

Date: October 17, 2019

To: Kathey Phoenix-Doyle, Executive Director  
Provider: La Vida Felicidad, Inc.  
Address: 530 Sun Ranch Village Road  
City, State, Zip: Los Lunas, New Mexico 87031

E-mail Address: [Kathey@lvfnm.org](mailto:Kathey@lvfnm.org)

Region: Metro, Northwest and Southwest  
Routine Survey: April 19 - 25, 2019  
Verification Survey: September 20 – 24, 2019

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: **2018:** Family Living, Customized Community Supports

Survey Type: Verification

Team Leader: Wolf Krusemark, BFA, Healthcare Surveyor Supervisor, Division of Health Improvement/Quality Management Bureau

Team Members: Heather Driscoll, AA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau, Bernadette Baca, MPA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau, Yolanda Herrera, RN, Nurse Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Ms. Kathey Phoenix-Doyle:

The Division of Health Improvement/Quality Management Bureau has completed a Verification survey of the services identified above. The purpose of the survey was to determine compliance with your Plan of Correction submitted to DHI regarding the *Routine Survey on April 19 – 25, 2019*.

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

**Compliance:** This determination is based on your agency's compliance with Condition of Participation level and Standard level requirements. Deficiencies found only affect a small percentage of the Individuals on the survey sample (*refer to Attachment D for details*). The attached QMB Report of Findings indicates Standard Level deficiencies identified and requires implementation of a Plan of Correction.

The following tags are identified as Standard Level:

- Tag # 1A20 Direct Support Personnel Training (Repeat Findings)
- Tag # 1A32.1 Administrative Case File: Individual Service Plan Implementation (*Not Completed at Frequency*) (New / Repeat Findings)
- Tag # 1A43.1 General Events Reporting: Individual Reporting (New / Repeat Findings)

**DIVISION OF HEALTH IMPROVEMENT**  
5301 Central Avenue NE, Suite 400 • Albuquerque, New Mexico • 87108  
(505) 222-8623 • FAX: (505) 222-8661 • <https://nmhealth.org/about/dhi/>



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However, due to the new/repeat deficiencies your agency will may be referred to the Internal Review Committee (IRC). Your agency will also be required to contact your DDSD Regional Office for technical assistance and follow up and complete the Plan of Correction document attached at the end of this report. Please respond to the Plan of Correction Coordinator within 10 business days of receipt of this letter.

**Plan of Correction:**

The attached Report of Findings identifies the new/repeat Standard Level deficiencies found during your agency's verification compliance review. You are required to complete and implement a Plan of Correction. Your agency has a total of 10 business days from the receipt of this letter. The Plan of Correction must include the following:

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

**Submission of your Plan of Correction:**

Please submit your agency's Plan of Correction and documentation verifying correction of survey deficiencies within 10 business days of receipt of this letter to the parties below:

1. **Quality Management Bureau, Attention: Plan of Correction Coordinator**  
5301 Central Ave. NE Suite 400, New Mexico 87108  
[MonicaE.Valdez@state.nm.us](mailto:MonicaE.Valdez@state.nm.us)

1. **Developmental Disabilities Supports Division Regional Office for region of service surveyed**

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

Please call the Plan of Correction Coordinator Monica Valdez at 505-273-1930 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,

*Wolf Krusemark, BFA*

Wolf Krusemark, BFA  
Team Lead/Healthcare Surveyor Supervisor  
Division of Health Improvement  
Quality Management Bureau

## Survey Process Employed:

Administrative Review Start Date:	September 20, 2019
Contact:	<b><u>La Vida Felicidad, Inc.</u></b> Katie Otero, Quality Assurance Director  <b><u>DOH/DHI/QMB</u></b> Wolf Krusemark, BFA Team Lead / Healthcare Surveyor Supervisor
On-site Entrance Conference Date:	September 23, 2019
Present:	<b><u>La Vida Felicidad, Inc.</u></b> Selma Dodson, Director of Adult Services Katie Otero, Quality Assurance Director  <b><u>DOH/DHI/QMB</u></b> Wolf Krusemark, BFA, Team Lead / Healthcare Surveyor Supervisor Heather Driscoll, AA, Healthcare Surveyor Bernadette Baca, MPA, Healthcare Surveyor Yolanda Herrera, RN, Nurse Healthcare Surveyor
Exit Conference Date:	September 24, 2019
Present:	<b><u>La Vida Felicidad, Inc.</u></b> Selma Dodson, Director of Adult Services Katie Otero, Quality Assurance Director  <b><u>DOH/DHI/QMB</u></b> Wolf Krusemark, BFA, Team Lead / Healthcare Surveyor Supervisor Bernadette Baca, MPA, Healthcare Surveyor
Administrative Locations Visited	1
Total Sample Size	11  0 - <i>Jackson</i> Class Members 11 - <i>Non-Jackson</i> Class Members  11 - Family Living 6 - Customized Community Supports
Persons Served Records Reviewed	11
Direct Support Personnel Interviewed during Routine Survey	14
Direct Support Personnel Records Reviewed	60
Substitute Care/Respite Personnel Records Reviewed	41
Service Coordinator Records Reviewed	3
Administrative Interviews completed during Routine Survey	1

