Date:	March 17, 2022
To:	Jacqueline Bobo, Operations / HR Director
Provider:	HeartWell Services, LLC
Address:	4123 Eubank Blvd. NE
State/Zip:	Albuquerque, New Mexico 87111
E-mail Address:	jbobo@heartwellservices.com
CC:	Kelley Krinke, Program Director
E-Mail Address:	KelleyKrinke@HeartWellServices.com
Region:	Metro
Routine Survey:	August 23 – September 3, 2021
Verification Survey:	February 14 – 25, 2022
Program Surveyed:	Developmental Disabilities Waiver
Service Surveyed:	Supported Living, Family Living and Customized Community Supports
Survey Type:	Verification
Team Leader:	Sally Rel, MS, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau
Team Members:	Amanda Castaneda-Holguin, MPA, Healthcare Surveyor Supervisor, Division of Health Improvement/Quality Management Bureau;

Dear Ms. Jacqueline Bobo;

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 August 23 – September 3, 2021*.

Determination of Compliance:

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 #1A09 Medication Delivery Routine Medication Administration ***(New/Repeat Findings)***
- Tag #1A09.1 Medication Delivery PRN Medication Administration ***(New/Repeat Findings)***
- Tag #1A09.2 Medication Delivery Nurse Approval for PRN Medication ***(New Finding)***
- Tag # 1A31 Client Rights / Human Rights ***(New/Repeat Findings)***

The following tags are identified as Standard Level:

- Tag # 1A08.2 Healthcare Requirements & Follow-up ***(New/Repeat Findings)***
- Tag # 1A09.1.0 Medication Delivery PRN Medication Administration ***(New/Repeat Findings)***
- Tag # LS25 Residential Health & Safety (Supported Living / Family Living / Intensive Medical Living) ***(Repeat)***

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

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,

Sally Rel, MS

Sally Rel, MS
Team Lead/Healthcare Surveyor
Division of Health Improvement
Quality Management Bureau

Survey Process Employed:

Administrative Review Start Date:	February 14, 2022
Contact:	**HeartWell Services, LLC** Kelley Krinke, Program Director Supported Living **DOH/DHI/QMB** Sally Rel, MS Team Lead/Healthcare Surveyor
Exit Conference Date:	February 25, 2022
Present:	**HeartWell Services, LLC** Jacqueline Bobo, Operations / HR Director Kelley Krinke, Program Director Supported Living Terri Corrao, Program Director **DOH/DHI/QMB** Sally Rel, MS, Team Lead/Healthcare Surveyor Amanda Castaneda-Holguin, MPA, Healthcare Surveyor Supervisor **DDSD – Metro Regional Office** Linda Clark, Assistant Regional Director
Administrative Locations Visited:	0 *(Note: No administrative locations visited due to COVID-19) Public Health Emergency)*
Total Sample Size:	9 0 - *Jackson* Class Members 9 - Non-*Jackson* Class Members 4 - Supported Living 5 - Family Living 4 - Customized Community Supports
Persons Served Records Reviewed	9
Direct Support Personnel Records Reviewed	67
Direct Support Personnel Interviewed during Routine Survey	8 *(Note: Interviews conducted by video / phone due to COVID- 19 Public Health Emergency)*
Substitute Care/Respite Personnel Records Reviewed	14
Service Coordinator Records Reviewed	7
Nurse Interview 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
DOH – Internal Review Committee (when needed)

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 of 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 <u>Living Care Arrangements and Community Inclusion</u> are as follows:

<u>Service Domain: Service Plan: ISP Implementation -</u> *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)

<u>Service Domain: Qualified Providers -</u> *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
- **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 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.

Attachment D

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:	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 COP	0 to 5 CoPs	6 or more COP
	and	and	and	and		and	
Sample Affected:	0 to 74%	0 to 49%	75 to 100%	50 to 74%		75 to 100%	
"Non-Compliance"						**17 or more** Total Tags with **75 to 100%** of the Individuals in the sample cited in any CoP Level tag.	**Any Amount** of Standard Level Tags and **6 or more** Conditions of Participation Level Tags.
"Partial Compliance with Standard Level tags and Condition of Participation Level Tags"					**Any Amount** Standard Level Tags, plus **1 to 5** Conditions of Participation Level tags.		
"Partial Compliance with Standard Level tags"			**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.			
"Compliance"	**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: **HeartWell Services, LLC – Metro Region**
Program: Developmental Disabilities Waiver
Service: Supported Living, Family Living, Customized Community Supports
Survey Type: Verification
Routine Survey: **August 23 -September 3, 2021**
Verification Survey: **February 14 – 25, 2022**

Standard of Care	Routine Survey Deficiencies August 23 - September 3, 2021	Verification Survey New and Repeat Deficiencies February 14 – 25, 2022
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.*		
Tag # 1A08.2 Administrative Case File: Healthcare Requirements & Follow-up	**Condition of Participation Level Deficiency**	**Standard Level Deficiency**
Developmental Disabilities (DD) Waiver Service Standards 2/26/2018; Re-Issue: 12/28/2018; Eff 1/1/2019 **Chapter 3 Safeguards: 3.1.1 *Decision Consultation Process (DCP):*** 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: 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: a. 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. b. clinical recommendations made by registered/licensed clinicians who are either	After an analysis of the evidence, it has been determined there is a significant potential for a negative outcome to occur. Based on record review, the Agency did not provide documentation of annual physical examinations and/or other examinations as specified by a licensed physician for 3 of 10 individuals receiving Living Care Arrangements and Community Inclusion. Review of the administrative individual case files revealed the following items were not found, incomplete, and/or not current: ***Living Care Arrangements / Community Inclusion (Individuals Receiving Multiple Services):*** **Annual Physical:** • Not Found (#7, 10) *(Note: #7 Exam was scheduled during on-site survey for 9/9/2021.)* **Urology:** • Individual #1 - As indicated by collateral documentation reviewed, exam was completed on 7/15/2021. Exam was not linked / attached in Therap*. (Note: Linked / attached in Therap during*	**New / Repeat Finding:** Based on record review, the Agency did not provide documentation of annual physical examinations and/or other examinations as specified by a licensed physician for 1 of 9 individuals receiving Living Care Arrangements and Community Inclusion. Review of the administrative individual case files revealed the following items were not found, incomplete, and/or not current: ***Living Care Arrangements / Community Inclusion (Individuals Receiving Multiple Services):*** **Annual Physical:** • Not Linked / Attached in Therap (#10)

