

Date: July 23, 2014

To: Marci Manning, Supported Living Director  
Ed Kaul, Executive Director

Provider: ARCA  
Address: 11300 Lomas NE  
State/Zip: Albuquerque, New Mexico 87122  
E-mail Address: [mmanning@arcaspirit.org](mailto:mmanning@arcaspirit.org)

Region: Metro  
Survey Date: June 9 - 18, 2014  
Program Surveyed: Developmental Disabilities Waiver  
Service Surveyed: **2012: Living Supports** (Supported Living, Family Living); *Inclusion Services* (Customized Community Supports, Community Integrated Employment Services) *and Other* (Customized In-Home Supports)

Survey Type: Routine  
Team Leader: Nicole Brown, MBA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau  
Team Members: Erica Nilsen, BA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Pareatha Madison, MA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau, Jenny Bartos, BA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau, Meg Pell, BA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau, Crystal Lopez Beck, BA, Deputy Bureau Chief, Division of Health Improvement/Quality Management Bureau, Florence Mulheron, BA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau, Amanda Castaneda, MPA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau, Jennifer Bruns, BSW, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau and Deb Russell, BS, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Ms. Manning;

The Division of Health Improvement/Quality Management Bureau has completed a compliance survey of the services identified above. The purpose of the survey was to determine compliance with federal and state standards; to assure the health, safety, and welfare of individuals receiving services through the Developmental Disabilities Waiver; and to identify opportunities for improvement. This Report of Findings will be shared with the Developmental Disabilities Supports Division for their use in determining your current and future provider agreements. Upon receipt of this letter and Report of Findings your agency must immediately correct all deficiencies which place Individuals served at risk of harm.

**Determination of Compliance:**

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

***Partial Compliance with Conditions of Participation***

**DIVISION OF HEALTH IMPROVEMENT**

5301 Central Avenue NE, Suite 400 • Albuquerque, New Mexico • 87108  
(505) 222-8623 • FAX: (505) 222-8661 • <http://www.dhi.health.state.nm.us>

QMB Report of Findings – ARCA – Metro Region – June 9 - 18, 2014

This determination is based on non compliance with one or more CMS waiver assurances at the Condition of Participation level as well as Standard level deficiencies identified in the attached QMB Report of Findings and requires implementation of a Plan of Correction.

The following tags are identified as Condition of Participation Level Deficiencies:

- Tag #1A22 – Agency Personnel Competency

**Plan of Correction:**

The attached Report of Findings identifies the Standard Level and/or Condition of Participation deficiencies found during your agency's compliance review. You are required to complete and implement a Plan of Correction. Your agency has a total of 45 business days (10 business days to submit your POC for approval and 35 days to implement your *approved* Plan of Correction) from the receipt of this letter.

**Submission of your Plan of Correction:**

Please submit your agency's Plan of Correction in the space on the two right columns of the Report of Findings. (See attachment "A" for additional guidance in completing the Plan of Correction).

Within 10 business days of receipt of this letter your agency Plan of Correction must be submitted to the parties below:

1. **Quality Management Bureau, Attention: Plan of Correction Coordinator  
5301 Central Ave. NE Suite 400 Albuquerque, NM 87108**
2. **Developmental Disabilities Supports Division Regional Office for region of service surveyed**

Upon notification from QMB that your *Plan of Correction has been approved*, you must implement all remedies and corrective actions to come into compliance. If your Plan of Correction is denied, you must resubmit a revised plan as soon as possible for approval, as your POC approval and all remedies must be completed within 45 business days of the receipt of this letter.

Failure to submit your POC within the allotted 10 business days or complete and implement your Plan of Correction within the total 45 business days allowed may result in the imposition of a \$200 per day Civil Monetary Penalty until it is received, completed and/or implemented.

**Request for Informal Reconsideration of Findings (IRF):**

If you disagree with a finding of deficient practice, you have 10 business days upon receipt of this notice to request an IRF. Submit your request for an IRF in writing to:

QMB Deputy Bureau Chief  
5301 Central Ave NE Suite #400  
Albuquerque, NM 87108  
Attention: IRF request

See Attachment "C" for additional guidance in completing the request for Informal Reconsideration of Findings. The request for an IRF will not delay the implementation of your Plan of Correction which must be completed within 45 total business days (10 business days to submit your POC for approval and 35 days to implement your *approved* Plan of Correction). Providers may not appeal the nature or interpretation of the standard or regulation, the team composition or sampling methodology. If the IRF approves the modification or removal of a finding, you will be advised of any changes.

Please call the Plan of Correction Coordinator Anthony Fragua at 505-231-7436 if you have questions about the Report of Findings or Plan of Correction. Thank you for your cooperation and for the work you perform.

Sincerely,

*Nicole Brown, MBA*

Nicole Brown, MBA  
Team Lead/Healthcare Surveyor  
Division of Health Improvement  
Quality Management Bureau

## Survey Process Employed:

Entrance Conference Date: June 9, 2014

Present:

### ARCA

Marci Manning, Supported Living Director  
Jennifer Madrid, Family Based Services Director  
Naomi Serna, Human Resources Manager  
Michelle Harmon, Service Director

### DOH/DHI/QMB

Nicole Brown, MBA, Team Lead/Healthcare Surveyor  
Erica Nilsen, BA, Healthcare Surveyor  
Pareatha Madison, MA, Healthcare Surveyor  
Jenny Bartos, BA, Healthcare Surveyor  
Meg Pell, BA, Healthcare Surveyor

Exit Conference Date: June 18, 2014

Present:

### ARCA

Marci Manning, Supported Living Director  
Michelle Harmon, Service Director  
Doreen Salazar, Quality Manager  
Sharon Hannah, Case Record Manager  
Cecile Evola, Operations Manager  
Mahalah Stomquist, Operation Supports Division Director

### DOH/DHI/QMB

Nicole Brown, MBA, Team Lead/Healthcare Surveyor  
Corrina Strain, RN, Healthcare Surveyor  
Pareatha Madison, MA, Healthcare Surveyor  
Jenny Bartos, BA, Healthcare Surveyor  
Meg Pell, BA, Healthcare Surveyor

Administrative Locations Visited Number: 1

Total Sample Size Number: 54

0 - Jackson Class Members  
54 - Non-Jackson Class Members

25 - Supported Living  
19 - Family Living  
10 - Customized In-Home Supports  
24 - Customized Community Supports  
21 - Community Integrated Employment Services

Total Homes Visited Number: 35

❖ Supported Living Homes Visited Number: 20

*Note: The following Individuals share a SL residence:*

- #7, 13, 35
- #16, 22
- #28, 33
- 47, 53

❖ Family Living Homes Visited                      Number:            15

*Note: The following Individuals share a FL residence:*

- #2, 55
- #40, 51

Persons Served Records Reviewed                      Number:            54

Persons Served Interviewed                              Number:            40

Persons Served Observed                                Number:            14 (10 Individuals were not available during the on-site visit and 4 chose not to participate)

Direct Support Personnel Interviewed                      Number:            57

Direct Support Personnel Records Reviewed                      Number:            343

Substitute Care/Respite Personnel  
Records Reviewed    Number:            62

Service Coordinator Records Reviewed                      Number:            25

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
- 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

## Attachment A

### Provider Instructions for Completing the QMB Plan of Correction (POC) Process

#### **Introduction:**

After a QMB Compliance Survey, your QMB Report of Findings will be sent to you via e-mail.

Each provider must develop and implement a Plan of Correction (POC) that identifies specific quality assurance and quality improvement activities the agency will implement to correct deficiencies and prevent continued deficiencies and non-compliance.

Agencies must submit their Plan of Correction within ten (10) business days from the date you receive the QMB Report of Findings. (Providers who do not submit a POC within 10 business days may be referred to the Internal Review Committee [IRC] for possible actions or sanctions).

Agencies must fully implement their approved Plan of Correction within 45 business days (10 business days to submit your POC for approval and 35 days to implement your approved Plan of Correction) from the date they receive the QMB Report of Findings (Providers who fail to complete a POC within the 45 business days allowed will be referred to the IRC for possible actions or sanctions.)

If you have questions about the Plan of Correction process, call the Plan of Correction Coordinator at 505-231-7436 or email at [Anthony.Fragua@state.nm.us](mailto:Anthony.Fragua@state.nm.us). Requests for technical assistance must be requested through your Regional DDSD Office.

The POC process cannot resolve disputes regarding findings. If you wish to dispute a finding on the official Report of Findings, you must file an Informal Reconsideration of Findings (IRF) request within ten (10) business days of receiving your report. Please note that you must still submit a POC for findings that are in question (see Attachment "C").

#### **Instructions for Completing Agency POC:**

##### **Required Content**

Your Plan of Correction should provide a step-by-step description of the methods to correct each deficient practice to prevent recurrence and information that ensures the regulation cited is in compliance. The remedies noted in your POC are expected to be added to your Agency's required, annual Quality Assurance Plan.

If a deficiency has already been corrected, the plan should state how it was corrected, the completion date (date the correction was accomplished), and how possible recurrence of the deficiency will be prevented.

##### **The Plan of Correction must address the six required Center for Medicare and Medicaid Services (CMS) core elements to address each deficiency cited in the Report of Findings:**

1. How the specific and realistic corrective action will be accomplished for individuals found to have been affected by the deficient practice.
2. How the agency will identify other individuals who have the potential to be affected by the same deficient practice, and how the agency will act to protect individuals in similar situations.
3. What QA measures will be put into place or systemic changes made to ensure that the deficient practice will not recur
4. Indicate how the agency plans to monitor its performance to make sure that solutions are sustained. The agency must develop a QA plan for ensuring that correction is achieved and

- sustained. This QA plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the agency quality assurance system; and
5. Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State.
  6. The POC must be signed and dated by the agency director or other authorized official.

*The following details should be considered when developing your Plan of Correction:*

- Details about how and when Consumer, Personnel and Residential files are audited by Agency personnel to ensure they contain required documents;
- Information about how Medication Administration Records are reviewed to verify they contain all required information before they are distributed, as they are being used, and after they are completed;
- Your processes for ensuring that all staff are trained in Core Competencies, Abuse, Neglect and Exploitation Reporting, and Individual-Specific service requirements, etc;
- How accuracy in Billing/Reimbursement documentation is assured;
- How health, safety is assured;
- For Case Management Providers, how Individual Specific Plans are reviewed to verify they meet requirements, how the timeliness of LOC packet submissions and consumer visits are tracked;
- Your process for gathering, analyzing and responding to Quality data indicators; and,
- Details about Quality Targets in various areas, current status, analyses about why targets were not met, and remedies implemented.

**Note: Instruction or in-service of staff alone may not be a sufficient plan of correction.** This is a good first step toward correction, but additional steps must be taken to ensure the deficiency is corrected and will not recur.

#### ***Completion Dates***

- The plan of correction must include a **completion date** (entered in the far right-hand column) for each finding. Be sure the date is **realistic** in the amount of time your Agency will need to correct the deficiency; not to exceed 45 total business days.
- Direct care issues should be corrected immediately and monitored appropriately.
- Some deficiencies may require a staged plan to accomplish total correction.
- Deficiencies requiring replacement of equipment, etc., may require more time to accomplish correction but should show reasonable time frames.

#### ***Initial Submission of the Plan of Correction Requirements***

1. The Plan of Correction must be completed on the official QMB Survey Report of Findings/Plan of Correction Form and received by QMB within ten (10) business days from the date you received the report of findings.
2. For questions about the POC process, call the POC Coordinator, Anthony Fragua at 505-231-7436 for assistance.
3. For Technical Assistance (TA) in developing or implementing your POC, contact your Regional DDSD Office.
4. Submit your POC to Anthony Fragua, POC Coordinator in any of the following ways:
  - a. Electronically at [Anthony.Fragua@state.nm.us](mailto:Anthony.Fragua@state.nm.us) (*preferred method*)
  - b. Fax to 505-222-8661, or
  - c. Mail to POC Coordinator, 5301 Central Avenue NE, Suite 400, Albuquerque, NM 87108
5. Do not submit supporting documentation (evidence of compliance) to QMB until after your POC has been approved by the QMB.

6. QMB will notify you when your POC has been “approved” or “denied.”
  - a. During this time, whether your POC is “approved,” or “denied,” you will have a maximum of 45 business days from the date of receipt of your Report of Findings to correct all survey deficiencies.
  - b. If your POC is denied, it must be revised and resubmitted as soon as possible, as the 45 business day limit is in effect.
  - c. If your POC is denied a second time your agency may be referred to the Internal Review Committee.
  - d. You will receive written confirmation when your POC has been approved by QMB and a final deadline for completion of your POC.
  - e. Please note that all POC correspondence will be sent electronically unless otherwise requested.
7. Failure to submit your POC within 10 business days without prior approval of an extension by QMB will result in a referral to the Internal Review Committee and the possible implementation of monetary penalties and/or sanctions.

### ***POC Document Submission Requirements***

Once your POC has been approved by the QMB Plan of Correction Coordinator you must submit copies of documents as evidence that all deficiencies have been corrected, as follows.