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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 / General Events Reports
- Personnel Files, including nursing and subcontracted staff
- Staff Training Records, Including Competency Interviews with Staff
- Agency Policy and Procedure Manual
- Caregiver Criminal History Screening Records
- Consolidated Online Registry/Employee Abuse Registry
- Human Rights Committee Notes and Meeting Minutes
- Evacuation Drills of Residences and Service Locations
- Quality Assurance / Improvement Plan

CC: Distribution List: DOH - Division of Health Improvement  
DOH - Developmental Disabilities Supports Division  
DOH - Office of Internal Audit  
HSD - Medical Assistance Division  
NM Attorney General's Office

## Attachment B

### Department of Health, Division of Health Improvement QMB Determination of Compliance Process

The Division of Health Improvement, Quality Management Bureau (QMB) surveys compliance of the Developmental Disabilities Waiver (DDW) standards and other state and federal regulations. For the purpose of the LCA / CI survey the CMS waiver assurances have been grouped into four (4) Service Domains: Plan of Care (ISP Implementation); 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 Assurance 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 during the on-site survey process and as reported in the QMB Report of Findings. All areas reviewed by QMB have been agreed to by DDSD and DHI/QMB and are reflective of CMS requirements. 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.

Each deficiency in your Report of Findings has been predetermined to be a Standard Level Deficiency, a Condition of Participation Level Deficiency, if below 85% compliance or a non-negotiable Condition of Participation Level Deficiency. Your Agency's overall Compliance Determination is based on a Scope and Severity Scale which takes into account the number of Standard and Condition Level Tags cited as well as the percentage of Individuals affected in the sample.

#### Conditions of Participation (CoPs)

CoPs are based on the Centers for Medicare and Medicaid Services, Home and Community-Based Waiver required assurances, in addition to the New Mexico Developmental Disability Waiver (DDW) Service Standards. The Division of Health Improvement (DHI), in conjunction with the Developmental Disability Support Division (DDSD), has identified certain deficiencies that have the potential to be a Condition of Participation Level, if the tag falls below 85% compliance based on the number of people affected. Additionally, there are what are called non-negotiable Conditions of Participation, regardless if one person or multiple people are affected. In this context, a CoP is defined as an essential / fundamental regulation or standard, which when out of compliance directly affects the health and welfare of the Individuals served. If no deficiencies within a Tag are at the level of a CoP, it is cited as a Standard Level Deficiency.

***Service Domains and CoPs for Living Care Arrangements and Community Inclusion are as follows:***

***Service Domain: Service Plan: ISP Implementation - Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan.***

**Potential Condition of Participation Level Tags, if compliance is below 85%:**

- **1A08.3** – Administrative Case File: Individual Service Plan / ISP Components
- **1A32** – Administrative Case File: Individual Service Plan Implementation
- **LS14** – Residential Service Delivery Site Case File (ISP and Healthcare Requirements)
- **IS14** – CCS / CIES Service Delivery Site Case File (ISP and Healthcare Requirements)

***Service Domain: Qualified Providers - The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.***

**Potential Condition of Participation Level Tags, if compliance is below 85%:**

- **1A20** - Direct Support Personnel Training

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- 1A22 - Agency Personnel Competency
- 1A37 – Individual Specific Training

**Non-Negotiable Condition of Participation Level Tags (one or more Individuals are cited):**

- 1A25.1 – Caregiver Criminal History Screening
- 1A26.1 – Consolidated On-line Registry Employee Abuse Registry

**Service Domain: Health, Welfare and Safety -** *The State, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.*

**Potential Condition of Participation Level Tags, if compliance is below 85%:**

- 1A08.2 – Administrative Case File: Healthcare Requirements & Follow-up
- 1A09 – Medication Delivery Routine Medication Administration
- 1A09.1 – Medication Delivery PRN Medication Administration
- 1A15.2 – Administrative Case File: Healthcare Documentation (Therap and Required Plans)

