

Date: November 18, 2019

To: Claudine M. Abeita, Executive Director  
Provider: Zuni Entrepreneurial Enterprises, Inc. dba Empowerment Incorporated  
Address: 604 E. Coal Avenue  
City, State, Zip: Gallup, New Mexico 87301

E-mail Address: [cabeita@zeeinc.org](mailto:cabeita@zeeinc.org)

Region: Northwest  
Routine Survey: May 3 - 8, 2019

Verification Survey: October 25 - 29, 2019

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: **2018:** Family Living, Customized Community Supports, Community Integrated Employment Services

Survey Type: Verification

Team Leader: Lora Norby, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Team Member: Bernadette Baca, MPA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Claudine M. Abeita;

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 May 3 - 8, 2019*.

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

***Partial Compliance with Standard Level Tags and Conditions of Participation Level Tags:*** This determination is based on noncompliance with one to five (1 – 5) Condition of Participation Level Tags (*refer to Attachment D for details*). The attached QMB Report of Findings indicates Standard Level and Condition of Participation Level deficiencies identified and requires completion and implementation of a Plan of Correction.

The following tags are identified as Condition of Participation Level:

- Tag # 1A32 Administrative Case File: Individual Service Plan Implementation (*New / Repeat Finding*)
- Tag # 1A25.1 Caregiver Criminal History Screening (*New / Repeat Finding*)
- Tag # 1A08.2 Administrative Case File: Healthcare Requirements & Follow-up (*New / Repeat Finding*)

The following tags are identified as Standard Level:

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



QMB Report of Findings – Zuni Entrepreneurial Enterprises, Inc. dba Empowerment Incorporated – Northwest – October 25 - 29, 2019

Survey Report #: Q.20.2.DDW.D1187.1.VER.01.19.322

- Tag # 1A32.1 Administrative Case File: Individual Service Plan Implementation (Not Completed at Frequency) (*New / Repeat Finding*)
- Tag # 1A38 Living Care Arrangement / Community Inclusion Reporting Requirements (*New / Repeat Finding*)

However, due to the new/repeat deficiencies your agency will 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)
2. **Developmental Disabilities Supports Division Regional Office for region of service surveyed**

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

Please call the Plan of Correction Coordinator 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,

*Lora Norby*

Lora Norby  
Team Lead/Healthcare Surveyor  
Division of Health Improvement  
Quality Management Bureau

**Survey Process Employed:**

Administrative Review Start Date: October 25, 2019

Contact: **Zuni Entrepreneurial Enterprises, Inc. dba Empowerment Incorporated**  
Claudine M. Abeita, Executive Director

**DOH/DHI/QMB**  
Lora Norby, Team Lead/Healthcare Surveyor

On-site Entrance Conference Date: October 28, 2019

Present: **Zuni Entrepreneurial Enterprises, Inc. dba Empowerment Incorporated**  
Claudine Abeita, Executive Director  
Carla Naktewa, Service Coordinator / DSP / Day Habilitation Services Supervisor  
Glorietta Hannaweeke, DSP / Lead Day Habilitation / Supported Employment Specialist  
Vonda Bert, DSP / Certified Nursing Assistant  
Trilisia Boone, Fiscal Administrative Assistant  
Heather Lule, Services Coordinator / Administrative Services  
Desiree DeClay, Administrative Assistant

**DOH/DHI/QMB**  
Lora Norby, Team Lead/Healthcare Surveyor  
Bernadette Baca, MPA, Healthcare Surveyor

Exit Conference Date: October 29, 2019

Present: **Zuni Entrepreneurial Enterprises, Inc. dba Empowerment Incorporated**  
Claudine Abeita, Executive Director  
Glorietta Hannaweeke, DSP / Lead Day Habilitation / Supported Employment Specialist  
Carla Naktewa, Service Coordinator / DSP / Day Habilitation Services Supervisor  
Trilisia Boone, Fiscal Administrative Assistant  
Heather Lule, Services Coordinator / Administrative Services  
Desiree DeClay, Administrative Assistant

**DOH/DHI/QMB**  
Lora Norby, Team Lead/Healthcare Surveyor  
Bernadette Baca, MPA, Healthcare Surveyor

**DDSD – Northwest Regional Office**  
Crystal Wright, Regional Director  
Dennis O'Keefe, Generalist  
Orlinda Charleston, Community Inclusion Coordinator

Administrative Locations Visited 1

Total Sample Size 6

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Survey Report #: Q.20.2.DDW.D1187.1.VER.01.19.322

0 - Jackson Class Members  
6 - Non-Jackson Class Members

3 – Family Living  
6 – Customized Community Supports  
4 – Community Integrated Employment Services