1. Your internal documents are due within a maximum of 45 business days of receipt of your Report of Findings.
2. It is preferred that you submit your documents via USPS or other carrier (scanned and saved to CD/DVD disc, flash drive, etc.). If the documents do not contain protected Health information (PHI) the preferred method is that you submit your documents electronically (scanned and attached to e-mails).
3. All submitted documents must be annotated; please be sure the tag numbers and Identification numbers are indicated on each document submitted. Documents which are not annotated with the Tag number and Identification number may not be accepted.
4. Do not submit original documents; Please provide copies or scanned electronic files for evidence. Originals must be maintained in the agency file(s) per DDS Standards.
5. In lieu of some documents, you may submit copies of file or home audit forms that clearly indicate cited deficiencies have been corrected, other attestations of correction must be approved by the Plan of Correction Coordinator prior to their submission.
6. When billing deficiencies are cited, you must provide documentation to justify billing and/or void and adjust forms submitted to Xerox State Healthcare, LLC. for the deficiencies cited in the Report of Findings. In addition to this, we ask that you submit:
  - Evidence of an internal audit of billing/reimbursement conducted for a sample of individuals and timeframes of your choosing to verify POC implementation;
  - Copies of “void and adjust” forms submitted to Xerox State Healthcare, LLC. to correct all unjustified units identified and submitted for payment during your internal audit.

Revisions, Modifications or Extensions to your Plan of Correction (post QMB approval) must be made in writing and submitted to the Plan of Correction Coordinator, prior to the due date and are approved on a case-by-case basis. No changes may be made to your POC or the timeframes for implementation without written approval of the POC Coordinator.

## 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 state and federal regulations. QMB has grouped the CMS assurances into five Service Domains: Level of Care; Plan of Care; Qualified Providers; Health, Welfare and Safety; and Administrative Oversight (note that Administrative Oversight listed in this document is not the same as the CMS assurance of Administrative Authority. Used in this context it is related to the agency's operational policies and procedures, Quality Management system and Medicaid billing and reimbursement processes.)

The QMB Determination of Compliance process is based on provider compliance or non-compliance with standards and regulations identified in the QMB Report of Findings. All deficiencies (non-compliance with standards and regulations) are identified and cited as either a Standard level deficiency or a Condition of Participation level deficiency in the QMB Reports of Findings. All deficiencies require corrective action when non-compliance is identified.

Within the QMB Service Domains there are fundamental regulations, standards, or policies with which a provider must be in essential compliance in order to ensure the health and welfare of individuals served known as Conditions of Participation (CoPs).

The Determination of Compliance for each service type is based on a provider's compliance with CoPs in three (3) Service Domains.

#### Case Management Services:

- Level of Care
- Plan of Care
- Qualified Providers

#### Community Inclusion Supports/ Living Supports:

- Qualified Provider
- Plan of Care
- Health, Welfare and Safety

### Conditions of Participation (CoPs)

A CoP is an identified fundamental regulation, standard, or policy with which a provider must be in compliance in order to ensure the health and welfare of individuals served. CoPs are based on the Centers for Medicare and Medicaid Services, Home and Community-Based Waiver required assurances. A provider must be in compliance with CoPs to participate as a waiver provider.

QMB surveyors use professional judgment when reviewing the critical elements of each standard and regulation to determine when non-compliance with a standard level deficiency rises to the level of a CoP out of compliance. Only some deficiencies can rise to the level of a CoP. (See the next section for a list of CoPs.) The QMB survey team analyzes the relevant finding in terms of scope, actual harm or potential for harm, unique situations, patterns of performance, and other factors to determine if there is the potential for a negative outcome which would rise to the level of a CoP. A Standard level deficiency becomes a CoP out of compliance when the team's analysis establishes that there is an identified potential for significant harm or actual harm. It is then cited as a CoP out of compliance. If the deficiency does not rise to the level of a CoP out of compliance, it is cited as a Standard Level Deficiency.

The Division of Health Improvement (DHI) and the Developmental Disabilities Supports Division (DDSD) collaborated to revise the current Conditions of Participation (CoPs). There are seven Conditions of Participation in which providers must be in compliance.

**CoPs and Service Domains for Case Management Supports are as follows:**

**Service Domain: Level of Care**

Condition of Participation:

1. **Level of Care:** The Case Manager shall complete all required elements of the Long Term Care Assessment Abstract (LTCAA) to ensure ongoing eligibility for waiver services.

**Service Domain: Plan of Care**

Condition of Participation:

2. **Individual Service Plan (ISP) Creation and Development:** Each individual shall have an ISP. The ISP shall be developed in accordance with DDSD regulations and standards and is updated at least annually or when warranted by changes in the individual's needs.

Condition of Participation:

3. **ISP Monitoring and Evaluation:** The Case Manager shall ensure the health and welfare of the individual through monitoring the implementation of ISP desired outcomes.

**CoPs and Service Domain for ALL Service Providers is as follows:**

**Service Domain: Qualified Providers**

Condition of Participation:

4. **Qualified Providers:** Agencies shall ensure support staff has completed criminal background screening and all mandated trainings as required by the DDSD.

**CoPs and Service Domains for Living Supports and Inclusion Supports are as follows:**

**Service Domain: Plan of Care**

Condition of Participation:

5. **ISP Implementation:** Services provided shall be consistent with the components of the ISP and implemented to achieve desired outcomes.

**Service Domain: Health, Welfare and Safety**

Condition of Participation:

6. **Individual Health, Safety and Welfare: (Safety)** Individuals have the right to live and work in a safe environment.

Condition of Participation:

7. **Individual Health, Safety and Welfare (Healthcare Oversight):** The provider shall support individuals to access needed healthcare services in a timely manner. Nursing, healthcare services and healthcare oversight shall be available and provided as needed to address individuals' health, safety and welfare..

## QMB Determinations of Compliance

### Compliance with Conditions of Participation

The QMB determination of *Compliance with Conditions of Participation* indicates that a provider is in compliance with all Conditions of Participation, (CoP). The agency has obtained a level of compliance such that there is a minimal potential for harm to individuals' health and safety. To qualify for a determination of Compliance with Conditions of Participation, the provider must be in compliance with all Conditions of Participation in all relevant Service Domains. The agency may also have Standard level deficiencies (deficiencies which are not at the condition level) out of compliance in any of the Service Domains.

### Partial-Compliance with Conditions of Participation

The QMB determination of *Partial-Compliance with Conditions of Participation* indicates that a provider is out of compliance with Conditions of Participation in one (1) to two (2) Service Domains. The agency may have one or more Condition level tags within a Service Domain. This partial-compliance, if not corrected, may result in a serious negative outcome or the potential for more than minimal harm to individuals' health and safety. The agency may also have Standard level deficiencies (deficiencies which are not at the condition level) in any of the Service Domains.

Providers receiving a repeat determination of Partial-Compliance for repeat deficiencies at the level of a Condition in any Service Domain may be referred by the Quality Management Bureau to the Internal Review Committee (IRC) for consideration of remedies and possible actions or sanctions.

### Non-Compliance with Conditions of Participation

The QMB determination of *Non-Compliance with Conditions of Participation* indicates a provider is significantly out of compliance with Conditions of Participation in multiple Service Domains. The agency may have one or more Condition level tags in each of 3 relevant Service Domains. This non-compliance, if not corrected, may result in a serious negative outcome or the potential for more than minimal harm to individuals' health and safety. The agency may also have Standard level deficiencies (deficiencies which are not at the condition level) in any of the Service Domains

Providers receiving a repeat determination of Non-Compliance will be referred by Quality Management Bureau to the Internal Review Committee (IRC) for consideration of remedies and possible actions or sanctions.

**Guidelines for the Provider  
Informal Reconsideration of Finding (IRF) Process**

**Introduction:**

Throughout the QMB Survey process, surveyors are openly communicating with providers. Open communication means surveyors have clarified issues and/or requested missing information before completing the review through the use of the signed/dated “Document Request,” or “Administrative Needs,” etc. forms. Regardless, there may still be instances where the provider disagrees with a specific finding. Providers may use the following process to informally dispute a finding.

**Instructions:**

1. The Informal Reconsideration of the Finding (IRF) request must be received in writing to the QMB Deputy Bureau Chief **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: <http://dhi.health.state.nm.us/qmb>
3. The written request for an IRF must specify in detail the request for reconsideration and why the finding is inaccurate.
4. The IRF request must include all supporting documentation or evidence.
5. If you have questions about the IRC process, email the IRF Chairperson, Crystal Lopez-Beck at [crystal.lopez-beck@state.nm.us](mailto:crystal.lopez-beck@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.

**Agency:** ARCA – Metro Region  
**Program:** Developmental Disabilities Waiver  
**Service:** 2012: Living Supports (Supported Living, Family Living); Inclusion Services (Customized Community Supports, Community Integrated Employment Services) and Other (Customized In-Home Supports)  
**Monitoring Type:** Routine Survey  
**Survey Date:** June 9 - 18, 2014

Standard of Care	Deficiencies	Agency Plan of Correction, On-going QA/QI and Responsible Party	Date Due
<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 # 1A08</b> <b>Agency Case File</b>	<b>Standard Level Deficiency</b>		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013</p> <p><b>Chapter 5 (CIES) 3. Agency Requirements</b></p> <p><b>H. Consumer Records Policy:</b> All Provider Agencies must maintain at the administrative office a confidential case file for each individual. Provider agency case files for individuals are required to comply with the DDSD Consumer Records Policy. Additional documentation that is required to be maintained at the administrative office includes:</p> <ol style="list-style-type: none"> <li>1. Vocational Assessments that are of quality and contain content acceptable to DVR and DDSD;</li> <li>2. Career Development Plans as incorporated in the ISP; and</li> <li>3. Documentation of evidence that services provided under the DDW are not otherwise available under the Rehabilitation Act of 1973 (DVR).</li> </ol> <p><b>Chapter 6 (CCS) 3. Agency Requirements:</b></p> <p><b>G. Consumer Records Policy:</b> All Provider Agencies shall maintain at the administrative office a confidential case file for each individual.</p>	<p>Based on record review, the Agency did not maintain a complete and confidential case file at the administrative office for 2 of 54 individuals.</p> <p>Review of the Agency individual case files revealed the following items were not found, incomplete, and/or not current:</p> <ul style="list-style-type: none"> <li>• Speech Therapy Plan (#47)</li> <li>• Physical Therapy Plan (#10)</li> </ul>	<p><b>Provider:</b> State your Plan of Correction for the deficiencies cited in this tag here: →</p> <p><b>Provider:</b> Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here: →</p>	