members of the IDT or clinicians who have performed an evaluation such as a video-fluoroscopy. c. health related recommendations or suggestions from oversight activities such as the Individual Quality Review (IQR) or other DOH review or oversight activities; and d. recommendations made through a Healthcare Plan (HCP), including a Comprehensive Aspiration Risk Management Plan (CARMP), or another plan. 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: 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. 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. c. Providers support the person/guardian to make an informed decision. 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. **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	*the on-site survey. Provider please complete POC for ongoing QA/QI.)*	

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: 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. 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. 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 DDSD upon request, upon the termination or expiration of a provider agreement, or upon		

provider withdrawal from services. **20.5.3 *Health Passport and Physician Consultation Form:*** All Primary and Secondary Provider Agencies must use the *Health Passport* 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.		

Tag # 1A09 Medication Delivery Routine Medication Administration	Condition of Participation Level Deficiency	Condition of Participation Level Deficiency
Developmental Disabilities (DD) Waiver Service Standards 2/26/2018; Re-Issue: 12/28/2018; Eff 1/1/2019 **Chapter 20: Provider Documentation and Client Records 20.6 Medication Administration Record (MAR):** A current Medication Administration Record (MAR) must be maintained in all settings where medications or treatments are delivered. Family Living Providers may opt not to use MARs if they are the sole provider who supports the person with medications or treatments. However, if there are services provided by unrelated DSP, ANS for Medication Oversight must be budgeted, and a MAR must be created and used by the DSP. Primary and Secondary Provider Agencies are responsible for: 1. Creating and maintaining either an electronic or paper MAR in their service setting. Provider Agencies may use the MAR in Therap but are not mandated to do so. 2. Continually communicating any changes about medications and treatments between Provider Agencies to assure health and safety. 7. Including the following on the MAR: a. The name of the person, a transcription of the physician's or licensed health care provider's orders including the brand and generic names for all ordered routine and PRN medications or treatments, and the diagnoses for which the medications or treatments are prescribed. b. The prescribed dosage, frequency and method or route of administration; times and dates of administration for all ordered routine or PRN prescriptions or treatments; over the counter (OTC) or "comfort" medications or treatments and all self-selected herbal or vitamin therapy; c. Documentation of all time limited or discontinued medications or treatments;	After an analysis of the evidence, it has been determined there is a significant potential for a negative outcome to occur. Medication Administration Records (MAR) were reviewed for the months of July and August 2021. Based on record review, 6 of 9 individuals had Medication Administration Records (MAR), which contained missing medications entries and/or other errors: Individual #1 July 2021 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Carbamazepine ER 400 MG (2 times daily) – Blank 7/9 (8 PM) • Colace 100mg (1 time daily) – Blank 7/9 (8 PM) • Famotidine 20mg (2 times daily) - Blank 7/9 (8PM) • Fluoxetine HCL 10mg (1 time daily) – Blank 7/9 (8pm) • Olanzapine 10mg (1 time daily) Blank – 7/9 (6 PM). • Potassium CL ER 10 MEQ (2 times daily) Blank – 7/9 (8 PM). Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications: • Vitamin D3 1,000 Unit (1 time daily) Individual #2	**New / Repeat Findings:** After an analysis of the evidence, it has been determined there is a significant potential for a negative outcome to occur. Medication Administration Records (MAR) were reviewed for the months of January 2022. Based on record review, 5 of 8 individuals had Medication Administration Records (MAR), which contained missing medications entries and/or other errors: Individual #3 January 2022 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications: • Sunscreen SPF 50 (1 time daily) As indicated by the Medication Administration Records the individual is to take Tresiba FlexTouch 100 unit/ml Inject 14 units subcutaneously daily (1 time daily). According to the Physician's Orders, Tresiba FlexTouch 100 unit/ml is to be taken 1 time daily 18 units subcutaneously daily. Medication Administration Record and Physician's Orders do not match. Individual #5 January 2022 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Polyethylene Glycol 3350/17 gram Powder (2 times daily) – Blank 1/2, 9, 16, 23, 30 (8 AM and 8 PM)