Persons Served Records Reviewed 6

Direct Support Personnel Interviewed during Routine Survey 5 (*One Service Coordinator performs dual roles as a DSP*)

Direct Support Personnel Records Reviewed 15 (*One DSP performs dual roles as a Service Coordinator*)

Service Coordinator Records Reviewed 2 (*One Service Coordinator performs dual roles as a DSP*)

Administrative Interviews completed during Routine Survey 1

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 DDS 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 (DDS), 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%:**

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Survey Report #: Q.20.2.DDW.D1187.1.VER.01.19.322

- **1A20** - Direct Support Personnel Training
- **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 Documentation - Nurse Availability
- **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 Deputy Bureau Chief **within 10 business days** of receipt of the final Report of Findings.
2. The written request for an IRF *must* be completed on the QMB Request for Informal Reconsideration of Finding form available on the QMB website: <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 Standard Level Tags with 0 to 5 Condition of Participation Level Tags with 75% to 100% of the survey sample affected in any 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	
Standard Level Tags:	up to 16	17 or more	up to 16	17 or more	Any Amount	17 or more	Any Amount
	and	and	and	and	And/or	and	And/or
CoP Level Tags:	0 CoP	0 CoP	0 CoP	0 CoP	1 to 5 CoPs	0 to 5 CoPs	6 or more CoPs
	and	and	and	and		and	
Sample Affected:	0 to 74%	0 to 49%	75 to 100%	50 to 74%		75 to 100%	
<b>“Non-Compliance”</b>						17 or more Standard Level Tags with 75 to 100% of the Individuals in the sample cited in any tag.	Any Amount of Standard Level Tags and 6 or more Conditions of Participation Level Tags.
<b>“Partial Compliance with Standard Level tags and Condition of Participation Level Tags”</b>					Any Amount of Standard Level Tags, plus 1 to 5 Conditions of Participation Level tags.		
<b>“Partial Compliance with Standard Level tags”</b>			up to 16 Standard Level Tags with 75 to 100% of the individuals in the sample cited in any tag.	17 or more Standard Level Tags with 50 to 74% of the individuals in the sample cited any tag.			
<b>“Compliance”</b>	Up to 16 Standard Level Tags with 0 to 74% of the individuals in the sample cited in any tag.	17 or more Standard Level Tags with 0 to 49% of the individuals in the sample cited in any tag.					

**Agency:** Zuni Entrepreneurial Enterprises, Inc. dba Empowerment Incorporated - Northwest  
**Program:** Developmental Disabilities Waiver  
**Service:** 2018: Family Living, Customized Community Supports, Community Integrated Employment Services  
**Survey Type:** Verification  
**Routine Survey:** May 3 - 8, 2019  
**Verification Survey:** October 25 – 29, 2019

Standard of Care	Routine Survey Deficiencies May 3 – 8, 2019	Verification Survey New and Repeat Deficiencies October 25 – 29, 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 Administrative Case File: Individual Service Plan Implementation</b>	<b>Condition of Participation Level Deficiency</b>	<b>Condition of Participation Level Deficiency</b>
<p><b>NMAC 7.26.5.16.C and D Development of the ISP. Implementation of the ISP.</b> 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</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 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 5 of 6 individuals.</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>None found regarding: Live Outcome/Action Step: "With staff assistance ... will research and experience a new type of food" for 1/2019 - 3/2019. Action step is to be completed 1 time per month.</li> </ul> <p>Individual #2</p> <ul style="list-style-type: none"> <li>None found regarding: Live Outcome/Action Step: "...will shop for and purchase ingredients" for 1/2019. Action step is to be completed 3 times per week.</li> </ul>	<p><b>New/Repeat Findings:</b></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 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 6 individuals.</p> <p><b>Customized Community Supports 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: "...will choose and walk a local trail with a friend." for 8/2019 - 9/2019. Action step is to be completed 2 times per month.</li> </ul>