<p>Provider agency case files for individuals are required to comply with the DDS Individual Case File Matrix policy. Additional documentation that is required to be maintained at the administrative office includes:</p> <ol style="list-style-type: none"> <li>1. Vocational Assessments (if applicable) that are of quality and contain content acceptable to DVR and DDS.</li> </ol> <p><b>Chapter 7 (CIHS) 3. Agency Requirements:</b>  <b>E. Consumer Records Policy:</b> All Provider Agencies must maintain at the administrative office a confidential case file for each individual. Provider agency case files for individuals are required to comply with the DDS Individual Case File Matrix policy.</p> <p><b>Chapter 11 (FL) 3. Agency Requirements:</b>  <b>D. Consumer Records Policy:</b> All Family Living Provider Agencies must maintain at the administrative office a confidential case file for each individual. Provider agency case files for individuals are required to comply with the DDS Individual Case File Matrix policy.</p> <p><b>Chapter 12 (SL) 3. Agency Requirements:</b>  <b>D. Consumer Records Policy:</b> All Living Supports- Supported Living Provider Agencies must maintain at the administrative office a confidential case file for each individual. Provider agency case files for individuals are required to comply with the DDS Individual Case File Matrix policy.</p> <p><b>Chapter 13 (IMLS) 2. Service Requirements:</b>  C. Documents to be maintained in the agency administrative office, include: (This is not an all inclusive list refer to standard as it includes other items)</p> <ul style="list-style-type: none"> <li>• Emergency contact information;</li> <li>• Personal identification;</li> </ul>			
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<ul style="list-style-type: none"> <li>• ISP budget forms and budget prior authorization;</li> <li>• ISP with signature page and all applicable assessments, including teaching and support strategies, Positive Behavior Support Plan (PBS), Behavior Crisis Intervention Plan (BCIP), or other relevant behavioral plans, Medical Emergency Response Plan (MERP), Healthcare Plan, Comprehensive Aspiration Risk Management Plan (CARMP), and Written Direct Support Instructions (WDSI);</li> <li>• Dated and signed evidence that the individual has been informed of agency grievance/complaint procedure at least annually, or upon admission for a short term stay;</li> <li>• Copy of Guardianship or Power of Attorney documents as applicable;</li> <li>• Behavior Support Consultant, Occupational Therapist, Physical Therapist and Speech-Language Pathology progress reports as applicable, except for short term stays;</li> <li>• Written consent by relevant health decision maker and primary care practitioner for self-administration of medication or assistance with medication from DSP as applicable;</li> <li>• Progress notes written by DSP and nurses;</li> <li>• Signed secondary freedom of choice form;</li> <li>• Transition Plan as applicable for change of provider in past twelve (12) months.</li> </ul> <p><b>DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION (DDSD): Director's Release: Consumer Record Requirements eff. 11/1/2012</b></p> <p><b>III. Requirement Amendments(s) or Clarifications:</b></p> <p>A. All case management, living supports, customized in-home supports, community integrated employment and customized community supports providers must maintain records for individuals served through DD Waiver</p>			
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<p>in accordance with the Individual Case File Matrix incorporated in this director's release.</p> <p>H. Readily accessible electronic records are accessible, including those stored through the Therap web-based system.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS: D. Provider Agency Case File for the Individual:</b> All Provider Agencies shall maintain at the administrative office a confidential case file for each individual. Case records belong to the individual receiving services and copies shall be provided to the receiving agency whenever an individual changes providers. The record must also be made available for review when requested by DOH, HSD or federal government representatives for oversight purposes. The individual's case file shall include the following requirements:</p> <ol style="list-style-type: none"> <li>(1) Emergency contact information, including the individual's address, telephone number, names and telephone numbers of relatives, or guardian or conservator, physician's name(s) and telephone number(s), pharmacy name, address and telephone number, and health plan if appropriate;</li> <li>(2) The individual's complete and current ISP, with all supplemental plans specific to the individual, and the most current completed Health Assessment Tool (HAT);</li> <li>(3) Progress notes and other service delivery documentation;</li> <li>(4) Crisis Prevention/Intervention Plans, if there are any for the individual;</li> <li>(5) A medical history, which shall include at least demographic data, current and past medical diagnoses including the cause (if known) of</li> </ol>			
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<p>the developmental disability, psychiatric diagnoses, allergies (food, environmental, medications), immunizations, and most recent physical exam;</p> <p>(6) When applicable, transition plans completed for individuals at the time of discharge from Fort Stanton Hospital or Los Lunas Hospital and Training School; and</p> <p>(7) Case records belong to the individual receiving services and copies shall be provided to the individual upon request.</p> <p>(8) The receiving Provider Agency shall be provided at a minimum the following records whenever an individual changes provider agencies:</p> <ul style="list-style-type: none"> <li>(a) Complete file for the past 12 months;</li> <li>(b) ISP and quarterly reports from the current and prior ISP year;</li> <li>(c) Intake information from original admission to services; and</li> <li>(d) When applicable, the Individual Transition Plan at the time of discharge from Los Lunas Hospital and Training School or Ft. Stanton Hospital.</li> </ul> <p><b>NMAC 8.302.1.17 RECORD KEEPING AND DOCUMENTATION REQUIREMENTS:</b> A provider must maintain all the records necessary to fully disclose the nature, quality, amount and medical necessity of services furnished to an eligible recipient who is currently receiving or who has received services in the past.</p> <p><b>B. Documentation of test results:</b> Results of tests and services must be documented, which includes results of laboratory and radiology procedures or progress following therapy or treatment.</p>			
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<p>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><i>to be completed monthly.</i></p> <p><b>Annual ISP (12/2013 – 11/2014) Outcomes/Action Steps are as follows:</b></p> <ul style="list-style-type: none"> <li>◦ <i>“...will practice using his iPad as a phone” to be completed weekly.</i></li> <li>◦ <i>“...will practice taking photos and video with his iPad” to be completed weekly.</i></li> <li>◦ <i>“...will research place to go on his iPad” to be completed weekly.</i></li> </ul> <ul style="list-style-type: none"> <li>• According to the Live Outcome; Action Step “...will practice using his iPad as a phone” is to be completed weekly. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 2/2014 and 4/2014.</li> <li>• According to the Live Outcome; Action Step “...will take photos and video with his iPad” is to be completed weekly. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 2/2014 and 4/2014.</li> <li>• According to the Fun Outcome; Action Step “...will research places to go on his iPad” is to be completed weekly. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 2/2014 and 4/2014.</li> <li>• None found regarding: Live Outcome/Action Step: “...will take photos and video with his iPad” for 3/2014.</li> <li>• None found regarding: Live Outcome/Action Step: “...will practice using his iPad as a</li> </ul>		
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	<p>phone” for 3/2014.</p> <ul style="list-style-type: none"> <li>• None found regarding: Live Outcome/Action Step: “...will research places to go on his iPad” for 3/2014.</li> </ul> <p>Individual #46</p> <ul style="list-style-type: none"> <li>• According to the Live Outcome; Action Step “...will read and follow simple written directions to prepare and pack a healthy lunch independently” is to be completed daily, evidence found did not indicate the frequency at which the Action Step was occurring for 2/2014.</li> <li>• According to the Live Outcome; Action Step “...will attend to the garden maintenance of weeding and water” is to be completed 2 times per week, evidence found did not indicate the frequency at which the Action Step was occurring for 2/2014 and 3/2014.</li> <li>• According to the Live Outcome; Action Step “...will harvest and clean vegetables” is to be completed weekly, evidence found did not indicate the frequency at which the Action Step was occurring for 2/2014 and 3/2014.</li> </ul> <p>Individual #51</p> <ul style="list-style-type: none"> <li>• According to the Live Outcome; Action Step “will practice signs for “More”, “Yes”, “Water” is to be completed 5 times per week, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 2/2014.</li> </ul> <p>Individual #52</p> <ul style="list-style-type: none"> <li>• Action Steps for outcome: “Will choose a way to help prepare for his home bible study</li> </ul>		
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	<p>and be able to do it independently” were not completed at the required frequency for 2/2014 - 4/2014.</p> <p><b>Supported Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</b></p> <p>Individual #7</p> <ul style="list-style-type: none"> <li>• None found regarding: Live Outcome/Action Step: “will exercise” for 4/2014.</li> </ul> <p>Individual #8</p> <ul style="list-style-type: none"> <li>• None found regarding: Fun Outcome/Action Step: “will sign-up for a pool tournament” for 2/2014 - 3/2014.</li> <li>• According to the Live Outcome; Action Step for “practice safety skills in the home and community” is to be completed daily, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 2/2014 - 3/2014.</li> </ul> <p>Individual #22</p> <ul style="list-style-type: none"> <li>• Action Step for Live Outcome Action Step 3: “Will maintain craft area by reorganizing weekly” was not completed at the required frequency for 2/2014 - 4/2014.</li> </ul> <p>Individual #28</p> <ul style="list-style-type: none"> <li>• Review of Agency’s documented Action Steps do not match the current ISP Action Steps for the Live Outcome.</li> </ul> <p><b>Agency’s Action Steps state the following:</b></p> <ul style="list-style-type: none"> <li>◦ “I will host 6 dinner parties within the ISP year.”</li> </ul>		
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	<p><b>Annual ISP (09/2013 – 09/2014) Action Steps state the following:</b></p> <ul style="list-style-type: none"> <li>◦ <i>“planning activities for dinners” to be completed monthly.</i></li> <li>◦ <i>“will shop for needed item” to be completed 4 times a year.</i></li> <li>◦ <i>“will practice cooking” to be completed monthly.</i></li> </ul> <p>Individual #35</p> <ul style="list-style-type: none"> <li>• According to the Fun Outcome; Action Step for “...will go to the library and choose a new exercise video” is to be completed 1 time monthly. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 2/2014 and 4/2014.</li> </ul> <p>Individual #37</p> <ul style="list-style-type: none"> <li>• None found regarding: Live Outcome/Action Step: “on a monthly basis will connect with support groups for the troops to help him send packages monthly” for 3/2014 and 4/2014.</li> </ul> <p><b>Customized In-Home Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</b></p> <p>Individual #10</p> <ul style="list-style-type: none"> <li>• None found regarding: Live Outcome/Action Step: “with staff support will deep clean 1 time a week” for 3/2014 - 4/2014.</li> <li>• None found regarding: Live Outcome/Action Step: “with staff support will organize and de-clutter her home 1 time a week” for 4/2014.</li> </ul>		
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	<p>Individual #25</p> <ul style="list-style-type: none"> <li>• None found regarding Action Step “procure necessary items for recipe” 1 time weekly for 2/2014 - 4/2014.</li> <li>• None found regarding Action Step “prepare recipe” 1 time weekly for 2/2014 - 4/2014.</li> </ul> <p><b>Customized Community Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</b></p> <p>Individual #28</p> <ul style="list-style-type: none"> <li>• Review of Agency’s documented Action Steps do not match the current ISP Action Steps for the Work/Learn Outcome. No documentation was found regarding implementation of ISP outcomes for 2/2014.</li> </ul> <p><b>Agency’s Action Steps state the following:</b></p> <ul style="list-style-type: none"> <li>◦ <i>“I want to make choices as to what things I do during my day hab hours” to be completed daily.</i></li> </ul> <p><b>Annual ISP (09/2013 – 09/2014) Action Steps state the following:</b></p> <ul style="list-style-type: none"> <li>◦ <i>“Research possible activities” to be completed weekly.</i></li> </ul> <p><b>Community Integrated Employment Services Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</b></p> <p>Individual #28</p> <ul style="list-style-type: none"> <li>• None found regarding: Work/learn Outcome/Action Step: “complete tasks without becoming upset” to be completed with work schedule, for 2/2014 - 4/2014.</li> </ul>		
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**Residential Files Reviewed:**

**Supported Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:**

Individual #4

- None found regarding Action Step for: "...will prepare, cook and eat a healthy meal 3 times a week" for 6/1 – 10, 2014.

Individual #13

- None found regarding Action Step for Live Outcome: "will work on learning keyboard weekly" for 6/1 – 8, 2014.
- None found regarding Action Step for Live Outcome "will increase his typing speed weekly" for 6/1 – 8, 2014.
- None found regarding Action Step for Live Outcome "will practice texting on his phone weekly" for 6/1 – 8, 2014.
- None found regarding Action Step for Live Outcome Action Step for Live outcome: "will increase texting speed weekly" for 6/1 – 8, 2014.