d. The initials of the individual administering or assisting with the medication delivery and a signature page or electronic record that designates the full name corresponding to the initials; e. Documentation of refused, missed, or held medications or treatments; f. Documentation of any allergic reaction that occurred due to medication or treatments; and g. For PRN medications or treatments: i. instructions for the use of the PRN medication or treatment which must include observable signs/symptoms or circumstances in which the medication or treatment is to be used and the number of doses that may be used in a 24-hour period; ii. clear documentation that the DSP contacted the agency nurse prior to assisting with the medication or treatment, unless the DSP is a Family Living Provider related by affinity of consanguinity; and iii. documentation of the effectiveness of the PRN medication or treatment. **Chapter 10 Living Care Arrangements** ***10.3.4 Medication Assessment and Delivery:*** Living Supports Provider Agencies must support and comply with: 1. the processes identified in the DDSD AWMD training; 2. the nursing and DSP functions identified in the Chapter 13.3 Part 2- Adult Nursing Services; 3. all Board of Pharmacy regulations as noted in Chapter 16.5 Board of Pharmacy; and 4. documentation requirements in a Medication Administration Record (MAR) as described in Chapter 20.6 Medication Administration Record (MAR).	July 2021 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications: • Lisinopril 2.5mg (1 time daily) • Sertraline HCL 100mg (1 time daily) Individual #5 July 2021 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Arnuity Ellipta 100 mcg (1 time daily) – Blank 7/23 (8 AM) August 2021 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Arnuity Ellipta 100 mcg (1 time daily) – Blank 8/27 (8 AM) Individual #6 July 2021 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Centrum Ultra Men's 8mg (1 time daily) – Blank 7/1 - 4, 9, 16, 17, 24, 29 (8 AM) • Citrucel 500 mg (1 time daily) – Blank 7/1 - 4, 9, 16, 17, 24, 25, 29 (8 AM) • Divalproex SOD ER 500 mg (1 time daily) – Blank 7/1, 14, 27, 28 (8 PM) • Divalproex SOD ER 500 mg (1 time daily) – Blank 7/1 - 4, 9, 16, 17, 20 - 22, 24, 25, 29 (8 AM)	Individual #6 January 2022 As indicated by the Medication Administration Records the individual is to take Citrucel 500 mg (2 teaspoons 2 times daily). According to the Physician's Orders, Citrucel 500 mg is to be taken 4 Capsules daily. Medication Administration Record and Physician's Orders do not match. Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications: • Ear Drops 6.5% (2 times daily) Individual #9 January 2022 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications: • Multi Vitamin with Minerals 15mg iron (1 time daily) Individual #10 January 2022 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Calcium 500mg (1 time daily) – Blank 1/2, 3, 7 -10, 14 - 17, 21 - 24, 27 - 31 (8:00 AM) • Fish Oil 1,000mg (1 time daily) – Blank 1/1 - 3, 7 - 10, 14 - 17, 21 - 24, 27 - 31 (8:00 AM) • Gabapentin 600mg (2 times daily) - Blank 1/1 - 3, 7 - 10, 14 - 17, 21 - 24, 27 - 31 (6 AM and 12 PM), 1/4 - 6, 11 - 13, 18 - 20, 25 - 26 (6 AM) • Mirtazapine 30mg (1 time daily) – Blank 1/1-31 • Multivitamin Gummies 200mcg (1 time daily) –

NMAC 16.19.11.8 MINIMUM STANDARDS:
A. MINIMUM STANDARDS FOR THE DISTRIBUTION, STORAGE, HANDLING AND RECORD KEEPING OF DRUGS:
(d) The facility shall have a Medication Administration Record (MAR) documenting medication administered to residents, **including over-the-counter medications.** This documentation shall include:

(i) Name of resident;
(ii) Date given;
(iii) Drug product name;
(iv) Dosage and form;
(v) Strength of drug;
(vi) Route of administration;
(vii) How often medication is to be taken;
(viii) Time taken and staff initials;
(ix) Dates when the medication is discontinued or changed;
(x) The name and initials of all staff administering medications.

Model Custodial Procedure Manual
D. Administration of Drugs
Unless otherwise stated by practitioner, patients will not be allowed to administer their own medications.
Document the practitioner's order authorizing the self-administration of medications.

All PRN (As needed) medications shall have complete detail instructions regarding the administering of the medication. This shall include:

- symptoms that indicate the use of the medication,
- exact dosage to be used, and
- the exact amount to be used in a 24-hour period.

- Famotidine 20 mg (1 time daily) – Blank 7/1 - 4, 9, 16, 17, 24 & 29 (8 AM)
- Fluticasone Prop 50 mg (2 times daily) – Blank 7/1 - 4, 9, 16, 17, 24, 25 & 29 (8 AM) 7/1, 14, 27 & 28, (8pm)
- Levocarnitine 250 mg (1 time daily) – Blank 7/1, 14, 27 & 28 (8 PM)
- Listerine Total Care Zero 10 ml (2 times daily) – Blank 7/1 - 4, 9, 16, 17, 24, 25 & 29 (8 AM) 7/1, 14, 27, & 28 (8 PM)
- Propranolol ER 80 mg (2 times daily) – Blank 7/1 - 4, 9, 16, 17, 24, 25, 29 & 31 (8AM) 7/1, 14, 27 & 28 (8 PM)
- Sertraline HCL 100 mg (1 time daily) – Blank 7/1, 14, 27 & 28. (8 PM)
- Vitamin D3 2,000 Units (1 time daily) – Blank 7/1, 14, 27 & 28 (8 PM)

August 2021
Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:

- Citrucel 500mg (1 time daily) – Blank 8/26 (8AM)

Individual #9
July 2021
Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:

- Multivitamin with Minerals 15mg (1 time daily) – Blank 7/24 (8 AM)

August 2021

Blank 1/1 - 3, 7 - 10, 14 - 17, 21 - 24, 27 - 31 (8:00 AM)

- P&C Vision Cleanser (1 time daily) – Blank 1/1- 31 (8:00 PM)
- Vitamin C 1,000 mg (1 ~~x~~ time daily) – Blank 1/1 - 3, 7 - 10, 14 - 17, 21 - 24, 27 - 31 (8:00 AM)
- Vitamin E 400 unit (1 time daily) – Blank 1/1 – 3, 7 - 10, 14 - 17, 21 - 24, 27- 31.

Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:

- Calcium 500 mg (1 time daily)
- Fish Oil 1,000mg (1 time daily)
- P&C Vision Cleanser (1 time daily)
- Vitamin C 1,000mg (1 time daily)
- Vitamin E 400 unit (1 time daily)

	Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Multivitamin with Minerals 15mg (1 time daily) - Blank 8/29, 30 (8 AM) Individual #10 July 2021 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications: • Alprazolam ER 1mg (2 times daily) • Calcium 500mg (1 time daily) • Edible Medical Marijuana Gummies 5mg-(2 times daily) • Fish Oil 1,000mg (1 time daily) • Multivitamin Gummies 200mcg (1 time daily) • Vitamin C 1,000mg (1 time daily) • Vitamin E 400-unit (1 time daily) August 2021 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Alprazolam ER 1mg (2 times daily) – Blank: 8/7, 14, 21 (8AM) 8/6, 13, 20 (8PM) • Calcium-500mg (1 time daily) – Blank 8/7, 14, 21 (8AM) • Edible Medical Marijuana Gummies (2 times daily) – Blank 8/7, 14, 21 (8AM) 8/2 - 6, 9 - 13, 16 - 20, 23 - 25 (8PM) • Fish Oil 1,000mg (1 time daily) – Blank 8/7, 14, 21 (8AM)	

	• Gabapentin 600mg (2 times daily) – Blank 8/7, 14, 21 (8AM) 8/2 - 6, 9 - 14, 16 - 17, 23 (8PM) • Mirtazapine 30mg (1 time daily) – Blank 8/6, 13, 20 (8AM) • Multi Vitamin Gummies 200mcg (1 time daily) – Blank 8/7, 14, 21 (8AM) • Vitamin C 1,000mg (1 time daily) – Blank 8/7, 14, 21 (8AM) • Vitamin E 400 Unit (1 time daily) – Blank 8/7, 14, 21 (8AM)	

Tag # 1A09.1 Medication Delivery PRN Medication Administration	Condition of Participation Level Deficiency	Condition of Participation Level Deficiency
Developmental Disabilities (DD) Waiver Service Standards 2/26/2018; Re-Issue: 12/28/2018; Eff 1/1/2019 **Chapter 20: Provider Documentation and Client Records 20.6 Medication Administration Record (MAR):** A current Medication Administration Record (MAR) must be maintained in all settings where medications or treatments are delivered. Family Living Providers may opt not to use MARs if they are the sole provider who supports the person with medications or treatments. However, if there are services provided by unrelated DSP, ANS for Medication Oversight must be budgeted, and a MAR must be created and used by the DSP. Primary and Secondary Provider Agencies are responsible for: 1. Creating and maintaining either an electronic or paper MAR in their service setting. Provider Agencies may use the MAR in Therap but are not mandated to do so. 2. Continually communicating any changes about medications and treatments between Provider Agencies to assure health and safety. 7. Including the following on the MAR: a. The name of the person, a transcription of the physician's or licensed health care provider's orders including the brand and generic names for all ordered routine and PRN medications or treatments, and the diagnoses for which the medications or treatments are prescribed; b. The prescribed dosage, frequency and method or route of administration; times and dates of administration for all ordered routine or PRN prescriptions or treatments; over the counter (OTC) or "comfort" medications or treatments and all self-selected herbal or vitamin therapy; c. Documentation of all time limited or	After an analysis of the evidence, it has been determined there is a significant potential for a negative outcome to occur. Medication Administration Records (MAR) were reviewed for the months of July and August 2021. Based on record review, 4 of 9 individuals had PRN Medication Administration Records (MAR), which contained missing elements as required by standard: Individual #2 July 2021 During on-site survey Medication Administration Records were requested for months of July 2021. As of 9/3/2021, Medication Administration Records for July had not been provided. Individual #3 August 2021 No Effectiveness was noted on the Medication Administration Record for the following PRN medication: • Azelastine 0.1% Spray – PRN – 8/26 (given 1 time) • Glucose 4-gram – PRN – 8/15 (given 1 time) Physician's Orders indicated the following medication were to be given. The following Medications were not documented on the Medication Administration Records: • Glutose 15 40% Gel (PRN) • Glucose Gummies (PRN) Individual #9 August 2021	**New / Repeat Findings:** After an analysis of the evidence, it has been determined there is a significant potential for a negative outcome to occur. Medication Administration Records (MAR) were reviewed for the months of January 2022. Based on record review, 5 of 8 individuals had PRN Medication Administration Records (MAR), which contained missing elements as required by standard: Individual #3 January 2022 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications: • Glucagon 1 mg (PRN) • Glucose Liquid 15/grams/59 ml (PRN) • Insta Glucose Gel 24 gram/31 gram (PRN) • Eucerin Original Lotion (PRN) • Sunscreen 15 (PRN) Physician's Orders indicated the following medication were to be given. The following Medications were not documented on the Medication Administration Records: • Loperamide HCL 2 mg (PRN) Individual #5 January 2022 No Effectiveness was noted on the Medication Administration Record for the following PRN medication:

discontinued medications or treatments; d. The initials of the individual administering or assisting with the medication delivery and a signature page or electronic record that designates the full name corresponding to the initials; e. Documentation of refused, missed, or held medications or treatments; f. Documentation of any allergic reaction that occurred due to medication or treatments; and g. For PRN medications or treatments: i. instructions for the use of the PRN medication or treatment which must include observable signs/symptoms or circumstances in which the medication or treatment is to be used and the number of doses that may be used in a 24-hour period; ii. clear documentation that the DSP contacted the agency nurse prior to assisting with the medication or treatment, unless the DSP is a Family Living Provider related by affinity of consanguinity; and iii. documentation of the effectiveness of the PRN medication or treatment. **Chapter 10 Living Care Arrangements** ***10.3.4 Medication Assessment and Delivery:*** Living Supports Provider Agencies must support and comply with: 1. the processes identified in the DDSD AWMD training. 2. the nursing and DSP functions identified in the Chapter 13.3 Part 2- Adult Nursing Services; 3. all Board of Pharmacy regulations as noted in Chapter 16.5 Board of Pharmacy; and **4.** documentation requirements in a Medication Administration Record (MAR) as described in Chapter 20.6 Medication	No Effectiveness was noted on the Medication Administration Record for the following PRN medication: • Calcium Carb 500mg – PRN – 8/11 (given 1 time) • Diphenhydramine 25mg – PRN - 8/2 (given 1 time) Individual #10 July 2021 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications: • Edible Medical Marijuana Gummies 5 mg (PRN) • Maxitrol Eye Drops 3.5mg/ml – 10,000 unit/ml 0.1% (PRN)	• Acetaminophen 500mg – PRN – 1/27 (given 1 time Individual #6 January 2022 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications: • Banana Boat Sport SPF 100 (PRN) • Ear Drops 6.5% (PRN) Individual #9 January 2022 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications: • Acetaminophen500 mg (PRN) • Guaifenesin 400mg (PRN) • Ibuprofen 200mg (PRN) • Tussin DM 10-100mg/5ml (PRN) • Diphenhydramine HCL 25mg (PRN) • Bismuth Subsalicylate 525mg (PRN) • Milk of Magnesia 400 mg/5ml (PRN) • Calcium Carbonate 500mg (PRN) • Loperamide HCL 2mg (PRN) • Triple Antibiotic Ointment 3.5mg-400 unit-5,000 unit/gram (PRN) • Hydrocortisone Cream 1% (PRN) • Cough Drop 7.5 mg (PRN)