<p>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.</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</p>	<ul style="list-style-type: none"> <li>• None found regarding: Live Outcome/Action Step: "...will prepare a lunch for himself" for 1/2019 - 3/2019. Action step is to be completed 3 times per week.</li> </ul> <p>Individual #5</p> <ul style="list-style-type: none"> <li>• None found regarding: Live Outcome/Action Step: "...visual schedule will be accessible to him in his room" for 1/2019-3/2019. Action step is to be completed daily.</li> <li>• None found regarding Live Outcome/Action Step: "...will be reminded to look at it before getting ready in the morning," for 1/2019-3/2019. Action step is to be completed daily.</li> <li>• None found regarding Live Outcome/Action Step: "If ... stops following it he will be reminded to check what is next on schedule," for 1/2019-3/2019. Action steps to be completed daily.</li> <li>• None found regarding Live Outcome/Action Step: "Support for using the schedule will fade as ... becomes more independent," for 1/2019-3/2019. Action step is to be completed daily.</li> </ul> <p><b>Community Integrated Employment Services 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: Work/Learn Outcome/Action Step: "Fill out applications" for 1/2019 - 3/2019. Action step is to be completed 2 times per month.</li> <li>• None found regarding: Work/Learn Outcome/Action Step: "Follow up on applications" for 1/2019 - 3/2019. Action step is to be completed 2 times per month.</li> </ul>	
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<p>resultant information produced. The extent of documentation required for individual client records per service type depends on the location of the file, the type of service being provided, and the information necessary.</p> <p>DD Waiver Provider Agencies are required to adhere to the following:</p> <ol style="list-style-type: none"> <li>1. 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.</li> <li>2. 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 is acceptable.</li> <li>3. Provider Agencies are responsible for ensuring that all plans created by nurses, RDs, therapists or BSCs are present in all needed settings.</li> <li>4. 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.</li> <li>5. 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.</li> <li>6. 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.</li> <li>7. 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</li> </ol>	<p><b>Customized Community Supports 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: Work/Learn Outcome/Action Step: "with staff assistance, ...will work detailing a company vehicle." for 1/2019 - 3/2019. Action step is to be completed 2 times per week.</li> <li>• None found regarding: Work/Learn Outcome/Action Step: "...will choose and walk a trail with a friend." for 1/2019 - 3/2019. Action step is to be completed 2 times per month.</li> </ul> <p>Individual #4</p> <ul style="list-style-type: none"> <li>• None found regarding: Work Outcome/Action Step: "...will participate in an activity of choice" for 1/2019-03/2019. Action step is to be completed 1 time per month.</li> </ul> <p>Individual #5</p> <ul style="list-style-type: none"> <li>• None found regarding: Fun Outcome/Action Step "...will be offered choices of different activities in the community" for 1/2019-3/2019. Action step is to be completed an average of 3 times a month.</li> <li>• None found regarding: Fun Outcome/Action Step (not identified) "...will be assisted to take pictures of the activity," for 1/2019-3/2019. Action step is to be completed an average of 3 times month.</li> <li>• None found regarding: Work/Learn "...will be offered opportunities to participate in the job development activities including volunteer, on the job training and transportation to possible job sites," for 1/2019-3/2019. Action Step is to be completed 1 time per week.</li> </ul> <p>Individual #6</p>	
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from services.

- None found regarding: Fun Outcome/Action Step: "...will choose an item to purchase" for 1/2019 - 3/2019. Action step is to be completed 2 times per month.
- None found regarding: Fun Outcome/Action Step: "...will choose the most appropriate denomination of money from her wallet" for 1/2019 - 3/2019. Action step is to be completed 2 times per month.
- None found regarding: Fun Outcome/Action Step: "...will purchase the item and wait for her change if necessary" for 1/2019 - 3/2019. Action step is to be completed 2 times per month.

Tag # 1A32.1 Administrative Case File: Individual Service Plan Implementation (Not Completed at Frequency)	Standard Level Deficiency	Standard Level Deficiency
<p><b>NMAC 7.26.5.16.C and D Development of the ISP. Implementation of the ISP.</b> 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 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</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 2 of 6 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>• According to the Live Outcome; Action Step for "...will shop for and purchase ingredients" is to be completed 2 times per month. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 2/2019.</li> </ul> <p><b>Community Integrated Employment Services Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</b></p> <p>Individual #3</p> <ul style="list-style-type: none"> <li>• According to the Work/Learn Outcome; Action Step for "with staff assistance will search for his name" 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 - 3/2019.</li> <li>• According to the Work/Learn Outcome; Action Step for "with staff assistance will navigate and click on icon clocking in and out" is to be completed daily. Evidence found indicated it was</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 2 of 6 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 #5</p> <ul style="list-style-type: none"> <li>• According to the Fun Outcome; Action Step for "...will share these pictures using his VOCA" 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 9/2019.</li> </ul> <p><b>Community Integrated Employment Services Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</b></p> <p>Individual #3</p> <ul style="list-style-type: none"> <li>• According to the Work/Learn Outcome; Action Step for "... staff assistance explain a simple job" 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 8/2019 - 9/2019.</li> </ul>

disabilities. [05/03/94; 01/15/97; Recompiled 10/31/01]

Developmental Disabilities (DD) Waiver Service Standards 2/26/2018; Re-Issue: 12/28/2018; Eff 1/1/2019

**Chapter 6: Individual Service Plan (ISP)**  
**6.8 ISP Implementation and Monitoring:** 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.