**Non-Negotiable Condition of Participation Level Tags (one or more Individuals are cited):**

- 1A05 – General Requirements / Agency Policy and Procedure Requirements
- 1A07 – Social Security Income (SSI) Payments
- 1A09.2 – Medication Delivery Nurse Approval for PRN Medication
- 1A15 – Healthcare Coordination - Nurse Availability / Knowledge
- 1A31 – Client Rights/Human Rights
- LS25.1 – Residential Reqts. (Physical Environment - Supported Living / Family Living / Intensive Medical Living)

## Attachment C

### 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 Bureau Chief **within 10 business days** of receipt of the final Report of Findings (**Note: No extensions are granted for the IRF**).
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: <https://nmhealth.org/about/dhi/cbp/irf/>
3. The written request for an IRF must specify in detail the request for reconsideration and why the finding is inaccurate.
4. The IRF request must include all supporting documentation or evidence.
5. If you have questions about the IRF process, email the IRF Chairperson, Valerie V. Valdez at [valerie.valdez@state.nm.us](mailto:valerie.valdez@state.nm.us) for assistance.

#### The following limitations apply to the IRF process:

- The written request for an IRF and all supporting evidence must be received within 10 business days.
- Findings based on evidence requested during the survey and not provided may not be subject to reconsideration.
- The supporting documentation must be new evidence not previously reviewed or requested by the survey team.
- Providers must continue to complete their Plan of Correction during the IRF process
- Providers may not request an IRF to challenge the sampling methodology.
- Providers may not request an IRF based on disagreement with the nature of the standard or regulation.
- Providers may not request an IRF to challenge the team composition.
- Providers may not request an IRF to challenge the DHI/QMB determination of compliance or the length of their DDSD provider contract.

A Provider forfeits the right to an IRF if the request is not received within 10 business days of receiving the report and/or does not include all supporting documentation or evidence to show compliance with the standards and regulations.

The IRF Committee will review the request; the Provider will be notified in writing of the ruling; no face-to-face meeting will be conducted.

When a Provider requests that a finding be reconsidered, it does not stop or delay the Plan of Correction process. **Providers must continue to complete the Plan of Correction, including the finding in dispute regardless of the IRF status.** If a finding is removed or modified, it will be noted and removed or modified from the Report of Findings. It should be noted that in some cases a Plan of Correction may be completed prior to the IRF process being completed. The provider will be notified in writing on the decisions of the IRF committee.

## QMB Determinations of Compliance

### **Compliance:**

The QMB determination of *Compliance* indicates that a provider has either no deficiencies found during a survey or that no deficiencies at the Condition of Participation Level were found. 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*, the provider must have received no Conditions of Participation Level Deficiencies and have a minimal number of Individuals on the sample affected by the findings indicated in the Standards Level Tags.

### **Partial-Compliance with Standard Level Tags:**

The QMB determination of *Partial-Compliance with Standard Level Tags* indicates that a provider is in compliance with all Condition of Participation Level deficiencies but is out of compliance with a certain percentage of Standard Level deficiencies. This partial-compliance, if not corrected, may result in a negative outcome or the potential for more than minimal harm to individuals' health and safety. There are two ways to receive a determination of Partial Compliance with Standard Level Tags:

1. Your Report of Findings includes 16 or fewer Standards Level Tags with between 75% and 100% of the survey sample affected in any tag.
2. Your Report of Findings includes 17 or more Standard Level Tags with between 50% to 74% of the survey sample affected in any tag.

### **Partial-Compliance with Standard Level Tags and Condition of Participation Level Tags:**

The QMB determination of *Partial-Compliance with Standard Level Tags and Condition of Participation Level Tags* indicates that a provider is out of compliance with one to five (1 – 5) Condition of Participation Level Tags. 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.

### **Non-Compliance:**

The QMB determination of *Non-Compliance* indicates a provider is significantly out of compliance with both Standard Level deficiencies and Conditions of Participation level deficiencies. 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. There are three ways an agency can receive a determination of Non-Compliance:

1. Your Report of Findings includes 17 or more total Tags with 0 to 5 Condition of Participation Level Tags with 75% to 100% of the survey sample affected in any Condition of Participation Level tag.
2. Your Report of Findings includes any amount of Standard Level Tags with 6 or more Condition of Participation Level Tags.