Administration Record (MAR).		• Aleve 220 mg (PRN) • Cetirizine HCL 10mg (PRN) • Sunscreen (PRN) Individual #10 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications: • Maxitrol Eye Drops 3.5mg/ml-10,000 unit/ml (PRN) No Effectiveness was noted on the Medication Administration Record for the following PRN medication: • Maxitrol Eye Drops 3.5mg/ml-10,000 unit/ml – PRN – 1/4 – 6, 11 – 13, 18 – 20, 24 - 26 (given 2 times)

Tag # 1A09.1.0 Medication Delivery PRN Medication Administration	Standard Level Deficiency	Standard Level Deficiency
Developmental Disabilities (DD) Waiver Service Standards 2/26/2018; Re-Issue: 12/28/2018; Eff 1/1/2019 **Chapter 20: Provider Documentation and Client Records 20.6 Medication Administration Record (MAR):** A current Medication Administration Record (MAR) must be maintained in all settings where medications or treatments are delivered. Family Living Providers may opt not to use MARs if they are the sole provider who supports the person with medications or treatments. However, if there are services provided by unrelated DSP, ANS for Medication Oversight must be budgeted, and a MAR must be created and used by the DSP. Primary and Secondary Provider Agencies are responsible for: 1. Creating and maintaining either an electronic or paper MAR in their service setting. Provider Agencies may use the MAR in Therap, but are not mandated to do so. 2. Continually communicating any changes about medications and treatments between Provider Agencies to assure health and safety. 7. Including the following on the MAR: a. The name of the person, a transcription of the physician's or licensed health care provider's orders including the brand and generic names for all ordered routine and PRN medications or treatments, and the diagnoses for which the medications or treatments are prescribed; b. The prescribed dosage, frequency and method or route of administration; times and dates of administration for all ordered routine or PRN prescriptions or treatments; over the counter (OTC) or "comfort" medications or treatments and all self-selected herbal or vitamin therapy; c. Documentation of all time limited or discontinued medications or treatments; d. The initials of the individual administering or assisting with the medication delivery and a	Medication Administration Records (MAR) were reviewed for the months of July and August 2021. Based on record review, 1 of 9 individuals had PRN Medication Administration Records (MAR), which contained missing elements as required by standard: Individual #10 July 2021 Medication Administration Records did not contain the exact amount to be used in a 24-hour period: • Edible Medical Marijuana Gummies 5mg (PRN)	**New / Repeat Findings:** Medication Administration Records (MAR) were reviewed for the months of January 2022. Based on record review, 3 of 8 individuals had PRN Medication Administration Records (MAR), which contained missing elements as required by standard: Individual #3 January 2022 Medication Administration Records did not contain the exact amount to be used in a 24-hour period: • Azelastine 0.1% (137 mcg) (PRN) • Glucagon 1mg (PRN) • Glucose 4gram (PRN) • Glucose Liquid 15gram/59 ml (PRN) • Insta Glucose Gel 24gram/31 gram (PRN) • Pain Relief 160mg/5ml (PRN) Individual #5 January 2022 Medication Administration Records did not contain the exact amount to be used in a 24-hour period: • Albuterol HFA 90mcg (PRN) • Cough Drops 5.8mg (PRN) • Milk of Magnesia Suspension 400mg/5ml (PRN) • Ventolin HFA 90mcg (PRN)

signature page or electronic record that designates the full name corresponding to the initials; e. Documentation of refused, missed, or held medications or treatments; f. Documentation of any allergic reaction that occurred due to medication or treatments; and g. For PRN medications or treatments: i. instructions for the use of the PRN medication or treatment which must include observable signs/symptoms or circumstances in which the medication or treatment is to be used and the number of doses that may be used in a 24-hour period; ii. clear documentation that the DSP contacted the agency nurse prior to assisting with the medication or treatment, unless the DSP is a Family Living Provider related by affinity of consanguinity; and iii. documentation of the effectiveness of the PRN medication or treatment. **Chapter 10 Living Care Arrangements** ***10.3.4 Medication Assessment and Delivery:*** Living Supports Provider Agencies must support and comply with: 1. the processes identified in the DDSD AWMD training; 2. the nursing and DSP functions identified in the Chapter 13.3 Part 2- Adult Nursing Services; 3. all Board of Pharmacy regulations as noted in Chapter 16.5 Board of Pharmacy; and **4.** documentation requirements in a Medication Administration Record (MAR) as described in Chapter 20.6 Medication Administration Record (MAR).		Individual #6 January 2022 Medication Administration Records did not contain the exact amount to be used in a 24-hour period: • Aloe Vera Gel (PRN) • Banana Boat Sport SPF 100 (PRN) • Lorazepam 1mg (PRN) • Milk of Magnesia Suspension 400mg/5ml (PRN) Individual #9 January 2022 Medication Administration Records did not contain the exact amount to be used in a 24-hour period: • Aleve 220mg (PRN) • Cetirizine HCL 10 mg (PRN) Individual #10 January 2022 Medication Administration Records did not contain the exact amount to be used in a 24-hour period: • Ocean 0.65% Nasal Spray (PRN)