**Chapter 20: Provider Documentation and Client Records 20.2 Client Records Requirements:** 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 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

not being completed at the required frequency as indicated in the ISP for 1/2019 - 3/2019.

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

Individual #3

- According to the Fun Outcome; Action Step for "Staff assistance research events, choose" is to be completed 2 times per month. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 1/2019 - 3/2019.
- According to the Fun Outcome; Action Step for "With staff assistance will research restaurants and choose" 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 - 3/2019.

<p>during the provision of the service.</p> <p>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 is acceptable.</p> <p>10. Provider Agencies are responsible for ensuring that all plans created by nurses, RDs, therapists or BSCs are present in all needed settings.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>		
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Tag # 1A38 Living Care Arrangement / Community Inclusion Reporting Requirements	Standard Level Deficiency	Standard Level Deficiency
<p><b>7.26.5.17 DEVELOPMENT OF THE INDIVIDUAL SERVICE PLAN (ISP) - DISSEMINATION OF THE ISP, DOCUMENTATION AND COMPLIANCE:</b>  C. Objective quantifiable data reporting progress or lack of progress towards stated outcomes, and action plans shall be maintained in the individual's records at each provider agency implementing the ISP. Provider agencies shall use this data to evaluate the effectiveness of services provided. Provider agencies shall submit to the case manager data reports and individual progress summaries quarterly, or more frequently, as decided by the IDT. These reports shall be included in the individual's case management record, and used by the team to determine the ongoing effectiveness of the supports and services being provided. Determination of effectiveness shall result in timely modification of supports and services as needed.</p> <p>Developmental Disabilities (DD) Waiver Service Standards 2/26/2018; Re-Issue: 12/28/2018; Eff 1/1/2019</p> <p><b>Chapter 20: Provider Documentation and Client Records 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 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:</p> <ol style="list-style-type: none"> <li>1. 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.</li> <li>2. Provider Agencies must have readily accessible records in home and community settings in paper or electronic form. Secure access to electronic records</li> </ol>	<p>Based on record review, the Agency did not complete written status reports as required for 6 of 6 individuals receiving Living Care Arrangements and Community Inclusion.</p> <p><b>Family Living Semi- Annual Reports:</b></p> <ul style="list-style-type: none"> <li>• Individual #1 – None found for 12/2017 – 5/2018 and Report not completed 14 days prior to the Annual ISP meeting. (Semi-Annual Report 6/2/2018 - 11/30/2018; Date Completed: 12/21/2018; ISP meeting held on 8/9/2018).</li> <li>• Individual #2 - None found for 10/2018 - 3/2019. (Term of ISP 10/1/2018- 9/30/2019).</li> <li>• Individual #5 - None found for 6/2018-11/2018. (Term of ISP 6/1/2018-5/31/2019.)</li> </ul> <p><b>Community Integrated Employment Services Semi-Annual Reports:</b></p> <ul style="list-style-type: none"> <li>• Individual #2 - None found for 10/2018 – 3/2019. (Term of ISP 10/1/2018 - 9/30/2019).</li> <li>• Individual #3 - None found for 10/2018 - 12/2018. (Term of ISP 4/1/2018 - 3/30/2019. ISP meeting held on 1/10/2019).</li> <li>• Individual #4- None found for 1/2018-7/2018 and 7/2018 – 9/2018. (Term of ISP 1/14/2018- 1/13/2019. ISP meeting held on 9/20/2018).</li> <li>• Individual #6 - None found for 12/2017 - 5/2018 and 6/2018 – 9/2018. (Term of ISP 12/1/2017 - 11/30/2018. ISP meeting held on 9/25/2018).</li> </ul> <p><b>Customized Community Supports Semi-Annual Reports:</b></p> <ul style="list-style-type: none"> <li>• Individual #2 - None found for 10/2018 - 3/2019. (Term of ISP 10/1/2018- 9/30/2019).</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 6 individuals.</p> <p><b>Nursing Semi-Annual / Quarterly Reports:</b></p> <ul style="list-style-type: none"> <li>• Individual #4 - None found for 1/2019 - 7/2019. (Term of ISP 1/14/2019 - 1/13/2020). (Note: Created during the on-site survey. Provider please complete POC for ongoing QA/QI.)</li> </ul>

through the Therap web based system using computers or mobile devices is acceptable.

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

4. 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.

5. 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.

6. 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.