Compliance Determination	Weighting						
	LOW		MEDIUM			HIGH	
Total Tags:	<b>up to 16</b>	<b>17 or more</b>	<b>up to 16</b>	<b>17 or more</b>	<b>Any Amount</b>	<b>17 or more</b>	<b>Any Amount</b>
	and	and	and	and	And/or	and	And/or
COP Level Tags:	<b>0 COP</b>	<b>0 COP</b>	<b>0 COP</b>	<b>0 COP</b>	<b>1 to 5 COP</b>	<b>0 to 5 CoPs</b>	<b>6 or more COP</b>
	and	and	and	and		and	
Sample Affected:	<b>0 to 74%</b>	<b>0 to 49%</b>	<b>75 to 100%</b>	<b>50 to 74%</b>		<b>75 to 100%</b>	
<b>“Non-Compliance”</b>						<b>17 or more</b> Total Tags with <b>75 to 100%</b> of the Individuals in the sample cited in any CoP Level tag.	<b>Any Amount</b> of Standard Level Tags and <b>6 or more</b> Conditions of Participation Level Tags.
<b>“Partial Compliance with Standard Level tags and Condition of Participation Level Tags”</b>					<b>Any Amount</b> Standard Level Tags, plus <b>1 to 5</b> Conditions of Participation Level tags.		
<b>“Partial Compliance with Standard Level tags”</b>			<b>up to 16</b> Standard Level Tags with <b>75 to 100%</b> of the individuals in the sample cited in any tag.	<b>17 or more</b> Standard Level Tags with <b>50 to 74%</b> of the individuals in the sample cited any tag.			
<b>“Compliance”</b>	<b>Up to 16</b> Standard Level Tags with <b>0 to 74%</b> of the individuals in the sample cited in any tag.	<b>17 or more</b> Standard Level Tags with <b>0 to 49%</b> of the individuals in the sample cited in any tag.					

**Agency:** La Vida Felicidad, Inc. – Metro, Northwest and Southwest Region  
**Program:** Developmental Disabilities Waiver  
**Service:** 2018: Family Living and Customized Community Supports  
**Survey Type:** Verification  
**Routine Survey:** April 19 - 25, 2019  
**Verification Survey:** September 20 – 24, 2019

Standard of Care	Routine Survey Deficiencies April 19 - 25, 2019	Verification Survey New and Repeat Deficiencies September 20 – 24, 2019
<b>Service Domain: Service Plans: ISP Implementation</b> - Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan.		
<b>Tag # 1A32.1 Administrative Case File: Individual Service Plan Implementation (Not Completed at Frequency)</b>	<b>Standard Level Deficiency</b>	<b>Standard Level Deficiency</b>
<p><b>NMAC 7.26.5.16.C and D Development of the ISP.</b> Implementation of the ISP. The ISP shall be implemented according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcomes and action plan.</p> <p>C. The IDT shall review and discuss information and recommendations with the individual, with the goal of supporting the individual in attaining desired outcomes. The IDT develops an ISP based upon the individual's personal vision statement, strengths, needs, interests and preferences. The ISP is a dynamic document, revised periodically, as needed, and amended to reflect progress towards personal goals and achievements consistent with the individual's future vision. This regulation is consistent with standards established for individual plan 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 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 and attempt to prevent regression or loss of current capabilities. Services and supports include</p>	<p>Based on administrative record review, the Agency did not implement the ISP according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcomes and action plan for 6 of 12 individuals.</p> <p>As indicated by Individuals ISP the following was found with regards to the implementation of ISP Outcomes:</p> <p><b>Family Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</b></p> <p>Individual #1</p> <ul style="list-style-type: none"> <li>According to the Live Outcome; Action Step for "...will maintain his garden," is to be completed 3 times per week." Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 1/2019 - 3/2019.</li> </ul> <p>Individual #2</p> <ul style="list-style-type: none"> <li>According to the Live Outcome; Action Step for "With verbal prompts and physical assistance, ... will choose and participate in some sort of exercise (dancing, walking, standing, or other</li> </ul>	<p><b>New / Repeat Findings:</b></p> <p>Based on administrative record review, the Agency did not implement the ISP according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcomes and action plan for 1 of 11 individuals.</p> <p>As indicated by Individuals ISP the following was found with regards to the implementation of ISP Outcomes:</p> <p><b>Family Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</b></p> <p>Individual #2</p> <ul style="list-style-type: none"> <li>None found regarding: Fun Outcome/Action Step: "Given the choice of 2 community activities, ...will choose and participate in a community activity" for 7/2019 - 8/2019. Action step is to be completed 2 times per month. Document maintained by the provider was blank.</li> <li>According to the Live Outcome; Action Step for "With verbal prompts and physical assistance, ... will choose and participate in some sort of exercise</li> </ul>