<p>action plan to DDSD;</p> <p>2. VAP to the case manager if completed externally to the ISP;</p> <p>3. Initial ISP reflecting the Vocational Assessment or the annual ISP with the updated VAP integrated or a copy of an external VAP if one was completed to DDSD;</p> <p>4. Quarterly Community Integrated Employment Wage and Hour Reports for individuals employed and in job development to DDSD based on the DDSD fiscal year; and</p> <p>a. Data related to the requirements of the Performance Contract to DDSD quarterly.</p> <p><b>CHAPTER 6 (CCS) 3. Agency Requirements:</b>  <b>H. Reporting Requirements:</b> The Customized Community Supports Provider Agency shall submit the following:</p> <p>1. Semi-annual progress reports one hundred ninety (190) days following the date of the annual ISP, and 14 days prior to the annual IDT meeting:</p> <p>a. Identification of and implementation of a Meaningful Day definition for each person served;</p> <p>b. Documentation for each date of service delivery summarizing the following:</p> <p>i. Choice based options offered throughout the day; and</p> <p>ii. Progress toward outcomes using age appropriate strategies specified in each individual's action steps in the ISP, and associated support plans/WDSI.</p> <p>c. Record of personally meaningful community inclusion activities; and</p>			
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<p>d. Written updates, to the ISP Work/Learn Action Plan annually or as necessary due to change in work goals. These updates do not require an IDT meeting unless changes requiring team input need to be made.</p> <p>e. Data related to the requirements of the Performance Contract to DDS quarterly.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 5 IV. COMMUNITY INCLUSION SERVICES PROVIDER AGENCY REQUIREMENTS</b></p> <p><b>E. Provider Agency Reporting Requirements:</b>  All Community Inclusion Provider Agencies are required to submit written quarterly status reports to the individual's Case Manager no later than fourteen (14) calendar days following the end of each quarter. In addition to reporting required by specific Community Access, Supported Employment, and Adult Habilitation Standards, the quarterly reports shall contain the following written documentation:</p> <ol style="list-style-type: none"> <li>(1) Identification and implementation of a meaningful day definition for each person served;</li> <li>(2) Documentation summarizing the following: <ol style="list-style-type: none"> <li>(a) Daily choice-based options; and</li> <li>(b) Daily progress toward goals using age-appropriate strategies specified in each individual's action plan in the ISP.</li> </ol> </li> <li>(3) Significant changes in the individual's routine or staffing;</li> <li>(4) Unusual or significant life events;</li> <li>(5) Quarterly updates on health status, including changes in medication, assistive technology needs and durable medical equipment needs;</li> <li>(6) Record of personally meaningful community inclusion;</li> <li>(7) Success of supports as measured by whether or not the person makes progress toward his or her desired outcomes as identified in the ISP; and</li> <li>(8) Any additional reporting required by DDS</li> </ol>			
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<p>short term stays, including any treatment provided;</p> <p>i. Progress notes written by DSP and nurses;</p> <p>j. Documentation and data collection related to ISP implementation;</p> <p>k. Medicaid card;</p> <p>l. Salud membership card or Medicare card as applicable; and</p> <p>m. A Do Not Resuscitate (DNR) document and/or Advanced Directives as applicable.</p> <p><b>DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION (DDSD): Director’s Release: Consumer Record Requirements eff. 11/1/2012</b></p> <p><b>III. Requirement Amendments(s) or Clarifications:</b></p> <p>A. All case management, living supports, customized in-home supports, community integrated employment and customized community supports providers must maintain records for individuals served through DD Waiver in accordance with the Individual Case File Matrix incorporated in this director’s release.</p> <p>H. Readily accessible electronic records are accessible, including those stored through the Therap web-based system.</p> <p><b><i>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</i></b></p> <p><b>CHAPTER 6. VIII. COMMUNITY LIVING SERVICE PROVIDER AGENCY REQUIREMENTS</b></p> <p><b>A. Residence Case File:</b> For individuals receiving Supported Living or Family Living, the Agency shall maintain in the individual’s home a complete and current confidential case file for each individual. For individuals receiving Independent Living Services, rather than maintaining this file at the individual’s home, the complete and current confidential case file for each individual shall be maintained at the agency’s administrative site. Each file shall include the following:</p>	<p>a healthy meal 3 times a week.”</p> <p>➤ Individual #35</p> <ul style="list-style-type: none"> <li>◦ Fun Outcome/Action Step “...will go to the library and choose a new exercise video” 1 time monthly.</li> <li>◦ Live Outcome/Action Step “...will do one activity related to planning his trip” 1 time monthly.</li> <li>◦ Live Outcome/Action Step “...will take a day trip 4 times per year”</li> </ul> <p>➤ Individual #47</p> <ul style="list-style-type: none"> <li>◦ Live Outcome/Action Step “I shall decorate my room with one item of artistic/personal interest” 1 time per month.</li> <li>◦ Fun Outcome/Action Step “will select one equestrian event each quarter” 1 time per quarter.</li> </ul> <p>➤ Individual #55</p> <ul style="list-style-type: none"> <li>◦ Work/Learn Outcome/Action Step “will work on money concepts, spending and budgeting in the home and ...community” 2 times monthly.</li> </ul> <ul style="list-style-type: none"> <li>• Positive Behavioral Plan (#35, 41, 55)</li> <li>• Positive Behavioral Crisis Plan (#1, 7, 12, 13, 16, 35, 41)</li> <li>• Speech Therapy Plan (#1, 29, 32, 38, 40, 44)</li> <li>• Occupational Therapy Plan (#7, 13, 16, 31, 41)</li> </ul>		
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<p>(1) Complete and current ISP and all supplemental plans specific to the individual;</p> <p>(2) Complete and current Health Assessment Tool;</p> <p>(3) Current emergency contact information, which includes the individual's address, telephone number, names and telephone numbers of residential Community Living Support providers, relatives, or guardian or conservator, primary care physician's name(s) and telephone number(s), pharmacy name, address and telephone number and dentist name, address and telephone number, and health plan;</p> <p>(4) Up-to-date progress notes, signed and dated by the person making the note for at least the past month (older notes may be transferred to the agency office);</p> <p>(5) Data collected to document ISP Action Plan implementation</p> <p>(6) Progress notes written by direct care staff and by nurses regarding individual health status and physical conditions including action taken in response to identified changes in condition for at least the past month;</p> <p>(7) Physician's or qualified health care providers written orders;</p> <p>(8) Progress notes documenting implementation of a physician's or qualified health care provider's order(s);</p> <p>(9) Medication Administration Record (MAR) for the past three (3) months which includes:</p> <p>(a) The name of the individual;</p> <p>(b) A transcription of the healthcare practitioners prescription including the brand and generic name of the medication;</p> <p>(c) Diagnosis for which the medication is prescribed;</p> <p>(d) Dosage, frequency and method/route of delivery;</p> <p>(e) Times and dates of delivery;</p> <p>(f) Initials of person administering or assisting</p>	<ul style="list-style-type: none"> <li>• Physical Therapy Plan (#16, 27, 32)</li> <li>• <b>Special Health Care Needs</b> <ul style="list-style-type: none"> <li>◦ Nutritional Plan (#21, 39, 41, 44)</li> <li>◦ Comprehensive Aspiration Risk Management Plan: <ul style="list-style-type: none"> <li>➤ Not Found (#32)</li> <li>➤ Not Current (#31)</li> </ul> </li> </ul> </li> <li>• <b>Health Care Plans</b> <ul style="list-style-type: none"> <li>◦ Respiratory (#13)</li> <li>◦ Aspiration (#16, 22, 51)</li> <li>◦ Bowel and Bladder (#17, 40, 51)</li> <li>◦ Falls (#17, 35, 47)</li> <li>◦ Status of Care/Hygiene (#22, 35)</li> <li>◦ Skin Integrity (#1)</li> </ul> </li> <li>• <b>Medical Emergency Response Plans</b> <ul style="list-style-type: none"> <li>◦ Falls (#7, 17, 35, 47)</li> <li>◦ Constipation (#13, 34)</li> <li>◦ Seizures (#7)</li> <li>◦ Cardiac Condition (#4)</li> <li>◦ Aspiration (#4)</li> <li>◦ Ulcers/GI Reflux (#13)</li> <li>◦ Pain (#13)</li> </ul> </li> <li>• <b>Progress Notes/Daily Contacts Logs:</b> <ul style="list-style-type: none"> <li>◦ Individual #41 - None found for 6/1 - 10, 2014.</li> <li>◦ Individual #54 - None found for 6/1, 2, 3, 8, 9, 10, 2014.</li> <li>◦ Individual #55 – None found for 06/07-10, 2014.</li> </ul> </li> </ul>		
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<p>with medication; and</p> <p>(g) An explanation of any medication irregularity, allergic reaction or adverse effect.</p> <p>(h) For PRN medication an explanation for the use of the PRN must include:</p> <ul style="list-style-type: none"> <li>(i) Observable signs/symptoms or circumstances in which the medication is to be used, and</li> <li>(ii) Documentation of the effectiveness/result of the PRN delivered.</li> </ul> <p>(i) A MAR is not required for individuals participating in Independent Living Services who self-administer their own medication. However, when medication administration is provided as part of the Independent Living Service a MAR must be maintained at the individual's home and an updated copy must be placed in the agency file on a weekly basis.</p> <p>(10) Record of visits to healthcare practitioners including any treatment provided at the visit and a record of all diagnostic testing for the current ISP year; and</p> <p>(11) Medical History to include: demographic data, current and past medical diagnoses including the cause (if known) of the developmental disability and any psychiatric diagnosis, allergies (food, environmental, medications), status of routine adult health care screenings, immunizations, hospital discharge summaries for past twelve (12) months, past medical history including hospitalizations, surgeries, injuries, family history and current physical exam.</p>			
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Standard of Care	Deficiencies	Agency Plan of Correction, On-going QA/QI and Responsible Party	Date Due
<b>Service Domain: Qualified Providers</b> – <i>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 # 1A11.1</b> <b>Transportation Training</b>	<b>Standard Level Deficiency</b>		
<p><b>Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) Policy</b> Training Requirements for Direct Service Agency Staff Policy <b>Eff. Date:</b> March 1, 2007</p> <p><b>II. POLICY STATEMENTS:</b></p> <p>I. Staff providing direct services shall complete safety training within the first thirty (30) days of employment and before working alone with an individual receiving services. The training shall address at least the following:</p> <ol style="list-style-type: none"> <li>1. Operating a fire extinguisher</li> <li>2. Proper lifting procedures</li> <li>3. General vehicle safety precautions (e.g., pre-trip inspection, removing keys from the ignition when not in the driver's seat)</li> <li>4. Assisting passengers with cognitive and/or physical impairments (e.g., general guidelines for supporting individuals who may be unaware of safety issues involving traffic or those who require physical assistance to enter/exit a vehicle)</li> <li>5. Operating wheelchair lifts (if applicable to the staff's role)</li> <li>6. Wheelchair tie-down procedures (if applicable to the staff's role)</li> <li>7. Emergency and evacuation procedures (e.g., roadside emergency, fire emergency)</li> </ol> <p><b>NMAC 7.9.2 F. TRANSPORTATION:</b> <b>(1)</b> Any employee or agent of a regulated facility or agency who is responsible for assisting a resident in boarding or alighting from a motor vehicle must complete a state-approved training</p>	<p>Based on record review and interview, the Agency did not provide and/or have documentation for staff training regarding the safe operation of the vehicle, assisting passengers and safe lifting procedures for 2 of 343 Direct Support Personnel.</p> <p><b>When DSP were asked if they had received transportation training including training on wheelchair tie downs and van lift safety the following was reported:</b></p> <ul style="list-style-type: none"> <li>• DSP #318 stated, "No, just the driving training on the car."</li> </ul> <p><b>When DSP were asked if they had received trained on transporting individuals who use oxygen, the following was reported:</b></p> <ul style="list-style-type: none"> <li>• DSP #285 stated "Not through ARCA." According to documentation reviewed, the individual has been on oxygen for 2 months. (Individual #34)</li> </ul>	<p><b>Provider:</b> State your Plan of Correction for the deficiencies cited in this tag here: →</p> <p><b>Provider:</b> Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here: →</p>	

