencies must report required personnel training status to the DDSD Statewide Training Database as		
claimed for federal match if the provider has completed all necessary training required by the state. All Supported Living provider agencies must report required personnel training status to the DDSD Statewide Training Database as specified in DDSD Policy T-001: Reporting and		
claimed for federal match if the provider has completed all necessary training required by the state. All Supported 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		
claimed for federal match if the provider has completed all necessary training required by the state. All Supported 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.		
claimed for federal match if the provider has completed all necessary training required by the state. All Supported 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		

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;		

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

Standard of Care	Deficiencies	Agency Plan of Correction, On-going QA/QI and Responsible Party	Date Due
abuse, neglect and exploitation. Individua needed healthcare services in a timely ma	als shall be afforded their basic human righ anner.	addresses and seeks to prevent occurrenc ts. The provider supports individuals to ac	
Tag # 1A09	Standard Level Deficiency		
Medication Delivery			
Routine Medication Administration			
 NMAC 16.19.11.8 MINIMUM STANDARDS: A. MINIMUM STANDARDS FOR THE DISTRIBUTION, STORAGE, HANDLING AND RECORD KEEPING OF DRUGS: (d) The facility shall have a Medication Administration Record (MAR) documenting medication administered to residents, including over-the-counter medications. This documentation shall include: (i) Name of resident; (ii) Date given; (iii) Drug product name; (iv) Dosage and form; (v) Strength of drug; (vi) Route of administration; (vii) How often medication is to be taken; (viii) Time taken and staff initials; (ix) Dates when the medication is discontinued or changed; (x) The name and initials of all staff administering medications. 	 Medication Administration Records (MAR) were reviewed for the months of December 2013 and January 2014. Based on record review, 1 of 10 individuals had Medication Administration Records (MAR), which contained missing medications entries and/or other errors: Individual #3 January 2014 Medication Administration Records did not contain the route of administration for the following medications: Phenobarb Elx 20mg/5ml 2tsp (2 times daily) (9 AM; 6 PM) Phenobarb Elx 20mg/5ml 2tsp (1 time daily) (2 PM) 	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: →	
Model Custodial Procedure Manual <i>D. Administration of Drugs</i> Unless otherwise stated by practitioner, patients will not be allowed to administer their own medications. Document the practitioner's order authorizing the self-administration of medications.			
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,	
 exact dosage to be used, and 	
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	
Employment 3. Providing assistance with	
medication delivery as outlined in the ISP; D .	
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. D .	
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):	
	19. 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	
	 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 	

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 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	 v. Explanation of any medication error; 		
	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.		
CHAPTER 13. 2. Service Requirements. B. There must be compliance with all policy requirements for Intensive Medical Living Service Providers, including written policy and procedures regarding medication delivery and tracking and reporting of medication errors consistent with the DDSD Medication Delivery Policy and Procedures, relevant Board of Nursing Rules, and Pharmacy Board standards and regulations.		
Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007 CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS: 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 		