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

**Chapter 19: Provider Reporting Requirements 19.5 Semi-Annual Reporting:** The semi-annual report provides status updates to life circumstances, health, and progress toward ISP goals and/or goals related to professional and clinical services provided through the DD Waiver. This report is submitted to the CM for review and may guide actions taken by the person's IDT if necessary. Semi-annual reports may be requested by DDS for QA activities. Semi-annual reports are required as follows:

1. DD Waiver Provider Agencies, except AT, EMSP, Supplemental Dental, PRSC, SSE and Crisis Supports, must complete semi-annual reports.
2. A Respite Provider Agency must submit a semi-annual progress report to the CM that describes

- Individual #3 - None found for 10/2018 - 12/2018. (Term of ISP 4/1/2018 - 3/30/2019. ISP meeting held on 1/10/2019).
- Individual #4 - None found for 1/2018-7/2018 and 7/2018 – 9/2018. (Term of ISP 1/14/2018-1/13/2019. ISP meeting held on 9/20/2018).
- Individual #5 - None found for 12/2017 – 2/2018 and 6/2018-11/2018. (Term of ISP 6/1/18-5/31/19. ISP meeting held on 3/8/2018).
- Individual #6 - None found for 12/2017 - 5/2018 and 6/2018 – 9/2018. (Term of ISP 12/1/2017 - 11/30/2018. ISP meeting held on 9/25/2018.)

**Nursing Semi-Annual / Quarterly Reports:**

- Individual #1 - Report not completed 14 days prior to the Annual ISP meeting. (Semi-Annual Report 6/1/2018 - 11/20/2018; Date Completed: 12/26/2018; ISP meeting held on 8/9/2018).
  - Individual #2 - Report not completed 14 days prior to the Annual ISP meeting. (Semi-Annual Report 4/2018 - 5/2018; Date Completed: 5/6/2019; ISP meeting held on 5/23/2018).
  - Individual #3 - None found for 10/2018 - 12/2018. (Term of ISP 4/1/2018 - 3/30/2019. ISP meeting held on 1/10/2019).
  - Individual #4 - Report not completed 14 days prior to the Annual ISP meeting. (Semi-Annual Report 07/2018-09/2018; Date Completed: 05/07/2019. ISP meeting held on 09/20/2018).
- Individual #5 - Report not completed 14 days prior to the Annual ISP meeting. (Semi-Annual Report

<p>progress on the Action Plan(s) and Desired Outcome(s) when Respite is the only service included in the ISP other than Case Management, for an adult age 21 or older.</p> <p>3. The first semi-annual report will cover the time from the start of the person's ISP year until the end of the subsequent six-month period (180 calendar days) and is due ten calendar days after the period ends (190 calendar days).</p> <p>4. The second semi-annual report is integrated into the annual report or professional assessment/annual re-evaluation when applicable and is due 14 calendar days prior to the annual ISP meeting.</p> <p>5. Semi-annual reports must contain at a minimum written documentation of:</p> <ol style="list-style-type: none"> <li>a. the name of the person and date on each page;</li> <li>b. the timeframe that the report covers;</li> <li>c. timely completion of relevant activities from ISP Action Plans or clinical service goals during timeframe the report is covering;</li> <li>d. a description of progress towards Desired Outcomes in the ISP related to the service provided;</li> <li>e. a description of progress toward any service specific or treatment goals when applicable (e.g. health related goals for nursing);</li> <li>f. significant changes in routine or staffing if applicable;</li> <li>g. unusual or significant life events, including significant change of health or behavioral health condition;</li> <li>h. the signature of the agency staff responsible for preparing the report; and</li> <li>i. any other required elements by service type that are detailed in these standards.</li> </ol>	<p>12/2017-2/2018; Date Completed: 6/5/2018; ISP meeting held on 3/8/2018).</p> <p>Individual #6 - None found for 12/2017 - 5/2018 and 6/2018 – 9/2018. (Term of ISP 12/1/2017 - 11/30/2018. ISP meeting held 9/25/2018).</p>	
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Standard of Care	Routine Survey Deficiencies May 3 – 8, 2019	Verification Survey New and Repeat Deficiencies October 25 – 29, 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>		
<b>Tag # 1A25.1 Caregiver Criminal History Screening</b>	<b>Condition of Participation Level Deficiency</b>	<b>Condition of Participation Level Deficiency</b>
<p><b>NMAC 7.1.9.8 CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS:</b></p> <p><b>A. General:</b> The responsibility for compliance with the requirements of the act applies to both the care provider and to all applicants, caregivers and hospital caregivers. All applicants for employment to whom an offer of employment is made or caregivers and hospital caregivers employed by or contracted to a care provider must consent to a nationwide and statewide criminal history screening, as described in Subsections D, E and F of this section, upon offer of employment or at the time of entering into a contractual relationship with the care provider. Care providers shall submit all fees and pertinent application information for all applicants, caregivers or hospital caregivers as described in Subsections D, E and F of this section. Pursuant to Section 29-17-5 NMSA 1978 (Amended) of the act, a care provider's failure to comply is grounds for the state agency having enforcement authority with respect to the care provider] to impose appropriate administrative sanctions and penalties.</p> <p><b>B. Exception:</b> A caregiver or hospital caregiver applying for employment or contracting services with a care provider within twelve (12) months of the caregiver's or hospital caregiver's most recent nationwide criminal history screening which list no disqualifying convictions shall only apply for a statewide criminal history screening upon offer of employment or at the time of entering into a contractual relationship with the care provider. At the discretion of the care provider a nationwide criminal history screening, additional to the required</p>	<p>Based on record review, the Agency did not maintain documentation indicating Caregiver Criminal History Screening was completed as required for 1 of 18 Agency Personnel.</p> <p><b>The following Agency Personnel Files contained no evidence of Caregiver Criminal History Screenings:</b></p> <ul style="list-style-type: none"> <li>• DSP #515 - Date of hire 6/14/2018.</li> </ul>	<p><b>New/Repeat Findings:</b></p> <p>Based on record review, the Agency did not maintain documentation indicating Caregiver Criminal History Screening was completed as required for 1 of 16 Agency Personnel.</p> <p><b>The following Agency Personnel Files contained no evidence of Caregiver Criminal History Screenings:</b></p> <ul style="list-style-type: none"> <li>• DSP #519 - Date of hire 9/18/2019. (Note: CCHS submitted during the on-site survey. Provider please complete POC for ongoing QA/QI.)</li> </ul>