<p>program in passenger transportation assistance before assisting any resident. The passenger transportation assistance program shall be comprised of but not limited to the following elements: resident assessment, emergency procedures, supervised practice in the safe operation of equipment, familiarity with state regulations governing the transportation of persons with disabilities, and a method for determining and documenting successful completion of the course. The course requirements above are examples and may be modified as needed.</p> <p><b>(2)</b> Any employee or agent of a regulated facility or agency who drives a motor vehicle provided by the facility or agency for use in the transportation of clients must complete:</p> <p><b>(a)</b> A state approved training program in passenger assistance and</p> <p><b>(b)</b> A state approved training program in the operation of a motor vehicle to transport clients of a regulated facility or agency. The motor vehicle transportation assistance program shall be comprised of but not limited to the following elements: resident assessment, emergency procedures, supervised practice in the safe operation of motor vehicles, familiarity with state regulations governing the transportation of persons with disabilities, maintenance and safety record keeping, training on hazardous driving conditions and a method for determining and documenting successful completion of the course. The course requirements above are examples and may be modified as needed.</p> <p><b>(c)</b> A valid New Mexico drivers license for the type of vehicle being operated consistent with State of New Mexico requirements.</p> <p><b>(3)</b> Each regulated facility and agency shall establish and enforce written policies (including training) and procedures for employees who provide assistance to clients with boarding or alighting from motor vehicles.</p> <p><b>(4)</b> Each regulated facility and agency shall establish and enforce written policies (including</p>			
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<p>training and procedures for employees who operate motor vehicles to transport clients.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013</p> <p><b>CHAPTER 5 (CIES) 3. Agency Requirements G. Training Requirements: 1.</b> All Community Inclusion Providers must provide staff training in accordance with the DDS policy T-003: Training Requirements for Direct Service Agency Staff Policy.</p> <p><b>CHAPTER 6 (CCS) 3. Agency Requirements F. Meet all training requirements as follows: 1.</b> All Customized Community Supports Providers shall provide staff training in accordance with the DDS Policy T-003: Training Requirements for Direct Service Agency Staff Policy;</p> <p><b>CHAPTER 7 (CIHS) 3. Agency Requirements C. Training Requirements:</b> The Provider Agency must report required personnel training status to the DDS Statewide Training Database as specified in the DDS Policy T-001: Reporting and Documentation of DDS Training Requirements Policy. The Provider Agency must ensure that the personnel support staff have completed training as specified in the DDS Policy T-003: Training Requirements for Direct Service Agency Staff Policy</p> <p><b>CHAPTER 11 (FL) 3. Agency Requirements B. Living Supports- Family Living Services Provider Agency Staffing Requirements: 3. Training:</b></p> <p>A. All Family Living Provider agencies must ensure staff training in accordance with the Training Requirements for Direct Service Agency Staff policy. DSP's or subcontractors delivering substitute care under Family Living must at a minimum comply with the section of the training policy that relates to Respite, Substitute Care, and personal support staff [Policy T-003: for Training</p>			
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<p>Requirements for Direct Service Agency Staff; Sec. II-J, Items 1-4]. Pursuant to the Centers for Medicare and Medicaid Services (CMS) requirements, the services that a provider renders may only be claimed for federal match if the provider has completed all necessary training required by the state. All Family Living Provider agencies must report required personnel training status to the DDSD Statewide Training Database as specified in DDSD Policy T-001: Reporting and Documentation for DDSD Training Requirements.</p> <p><b>CHAPTER 12 (SL) 3. Agency Requirements B. Living Supports- Supported Living Services Provider Agency Staffing Requirements: 3. Training:</b></p> <p>A. All Living Supports- Supported Living Provider Agencies must ensure staff training in accordance with the DDSD Policy T-003: for Training Requirements for Direct Service Agency Staff. Pursuant to CMS requirements, the services that a provider renders may only be claimed for federal match if the provider has completed all necessary training required by the state. All Supported Living provider agencies must report required personnel training status to the DDSD Statewide Training Database as specified in DDSD Policy T-001: Reporting and Documentation for DDSD Training Requirements.</p> <p><b>CHAPTER 13 (IMLS) R. 2. Service Requirements. Staff Qualifications 2. DSP Qualifications.</b> E. Complete training requirements as specified in the DDSD Policy T-003: Training Requirements for Direct Service Agency Staff - effective March 1, 2007. Report required personnel training status to the DDSD Statewide Training Database as specified in the DDSD Policy T-001: Reporting and Documentation of DDSD Training Requirements Policy;</p>			
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<p>employment and before working alone with an individual receiving service.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013</p> <p><b>CHAPTER 5 (CIES) 3. Agency Requirements G. Training Requirements: 1.</b> All Community Inclusion Providers must provide staff training in accordance with the DDS policy T-003: Training Requirements for Direct Service Agency Staff Policy.</p> <p><b>CHAPTER 6 (CCS) 3. Agency Requirements F. Meet all training requirements as follows: 1.</b> All Customized Community Supports Providers shall provide staff training in accordance with the DDS Policy T-003: Training Requirements for Direct Service Agency Staff Policy;</p> <p><b>CHAPTER 7 (CIHS) 3. Agency Requirements C. Training Requirements:</b> The Provider Agency must report required personnel training status to the DDS Statewide Training Database as specified in the DDS Policy T-001: Reporting and Documentation of DDS Training Requirements Policy. The Provider Agency must ensure that the personnel support staff have completed training as specified in the DDS Policy T-003: Training Requirements for Direct Service Agency Staff Policy</p> <p><b>CHAPTER 11 (FL) 3. Agency Requirements B. Living Supports- Family Living Services Provider Agency Staffing Requirements: 3. Training:</b></p> <p>A. All Family Living Provider agencies must ensure staff training in accordance with the Training Requirements for Direct Service Agency Staff policy. DSP's or subcontractors delivering substitute care under Family Living must at a minimum comply with the section of the training policy that relates to Respite, Substitute Care, and personal support staff [Policy T-003: for Training</p>			
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<p>Requirements for Direct Service Agency Staff; Sec. II-J, Items 1-4]. Pursuant to the Centers for Medicare and Medicaid Services (CMS) requirements, the services that a provider renders may only be claimed for federal match if the provider has completed all necessary training required by the state. All Family Living Provider agencies must report required personnel training status to the DDSD Statewide Training Database as specified in DDSD Policy T-001: Reporting and Documentation for DDSD Training Requirements.</p> <p><b>CHAPTER 12 (SL) 3. Agency Requirements B. Living Supports- Supported Living Services Provider Agency Staffing Requirements: 3. Training:</b></p> <p>A. All Living Supports- Supported Living Provider Agencies must ensure staff training in accordance with the DDSD Policy T-003: for Training Requirements for Direct Service Agency Staff. Pursuant to CMS requirements, the services that a provider renders may only be claimed for federal match if the provider has completed all necessary training required by the state. All Supported Living provider agencies must report required personnel training status to the DDSD Statewide Training Database as specified in DDSD Policy T-001: Reporting and Documentation for DDSD Training Requirements.</p> <p><b>CHAPTER 13 (IMLS) R. 2. Service Requirements. Staff Qualifications 2. DSP Qualifications.</b> E. Complete training requirements as specified in the DDSD Policy T-003: Training Requirements for Direct Service Agency Staff - effective March 1, 2007. Report required personnel training status to the DDSD Statewide Training Database as specified in the DDSD Policy T-001: Reporting and Documentation of DDSD Training Requirements Policy;</p>			
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<p>status to the DDSD Statewide Training Database as specified in the DDSD Policy T-001: Reporting and Documentation of DDSD Training Requirements Policy. The Provider Agency must ensure that the personnel support staff have completed training as specified in the DDSD Policy T-003: Training Requirements for Direct Service Agency Staff Policy. 3. Staff shall complete individual specific training requirements in accordance with the specifications described in the ISP of each individual served; and 4. Staff that assists the individual with medication (e.g., setting up medication, or reminders) must have completed Assisting with Medication Delivery (AWMD) Training.</p> <p><b>CHAPTER 11 (FL) 3. Agency Requirements</b>  <b>B. Living Supports- Family Living Services</b>  <b>Provider Agency Staffing Requirements: 3. Training:</b>  A. All Family Living Provider agencies must ensure staff training in accordance with the Training Requirements for Direct Service Agency Staff policy. DSP's or subcontractors delivering substitute care under Family Living must at a minimum comply with the section of the training policy that relates to Respite, Substitute Care, and personal support staff [Policy T-003: for Training Requirements for Direct Service Agency Staff; Sec. II-J, Items 1-4]. Pursuant to the Centers for Medicare and Medicaid Services (CMS) requirements, the services that a provider renders may only be claimed for federal match if the provider has completed all necessary training required by the state. All Family Living Provider agencies must report required personnel training status to the DDSD Statewide Training Database as specified in DDSD Policy T-001: Reporting and Documentation for DDSD Training</p>	<p>Crisis Plan. (Individual #1)</p> <ul style="list-style-type: none"> <li>• DSP #232 stated, "No. I would call the psy doctor or BSC if needed." According to the Individual Specific Training Section of the ISP, the Individual has a Positive Behavioral Crisis Plan. (Individual #1)</li> <li>• DSP#454 stated, "Not currently. Per his BSC he does not need one currently". According to the Individual Specific Training Section of the ISP, the Individual has a Positive Behavioral Crisis Plan. (Individual #13)</li> </ul> <p><b>When DSP were asked if the Individual had a Physical Therapy Plan and if so, what the plan covered, the following was reported:</b></p> <ul style="list-style-type: none"> <li>• DSP #232 stated, "Yes, but I don't think I've been trained on that yet." According to the Individual Specific Training Section of the ISP, the Individual requires a Physical Therapy Plan. (Individual #1)</li> </ul> <p><b>When DSP were asked if the Individual had an Occupational Therapy Plan and if so, what the plan covered, the following was reported:</b></p> <ul style="list-style-type: none"> <li>• DSP #284 stated, "Getting in the paper work done for it. The case manager told me this." According to Residential case file the individual does have a current Occupational Therapy Plan. (Individual #8)</li> </ul> <p><b>When DSP were asked if the Individual had Health Care Plans and if so, what the plan(s) covered, the following was reported:</b></p> <ul style="list-style-type: none"> <li>• DSP #232 stated, "Falls/injuries, constipation, oral hygiene, aspiration and poor oxygen."</li> </ul>		
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<p>Requirements.  B. Individual specific training must be arranged and conducted, including training on the Individual Service Plan outcomes, actions steps and strategies and associated support plans (e.g. health care plans, MERP, PBSP and BCIP etc), information about the individual's preferences with regard to privacy, communication style, and routines. Individual specific training for therapy related WDSI, Healthcare Plans, MERPs, CARMP, PBSP, and BCIP must occur at least annually and more often if plans change or if monitoring finds incorrect implementation. Family Living providers must notify the relevant support plan author whenever a new DSP is assigned to work with an individual, and therefore needs to receive training, or when an existing DSP requires a refresher. The individual should be present for and involved in individual specific training whenever possible.</p> <p><b>CHAPTER 12 (SL) 3. Agency Requirements</b>  <b>B. Living Supports- Supported Living Services Provider Agency Staffing Requirements: 3. Training:</b>  A. All Living Supports- Supported Living Provider Agencies must ensure staff training in accordance with the DDSD Policy T-003: for Training Requirements for Direct Service Agency Staff. Pursuant to CMS requirements, the services that a provider renders may only be claimed for federal match if the provider has completed all necessary training required by the state. All Supported Living provider agencies must report required personnel training status to the DDSD Statewide Training Database as specified in DDSD Policy T-001: Reporting and Documentation for DDSD Training Requirements.  B Individual specific training must be arranged</p>	<p>As indicated by the IST section of the ISP, the individual also requires a Health Care Plan for Skin Integrity. (Individual #1)</p> <ul style="list-style-type: none"> <li>• DSP #298 stated, "No." As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual requires Health Care Plans for Body Mass Index and Seizures. (Individual #2)</li> <li>• DSP #250 stated, "If I have a problem I call the nurse." As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual requires a Health Care Plan for Seizures. (Individual #12)</li> <li>• DSP #307 stated, "Oral Hygiene, Seizures and Falls." As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual additionally requires Health Care Plans for Bowel, Bladder, and Body Mass Index. (Individual #17)</li> <li>• DSP #248 stated, "I guess not." As indicated by the Individual Specific Training Section (IST) of the ISP, the Individual requires Health Care Plans for Alternative Thought Process/Schizophrenia, Blood Pressure and Violence. (Individual #19)</li> <li>• DSP #368 was unable to articulate if the individual had any Health Care Plans and was unable to locate any plans in the Individual's Residential Case File. As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual requires Health Care Plans for Seizures and Falls. (Individual #29)</li> <li>• DSP #413 stated, "None." As indicated by the</li> </ul>		
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<p>and conducted, including training on the ISP Outcomes, actions steps and strategies, associated support plans (e.g. health care plans, MERP, PBSP and BCIP, etc), and information about the individual's preferences with regard to privacy, communication style, and routines. Individual specific training for therapy related WDSI, Healthcare Plans, MERP, CARMP, PBSP, and BCIP must occur at least annually and more often if plans change or if monitoring finds incorrect implementation. Supported Living providers must notify the relevant support plan author whenever a new DSP is assigned to work with an individual, and therefore needs to receive training, or when an existing DSP requires a refresher. The individual should be present for and involved in individual specific training whenever possible.</p> <p><b>CHAPTER 13 (IMLS) R. 2. Service Requirements. Staff Qualifications 2. DSP Qualifications. E.</b> Complete training requirements as specified in the DDSD Policy T-003: Training Requirements for Direct Service Agency Staff - effective March 1, 2007. Report required personnel training status to the DDSD Statewide Training Database as specified in the DDSD Policy T-001: Reporting and Documentation of DDSD Training Requirements Policy;</p>	<p>Electronic Comprehensive Health Assessment Tool, the Individual requires a Health Care Plan for Pain. (Individual #44)</p> <ul style="list-style-type: none"> <li>• DSP #318 stated, "Yeah. Autistic, Tourette's syndrome, diabetic, intermittent explosive disorder, drinking excessive water. That's about it." As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual requires Health Care Plans for Fluid Restriction, Aspiration Risk, Seizures and Constipation. (Individual #31)</li> <li>• DSP #486 stated, "Prostatitis." When asked if there was anything else, DSP#486 stated, "No that's it." As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual requires a Health Care Plans for Falls and Oral Care. (Individual #47)</li> <li>• DSP #298 stated, "No." As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual requires a Health Care Plan for Body Mass Index. (Individual #55)</li> </ul> <p><b>When DSP were asked if the Individual had a Medical Emergency Response Plans and if so, what the plan(s) covered, the following was reported:</b></p> <ul style="list-style-type: none"> <li>• DSP #298 stated, "No, I don't think so." When asked specifically if the individual had a Medical Emergency Response Plan for Seizures, DSP #298 stated, "You know what, I don't even know." As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual requires Medical Emergency Response Plan for Seizures. (Individual #2)</li> </ul>		
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	<ul style="list-style-type: none"> <li>• DSP #250 stated, "I call ARCA, nurse or 911 for a crisis." As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual requires a Medical Response Plan for Aspiration related to Seizures. (Individual #12)</li> <li>• DSP #248 stated, "I guess not." As indicated by the Individual Specific Training Section (IST) of the ISP, the Individual requires Medical Emergency Response Plans for Injury, Hypertension and Violence. (Individual #19)</li> <li>• DSP #269 stated, "Yes." However DSP was not able to state what the plans were for or what they covered and was unable to locate them in the Residential File. As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual requires Medical Response Plans Fluid Restriction, Aspiration, Seizures and Constipation. (Individual #31)</li> <li>• DSP #569 stated, "Seizures. He had one for the Baclofen Pump belt but he no longer has that." When asked specifically if the individual had a plan for Aspiration, DSP#569 stated, "I don't think there's an official plan." As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual also requires a Medical Response Plan for Aspiration. (Individual #32)</li> <li>• DSP #285 stated, "Diabetes, Insulin and Falls." When asked specifically if the individual had any other Medical Emergency Response Plans, DSP #285 stated, "That's it." As indicated by the Electronic Comprehensive Health Assessment Tool, the</li> </ul>		
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	<p>Individual also requires a Medical Response Plan for Constipation. (Individual #34)</p> <ul style="list-style-type: none"> <li>• DSP #413 stated “None.” As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual requires a Medical Emergency Response Plan for Pain. (Individual #44)</li> <li>• DSP #486 stated, “Prostatitis.” When asked if there was anything else, DSP#486 stated, “No that’s it.” As indicated by the Electronic Comprehensive Assessment Tool, the Individual requires a Medical Emergency Response Plan for Falls and Oral Care. (Individual #47)</li> </ul> <p><b>When DSP were asked if the Individual had a Comprehensive Aspiration Risk Management Plan (CARMP), the following was reported:</b></p> <ul style="list-style-type: none"> <li>• DSP #438 stated, “No.” As indicated by the Individual Specific Training Section of the ISP, the Individual requires a CARMP. (Individual #28)</li> <li>• DSP #318 stated, “No, we just watch out and be aware just in case.” As indicated by the Individual Specific Training Section of the ISP, the Individual requires a CARMP. (Individual #32)</li> <li>• DSP #569 stated, “I don’t think so.” As indicated by the Individual Specific Training Section of the ISP, the Individual requires a CARMP (Individual #32)</li> </ul> <p><b>When DSP were asked if the Individual had a specific dietary and/or nutritional requirements, the following was reported:</b></p>		
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	<ul style="list-style-type: none"> <li>• DSP #438 stated, “No.” As indicated by the Individual Specific Training Section of the ISP, the Individual requires a Nutritional/dietary Plan. (Individual #28)</li> </ul> <p><b>When DSP were asked if the Individual had Bowel and/or Bladder issues and if so, when would you call the nurse if the individual did not have a bowel movement, the following was reported:</b></p> <ul style="list-style-type: none"> <li>• DSP #269 stated, “Yes. I don’t know when to call the nurse. He usually goes only every other day.” According to staff interview, bowel movements are tracked by agency staff. (Individual #31)</li> </ul> <p><b>When DSP were asked if the Individual had any food and/or medication allergies that could be potentially life threatening, the following was reported:</b></p> <ul style="list-style-type: none"> <li>• DSP #318 stated, “He doesn’t have any food allergies. All it says is he food seeks and to put everything away.” <b>Surveyor rephrased the question and continued to ask about medication allergies</b> and staff stated, “no he doesn’t”. As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual is allergic to Haldol, Tegretol, Luvox, Dilantin, and Sulfa (Individual #31)</li> </ul> <p><b>When DSP were asked, what are the steps did they need to take before assisting an individual with PRN medication, the following was reported:</b></p> <ul style="list-style-type: none"> <li>• DSP #250 stated, “As needed.” Staff did not verbalize that they must obtain authorization</li> </ul>		
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	<p>from the agency nurse prior to administration of each PRN medication. According to DDSD Policy Number M-001 prior to self-administration, self-administration with physical assist or assisting with delivery of PRN medications, the direct support staff must contact the agency nurse to describe observed symptoms and thus assure that the PRN medication is being used according to instructions given by the ordering PCP. (Individual #12)</p> <ul style="list-style-type: none"> <li>• DSP #318 stated, “We have to check the MAR and med pack, initial and date MAR and always check if it’s the right book, person and medication.” Staff did not verbalize that they must obtain authorization from the agency nurse prior to administration of each PRN medication. According to DDSD Policy Number M-001 prior to self-administration, self-administration with physical assist or assisting with delivery of PRN medications, the direct support staff must contact the agency nurse to describe observed symptoms and thus assure that the PRN medication is being used according to instructions given by the ordering PCP. (Individual #31)</li> <li>• DSP #263 stated, “He has to be checked by the doctor. I do not need to notify anyone at the agency.” According to DDSD Policy Number M-001 prior to self-administration, self-administration with physical assist or assisting with delivery of PRN medications, the direct support staff must contact the agency nurse to describe observed symptoms and thus assure that the PRN medication is being used according to instructions given by the ordering PCP. (Individual #46)</li> </ul>		
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<p>employee prior to employment. Such documentation must include evidence, based on the response to such inquiry received from the custodian by the provider, that the employee was not listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation.</p> <p>E. <b>Documentation for other staff.</b> With respect to all employed or contracted individuals providing direct care who are licensed health care professionals or certified nurse aides, the provider shall maintain documentation reflecting the individual's current licensure as a health care professional or current certification as a nurse aide.</p> <p>F. <b>Consequences of noncompliance.</b> The department or other governmental agency having regulatory enforcement authority over a provider may sanction a provider in accordance with applicable law if the provider fails to make an appropriate and timely inquiry of the registry, or fails to maintain evidence of such inquiry, in connection with the hiring or contracting of an employee; or for employing or contracting any person to work as an employee who is listed on the registry. Such sanctions may include a directed plan of correction, civil monetary penalty not to exceed five thousand dollars (\$5000) per instance, or termination or non-renewal of any contract with the department or other governmental agency.</p>			
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<p>A. Individuals shall receive services from competent and qualified staff.</p> <p>C. Staff shall complete training on DOH-approved incident reporting procedures in accordance with 7 NMAC 1.13.</p>	<p>Improvement</p> <ul style="list-style-type: none"> <li>• DSP #324 stated, "We contact our supervisor or on-call supervisor." Staff was not able to identify the State Agency as Division of Health Improvement</li> </ul>		
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Standard of Care	Deficiencies	Agency Plan of Correction, On-going QA/QI and Responsible Party	Date Due
<p><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.</p>			
<p><b>Tag # 1A09</b>  <b>Medication Delivery</b>  <b>Routine Medication Administration</b></p>	<p><b>Standard Level Deficiency</b></p>		
<p><b>NMAC 16.19.11.8 MINIMUM STANDARDS:</b>  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, <b>including over-the-counter medications.</b>  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.</p> <p><b>Model Custodial Procedure Manual</b>  <b>D. Administration of Drugs</b>  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.</p> <p>All PRN (As needed) medications shall have</p>	<p>Medication Administration Records (MAR) were reviewed for the months of May and June 2014.</p> <p>Based on record review, 13 of 50 individuals had Medication Administration Records (MAR), which contained missing medications entries and/or other errors:</p> <p>Individual #1  May2014  Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:  • Lamotrigine 100mg (2 times daily)</p> <p>Individual # 2  June 2014  Physician's Orders indicated the following medication were to be given. The following Medications were not documented on the Medication Administration Records:  • Calcium 600mg with Vitamin D (1 time daily)</p> <p>Individual #7  May 2014  Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:  • Latanoprost 0.005% Eye Drops (1 time daily) – Blank 5/19 (7 PM)</p>	<p><b>Provider:</b>  State your Plan of Correction for the deficiencies cited in this tag here: →</p> <p><b>Provider:</b>  Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here: →</p>	