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		
(v) Strength of drug;	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;	 Barrier Créme on buttocks as needed– PRN 	r	
(x) The name and initials of all staff	– 12/1 – 12/31 (given 1 time)		
administering medications.			
	 Powder in Vaginal area as needed – PRN – 		
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		
 symptoms that indicate the use of the 	No Effectiveness was noted on the		
medication,	Medication Administration Record for the		
 exact dosage to be used, and 	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 – 1/27 (given 1 time)	
Department of Health Developmental Disabilities Supports Division (DDSD) Medication Assessment and Delivery Policy	 Barrier Créme on buttocks as needed– PRN – 1/1 – 1/27 (given 1 time) 	
 Eff. November 1, 2006 F. PRN Medication 3. Prior to self-administration, self- 	 Powder in Vaginal area as needed – PRN – 1/1 – 1/27 (given 1 time) 	
administration with physical assist or assisting with delivery of PRN medications, the direct	Individual #6 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 contain the exact amount to be used in a 24 hour period:	
according to instructions given by the ordering PCP. In cases of fever, respiratory distress	• Ambien .5mg (PRN)	
(including coughing), severe pain, vomiting, diarrhea, change in responsiveness/level of consciousness, the nurse must strongly consider the need to conduct a face-to-face	No evidence of documented Signs/Symptoms were found for the following PRN medication: • Ambien .5mg – PRN – 12/6 - 7, 12/11 - 13, 12/16 - 17 (given 1 time)	
assessment to assure that the PRN does not mask a condition better treated by seeking medical attention. This does not apply to home based/family living settings where the provider is related by affinity or by consanguinity to the individual.	No Effectiveness was noted on the Medication Administration Record for the following PRN medication: • Ambien .5mg – PRN – 12/6 - 7, 12/11 - 13, 12/16 - 17 (given 1 time)	
4. The agency nurse shall review the utilization of PRN medications routinely. Frequent or escalating use of PRN medications must be reported to the PCP and discussed by the Interdisciplinary for changes to the overall support plan (see Section H of this policy).	January 2014 Medication Administration Records did not contain the exact amount to be used in a 24 hour period: • Ambien .5mg (PRN)	
 H. Agency Nurse Monitoring 1. Regardless of the level of assistance with medication delivery that is required by the individual or the route through which the 	No evidence of documented Signs/Symptoms were found for the following PRN medication: • Ambien .5mg – PRN – 1/18, 19, 23 (given 1 time)	
medication is delivered, the agency nurses must monitor the individual's response to the effects of their routine and PRN medications.	No Effectiveness was noted on the Medication Administration Record for the	

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The frequency and type of monitoring must be based on the nurse's assessment of the individual and consideration of the individual's diagnoses, health status, stability, utilization of PRN medications and level of support required by the individual's condition and the skill level and needs of the direct care staff. Nursing monitoring should be based on prudent nursing practice and should support the safety and independence of the individual in the community setting. The health care plan shall	following PRN medication: • 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 Disabilities Supports Division (DDSD) - Procedure Title:		
Medication Assessment and Delivery Procedure Eff Date: November 1, 2006		
C. 3. Prior to delivery of the PRN, direct support staff must contact the agency nurse to describe observed symptoms and thus assure		
that the PRN is being used according to instructions given by the ordering PCP. In cases of fever, respiratory distress (including		
coughing), severe pain, vomiting, diarrhea, change in responsiveness/level of 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 medical attention. (References: Psychotropic Medication Use Policy, Section D, page 5 Use		
of PRN Psychotropic Medications; and, Human Rights Committee Requirements Policy,		
Section B, page 4 Interventions Requiring Review and Approval – Use of PRN 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):	
19. 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	

Dharmony standards and regulations		
Pharmacy standards and regulations.		
 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; g. 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;		
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.		
h. 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		
i. 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.		
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. Training and Requirements: 3. Medication Delivery: Supported 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, New Mexico Nurse Practice Act, and Board of Pharmacy standards and regulations.	
 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; 	
f. When required by the DDSD Medication Assessment and Delivery Policy, Medication Administration Records (MAR) must be maintained and include:	
 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; 	
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.	
g. 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	
 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. 	
CHAPTER 13. 2. Service Requirements. B. There must be compliance with all policy requirements for Intensive Medical Living Service Providers, including written policy and procedures regarding medication delivery and tracking and reporting of medication errors consistent with the DDSD Medication Delivery Policy and Procedures, relevant Board of Nursing Rules, and Pharmacy Board standards and regulations.	
Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007 CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS: The objective of these standards is to establish Provider Agency policy, procedure and reporting requirements 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 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 # 1A15.1 Nurse Availability	Standard Level Deficiency		
 Nurse Availability Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013 CHAPTER 6. 3. Agency Requirements C. Employ or subcontract with at least one RN to comply with services under "Nursing and Medical Oversight Services as needed" that is detailed in the Scope of Services above for Group Customized Community Supports Services. If the size of the provider warrants more than one nurse, a RN must supervise LPNs. 1. Ensure compliance with the New Mexico Nurse Practice Act and DDSD Policies and Procedures regarding Delegation of Specific Nursing Functions, including: i. Provider agencies (Small group and Group services) must develop and implement policies and procedures regarding delegation which must comply with relevant DDSD Policies and Procedures, and the New Mexico Nurse Practice Act. Agencies must ensure that all nurses they employ or contract with are knowledgeable of all these requirements; 	 Based on interview, the Agency did not ensure nursing services were available as needed for 3 of 10 individuals. When Direct Service Professionals (DSP) were asked about the availability of their agency nurse, the following was reported: DSP #205 stated, "I don't know." DSP #213 stated, "Not at all times. Nurse comes in only so often." DSP #214 stated, "I don't think so." 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. 	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: → [
 CHAPTER 11. 2. Service Requirements I. Health Care Requirements for Family Living: 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. A. The Family Living Provider Agency must not 			