<p>statewide criminal history screening, may be requested.</p> <p><b>C. Conditional Employment:</b> Applicants, caregivers, and hospital caregivers who have submitted all completed documents and paid all applicable fees for a nationwide and statewide criminal history screening may be deemed to have conditional supervised employment pending receipt of written notice given by the department as to whether the applicant, caregiver or hospital caregiver has a disqualifying conviction.</p> <p><b>F. Timely Submission:</b> Care providers shall submit all fees and pertinent application information for all individuals who meet the definition of an applicant, caregiver or hospital caregiver as described in Subsections B, D and K of 7.1.9.7 NMAC, no later than twenty (20) calendar days from the first day of employment or effective date of a contractual relationship with the care provider.</p> <p><b>G. Maintenance of Records:</b> Care providers shall maintain documentation relating to all employees and contractors evidencing compliance with the act and these rules.</p> <p>(1) During the term of employment, care providers shall maintain evidence of each applicant, caregiver or hospital caregiver's clearance, pending reconsideration, or disqualification.</p> <p>(2) Care providers shall maintain documented evidence showing the basis for any determination by the care provider that an employee or contractor performs job functions that do not fall within the scope of the requirement for nationwide or statewide criminal history screening. A memorandum in an employee's file stating "This employee does not provide direct care or have routine unsupervised physical or financial access to care recipients served by [name of care provider]," together with the employee's job description, shall suffice for record keeping purposes.</p>		
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**NMAC 7.1.9.9 CAREGIVERS OR HOSPITAL CAREGIVERS AND APPLICANTS WITH DISQUALIFYING CONVICTIONS:**

**A. Prohibition on Employment:** A care provider shall not hire or continue the employment or contractual services of any applicant, caregiver or hospital caregiver for whom the care provider has received notice of a disqualifying conviction, except as provided in Subsection B of this section.

**NMAC 7.1.9.11 DISQUALIFYING CONVICTIONS.**

The following felony convictions disqualify an applicant, caregiver or hospital caregiver from employment or contractual services with a care provider:

- A.** homicide;
- B.** trafficking, or trafficking in controlled substances;
- C.** kidnapping, false imprisonment, aggravated assault or aggravated battery;
- D.** rape, criminal sexual penetration, criminal sexual contact, incest, indecent exposure, or other related felony sexual offenses;
- E.** crimes involving adult abuse, neglect or financial exploitation;
- F.** crimes involving child abuse or neglect;
- G.** crimes involving robbery, larceny, extortion, burglary, fraud, forgery, embezzlement, credit card fraud, or receiving stolen property; or
- H.** an attempt, solicitation, or conspiracy involving any of the felonies in this subsection.