<p>complete detail instructions regarding the administering of the medication. This shall include:</p> <ul style="list-style-type: none"> <li>➤ symptoms that indicate the use of the medication,</li> <li>➤ exact dosage to be used, and</li> <li>➤ the exact amount to be used in a 24 hour period.</li> </ul> <p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013</p> <p><b>CHAPTER 5 (CIES) 1. Scope of Service B. Self Employment 8.</b> Providing assistance with medication delivery as outlined in the ISP; <b>C. Individual Community Integrated Employment 3.</b> Providing assistance with medication delivery as outlined in the ISP; <b>D. Group Community Integrated Employment 4.</b> Providing assistance with medication delivery as outlined in the ISP; and <b>B. Community Integrated Employment Agency Staffing Requirements: o.</b> Comply with DDSD Medication Assessment and Delivery Policy and Procedures;</p> <p><b>CHAPTER 6 (CCS) 1. Scope of Services A. Individualized Customized Community Supports 19.</b> Providing assistance or supports with medications in accordance with DDSD Medication Assessment and Delivery policy. <b>C. Small Group Customized Community Supports 19.</b> Providing assistance or supports with medications in accordance with DDSD Medication Assessment and Delivery policy. <b>D. Group Customized Community Supports 19.</b> Providing assistance or supports with medications in accordance with DDSD Medication Assessment and Delivery policy.</p> <p><b>CHAPTER 11 (FL) 1 SCOPE OF SERVICES A. Living Supports- Family Living Services:</b></p>	<ul style="list-style-type: none"> <li>• Red Rice Yeast 600 mg (1 time daily) – Blank 5/31 (7 PM)</li> </ul> <p>Individual #8 May 2014 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:</p> <ul style="list-style-type: none"> <li>• Clopidogrel 75mg (1 time daily)</li> <li>• Levothyroxine 75mcg (1 time daily)</li> <li>• Oxcarbazepine 600mg (2 times daily)</li> </ul> <p>Individual #13 May 2014 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> <li>• MSM W[Glucosamine 1500 mg (1 time daily) – Blank 5/20 (7 PM)</li> </ul> <p>Individual #15 June 2014 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> <li>• Ibuprofen 600mg (2 times daily) – Blank 6/12 (4 PM; 8PM)</li> </ul> <p>Individual #28 June 2014 Medication Administration Record did not contain the specific time the medication should be given. MAR indicated time as “use as directed”:</p> <ul style="list-style-type: none"> <li>• Sodium Chloride 1000mg</li> </ul> <p>Individual #33 May 2014</p>		
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<p>The scope of Family Living Services includes, but is not limited to the following as identified by the Interdisciplinary Team (IDT):</p> <p><b>19.</b> Assisting in medication delivery, and related monitoring, in accordance with the DDSD's Medication Assessment and Delivery Policy, New Mexico Nurse Practice Act, and Board of Pharmacy regulations including skill development activities leading to the ability for individuals to self-administer medication as appropriate; and</p> <p><b>I. Healthcare Requirements for Family Living.</b></p> <p><b>3. B.</b> Adult Nursing Services for medication oversight are required for all surrogate Lining Supports- Family Living direct support personnel if the individual has regularly scheduled medication. Adult Nursing services for medication oversight are required for all surrogate Family Living Direct Support Personnel (including substitute care), if the individual has regularly scheduled medication.</p> <p><b>6.</b> Support Living- Family Living Provider Agencies must have written policies and procedures regarding medication(s) delivery and tracking and reporting of medication errors in accordance with DDSD Medication Assessment and Delivery Policy and Procedures, the New Mexico Nurse Practice Act and Board of Pharmacy standards and regulations.</p> <p>a. All twenty-four (24) hour residential home sites serving two (2) or more unrelated individuals must be licensed by the Board of Pharmacy, per current regulations;</p> <p>b. When required by the DDSD Medication Assessment and Delivery Policy, Medication Administration Records (MAR) must be maintained and include:</p> <p>i. The name of the individual, a transcription of the physician's or licensed health care</p>	<p>As indicated by the Medication Administration Records the individual is to take Fluoxetine HCL 40 mg (1 time daily). According to the Physician's Orders, Fluoxetine HCL 40 mg is to be taken 2 times daily. Medication Administration Record and Physician's Orders do not match.</p> <p>Individual #35 May 2014 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> <li>• Lovastatin 10mg (1 time daily) – Blank 5/26 (9 PM)</li> </ul> <p>Individual #39 May 2014 As indicated by the Medication Administration Records the Individual is to take Fenofibrate 160mg (1 time daily). According to the Physician's Orders, Fenofibrate 145mg is to be taken 1 time daily. Medication Administration Record and Physician's Orders do not match.</p> <p>Individual #41 June 2014 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> <li>• Prednisolone AC 1% eye drops 1% (4 times daily) – Blank 6/1 – 10, 2014 (8 PM)</li> <li>• Muro 128 Eye Ointment (1 time daily) – Blank 6/9 – 10, 2014 (9 PM)</li> </ul> <p>Individual #51 June 2014 During the residential home visit on 6/12/2014, it was found the individual was to</p>		
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<p>provider's prescription including the brand and generic name of the medication, and diagnosis for which the medication is prescribed;</p> <p>ii. Prescribed dosage, frequency and method/route of administration, times and dates of administration;</p> <p>iii. Initials of the individual administering or assisting with the medication delivery;</p> <p>iv. Explanation of any medication error;</p> <p>v. Documentation of any allergic reaction or adverse medication effect; and</p> <p>vi. For PRN medication, instructions for the use of the PRN medication must include observable signs/symptoms or circumstances in which the medication is to be used, and documentation of effectiveness of PRN medication administered.</p> <p>c. The Family Living Provider Agency must also maintain a signature page that designates the full name that corresponds to each initial used to document administered or assisted delivery of each dose; and</p> <p>d. Information from the prescribing pharmacy regarding medications must be kept in the home and community inclusion service locations and must include the expected desired outcomes of administering the medication, signs and symptoms of adverse events and interactions with other medications.</p> <p>e. Medication Oversight is optional if the individual resides with their biological family (by affinity or consanguinity). If Medication Oversight is not selected as an Ongoing Nursing Service, all elements of medication administration and oversight are the sole responsibility of the individual and their biological family. Therefore, a monthly medication administration record (MAR) is</p>	<p>take the following medications. Review of the Medication Administration Record found no evidence that medication is documented on the MAR.</p> <ul style="list-style-type: none"> <li>• Metoclopramide 1 tablet (4 times daily)</li> <li>• Bisacodyl Suppository (1 time daily)</li> <li>• Senna S-8 2 tablets (1 time daily)</li> </ul> <p>Individual #54 May 2014</p> <p>As indicated by the Medication Administration Records the individual is to take Mirtazapine 30mg (1 time daily). According to the Physician's Orders, Mirtazapine 15mg (1 time daily) is to be taken 1 time daily. Medication Administration Record and Physician's Orders do not match.</p>		
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<p>not required unless the family requests it and continually communicates all medication changes to the provider agency in a timely manner to insure accuracy of the MAR.</p> <ul style="list-style-type: none"> <li>i. The family must communicate at least annually and as needed for significant change of condition with the agency nurse regarding the current medications and the individual's response to medications for purpose of accurately completing required nursing assessments.</li> <li>ii. As per the DDS Medication Assessment and Delivery Policy and Procedure, paid DSP who are not related by affinity or consanguinity to the individual may not deliver medications to the individual unless they have completed Assisting with Medication Delivery (AWMD) training. DSP may also be under a delegation relationship with a DDW agency nurse or be a Certified Medication Aide (CMA). Where CMAs are used, the agency is responsible for maintaining compliance with New Mexico Board of Nursing requirements.</li> <li>iii. If the substitute care provider is a surrogate (not related by affinity or consanguinity) Medication Oversight must be selected and provided.</li> </ul> <p><b>CHAPTER 12 (SL) 2. Service Requirements L. Training and Requirements: 3. Medication Delivery:</b> Supported Living Provider Agencies must have written policies and procedures regarding medication(s) delivery and tracking and reporting of medication errors in accordance with DDS Medication Assessment and Delivery Policy and Procedures, New Mexico Nurse Practice Act, and Board of Pharmacy standards and regulations.</p> <p>a. All twenty-four (24) hour residential home</p>			
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<p>sites serving two (2) or more unrelated individuals must be licensed by the Board of Pharmacy, per current regulations;</p> <p>b. When required by the DDSD Medication Assessment and Delivery Policy, Medication Administration Records (MAR) must be maintained and include:</p> <ul style="list-style-type: none"> <li>i. The name of the individual, a transcription of the physician's or licensed health care provider's prescription including the brand and generic name of the medication, and diagnosis for which the medication is prescribed;</li> <li>ii. Prescribed dosage, frequency and method/route of administration, times and dates of administration;</li> <li>iii. Initials of the individual administering or assisting with the medication delivery;</li> <li>iv. Explanation of any medication error;</li> <li>v. Documentation of any allergic reaction or adverse medication effect; and</li> <li>vi. For PRN medication, instructions for the use of the PRN medication must include observable signs/symptoms or circumstances in which the medication is to be used, and documentation of effectiveness of PRN medication administered.</li> </ul> <p>c. The Supported Living Provider Agency must also maintain a signature page that designates the full name that corresponds to each initial used to document administered or assisted delivery of each dose; and</p>			
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<p>d. Information from the prescribing pharmacy regarding medications must be kept in the home and community inclusion service locations and must include the expected desired outcomes of administering the medication, signs, and symptoms of adverse events and interactions with other medications.</p> <p><b>CHAPTER 13 (IMLS) 2. Service Requirements. B.</b> There must be compliance with all policy requirements for Intensive Medical Living Service Providers, including written policy and procedures regarding medication delivery and tracking and reporting of medication errors consistent with the DDSD Medication Delivery Policy and Procedures, relevant Board of Nursing Rules, and Pharmacy Board standards and regulations.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS:</b></p> <p><b>E. Medication Delivery:</b> Provider Agencies that provide Community Living, Community Inclusion or Private Duty Nursing services shall have written policies and procedures regarding medication(s) delivery and tracking and reporting of medication errors in accordance with DDSD Medication Assessment and Delivery Policy and Procedures, the Board of Nursing Rules and Board of Pharmacy standards and regulations.</p> <p>(2) When required by the DDSD Medication Assessment and Delivery Policy, Medication Administration Records (MAR) shall be maintained and include:</p> <p>(a) The name of the individual, a</p>			
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<p>transcription of the physician’s written or licensed health care provider’s prescription including the brand and generic name of the medication, diagnosis for which the medication is prescribed;</p> <p>(b) Prescribed dosage, frequency and method/route of administration, times and dates of administration;</p> <p>(c) Initials of the individual administering or assisting with the medication;</p> <p>(d) Explanation of any medication irregularity;</p> <p>(e) Documentation of any allergic reaction or adverse medication effect; and</p> <p>(f) For PRN medication, an explanation for the use of the PRN medication shall include observable signs/symptoms or circumstances in which the medication is to be used, and documentation of effectiveness of PRN medication administered.</p> <p>(3) The Provider Agency shall also maintain a signature page that designates the full name that corresponds to each initial used to document administered or assisted delivery of each dose;</p> <p>(4) MARs are not required for individuals participating in Independent Living who self-administer their own medications;</p> <p>(5) Information from the prescribing pharmacy regarding medications shall be kept in the home and community inclusion service locations and shall include the expected desired outcomes of administering the medication, signs and symptoms of adverse events and interactions with other medications;</p>			
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- the exact amount to be used in a 24 hour period.