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<p>specialized and/or generic services, training, education and/or treatment as determined by the IDT and documented in the ISP.</p> <p>D. The intent is to provide choice and obtain opportunities for individuals to live, work and play with full participation in their communities. The following principles provide direction and purpose in planning for individuals with developmental disabilities. [05/03/94; 01/15/97; Recompiled 10/31/01]</p> <p>Developmental Disabilities (DD) Waiver Service Standards 2/26/2018; Re-Issue: 12/28/2018; Eff 1/1/2019</p> <p><b>Chapter 6: Individual Service Plan (ISP)</b>  <b>6.8 ISP Implementation and Monitoring:</b> All DD Waiver Provider Agencies with a signed SFOC are required to provide services as detailed in the ISP. The ISP must be readily accessible to Provider Agencies on the approved budget. (See Chapter 20: Provider Documentation and Client Records.) CMs facilitate and maintain communication with the person, his/her representative, other IDT members, Provider Agencies, and relevant parties to ensure that the person receives the maximum benefit of his/her services and that revisions to the ISP are made as needed. All DD Waiver Provider Agencies are required to cooperate with monitoring activities conducted by the CM and the DOH. Provider Agencies are required to respond to issues at the individual level and agency level as described in Chapter 16: Qualified Provider Agencies.</p> <p><b>Chapter 20: Provider Documentation and Client Records</b>  <b>20.2 Client Records Requirements:</b> All DD Waiver Provider Agencies are required to create and maintain individual client records. The contents of client records vary depending on the unique needs of the person receiving services and the resultant information produced. The extent of documentation required for individual client records per service type depends on</p>	<p>activity recommended by either the OT or PT) is to be completed 3 times per week for 20 minutes each session for the next year. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 1/2019 - 3/2019.</p> <p>Individual #4</p> <ul style="list-style-type: none"> <li>• According to the Live Outcome; Action Step for "...will select the items for her lunch and will put them in her lunch box" is to be completed 6 – 8 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 2/2019 - 3/2019.</li> </ul> <p>Individual #5</p> <ul style="list-style-type: none"> <li>• According to the Live Outcome; Action Step for "...will complete a selected task" is to be completed 2 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 1/2019 - 3/2019.</li> </ul> <p>Individual #8</p> <ul style="list-style-type: none"> <li>• According to the Live Outcome; Action Step for "Given verbal prompts and physical assistance, ...will take the basket with her clean laundry to her room" 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 1/2019.</li> </ul> <p>Individual #12</p> <ul style="list-style-type: none"> <li>• According to the Live Outcome; Action Step for "...will feed and water the animals" is to be completed 1 time per day. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 1/2019.</li> </ul>	<p>(dancing, walking, standing, or other activity recommended by either the OT or PT)" is to be completed <b>3 times per week for 15 minutes</b> each session for the next year. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 7/2019.</p> <ul style="list-style-type: none"> <li>• According to the Live Outcome; Action Step for "With verbal prompts and physical assistance, ... will choose and participate in some sort of exercise (dancing, walking, standing, or other activity recommended by either the OT or PT)" is to be completed <b>3 times per week for 20 minutes</b> each session for the next year. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 8/2019.</li> </ul>
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the location of the file, the type of service being provided, and the information necessary. DD Waiver Provider Agencies are required to adhere to the following:

8. Client records must contain all documents essential to the service being provided and essential to ensuring the health and safety of the person during the provision of the service.

9. Provider Agencies must have readily accessible records in home and community settings in paper or electronic form. Secure access to electronic records through the Therap web-based system using computers or mobile devices

10. Provider Agencies are responsible for ensuring that all plans created by nurses, RDs, therapists or BSCs are present in all needed settings.

11. Provider Agencies must maintain records of all documents produced by agency personnel or contractors on behalf of each person, including any routine notes or data, annual assessments, semi-annual reports, evidence of training provided/received, progress notes, and any other interactions for which billing is generated.

12. Each Provider Agency is responsible for maintaining the daily or other contact notes documenting the nature and frequency of service delivery, as well as data tracking only for the services provided by their agency.

13. The current Client File Matrix found in Appendix A Client File Matrix details the minimum requirements for records to be stored in agency office files, the delivery site, or with DSP while providing services in the community.

14. All records pertaining to JCMs must be retained permanently and must be made available to DDSD upon request, upon the termination or expiration of a provider agreement, or upon provider withdrawal from services.

- According to the Live Outcome; Action Step for "...will choose an article of interest to read" 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 1/2019.

**Customized Community Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes:**

Individual #5

- According to the Work/Learn Outcome; Action Step for "...will make decorations for the party" is to be completed 1 time per month. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 1/2019.