Standard of Care	Routine Survey Deficiencies May 3 – 8, 2019	Verification Survey New and Repeat Deficiencies October 25 – 29, 2019
<b>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.</b>		
<b>Tag # 1A08.2 Administrative Case File: Healthcare Requirements &amp; Follow-up</b>	<b>Condition of Participation Level Deficiency</b>	<b>Condition of Participation 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 3 Safeguards: 3.1.1 Decision Consultation Process (DCP):</b> Health decisions are the sole domain of waiver participants, their guardians or healthcare decision makers. Participants and their healthcare decision makers can confidently make decisions that are compatible with their personal and cultural values. Provider Agencies are required to support the informed decision making of waiver participants by supporting access to medical consultation, information, and other available resources according to the following:</p> <p>1. The DCP is used when a person or his/her guardian/healthcare decision maker has concerns, needs more information about health-related issues, or has decided not to follow all or part of an order, recommendation, or suggestion. This includes, but is not limited to:</p> <ol style="list-style-type: none"> <li>medical orders or recommendations from the Primary Care Practitioner, Specialists or other licensed medical or healthcare practitioners such as a Nurse Practitioner (NP or CNP), Physician Assistant (PA) or Dentist;</li> <li>clinical recommendations made by registered/licensed clinicians who are either members of the IDT or clinicians who have performed an evaluation such as a video-fluoroscopy;</li> <li>health related recommendations or suggestions from oversight activities such as the Individual Quality Review (IQR) or other DOH review or oversight activities; and</li> <li>recommendations made through a Healthcare</li> </ol>	<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 and interview, the Agency did not provide documentation of annual physical examinations and/or other examinations as specified by a licensed physician for 2 of 6 individuals receiving Living Care Arrangements and Community Inclusion.</p> <p>Review of the administrative individual case files revealed the following items were not found, incomplete, and/or not current:</p> <p><b>Community Inclusion Services (Individuals Receiving Inclusion Services Only):</b></p> <p><b>Annual Physical:</b></p> <ul style="list-style-type: none"> <li>Not Current (#3, 6)</li> </ul>	<p><b>New/Repeat Findings:</b></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 and interview, the Agency did not provide documentation of annual physical examinations and/or other examinations as specified by a licensed physician for 2 of 6 individuals receiving Living Care Arrangements and Community Inclusion.</p> <p>Review of the administrative individual case files revealed the following items were not found, incomplete, and/or not current:</p> <p><b>Community Inclusion Services (Individuals Receiving Inclusion Services Only):</b></p> <p><b>Annual Physical:</b></p> <ul style="list-style-type: none"> <li>Not Linked / Attached in Therap (#3, 6) <i>(Note: Linked / attached in Therap during the on-site survey. Provider please complete POC for ongoing QA/QI.)</i></li> </ul>

<p>Plan (HCP), including a Comprehensive Aspiration Risk Management Plan (CARMP), or another plan.</p> <p>2. When the person/guardian disagrees with a recommendation or does not agree with the implementation of that recommendation, Provider Agencies follow the DCP and attend the meeting coordinated by the CM. During this meeting:</p> <ol style="list-style-type: none"> <li>a. Providers inform the person/guardian of the rationale for that recommendation, so that the benefit is made clear. This will be done in layman's terms and will include basic sharing of information designed to assist the person/guardian with understanding the risks and benefits of the recommendation.</li> <li>b. The information will be focused on the specific area of concern by the person/guardian. Alternatives should be presented, when available, if the guardian is interested in considering other options for implementation.</li> <li>c. Providers support the person/guardian to make an informed decision.</li> <li>d. The decision made by the person/guardian during the meeting is accepted; plans are modified; and the IDT honors this health decision in every setting.</li> </ol> <p><b>Chapter 20: Provider Documentation and Client Records: 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 the location of the file, the type of service being provided, and the information necessary.</p>		
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<p>DD Waiver Provider Agencies are required to adhere to the following:</p> <ol style="list-style-type: none"> <li>1. 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.</li> <li>2. 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 is acceptable.</li> <li>3. Provider Agencies are responsible for ensuring that all plans created by nurses, RDs, therapists or BSCs are present in all needed settings.</li> <li>4. 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.</li> <li>5. 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.</li> <li>6. 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.</li> <li>7. 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.</li> </ol> <p><b>20.5.3 Health Passport and Physician Consultation Form:</b> All Primary and Secondary Provider Agencies must use the <i>Health Passport</i></p>		
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and *Physician Consultation* form from the Therap system. This standardized document contains individual, physician and emergency contact information, a complete list of current medical diagnoses, health and safety risk factors, allergies, and information regarding insurance, guardianship, and advance directives. The *Health Passport* also includes a standardized form to use at medical appointments called the *Physician Consultation* form. The *Physician Consultation* form contains a list of all current medications.