**Department of Health Developmental Disabilities Supports Division (DDSD) Medication Assessment and Delivery Policy - Eff. November 1, 2006**

**F. PRN Medication**

3. Prior to self-administration, self-administration with physical assist or assisting with delivery of PRN medications, the direct support staff must contact the agency nurse to describe observed symptoms and thus assure that the PRN medication is being used according to instructions given by the ordering PCP. In cases of fever, respiratory distress (including coughing), severe pain, vomiting, diarrhea, change in responsiveness/level of consciousness, the nurse must strongly consider the need to conduct a face-to-face assessment to assure that the PRN does not mask a condition better treated by seeking medical attention. This does not apply to home based/family living settings where the provider is related by affinity or by consanguinity to the individual.

4. The agency nurse shall review the utilization of PRN medications routinely. Frequent or escalating use of PRN medications must be reported to the PCP and discussed by the Interdisciplinary for changes to the overall support plan (see Section H of this policy).

**H. Agency Nurse Monitoring**

1. Regardless of the level of assistance with medication delivery that is required by the individual or the route through which the medication is delivered, the agency nurses must monitor the individual's response to the effects of their routine and PRN medications.

<p>The frequency and type of monitoring must be based on the nurse's assessment of the individual and consideration of the individual's diagnoses, health status, stability, utilization of PRN medications and level of support required by the individual's condition and the skill level and needs of the direct care staff. Nursing monitoring should be based on prudent nursing practice and should support the safety and independence of the individual in the community setting. The health care plan shall reflect the planned monitoring of the individual's response to medication.</p> <p><b>Department of Health Developmental Disabilities Supports Division (DDSD) - Procedure Title:</b>  <b>Medication Assessment and Delivery Procedure Eff Date: November 1, 2006</b></p> <p>C. 3. Prior to delivery of the PRN, direct support staff must contact the agency nurse to describe observed symptoms and thus assure that the PRN is being used according to instructions given by the ordering PCP. In cases of fever, respiratory distress (including coughing), severe pain, vomiting, diarrhea, change in responsiveness/level of consciousness, the nurse must strongly consider the need to conduct a face-to-face assessment to assure that the PRN does not mask a condition better treated by seeking medical attention. (References: Psychotropic Medication Use Policy, Section D, page 5 Use of PRN Psychotropic Medications; and, Human Rights Committee Requirements Policy, Section B, page 4 Interventions Requiring Review and Approval – Use of PRN Medications).</p> <p>a. Document conversation with nurse including all reported signs and symptoms, advice given</p>			
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<p>and action taken by staff.</p> <p>4. Document on the MAR each time a PRN medication is used and describe its effect on the individual (e.g., temperature down, vomiting lessened, anxiety increased, the condition is the same, improved, or worsened, etc.).</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013</p> <p><b>CHAPTER 11 (FL) 1 SCOPE OF SERVICES</b>  <b>A. Living Supports- Family Living Services:</b>  The scope of Family Living Services includes, but is not limited to the following as identified by the Interdisciplinary Team (IDT):  <b>19.</b> Assisting in medication delivery, and related monitoring, in accordance with the DDSD's Medication Assessment and Delivery Policy, New Mexico Nurse Practice Act, and Board of Pharmacy regulations including skill development activities leading to the ability for individuals to self-administer medication as appropriate; and  <b>I. Healthcare Requirements for Family Living.</b>  <b>3. B.</b> Adult Nursing Services for medication oversight are required for all surrogate Lining Supports- Family Living direct support personnel if the individual has regularly scheduled medication. Adult Nursing services for medication oversight are required for all surrogate Family Living Direct Support Personnel (including substitute care), if the individual has regularly scheduled medication.  <b>6.</b> Support Living- Family Living Provider Agencies must have written policies and procedures regarding medication(s) delivery and tracking and reporting of medication errors in accordance with DDSD Medication Assessment and Delivery Policy and Procedures, the New Mexico Nurse Practice Act and Board of</p>			
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<p>Pharmacy standards and regulations.</p> <p>f. All twenty-four (24) hour residential home sites serving two (2) or more unrelated individuals must be licensed by the Board of Pharmacy, per current regulations;</p> <p>g. When required by the DDS Medication Assessment and Delivery Policy, Medication Administration Records (MAR) must be maintained and include:</p> <p>i. The name of the individual, a transcription of the physician's or licensed health care provider's prescription including the brand and generic name of the medication, and diagnosis for which the medication is prescribed;</p> <p>ii. Prescribed dosage, frequency and method/route of administration, times and dates of administration;</p> <p>iii. Initials of the individual administering or assisting with the medication delivery;</p> <p>iv. Explanation of any medication error;</p> <p>v. Documentation of any allergic reaction or adverse medication effect; and</p> <p>vi. For PRN medication, instructions for the use of the PRN medication must include observable signs/symptoms or circumstances in which the medication is to be used, and documentation of effectiveness of PRN medication administered.</p> <p>h. The Family Living Provider Agency must also maintain a signature page that designates the full name that corresponds to each initial used to document administered or assisted delivery of each dose; and</p> <p>i. Information from the prescribing pharmacy regarding medications must be kept in the home and community inclusion service locations and must include the expected</p>			
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<p>desired outcomes of administering the medication, signs and symptoms of adverse events and interactions with other medications.</p> <p>j. Medication Oversight is optional if the individual resides with their biological family (by affinity or consanguinity). If Medication Oversight is not selected as an Ongoing Nursing Service, all elements of medication administration and oversight are the sole responsibility of the individual and their biological family. Therefore, a monthly medication administration record (MAR) is not required unless the family requests it and continually communicates all medication changes to the provider agency in a timely manner to insure accuracy of the MAR.</p> <p>iv. The family must communicate at least annually and as needed for significant change of condition with the agency nurse regarding the current medications and the individual's response to medications for purpose of accurately completing required nursing assessments.</p> <p>v. As per the DDS Medication Assessment and Delivery Policy and Procedure, paid DSP who are not related by affinity or consanguinity to the individual may not deliver medications to the individual unless they have completed Assisting with Medication Delivery (AWMD) training. DSP may also be under a delegation relationship with a DDW agency nurse or be a Certified Medication Aide (CMA). Where CMAs are used, the agency is responsible for maintaining compliance with New Mexico Board of Nursing requirements.</p> <p>vi. If the substitute care provider is a surrogate (not related by affinity or consanguinity) Medication Oversight must be selected and provided.</p>			
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<p><b>CHAPTER 12 (SL) 2. Service Requirements L. Training and Requirements: 3.</b> Medication Delivery: Supported Living Provider Agencies must have written policies and procedures regarding medication(s) delivery and tracking and reporting of medication errors in accordance with DDSB Medication Assessment and Delivery Policy and Procedures, New Mexico Nurse Practice Act, and Board of Pharmacy standards and regulations.</p> <p>e. All twenty-four (24) hour residential home sites serving two (2) or more unrelated individuals must be licensed by the Board of Pharmacy, per current regulations;</p> <p>f. When required by the DDSB Medication Assessment and Delivery Policy, Medication Administration Records (MAR) must be maintained and include:</p> <p>i. The name of the individual, a transcription of the physician’s or licensed health care provider’s prescription including the brand and generic name of the medication, and diagnosis for which the medication is prescribed;</p> <p>ii. Prescribed dosage, frequency and method/route of administration, times and dates of administration;</p> <p>iii. Initials of the individual administering or assisting with the medication delivery;</p> <p>iv. Explanation of any medication error;</p> <p>v. Documentation of any allergic reaction or adverse medication effect; and</p>			
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<p>vi. For PRN medication, instructions for the use of the PRN medication must include observable signs/symptoms or circumstances in which the medication is to be used, and documentation of effectiveness of PRN medication administered.</p> <p>g. The Supported Living Provider Agency must also maintain a signature page that designates the full name that corresponds to each initial used to document administered or assisted delivery of each dose; and</p> <p>h. Information from the prescribing pharmacy regarding medications must be kept in the home and community inclusion service locations and must include the expected desired outcomes of administering the medication, signs, and symptoms of adverse events and interactions with other medications.</p> <p><b>CHAPTER 13 (IMLS) 2. Service Requirements. B.</b> There must be compliance with all policy requirements for Intensive Medical Living Service Providers, including written policy and procedures regarding medication delivery and tracking and reporting of medication errors consistent with the DDSD Medication Delivery Policy and Procedures, relevant Board of Nursing Rules, and Pharmacy Board standards and regulations.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS:</b> The objective of these standards is to establish Provider Agency policy, procedure and reporting requirements for DD Medicaid Waiver program. These</p>			
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<p>requirements apply to all such Provider Agency staff, whether directly employed or subcontracting with the Provider Agency. Additional Provider Agency requirements and personnel qualifications may be applicable for specific service standards.</p> <p><b>E. Medication Delivery:</b> Provider Agencies that provide Community Living, Community Inclusion or Private Duty Nursing services shall have written policies and procedures regarding medication(s) delivery and tracking and reporting of medication errors in accordance with DDSD Medication Assessment and Delivery Policy and Procedures, the Board of Nursing Rules and Board of Pharmacy standards and regulations.</p> <p>(2) When required by the DDSD Medication Assessment and Delivery Policy, Medication Administration Records (MAR) shall be maintained and include:</p> <ul style="list-style-type: none"> <li>(a) The name of the individual, a transcription of the physician's written or licensed health care provider's prescription including the brand and generic name of the medication, diagnosis for which the medication is prescribed;</li> <li>(b) Prescribed dosage, frequency and method/route of administration, times and dates of administration;</li> <li>(c) Initials of the individual administering or assisting with the medication;</li> <li>(d) Explanation of any medication irregularity;</li> <li>(e) Documentation of any allergic reaction or adverse medication effect; and</li> <li>(f) For PRN medication, an explanation for the use of the PRN medication shall include observable signs/symptoms or circumstances in which the medication</li> </ul>			
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<p>is to be used, and documentation of effectiveness of PRN medication administered.</p> <p>(3) The Provider Agency shall also maintain a signature page that designates the full name that corresponds to each initial used to document administered or assisted delivery of each dose;</p> <p>(4) MARs are not required for individuals participating in Independent Living who self-administer their own medications;</p> <p>(5) Information from the prescribing pharmacy regarding medications shall be kept in the home and community inclusion service locations and shall include the expected desired outcomes of administering the medication, signs and symptoms of adverse events and interactions with other medications;</p>			
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Tag # 1A15.2 and IS09 / 5I09 Healthcare Documentation	Standard Level Deficiency		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013</p> <p><b>Chapter 5 (CIES) 3. Agency Requirements</b></p> <p><b>H. Consumer Records Policy:</b> All Provider Agencies must maintain at the administrative office a confidential case file for each individual. Provider agency case files for individuals are required to comply with the DDS Consumer Records Policy.</p> <p><b>Chapter 6 (CCS) 2. Service Requirements. E.</b> The agency nurse(s) for Customized Community Supports providers must provide the following services: 1. Implementation of pertinent PCP orders; ongoing oversight and monitoring of the individual's health status and medically related supports when receiving this service;</p> <p><b>3. Agency Requirements: Consumer Records Policy:</b> All Provider Agencies shall maintain at the administrative office a confidential case file for each individual. Provider agency case files for individuals are required to comply with the DDS Individual Case File Matrix policy.</p> <p><b>Chapter 7 (CIHS) 3. Agency Requirements: E. Consumer Records Policy:</b> All Provider Agencies must maintain at the administrative office a confidential case file for each individual. Provider agency case files for individuals are required to comply with the DDS Individual Case File Matrix policy.</p> <p><b>Chapter 11 (FL) 3. Agency Requirements: D. Consumer Records Policy:</b> All Family Living Provider Agencies must maintain at the administrative office a confidential case file for each individual. Provider agency case files for individuals are required to comply with the DDS Individual Case File Matrix policy.</p> <p><b>I. Health Care Requirements for Family Living: 5.</b> A nurse employed or contracted by the Family Living Supports provider must complete the e-</p>	<p>Based on record review and interview, the Agency did not maintain the required documentation in the Individuals Agency Record as required by standard for 6 of 54 individuals.</p> <p>Review of the administrative individual case files revealed the following items were not found, incomplete, and/or not current:</p> <ul style="list-style-type: none"> <li>• <b>Health Care Plans</b> <ul style="list-style-type: none"> <li>• <i>Aspiration</i> <ul style="list-style-type: none"> <li>◦ Individual #22 - According to Electronic Comprehensive Health Assessment Tool the individual is required to have a plan. No evidence of a plan found.</li> <li>◦ Individual #51 - According to Electronic Comprehensive Health Assessment Tool the individual is required to have a plan. No evidence of a plan found.</li> </ul> </li> <li>• <i>Bowel and Bladder</i> <ul style="list-style-type: none"> <li>◦ Individual #17 - According to Electronic Comprehensive Health Assessment Tool the individual is required to have a plan. No evidence of a plan found.</li> <li>◦ Individual #51 - According to Electronic Comprehensive Health Assessment Tool the individual is required to have a plan. No evidence of a plan found.</li> </ul> </li> <li>• <i>Falls</i> <ul style="list-style-type: none"> <li>◦ Individual #17 - According to Electronic Comprehensive Health Assessment Tool the individual is required to have a plan. No evidence of a plan found.</li> </ul> </li> </ul> </li> </ul>	<p><b>Provider:</b> State your Plan of Correction for the deficiencies cited in this tag here: →</p> <p><b>Provider:</b> Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here: →</p>	