Standard of Care	Deficiencies	Verification Survey New and Repeat Deficiencies September 20 – 24, 2019
<i>Service Domain: Qualified Providers - The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.</i>		
Tag # 1A20 Direct Support Personnel Training	Condition of Participation Level Deficiency	Standard Level Deficiency
<p>Developmental Disabilities (DD) Waiver Service Standards 2/26/2018; Re-Issue: 12/28/2018; Eff 1/1/2019</p> <p><b>Chapter 17: Training Requirements:</b> The purpose of this chapter is to outline requirements for completing, reporting and documenting DDSD training requirements for DD Waiver Provider Agencies as well as requirements for certified trainers or mentors of DDSD Core curriculum training.</p> <p><b>17.1 Training Requirements for Direct Support Personnel and Direct Support Supervisors:</b> Direct Support Personnel (DSP) and Direct Support Supervisors (DSS) include staff and contractors from agencies providing the following services: Supported Living, Family Living, CIHS, IMLS, CCS, CIE and Crisis Supports.</p> <p>1. DSP/DSS must successfully:</p> <p>a. Complete IST requirements in accordance with the specifications described in the ISP of each person supported and as outlined in 17.10 Individual-Specific Training below.</p> <p>b. Complete training on DOH-approved ANE reporting procedures in accordance with NMAC 7.1.14</p> <p>c. Complete training in universal precautions. The training materials shall meet Occupational Safety and Health Administration (OSHA) requirements</p> <p>d. Complete and maintain certification in First Aid and CPR. The training materials shall meet OSHA requirements/guidelines.</p> <p>e. Complete relevant training in accordance with OSHA requirements (if job involves exposure to hazardous chemicals).</p>	<p>After an analysis of the evidence it has been determined there is a significant potential for a negative outcome to occur.</p> <p>Based on record review, the Agency did not ensure Orientation and Training requirements were met for 24 of 56 Direct Support Personnel.</p> <p>Review of Direct Support Personnel training records found no evidence of the following required DOH/DDSD trainings and certification being completed:</p> <p><b>First Aid:</b></p> <ul style="list-style-type: none"> <li>• Expired (#500, 525, 530)</li> </ul> <p><b>CPR:</b></p> <ul style="list-style-type: none"> <li>• Expired (#500, 525)</li> </ul> <p><b>Assisting with Medication Delivery:</b></p> <ul style="list-style-type: none"> <li>• Not Found (#501, 514, 521, 527, 531, 532, 544, 550)</li> <li>• Expired (#500, 504, 506, 509, 515, 525, 526, 527, 528, 530, 538, 546, 548, 549, 554, 555, 557)</li> </ul>	<p><b>Repeat Finding:</b></p> <p>Based on record review, the Agency did not ensure Orientation and Training requirements were met for 5 of 60 Direct Support Personnel.</p> <p>Review of Direct Support Personnel training records found no evidence of the following required DOH/DDSD trainings and certification being completed:</p> <p><b>Assisting with Medication Delivery</b></p> <ul style="list-style-type: none"> <li>• Not Found (#500, 509, 525, 527, 557)</li> </ul>

- f. Become certified in a DDSD-approved system of crisis prevention and intervention (e.g., MANDT, Handle with Care, CPI) before using EPR. Agency DSP and DSS shall maintain certification in a DDSD-approved system if any person they support has a BCIP that includes the use of EPR.
  - g. Complete and maintain certification in a DDSD-approved medication course if required to assist with medication delivery.
  - h. Complete training regarding the HIPAA.
2. Any staff being used in an emergency to fill in or cover a shift must have at a minimum the DDSD required core trainings and be on shift with a DSP who has completed the relevant IST.

**17.1.2 Training Requirements for Service Coordinators (SC):** Service Coordinators (SCs) refer to staff at agencies providing the following services: Supported Living, Family Living, Customized In-home Supports, Intensive Medical Living, Customized Community Supports, Community Integrated Employment, and Crisis Supports.

1. A SC must successfully:

- a. Complete IST requirements in accordance with the specifications described in the ISP of each person supported, and as outlined in the 17.10 Individual-Specific Training below.
- b. Complete training on DOH-approved ANE reporting procedures in accordance with NMAC 7.1.14.
- c. Complete training in universal precautions. The training materials shall meet Occupational Safety and Health Administration (OSHA) requirements.
- d. Complete and maintain certification in First Aid and CPR. The training materials shall meet OSHA requirements/guidelines.
- e. Complete relevant training in accordance with OSHA requirements (if job involves exposure to hazardous chemicals).