Tag # 1A09.2 Medication Delivery Nurse Approval for PRN Medication		Condition of Participation Level Deficiency
Developmental Disabilities (DD) Waiver Service Standards 2/26/2018; Re-Issue: 12/28/2018; Eff 1/1/2019 **Chapter 13 Nursing Services: *13.2.12*** ***Medication Delivery:*** Nurses are required to: 1. Be aware of the New Mexico Nurse Practice Act, and Board of Pharmacy standards and regulations. 2. Communicate with the Primary Care Practitioner and relevant specialists regarding medications and any concerns with medications or side effects. 3. Educate the person, guardian, family, and IDT regarding the use and implications of medications as needed. 4. Administer medications when required, such as intravenous medications; other specific injections; via NG tube; non-premixed nebulizer treatments or new prescriptions that have an ordered assessment. 5. Monitor the MAR or treatment records at least monthly for accuracy, PRN use and errors. 6. Respond to calls requesting delivery of PRNs from AWMD trained DSP and non-related (surrogate or host) Family Living Provider Agencies. 7. Assure that orders for PRN medications or treatments have: a. clear instructions for use; b. observable signs/symptoms or circumstances in which the medication is to be used or withheld; and c. documentation of the response to and effectiveness of the PRN medication administered. 8. Monitor the person's response to the use of routine or PRN pain medication and contact the prescriber as needed regarding its effectiveness. 9. Assure clear documentation when PRN medications are used, to include: a. DSP contact with nurse prior to assisting with medication.	**N/A**	**New Finding:** After an analysis of the evidence, it has been determined there is a significant potential for a negative outcome to occur. Based on record review, the Agency did not maintain documentation of PRN authorization as required by standard for 1 of 8 Individuals. Individual #10 January 2022 No documentation of the verbal authorization from the Agency nurse prior to each administration/assistance of PRN medication was found for the following PRN medication: • Maxitrol Eye Drops 3.5mg/m 10,000 unit/ml – PRN – 1/4 – 6, 11 – 13, 18 – 20, 24 - 26 (given 2 times)

i. The only exception to prior consultation with the agency nurse is to administer selected emergency medications as listed on the Publications section of the DOH-DDSD -Clinical Services Website https://nmhealth.org/about/ddsd/pgsv/clinical/. b. Nursing instructions for use of the medication. c. Nursing follow-up on the results of the PRN use. d. When the nurse administers the PRN medication, the reasons why the medications were given and the person's response to the medication.		

Tag # 1A31 Client Rights / Human Rights	Condition of Participation Level Deficiency	Condition of Participation Level Deficiency
NMAC 7.26.3.11 RESTRICTIONS OR LIMITATION OF CLIENT'S RIGHTS: A. A service provider shall not restrict or limit a client's rights except: (1) where the restriction or limitation is allowed in an emergency and is necessary to prevent imminent risk of physical harm to the client or another person; or (2) where the interdisciplinary team has determined that the client's limited capacity to exercise the right threatens his or her physical safety; or (3) as provided for in Section 10.1.14 [now Subsection N of 7.26.3.10 NMAC]. B. Any emergency intervention to prevent physical harm shall be reasonable to prevent harm, shall be the least restrictive intervention necessary to meet the emergency, shall be allowed no longer than necessary and shall be subject to interdisciplinary team (IDT) review. The IDT upon completion of its review may refer its findings to the office of quality assurance. The emergency intervention may be subject to review by the service provider's behavioral support committee or human rights committee in accordance with the behavioral support policies or other department regulation or policy. C. The service provider may adopt reasonable program policies of general applicability to clients served by that service provider that do not violate client rights. [09/12/94; 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	After an analysis of the evidence, it has been determined there is a significant potential for a negative outcome to occur. Based on record review, the Agency did not ensure the rights of Individuals was not restricted or limited for 2 of 10 Individuals. A review of Agency Individual files indicated Human Rights Committee Approval was required for restrictions. <u>No documentation</u> was found regarding Human Rights Approval for the following: • Needs food secured to prevent binge eating behaviors when supervision is not available. No evidence found of Human Rights Committee approval. (Individual #8) • Keep back gates locked, alarms on doors, and sharps locked up to avoid elopement. No evidence found of Human Rights Committee approval. (Individual #10) • Check on whereabouts in the home every 10 minutes. No evidence found of Human Rights Committee approval. (Individual #10) • PRN Medication – No evidence found of Human Rights Committee approval. (Individual #10) • MANDT – 2 arm restraint – No evidence found of Human Rights Committee approval. (Individual #10)	**New / Repeat Findings:** After an analysis of the evidence, it has been determined there is a significant potential for a negative outcome to occur. Based on record review, the Agency did not ensure the rights of Individuals was not restricted or limited for 1 of 9 Individuals. A review of Agency Individual files indicated Human Rights Committee Approval was required for restrictions. <u>No documentation</u> was found regarding Human Rights Approval for the following: • Food Secured - No evidence found of Human Rights Committee approval. (Individual #10) • Check on whereabouts every 10 minutes - No evidence found of Human Rights Committee approval. (Individual #10