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 not be delegated to non-licensed staff. b. Although a nurse may be present in the home for extended periods of time, a nurse is not required to be present in the home during periods of time, when direct nursing services are not needed. NEW MEXICO NURSING PRACTICE ACT CHAPTER 61, ARTICLE 3 1. Ticonsed practical nursing ¹ 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: (1) contributing to the assessment of the health status of individuals, families and communities; (2) participating in the development and modification of the plan of care; (3) implementing appropriate aspects of the plan of care commensurate with education and verified competence; (4) collaborating with other health care professionals in the manage of the balth care; and (5) participating in the develuation of responses to interventions;			
for extended periods of time, a nurse is not required to be present in the home during periods of time when direct nursing services are not needed. NEW MEXICO NURSING PRACTICE ACT CHAPTER 61, ARTICLE 3 1. "Icensed 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: (1) contributing to the assessment of the health status of individuals, families and communities; (2) participating in the development and modification of the plan of care; (3) implementing appropriate aspects of the plan of care commensurate with education and verified competence; (4) collaborating with other health care professionals in the management of health care; and (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 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: (1) contributing to the assessment of the health status of individuals, families and communities; (2) participating in the development and modification of the plan of care; (3) implementing appropriate aspects of the plan of care commensurate with education and verified competence; (4) collaborating with other health care professionals in the management of health care; and (5) participating in the evaluation of responses	for extended periods of time, a nurse is not required to be present in the home during periods of time when direct nursing services		
	 CHAPTER 61, ARTICLE 3 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: (1) contributing to the assessment of the health status of individuals, families and communities; (2) participating in the development and modification of the plan of care; (3) implementing appropriate aspects of the plan of care commensurate with education and verified competence; (4) collaborating with other health care professionals in the management of health care; and (5) participating in the evaluation of responses 		

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 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 orders; ongoing oversight and monitoring of the	 Medication Administration Assessment Tool 		
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	 Aspiration Risk Screening Tool (#9) 	ſ	
individuals are required to comply with the DDSD 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.	 Individual #10 - According to Electronic 		
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 individuals are required to comply with the DDSD	 Medical Emergency Response Plans 		
Individual Case File Matrix policy.	 Self-Administration of insulin 		
I. Health Care Requirements for Family Living:	 Individual #10 - According to Electronic 		
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		

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CHAT, the Aspiration Risk Screening Tool,(ARST), and the Medication Administration Assessment Tool (MAAT) and any other assessments deemed appropriate on at least an annual basis for each individual served, upon significant change of clinical condition and upon return from any hospitalizations. In addition, the MAAT must be updated for any significant change of medication regime, change of route that requires delivery by licensed or certified staff, or when an individual has completed training designed to improve their skills to support self-administration.	evidence of a plan found.	
a. For newly-allocated or admitted individuals, assessments are required to be completed within three (3) business days of admission or two (2) weeks following the initial ISP meeting, 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.		
d. 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 action addressing relevant aspects of all active health problems and follow up on any recommendations of medical consultants.	
e. Develop any urgently needed interim Healthcare Plans or MERPs per DDSD policy pending authorization of ongoing Adult Nursing services as indicated by health status and individual/guardian choice.	
 Chapter 12 (SL) 3. Agency Requirements: D. Consumer Records Policy: 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. 2. Service Requirements. L. Training and Requirements. 5. Health Related Documentation: For each individual receiving Living Supports- Supported Living, the provider agency must ensure and document the following: 	
a. That an individual with chronic condition(s) with the potential to exacerbate into a life threatening condition, has a MERP developed by a licensed nurse or other appropriate professional according to the DDSD Medical Emergency Response Plan Policy, that DSP have been trained to implement such plan(s), and ensure that a copy of such plan(s) are readily available to DSP in the home;	
 b. That an average of five (5) hours of documented nutritional counseling is available annually, if recommended by the IDT and clinically indicated; 	
c. That the nurse has completed legible and signed progress notes with date and time indicated that describe all interventions or interactions conducted with individuals served, as well as all interactions with other healthcare providers	