<p>f. Become certified in a DDSD-approved system of crisis prevention and intervention (e.g., MANDT, Handle with Care, CPI) before using emergency physical restraint. Agency SC shall maintain certification in a DDSD-approved system if a person they support has a Behavioral Crisis Intervention Plan that includes the use of emergency physical restraint.</p> <p>g. Complete and maintain certification in AWMD if required to assist with medications.</p> <p>h. Complete training regarding the HIPAA.</p> <p>2. Any staff being used in an emergency to fill in or cover a shift must have at a minimum the DDSD required core trainings.</p>		
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<b>Tag # 1A43.1 General Events Reporting - Individual Reporting</b>	<b>Standard Level Deficiency</b>	<b>Standard Level Deficiency</b>
<p>Developmental Disabilities (DD) Waiver Service Standards 2/26/2018; Re-Issue: 12/28/2018; Eff 1/1/2019</p> <p><b>Chapter 19: Provider Reporting Requirements: 19.2 General Events Reporting (GER):</b> The purpose of General Events Reporting (GER) is to report, track and analyze events, which pose a risk to adults in the DD Waiver program, but do not meet criteria for ANE or other reportable incidents as defined by the IMB. Analysis of GER is intended to identify emerging patterns so that preventative action can be taken at the individual, Provider Agency, regional and statewide level. On a quarterly and annual basis, DDSD analyzes GER data at the provider, regional and statewide levels to identify any patterns that warrant intervention. Provider Agency use of GER in Therap is required as follows:</p> <ol style="list-style-type: none"> <li>1. DD Waiver Provider Agencies approved to provide Customized In- Home Supports, Family Living, IMLS, Supported Living, Customized Community Supports, Community Integrated Employment, Adult Nursing and Case Management must use GER in the Therap system.</li> <li>2. DD Waiver Provider Agencies referenced above are responsible for entering specified information into the GER section of the secure website operated under contract by Therap according to the GER Reporting Requirements in Appendix B GER Requirements.</li> <li>3. At the Provider Agency's discretion additional events, which are not required by DDSD, may also be tracked within the GER section of Therap.</li> <li>4. GER does not replace a Provider Agency's obligations to report ANE or other reportable incidents as described in Chapter 18: Incident Management System.</li> <li>5. GER does not replace a Provider Agency's obligations related to healthcare coordination, modifications to the ISP, or any other risk management and QI activities.</li> </ol>	<p>Based on record review, the Agency did not follow the General Events Reporting requirements as indicated by the policy for 1 of 12 individuals.</p> <p><b>The following General Events Reporting records contained evidence that indicated the General Events Report was not entered and / or approved within the required timeframe:</b></p> <p><b>Individual #6</b></p> <ul style="list-style-type: none"> <li>• General Events Report (GER) indicates on 3/13/2019 the Individual utilized 911/EMS Services. GER was approved on 3/18/2019.</li> </ul>	<p><b>New / Repeat Findings:</b></p> <p>Based on record review, the Agency did not follow the General Events Reporting requirements as indicated by the policy for 1 of 11 individuals.</p> <p><b>The following General Events Reporting records contained evidence that indicated the General Events Report was not entered and / or approved within the required timeframe:</b></p> <p><b>Individual #4</b></p> <ul style="list-style-type: none"> <li>• General Events Report (GER) indicates on 5/8/2019 the Individual fell and received an abrasion on her left knee (Injury). GER was approved on 5/20/2019.</li> </ul>

**Appendix B GER Requirements:** DDSD is pleased to introduce the revised General Events Reporting (GER), requirements. There are two important changes related to medication error reporting:

1. Effective immediately, DDSD requires ALL medication errors be entered into Therap GER with the exception of those required to be reported to Division of Health Improvement-Incident Management Bureau.
2. No alternative methods for reporting are permitted.

**The following events need to be reported in the Therap GER:**

- Emergency Room/Urgent Care/Emergency Medical Services
- Falls Without Injury
- Injury (including Falls, Choking, Skin Breakdown and Infection)
- Law Enforcement Use
- Medication Errors
- Medication Documentation Errors
- Missing Person/Elopement
- Out of Home Placement- Medical: Hospitalization, Long Term Care, Skilled Nursing or Rehabilitation Facility Admission
- PRN Psychotropic Medication
- Restraint Related to Behavior
- Suicide Attempt or Threat

Entry Guidance: Provider Agencies must complete the following sections of the GER with detailed information: profile information, event information, other event information, general information, notification, actions taken or planned, and the review follow up comments section. Please attach any pertinent external documents such as discharge summary, medical consultation form, etc. Provider Agencies must enter and approve GERs within 2 business days with the exception of Medication Errors which must be entered into GER on at least a monthly basis.