**Chapter 10: Living Care Arrangements (LCA)  
Living Supports-Supported Living: 10.3.9.6.1  
Monitoring and Supervision**

4. Ensure and document the following:
  - a. The person has a Primary Care Practitioner.
  - b. The person receives an annual physical examination and other examinations as recommended by a Primary Care Practitioner or specialist.
  - c. The person receives annual dental check-ups and other check-ups as recommended by a licensed dentist.
  - d. The person receives a hearing test as recommended by a licensed audiologist.
  - e. The person receives eye examinations as recommended by a licensed optometrist or ophthalmologist.
5. 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).

**10.3.10.1 Living Care Arrangements (LCA)  
Living Supports-IMLS: 10.3.10.2 General  
Requirements: 9 .** Medical services must be ensured (i.e., ensure each person has a licensed Primary Care Practitioner and receives an annual

physical examination, specialty medical care as needed, and annual dental checkup by a licensed dentist).

**Chapter 13 Nursing Services: 13.2.3 General Requirements:**

1. Each person has a licensed primary care practitioner and receives an annual physical examination and specialty medical/dental care as needed. Nurses communicate with these providers to share current health information.

Standard of Care	Routine Survey Deficiencies May 3 – 8, 2018	Verification Survey New and Repeat Deficiencies October 25 – 29, 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 # 1A08.1 Administrative and Residential Case File: Progress Notes	Standard Level Deficiency	COMPLETE
Tag # 1A08.3 Administrative Case File: Individual Service Plan/ISP Components	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A32.2 Individual Service Plan Implementation (Residential Implementation)	Standard Level Deficiency	COMPLETE
Tag # IS04 Community Life Engagement	Standard Level Deficiency	COMPLETE
Tag # IS12 Person Centered Assessment (Inclusion Services)	Standard Level Deficiency	COMPLETE
Tag # IS12.1 Person Centered Assessment Components	Standard Level Deficiency	COMPLETE
Tag # LS14 Residential Service Delivery Site Case File (ISP and Healthcare requirements)	Condition of Participation 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 # 1A20 Direct Support Personnel Training	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A22 Agency Personnel Competency	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A26 Consolidated On-line Registry/Employee Abuse Registry	Standard Level Deficiency	COMPLETE
Tag # 1A37 Individual Specific Training	Condition of Participation Level Deficiency	COMPLETE
<b>Service Domain: Health and Welfare</b> - The state, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.		
Tag # 1A03 Continuous Quality Improvement System & KPIs	Standard Level Deficiency	COMPLETE
Tag # 1A05 General Provider Requirements/Agency Policy and Procedures Requirements	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A09 Medication Delivery Routine Medication Administration	Condition of Participation Level Deficiency	COMPLETE

<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 # 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
<p><b>Tag # 1A32 Administrative Case File: Individual Service Plan Implementation (Not Completed at Frequency)</b></p>	<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 Quality Assurance/Quality Improvement processes as it related to this tag number here</b> (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>	
<p><b>Tag # 1A32.1 Administrative Case File: Individual Service Plan Implementation (Not Completed at Frequency)</b></p>	<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 Quality Assurance/Quality Improvement processes as it related to this tag number here</b> (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>	

<p><b>Tag # 1A38 Living Care Arrangement / Community Inclusion Reporting Requirements</b></p>	<p><b>Provider:</b>  <b>State your Plan of Correction for the deficiencies cited in this tag here</b> <i>(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?):</i> →</p> <p><b>Provider:</b>  <b>Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here</b> <i>(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?):</i> →</p>	
<p><b>Tag # 1A25.1 Caregiver Criminal History Screening</b></p>	<p><b>Provider:</b>  <b>State your Plan of Correction for the deficiencies cited in this tag here</b> <i>(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?):</i> →</p> <p><b>Provider:</b>  <b>Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here</b> <i>(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?):</i> →</p>	
<p><b>Tag # 1A08.2 Administrative Case File: Healthcare Requirements &amp; Follow-up</b></p>	<p><b>Provider:</b>  <b>State your Plan of Correction for the deficiencies cited in this tag here</b> <i>(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?):</i> →</p> <p><b>Provider:</b>  <b>Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here</b> <i>(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?):</i> →</p>	

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Date: December 13, 2019

To: Claudine M. Abeita, Executive Director  
Provider: Zuni Entrepreneurial Enterprises, Inc. dba Empowerment Incorporated  
Address: 604 E. Coal Avenue  
City, State, Zip: Gallup, New Mexico 87301

E-mail Address: [cabeita@zeeinc.org](mailto:cabeita@zeeinc.org)

Region: Northwest  
Routine Survey: May 3 - 8, 2019

Verification Survey: October 25 - 29, 2019

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: **2018:** Family Living, Customized Community Supports, Community Integrated Employment Services

Survey Type: Verification

Dear Ms. Abeita:

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

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