С	erving the individual. All interactions must be ocumented whether they occur by phone or in 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- ups and other check-ups as specified by a 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- up activities to medical appointments (e.g. treatment, visits to specialists, and changes in medication or daily routine).
f. T e 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: Documents to be maintained in the agency

administrative office, include: A. All assessments completed by the agency nurse, including the Intensive Medical Living		
Eligibility Parameters tool; for e-CHAT a printed copy of the current e-CHAT summary report shall suffice;		
F. Annual physical exams and annual dental exams (not applicable for short term stays);		
G. Tri-annual vision exam (Not applicable for short term stays. See Medicaid policy 8.310.6 for allowable exceptions for more frequent vision 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; J. Medical screening, tests and lab results (for short term stays, only those which occur during the period of the stay);		
L. Record of medical and dental appointments, including any treatment provided (for short term stays, only those appointments that occur during 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 DOCUMENTATION REQUIREMENTS: A provider		
must maintain all the records necessary to fully disclose the nature, quality, amount and medical necessity of services furnished to an eligible		
recipient who is currently receiving or who has		

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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		
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.		

Tag # 1A27	Standard Level Deficiency		
Incident Mgt. Late and Failure to Report			
 7.1.13.9 INCIDENT MANAGEMENT SYSTEM REPORTING REQUIREMENTS FOR COMMUNITY BASED SERVICE PROVIDERS: A. Duty To Report: All community based service providers shall immediately report abuse, neglect or misappropriation of property to the adult protective services division. (2) All community based service providers shall report to the division within twenty four (24) hours : abuse, neglect, or misappropriation of property, unexpected and natural/expected deaths; and other reportable incidents to include: (a) an environmental hazardous condition, which creates an immediate threat to life or health; or (b) admission to a hospital or psychiatric facility or the provision of emergency services that results in medical care which is unanticipated or unscheduled for the consumer and which would not routinely be provided by a community based service provider. (3) All community based service providers shall ensure that the reporter with direct knowledge of an incident has immediate access to the division incident report form to allow the reporter to respond to, report, and document incidents in a timely and accurate manner. B. Notification: (1) Incident Reporting: Any consumer, employee, family member or legal guardian may report an incident independently or through the community based service provider to the division by telephone call, written correspondence or other forms of communication utilizing the division's incident report form. The incident report form and instructions for the completion and filing are available at the division's website, http://dhi.health.state.nm.us/elibrary/ironline/ir.php or may be obtained from the department by calling the toll free number. 	Based on the Incident Management Bureau's Late and Failure Reports, the Agency did not report suspected abuse, neglect, or misappropriation of property, unexpected and natural/expected deaths; or other reportable incidents to the Division of Health Improvement, as required by regulations for 1 of 11 individuals. Individual #11 • Incident date 9/25/2013. Allegation was Emergency Services. Incident report was received 9/27/2013. IMB issued a Late Reporting for Emergency Services.	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: →	

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 Incident Mgt. System - Parent/Guardian	Standard Level Deficiency		
 SYSTEM REQUIREMENTS: 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. 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, Parent/Guardian Incident Management Training (Abuse, Neglect and Misappropriation of Consumers' Property) (#2) 				
care facility and community based service provider shall include a signed statement indicating the date, time, and place they received their orientation packet to be contained in the consumer's file. The appropriate consumer, family member or legal guardian shall sign this at the time of orientation.	 NMAC 7.1.13.10 INCIDENT MANAGEMENT SYSTEM REQUIREMENTS: 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. 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 shall provide consumers, family members or legal guardians an orientation packet to include incident management systems policies and procedural information concerning the reporting of abuse, neglect or misappropriation. The licensed health care facility and community based service provider shall include a signed statement indicating the date, time, and place they received their orientation packet to be contained in the consumer's file. The appropriate consumer, family member or legal guardian shall 	 provide documentation indicating consumer, family members, or legal guardians had received an orientation packet including incident management system policies and procedural information concerning the reporting of Abuse, Neglect and Misappropriation of Consumers' Property, for 1 of 10 individuals. 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) 	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		
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	 Dental Exam 		
includes results of laboratory and radiology	 Individual #2 - As indicated by the DDSD file 		
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	
 Chapter 11 (FL) 3. Agency Requirements: D. Consumer Records Policy: All Family Living Provider Agencies must maintain at the administrative office a confidential case file for each individual. Provider agency case files for individuals are required to comply with the DDSD Individual Case File Matrix policy. Chapter 12 (SL) 3. Agency Requirements: D. Consumer Records Policy: 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. Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007 CHAPTER 6. VI. GENERAL 			