Standard of Care	Routine Survey Deficiencies April 19 - 25, 2019	Verification Survey New and Repeat Deficiencies September 20 – 24, 2019
<b>Service Domain: Service Plans: ISP Implementation</b> - Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan.		
Tag # 1A08 Administrative Case File (Other Required Documents)	Standard Level Deficiency	COMPLETE
Tag # 1A32 Administrative Case File: Individual Service Plan Implementation	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A32.2 Individual Service Plan Implementation (Residential Implementation)	Standard Level Deficiency	COMPLETE
Tag # 1A32.3 Individual Service Plan Implementation (Inclusion Service Site Implementation)	Standard Level Deficiency	COMPLETE
Tag # 1A38 Living Care Arrangement / Community Inclusion Reporting Requirements	Standard Level Deficiency	COMPLETE
Tag # IS14 CCS/CIES Service Delivery Site Case File (ISP and Healthcare Requirements)	Condition of Participation Level Deficiency	COMPLETE
Tag # IS14.1 CCS/CIES Service Delivery Site Case File (Other Required Documentation)	Standard Level Deficiency	COMPLETE
Tag # LS14 Residential Service Delivery Site Case File (ISP and Healthcare requirements)	Condition of Participation Level Deficiency	COMPLETE
Tag # LS14.1 Residential Service Delivery Site Case File (Other Required Documentation)	Standard Level Deficiency	COMPLETE
<b>Service Domain: Qualified Providers</b> - The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.		
Tag # 1A22 Agency Personnel Competency	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A26 Consolidated On-line Registry/Employee Abuse Registry	Standard Level Deficiency	COMPLETE

<b>Tag # 1A37 Individual Specific Training</b>	<b>Condition of Participation Level Deficiency</b>	<b>COMPLETE</b>
<i>Service Domain: Health and Welfare - The state, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.</i>		
<b>Tag # 1A08.2 Administrative Case File: Healthcare Requirements &amp; Follow-up</b>	<b>Condition of Participation Level Deficiency</b>	<b>COMPLETE</b>
<b>Tag # 1A15.2 Administrative Case File: Healthcare Documentation (Therap and Required Plans)</b>	<b>Condition of Participation Level Deficiency</b>	<b>COMPLETE</b>
<b>Tag # 1A31 Client Rights/Human Rights</b>	<b>Condition of Participation Level Deficiency</b>	<b>COMPLETE</b>
<b>Tag # LS06 Family Living Requirements</b>	<b>Standard Level Deficiency</b>	<b>COMPLETE</b>
<b>Tag # LS25 Residential Health and Safety (Supported Living &amp; Family Living)</b>	<b>Standard Level Deficiency</b>	<b>COMPLETE</b>
<i>Service Domain: Medicaid Billing/Reimbursement - State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.</i>		
<b>Tag # LS27 Family Living Reimbursement</b>	<b>Standard Level Deficiency</b>	<b>COMPLETE</b>

	Verification Survey Plan of Correction, On-going QA/QI and Responsible Party	Date Due
<b>Tag # 1A32.1 Administrative Case File: Individual Service Plan Implementation (Not Completed at Frequency)</b>	<p><b>Provider:</b>  State your Plan of Correction for the deficiencies cited in <b>this tag here</b> (How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?): →</p> <p><b>Provider:</b>  Enter your <b>ongoing</b> Quality Assurance/Quality Improvement processes as it related to this tag number here (What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?): →</p>	
<b>Tag # 1A20 Direct Support Personnel Training</b>	<p><b>Provider:</b>  State your Plan of Correction for the deficiencies cited in <b>this tag here</b> (How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?): →</p> <p><b>Provider:</b>  Enter your <b>ongoing</b> Quality Assurance/Quality Improvement processes as it related to this tag number here (What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?): →</p>	
<b>Tag # 1A43.1 General Events Reporting - Individual Reporting</b>	<p><b>Provider:</b>  State your Plan of Correction for the deficiencies cited in <b>this tag here</b> (How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?): →</p> <p><b>Provider:</b>  Enter your <b>ongoing</b> Quality Assurance/Quality Improvement processes as it related to this tag number here (What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?): →</p>	

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Date: November 19, 2019

To: Adria Duran, Interim Executive Director  
Provider: La Vida Felicidad, Inc.  
Address: 530 Sun Ranch Village Road  
City, State, Zip: Los Lunas, New Mexico 87031

E-mail Address: [adria@lvfnm.org](mailto:adria@lvfnm.org)

Region: Metro, Northwest and Southwest  
Routine Survey: April 19 - 25, 2019  
Verification Survey: September 20 – 24, 2019

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: **2018:** Family Living, Customized Community Supports

Survey Type: Verification

Dear Ms. Duran:

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 of 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,

*Monica Valdez, BS*

Monica Valdez, BS  
Healthcare Surveyor Advanced/Plan of Correction Coordinator  
Quality Management Bureau/DHI

Q.20.1.DDW.D1246.1/3/5.VER.09.19.323