Chapter 2: Human Rights: Civil rights apply to everyone, including all waiver participants, family members, guardians, natural supports, and Provider Agencies. Everyone has a responsibility to make sure those rights are not violated. All Provider Agencies play a role in person-centered planning (PCP) and have an obligation to contribute to the planning process, always focusing on how to best support the person. **Chapter 3 Safeguards:** ***3.3.1 HRC Procedural Requirements:*** 1. An invitation to participate in the HRC meeting of a rights restriction review will be given to the person (regardless of verbal or cognitive ability), his/her guardian, and/or a family member (if desired by the person), and the Behavior Support Consultant (BSC) at least 10 working days prior to the meeting (except for in emergency situations). If the person (and/or the guardian) does not wish to attend, his/her stated preferences may be brought to the meeting by someone whom the person chooses as his/her representative. 2. The Provider Agencies that are seeking to temporarily limit the person's right(s) (e.g., Living Supports, Community Inclusion, or BSC) are required to support the person's informed consent regarding the rights restriction, as well as their timely participation in the review. 3. The plan's author, designated staff (e.g., agency service coordinator) and/or the CM makes a written or oral presentation to the HRC. 4. The results of the HRC review are reported in writing to the person supported, the guardian, the BSC, the mental health or other specialized therapy provider, and the CM within three working days of the meeting. 5. HRC committees are required to meet at least on a quarterly basis. 6. A quorum to conduct an HRC meeting is at least three voting members eligible to vote in each situation and at least one must be a community member at large.		

7. HRC members who are directly involved in the services provided to the person must excuse themselves from voting in that situation. Each HRC is required to have a provision for emergency approval of rights restrictions based upon credible threats of harm against self or others that may arise between scheduled HRC meetings (e.g., locking up sharp knives after a serious attempt to injure self or others or a disclosure, with a credible plan, to seriously injure or kill someone). The confidential and HIPAA compliant emergency meeting may be via telephone, video or conference call, or secure email. Procedures may include an initial emergency phone meeting, and a subsequent follow-up emergency meeting in complex and/or ongoing situations. 8. The HRC with primary responsibility for implementation of the rights restriction will record all meeting minutes on an individual basis, i.e., each meeting discussion for an individual will be recorded separately, and minutes of all meetings will be retained at the agency for at least six years from the final date of continuance of the restriction. ***3.3.3 HRC and Behavioral Support:*** The HRC reviews temporary restrictions of rights that are related to medical issues or health and safety considerations such as decreased mobility (e.g., the use of bed rails due to risk of falling during the night while getting out of bed). However, other temporary restrictions may be implemented because of health and safety considerations arising from behavioral issues. Positive Behavioral Supports (PBS) are mandated and used when behavioral support is needed and desired by the person and/or the IDT. PBS emphasizes the acquisition and maintenance of positive skills (e.g. building healthy relationships) to increase the person's quality of life understanding that a natural reduction in other challenging behaviors will follow. At times, aversive interventions may be temporarily included as a part of a person's behavioral support (usually in the		

BCIP), and therefore, need to be reviewed prior to implementation as well as periodically while the restrictive intervention is in place. PBSPs not containing aversive interventions do not require HRC review or approval. Plans (e.g., ISPs, PBSPs, BCIPs PPMPs, and/or RMPs) that contain any aversive interventions are submitted to the HRC in advance of a meeting, except in emergency situations. **3.3.4 Interventions Requiring HRC Review and Approval:** HRCs must review prior to implementation, any plans (e.g. ISPs, PBSPs, BCIPs and/or PPMPs, RMPs), with strategies, including but not limited to: 1. response cost; 2. restitution; 3. emergency physical restraint (EPR); 4. routine use of law enforcement as part of a BCIP; 5. routine use of emergency hospitalization procedures as part of a BCIP; 6. use of point systems; 7. use of intense, highly structured, and specialized treatment strategies, including level systems with response cost or failure to earn components; 8. a 1:1 staff to person ratio for behavioral reasons, or, very rarely, a 2:1 staff to person ratio for behavioral or medical reasons; 9. use of PRN psychotropic medications; 10. use of protective devices for behavioral purposes (e.g., helmets for head banging, Posey gloves for biting hand); 11. use of bed rails; 12. use of a device and/or monitoring system through PST may impact the person's privacy or other rights; or 13. use of any alarms to alert staff to a person's whereabouts. **3.4 Emergency Physical Restraint (EPR):** Every person shall be free from the use of restrictive		

physical crisis intervention measures that are unnecessary. Provider Agencies who support people who may occasionally need intervention such as Emergency Physical Restraint (EPR) are required to institute procedures to maximize safety. ***3.4.5 Human Rights Committee:*** The HRC reviews use of EPR. The BCIP may not be implemented without HRC review and approval whenever EPR or other restrictive measure(s) are included. Provider Agencies with an HRC are required to ensure that the HRCs: 1. participate in training regarding required constitution and oversight activities for HRCs; 2. review any BCIP, that include the use of EPR; 3. occur at least annually, occur in any quarter where EPR is used, and occur whenever any change to the BCIP is considered; 4. maintain HRC minutes approving or disallowing the use of EPR as written in a BCIP; and 5. maintain HRC minutes of meetings reviewing the implementation of the BCIP when EPR is used.		