REQUIREMENTS FOR COMMUNITY LIVING		
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.		
b) That each individual with a score of 4, 5,		

or 6 on the HAT, has a Health Care Plan		
developed by a licensed nurse.		
(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).		

Tag # LS25 / 6L25 Residential Health and Safety	Standard Level Deficiency		
 (SL/FL/IMLS) Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013 CHAPTER 11 (FL) Living Supports – Family Living Agency Requirements G. Residence Requirements for Living Supports - Family Living Services: 1.Family Living Services providers must assure that each individual's residence is maintained to be clean, safe and comfortable and accommodates the individuals' 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. Have a battery operated or electric smoke detectors, carbon monoxide detectors, fire extinguisher, or a sprinkler system; d. Have a general-purpose first aid kit; e. 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; f. Have accessible written documentation of actual evacuation drills occurring at least three (3) times a year; g. Have accessible written procedures for the safe storage of all medications with dispensing instructions for each individual that are 	 Based on observation, the Agency did not ensure that each individuals' residence met all requirements within the standard for 1 of 3 Family Living residences. Review of the residential records and observation of the residence revealed the following items were not found, not functioning or incomplete: Family Living Requirements: 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 shall address, but are not limited to, fire, chemical and/or hazardous waste spills, and flooding (#6) 	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		
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-		
Supported Living Services: 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 [°] 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,		
 g. Have accessible written documentation of actual evacuation drills occurring at least three (3) times a year. For Supported Living evacuation drills must occur at least once a year during each shift; 		
 h. Have accessible written procedures for the safe storage of all medications with dispensing instructions for each individual that are consistent with the Assisting with Medication Delivery training or each individual's ISP; and 		
 i. 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 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, 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 Standards effective 4/1/2007		
CHAPTER 6. VIII. COMMUNITY LIVING		
SERVICE PROVIDER AGENCY		
REQUIREMENTS L. Residence Requirements		
for Family Living Services and Supported Living		
Services		
ΙΙ	1	

Standard of Care	Deficiencies	Agency Plan of Correction, On-going QA/QI and Responsible Party	Date 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	 The Agency billed 16 units of Community 		
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.	 No documentation found. 		
MAD-MR: 03-59 Eff 1/1/2004			
8.314.1 BI RECORD KEEPING AND			
DOCUMENTATION REQUIREMENTS:			

_	
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- minute unit.		
(e) Self-employment is a fifteen minute unit.		
(4) Billable Activities include:		
(a) Activities conducted within the scope of services;		
 (b) Job development and related activities for up to ninety (90) calendar days) that result in employment of the individual for at least thirty (30) calendar days; and 		
(c) Job development services shall not exceed ninety (90) calendar days, without written approval from the DDSD Regional Office.		

