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Date: June 04, 2015 (REVISED April 19, 2016)

To: Linda Dubinsky  
Provider: Professional Home Healthcare, Inc.  
Address: 10 Calle Medico  
State/Zip: Santa Fe, NM 87505

E-mail Address: [Linda.dubinsky@phhc-nm.com](mailto:Linda.dubinsky@phhc-nm.com)

CC: Brian Conway  
E-mail Address: [Brian.conway@phhc-nm.com](mailto:Brian.conway@phhc-nm.com)

Board Chair: Debbie Conway  
E-Mail Address: [flyrod99@gmail.com](mailto:flyrod99@gmail.com)

Region: NE  
Survey Date: June 02, 2015  
Program Surveyed: Medically Fragile Waiver  
Service Surveyed: None- no participants over the age of 21 and none receiving Respite Services  
Survey Type: Routine

Team Leader: Corrina B Strain, BSN RN, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Team Members: Iris Clevenger, BSN, RN, CCM, MA, Clinical Services Bureau-DDSD, Division of Health; Jesus Trujillo, RN, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Ms. Dubinsky;

The Division of Health Improvement/Quality Management Bureau has completed a 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 Medically Fragile 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 contracts.

**No deficiencies were found.**

We want to thank you for your cooperation and for the work you perform. Please call the Review Team Leader at 505- 231-6249 if you have questions regarding the survey or report. The Developmental Disabilities Medically Fragile Wavier Program Manager can be contacted at 505-841-2913 if you have any questions.

Sincerely,

*Corrina B Strain BSN, RN*

Corrina B Strain BSN RN  
Team Lead/Healthcare Surveyor  
Division of Health Improvement  
Quality Management Bureau

**DIVISION OF HEALTH IMPROVEMENT • QUALITY MANAGEMENT BUREAU**  
5301 Central NE, Suite 400 • Albuquerque, New Mexico • 87108  
(505) 222-8633 • FAX: (505) 222-8661 • <http://www.dhi.health.state.nm.us>

## Survey Process Employed:

Entrance Conference Date: June 02, 2015

Present:

**Professional Home Healthcare Services**

Linda Dubinsky, Director of Operations  
Dottie Vargas, RN, Director of Nursing

**DOH/DHI/QMB**

Corrina Strain, BSN, RN, Team Lead/Healthcare Surveyor  
Jesus Trujillo, RN, Healthcare Surveyor

**DDSD - Metro Regional Office**

Iris Clevenger, BSN, RN, CCM, MA, Clinical Services Bureau-DDSD, Division of Health

Exit Conference Date: June 02, 2015

Present:

**Professional Home Healthcare Services**

Linda Dubinsky, Director of Operations  
Dottie Vargas, RN, Director of Nursing

**DOH/DHI/QMB**

Corrina Strain, BSN, RN, Team Lead/Healthcare Surveyor  
Jesus Trujillo, RN, Healthcare Surveyor

**DDSD - Metro Regional Office**

Iris Clevenger, BSN, RN, CCM, MA, Clinical Services Bureau-DDSD, Division of Health

Administrative Locations Visited	Number:	1 - 4100 Ellison Street NE Suite D, Albuquerque, NM
Total Sample Size	Number:	0
Total Homes Visited	Number:	0
Persons Served Records Reviewed	Number:	0
Persons Served Interviewed	Number:	0
Persons Served Observed	Number:	0 (no participants over the age of 21 and none receiving Respite Services for Medical Fragile Waiver)
Direct Support Personnel Records Reviewed	Number:	0
Direct Support Personnel Interviewed	Number:	0
Agency Administration Interviewed	Number:	2

Administrative Files Reviewed:

- Billing Process
- Incident Management Records
- Agency Policy and Procedure
- Quality Assurance / Improvement Plan

CC: Department Health Improvement (DHI) - file  
Developmental Disabilities Support Division (DDSD)  
Medical Fragile Program Director  
Human Services Department (HSD)  
Office Internal Affairs (OIA)

QMB Report of Findings – Professional Home Healthcare – Metro - June 02, 2015

**Agency:** Professional Home Healthcare- NE Region  
**Program:** Medically Fragile Waiver  
**Service:** None (no participants were over the age of 21 years and /or none were receiving Respite services)  
**Monitoring Type:** Routine Survey  
**Survey Dates:** June 02, 2015

Statutes	Deficiency	Agency Plan of Correction, On-going QA/QI and Responsible Party	Date Due
<b>TAG # MF29 Home Health Aide-Reimbursement</b>			
<p>IV. REIMBURSEMENT            Each provider of a service is responsible for providing clinical documentation that identifies direct care professional (DCP) roles in all components of the provision of home care, including assessment information, care planning, intervention, communications and care coordination and evaluation. There must be justification in each participant's clinical record supporting medical necessity for the care and for the approval LOC that will also include frequency and duration of the care. All services must be reflected in the ISP that is coordinated with the participant/participant's representative and other caregivers as applicable. All services provided, claimed and billed must have documented justification supporting medical necessity and be covered by the MFW and authorized by the approved budget.</p>	<p>No billing was reviewed. There were no participants over the age of 21 years and/or none receiving Respite services.</p> <p>The Director of Operations was interviewed regarding the billing process. The process was satisfactory.</p>	<p><b>No Plan of Correction Required</b></p>	<p><u>N/A</u></p>