Tag # LS25 Residential Health & Safety (Supported Living / Family Living / Intensive Medical Living)	Standard Level Deficiency	Standard Level Deficiency
Developmental Disabilities (DD) Waiver Service Standards 2/26/2018; Re-Issue: 12/28/2018; Eff 1/1/2019 **Chapter 10: Living Care Arrangements (LCA)** **10.3.6 Requirements for Each Residence:** Provider Agencies must assure that each residence is clean, safe, and comfortable, and each residence accommodates individual daily living, social and leisure activities. In addition, the Provider Agency must ensure the residence: 1. has basic utilities, i.e., gas, power, water, and telephone; 2. has a battery operated or electric smoke detectors or a sprinkler system, carbon monoxide detectors, and fire extinguisher; 3. has a general-purpose first aid kit; 4. has accessible written documentation of evacuation drills occurring at least three times a year overall, one time a year for each shift; 5. has water temperature that does not exceed a safe temperature (110^0 F); 6. has safe storage of all medications with dispensing instructions for each person that are consistent with the Assistance with Medication (AWMD) training or each person's ISP; 7. has an emergency placement plan for relocation of people in the event of an emergency evacuation that makes the residence unsuitable for occupancy; 8. has emergency evacuation procedures that address, but are not limited to, fire, chemical and/or hazardous waste spills, and flooding; 9. supports environmental modifications and assistive technology devices, including modifications to the bathroom (i.e., shower chairs, grab bars, walk in shower, raised toilets, etc.) based on the unique needs of the individual in consultation with the IDT; 10. has or arranges for necessary equipment for	Based on observation, the Agency did not ensure that each individuals' residence met all requirements within the standard for 4 of 9 Living Care Arrangement residences. Review of the residential records and observation of the residence revealed the following items were not found, not functioning or incomplete: **Family Living Requirements:** • Poison Control Phone Number (#4, 7, 8, 10)	**Repeat Finding:** Based on record review and / or observation, the Agency did not ensure that each individuals' residence met all requirements within the standard for 1 of 8 Living Care Arrangement residences. Review of the residential records and observation of the residence revealed the following items were not found, not functioning or incomplete: **Family Living Requirements:** • Poison Control Phone Number (#10)

bathing and transfers to support health and safety with consultation from therapists as needed; 11. has the phone number for poison control within line of site of the telephone; 12. has general household appliances, and kitchen and dining utensils; 13. has proper food storage and cleaning supplies; 14. has adequate food for three meals a day and individual preferences; and 15. has at least two bathrooms for residences with more than two residents.		

Standard of Care	Routine Survey Deficiencies August 23 - September 3, 2021	Verification Survey New and Repeat Deficiencies February 14 – 25, 2022
Service Domain: Service Plans: ISP Implementation – *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 # 1A08.3 Administrative Case File: Individual Service Plan / ISP Components	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A08.1 Administrative and Residential Case File: Progress Notes	**Standard Level Deficiency**	**COMPLETE**
Tag # 1A32 Administrative Case File: Individual Service Plan Implementation	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A32.1 Administrative Case File: Individual Service Plan Implementation *(Not Completed at Frequency)*	**Standard Level Deficiency**	**COMPLETE**
Tag # 1A32.2 Individual Service Plan Implementation (Residential Implementation)	**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 Req. Documentation)	**Standard Level Deficiency**	**COMPLETE**
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.*		
Tag # 1A22 Agency Personnel Competency	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A43.1 General Events Reporting: Individual Reporting	**Standard Level Deficiency**	**COMPLETE**
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.*		
Tag # 1A03 Continuous Quality Improvement System & Key Performance Indicators (KPIs)	**Standard Level Deficiency**	**COMPLETE**
Tag # 1A15.2 Administrative Case File: Healthcare Documentation (Therap and Required Plans)	**Condition of Participation Level Deficiency**	**COMPLETE**
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.*		
Tag # IS30 Customized Community Supports Reimbursement	**Standard Level Deficiency**	**COMPLETE**
Tag # LS26 Supported Living Reimbursement	**Standard Level Deficiency**	**COMPLETE**
Tag # LS27 Family Living Reimbursement	**Standard Level Deficiency**	**COMPLETE**

	Verification Survey Plan of Correction, On-going QA/QI and Responsible Party	Completion Date
Tag # 1A08.2 Healthcare Requirements & Follow-up	**Provider:** **State your Plan of Correction for the deficiencies cited in this tag here** *(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?)*: → **Provider:** **Enter your ongoing 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?)*: →	
Tag #1A09 Medication Delivery Routine Medication Administration	**Provider:** **State your Plan of Correction for the deficiencies cited in this tag here** *(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?)*: → **Provider:** **Enter your ongoing 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?)*: →	

Tag # 1A09.1 Medication Delivery PRN Medication Administration	**Provider:** **State your Plan of Correction for the deficiencies cited in this tag here** *(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?)*: → **Provider:** **Enter your ongoing 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?)*: →	
Tag # 1A09.1.0 Medication Delivery PRN Medication Administration	**Provider:** **State your Plan of Correction for the deficiencies cited in this tag here** *(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?)*: → **Provider:** **Enter your ongoing 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?)*: →	

Tag # 1A09.2 Medication Delivery Nurse Approval for PRN Medication	**Provider:** **State your Plan of Correction for the deficiencies cited in this tag here** *(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?)*: → **Provider:** **Enter your ongoing 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?)*: →	
Tag # 1A31 Client Rights / Human Rights	**Provider:** **State your Plan of Correction for the deficiencies cited in this tag here** *(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?)*: → **Provider:** **Enter your ongoing 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?)*: →	

Tag # LS25 Residential Health & Safety (Supported Living / Family Living / Intensive Medical Living)	**Provider:** **State your Plan of Correction for the deficiencies cited in this tag here** *(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?)*: → **Provider:** **Enter your ongoing 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?)*: →	

NEW MEXICO
Department of Health
Division of Health Improvement

MICHELLE LUJAN GRISHAM
Governor

DAVID R. SCRASE, M.D.
Acting Cabinet Secretary

Date:	May 3, 2022
To:	Jacqueline Bobo, Operations / HR Director
Provider:	HeartWell Services, LLC
Address:	4123 Eubank Blvd. NE
State/Zip:	Albuquerque, New Mexico 87111
E-mail Address:	jbobo@heartwellservices.com
CC:	Kelley Krinke, Program Director
E-Mail Address:	KelleyKrinke@HeartWellServices.com
Region:	Metro
Routine Survey:	August 23 – September 3, 2021
Verification Survey:	February 14 – 25, 2022
Program Surveyed:	Developmental Disabilities Waiver
Service Surveyed:	Supported Living, Family Living and Customized Community Supports
Survey Type:	Verification

Dear Ms. Bobo:

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.22.3.DDW.56827849.5.VER.09.22.123