Tag # IS30 Customized Community Supports	Standard Level Deficiency		
Reimbursement			
Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013 CHAPTER 6 (CCS) – 4. REIMBURSEMENT A. Required Records: All Provider Agencies must maintain all records necessary to fully disclose	Based on record review, the Agency did not provide written or electronic documentation as evidence for each unit billed for Adult Habilitation Services for 2 of 8 individuals.	Provider: State your Plan of Correction for the deficiencies cited in this tag here: →	
the type, quality, quantity and clinical necessity of services furnished to individuals who are currently receiving services. The Provider Agency records must be sufficiently detailed to substantiate the date, time, individual name, servicing Provider Agency, nature of services, and length of a session of service billed.	 Individual #5 (CCS Individual) November 2013 The Agency billed 16 units Customized Community Supports (H2021, U1) on 11/11/2013. Documentation did not contain the required elements on 11/11/2013. Documentation received accounted for 0 		
 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 Human Services Department (HSD). For each unit billed, the record shall contain the following: 	 units. One or more of the following elements was not met: ➤ A description of what occurred during the encounter or service interval December 2013 (CCS Individual) The Agency billed 24 units Customized 	Provider: Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag 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. Documentation received accounted for 0 units. One or more of the following		
c. The signature or authenticated name of staff providing the service.	 elements was not met: ➤ A description of what occurred during the encounter or service interval 		
 B. Billable Unit: 1. The billable unit for Individual Customized Community Supports is a fifteen (15) minute unit. 	 Individual #9 (CCS Group) November 2013 The Agency billed 22 units Customized Community Supports (T2021, U7) on 		
 The billable unit for Community Inclusion Aide is a fifteen (15) minute unit. 	11/21/2013. Documentation did not contain the required elements on 11/21/13. Documentation received accounted for 0		
3. The billable unit for Group Customized 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 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 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 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		
 Purchase of tuition, fees, and/or related materials associated with adult education 		
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 8.314.1 BI RECORD KEEPING AND DOCUMENTATION REQUIREMENTS: 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.		

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 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 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:		
	 The signature or authenticated name of 		
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	
	 The Agency billed 28 units of Family Living 	
	(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. MAD-MR: 03-59 Eff 1/1/2004	more of the following elements was not met:	
8.314.1 BI RECORD KEEPING AND	 The signature or authenticated name of 	
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 staff arguiding the segurice	
DOCUMENTATION OF SERVICE DELIVERY	staff providing the service.	
AND LOCATION		
A. General: All Provider Agencies shall	 The Agency billed 25 units of Family Living 	
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. Billable Units: The documentation of the		
billable time spent with an individual shall	November 2013	

 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. 	 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: ➤ The signature or authenticated name of staff providing the service. December 2013 The Agency billed 24 units of Family Living (T2033) from 12/5/2013 through 	
Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007	(12033) from 12/5/2013 through 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	
B. Reimbursement for Family Living Services(1) Billable Unit: The billable unit for Family	12 units. One or more of the following elements was not met:	
Living Services is a daily rate for each	 The signature or authenticated name of 	
individual in the residence. A maximum of	staff providing the service.	
340 days (billable units) are allowed per ISP year.		
(2) Billable Activities shall include:	Individual #8 October 2013	
 (a) Direct support provided to an individual in the residence any portion of the day; (b) Direct support provided to an individual 	 The Agency billed 15 units of Family Living (T2033) from 10/1/2013 through 10/15/2013. Documentation did not contain 	
by the Family Living Services direct support or substitute care provider away	the required elements on $10/1 - 15$, 2013. Documentation received accounted for 0	
from the residence (e.g., in the community); and	units. One or more of the following elements was not met:	
(c) Any other activities provided in accordance with the Scope of Services.	 Date, start and end time of each service encounter or other billable service interval; (for 10/4 - 6, 11, 13) 	
(3) Non-Billable Activities shall include:(a) The Family Living Services Provider	 A description of what occurred during the encounter or service interval; and 	
Agency may not bill the for room and board:	(for 10/3)	
(b) Personal care, nutritional counseling and nursing supports may not be billed as separate services for an individual	The signature or authenticated name of staff providing the service (for 10/1 - 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.	
DECDITE means a support convict to allow the	
RESPITE 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: Provider: Address: State/Zip:	Peggy S. Denson, Chief Executive Officer Zia Therapy Center, Inc. 900 First Street Alamogordo, New Mexico 88310
E-mail Address:	admin@ziatherapy.org
CC: Address: State/Zip:	Robert Flotte, Board Chair 3001 N. Florida Alamogordo, New Mexico 88310
Board Chair E-Mail Address:	bflotte@hotmail.com
Region: Survey Date: Program Surveyed: Service Surveyed:	Southwest January 27 - 30, 2014 Developmental Disabilities Waiver Living Supports (Family Living) and Inclusion Supports (Customized Community Supports and Community Integrated Employment Services); and 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