<p>CHAT, the Aspiration Risk Screening Tool,(ARST), and the Medication Administration Assessment Tool (MAAT) and any other assessments deemed appropriate on at least an annual basis for each individual served, upon significant change of clinical condition and upon return from any hospitalizations. In addition, the MAAT must be updated for any significant change of medication regime, change of route that requires delivery by licensed or certified staff, or when an individual has completed training designed to improve their skills to support self-administration.</p> <p>a. For newly-allocated or admitted individuals, assessments are required to be completed within three (3) business days of admission or two (2) weeks following the initial ISP meeting, whichever comes first.</p> <p>b. For individuals already in services, the required assessments are to be completed no more than forty-five (45) calendar days and at least fourteen (14) calendar days prior to the annual ISP meeting.</p> <p>c. Assessments must be updated within three (3) business days following any significant change of clinical condition and within three (3) business days following return from hospitalization.</p> <p>d. Other nursing assessments conducted to determine current health status or to evaluate a change in clinical condition must be documented in a signed progress note that includes time and date as well as subjective information including the individual complaints, signs and symptoms noted by staff, family members or other team members; objective information including vital signs, physical examination, weight, and other pertinent data for the given situation (e.g., seizure frequency, method in which temperature taken);</p>	<ul style="list-style-type: none"> <li>◦ Individual #22 - According to Electronic Comprehensive Health Assessment Tool the individual is required to have a plan. No evidence of a plan found.</li> <li>• <i>Respiratory</i> Individual #52 - According to Electronic Comprehensive Health Assessment Tool the individual is required to have a plan. No evidence of a plan found</li> <li>• <i>Macrocytosis</i> Individual #53 - According to the Individual Specific Training Section of the ISP, the individual is required to have .a plan. No evidence of a plan found</li> <li>• <i>Thyroid</i> Individual #53 - According to the Individual Specific Training Section of the ISP, the individual is required to have a plan. No evidence of a plan found.</li> <li>• <b>Medical Emergency Response Plans</b> <ul style="list-style-type: none"> <li>• <i>Falls</i> <ul style="list-style-type: none"> <li>◦ Individual #17 - According to Electronic Comprehensive Health Assessment Tool the individual is required to have a plan. No evidence of a plan found.</li> </ul> </li> <li>• <i>Gastrointestinal</i> <ul style="list-style-type: none"> <li>◦ Individual #53 - According to the Individual Specific Training Section of the ISP, the individual is required to have a plan. No evidence of a plan found.</li> </ul> </li> <li>• <i>Potential for Violence</i> <ul style="list-style-type: none"> <li>◦ Individual #53 – According to the Individual Specific Training Section of the ISP, the Individual is required to have a plan. No</li> </ul> </li> </ul> </li> </ul>		
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<p>assessment of the clinical status, and plan of action addressing relevant aspects of all active health problems and follow up on any recommendations of medical consultants.</p> <p>e. Develop any urgently needed interim Healthcare Plans or MERPs per DDS policy pending authorization of ongoing Adult Nursing services as indicated by health status and individual/guardian choice.</p> <p><b>Chapter 12 (SL) 3. Agency Requirements:</b>  <b>D. Consumer Records Policy:</b> All Living Supports- Supported Living Provider Agencies must maintain at the administrative office a confidential case file for each individual. Provider agency case files for individuals are required to comply with the DDS Individual Case File Matrix policy.  <b>2. Service Requirements. L. Training and Requirements. 5. Health Related Documentation:</b> For each individual receiving Living Supports- Supported Living, the provider agency must ensure and document the following:</p> <p>a. That an individual with chronic condition(s) with the potential to exacerbate into a life threatening condition, has a MERP developed by a licensed nurse or other appropriate professional according to the DDS Medical Emergency Response Plan Policy, that DSP have been trained to implement such plan(s), and ensure that a copy of such plan(s) are readily available to DSP in the home;</p> <p>b. That an average of five (5) hours of documented nutritional counseling is available annually, if recommended by the IDT and clinically indicated;</p> <p>c. That the nurse has completed legible and signed progress notes with date and time indicated that describe all interventions or interactions conducted with individuals served, as well as all interactions with other healthcare providers</p>	<p>evidence of plan found.</p> <ul style="list-style-type: none"> <li>• <b>Special Health Care Needs</b> <ul style="list-style-type: none"> <li>• <i>Weight Monitoring</i> <ul style="list-style-type: none"> <li>◦ Individual #1 - According to DSP #232 Individual is to be weighed monthly. According to interview and documentation reviewed, the last documented time the individual was weighed was on 2/27/2014.</li> </ul> </li> </ul> </li> </ul>		
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<p>serving the individual. All interactions must be documented whether they occur by phone or in person; and</p> <p>d. Document for each individual that:</p> <ul style="list-style-type: none"> <li>i. The individual has a Primary Care Provider (PCP);</li> <li>ii. The individual receives an annual physical examination and other examinations as specified by a PCP;</li> <li>iii. The individual receives annual dental check-ups and other check-ups as specified by a licensed dentist;</li> <li>iv. The individual receives a hearing test as specified by a licensed audiologist;</li> <li>v. The individual receives eye examinations as specified by a licensed optometrist or ophthalmologist; and</li> <li>vi. Agency activities occur as required for follow-up activities to medical appointments (e.g. treatment, visits to specialists, and changes in medication or daily routine).</li> <li>vii. The agency nurse will provide the individual's team with a semi-annual nursing report that discusses the services provided and the status of the individual in the last six(6) months. This may be provided electronically or in paper format to the team no later than (2) weeks prior to the ISP and semi-annually.</li> <li>f. The Supported Living Provider Agency must ensure that activities conducted by agency nurses comply with the roles and responsibilities identified in these standards.</li> </ul> <p><b>Chapter 13 (IMLS) 2. Service Requirements:</b> C. Documents to be maintained in the agency</p>			
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<p>administrative office, include:</p> <p>A. All assessments completed by the agency nurse, including the Intensive Medical Living Eligibility Parameters tool; for e-CHAT a printed copy of the current e-CHAT summary report shall suffice;</p> <p>F. Annual physical exams and annual dental exams (not applicable for short term stays);</p> <p>G. Tri-annual vision exam (Not applicable for short term stays. See Medicaid policy 8.310.6 for allowable exceptions for more frequent vision exam);</p> <p>H. Audiology/hearing exam as applicable (Not applicable for short term stays; See Medicaid policy 8.324.6 for applicable requirements);</p> <p>I. All other evaluations called for in the ISP for which the Services provider is responsible to arrange;</p> <p>J. Medical screening, tests and lab results (for short term stays, only those which occur during the period of the stay);</p> <p>L. Record of medical and dental appointments, including any treatment provided (for short term stays, only those appointments that occur during the stay);</p> <p>O. Semi-annual ISP progress reports and MERP reviews (not applicable for short term stays);</p> <p>P. Quarterly nursing summary reports (not applicable for short term stays);</p> <p><b>NMAC 8.302.1.17 RECORD KEEPING AND DOCUMENTATION REQUIREMENTS:</b> A provider must maintain all the records necessary to fully disclose the nature, quality, amount and medical necessity of services furnished to an eligible recipient who is currently receiving or who has</p>			
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<p>received services in the past.</p> <p><b>B. Documentation of test results:</b> Results of tests and services must be documented, which includes results of laboratory and radiology procedures or progress following therapy or treatment.</p> <p><b>Department of Health Developmental Disabilities Supports Division Policy. Medical Emergency Response Plan Policy MERP-001 eff.8/1/2010</b></p> <p>F. The MERP shall be written in clear, jargon free language and include at a minimum the following information:</p> <ol style="list-style-type: none"> <li>1. A brief, simple description of the condition or illness.</li> <li>2. A brief description of the most likely life threatening complications that might occur and what those complications may look like to an observer.</li> <li>3. A concise list of the most important measures that may prevent the life threatening complication from occurring (e.g., avoiding allergens that trigger an asthma attack or making sure the person with diabetes has snacks with them to avoid hypoglycemia).</li> <li>4. Clear, jargon free, step-by-step instructions regarding the actions to be taken by direct support personnel (DSP) and/or others to intervene in the emergency, including criteria for when to call 911.</li> <li>5. Emergency contacts with phone numbers.</li> <li>6. Reference to whether the individual has advance directives or not, and if so, where the advance directives are located.</li> </ol> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS: D. Provider Agency Case File for the Individual:</b> All Provider Agencies shall</p>			
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<p>maintain at the administrative office a confidential case file for each individual. Case records belong to the individual receiving services and copies shall be provided to the receiving agency whenever an individual changes providers. The record must also be made available for review when requested by DOH, HSD or federal government representatives for oversight purposes. The individual's case file shall include the following requirements... 1, 2, 3, 4, 5, 6, 7, 8,</p> <p><b>CHAPTER 1. III. PROVIDER AGENCY DOCUMENTATION OF SERVICE DELIVERY AND LOCATION - Healthcare Documentation by Nurses For Community Living Services, Community Inclusion Services and Private Duty Nursing Services: Chapter 1. III. E. (1 - 4)</b></p> <p><b>(1) Documentation of nursing assessment activities (2) Health related plans and (4) General Nursing Documentation</b></p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 5 IV. COMMUNITY INCLUSION SERVICES PROVIDER AGENCY REQUIREMENTS B. IDT Coordination</b></p> <p>(2) Coordinate with the IDT to ensure that each individual participating in Community Inclusion Services who has a score of 4, 5, or 6 on the HAT has a Health Care Plan developed by a licensed nurse, and if applicable, a Crisis Prevention/Intervention Plan.</p>			
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<p>instructions for the completion and filing are available at the division's website, <a href="http://dhi.health.state.nm.us/elibrary/ironline/ir.php">http://dhi.health.state.nm.us/elibrary/ironline/ir.php</a> or may be obtained from the department by calling the toll free number.</p>	<ul style="list-style-type: none"> <li>• Incident date 8/12/2013. Allegation was Emergency Services. Incident report was received on 8/13/2013. IMB issued a Failure to Report for Emergency Services.</li> </ul> <p>Individual #57</p> <ul style="list-style-type: none"> <li>• Incident date 9/13/2013. Allegation was Abuse. Incident report was received on 9/16/2013. Failure to Report. IMB Late and Failure Report indicated incident of Abuse was "Confirmed."</li> </ul> <p>Individual #58</p> <ul style="list-style-type: none"> <li>• Incident date 9/3/2013. Allegation was Emergency Services. Incident report was received on 10/2/2013. IMB issued a Late Reporting for Emergency Services.</li> <li>• Incident date 9/14/2013. Allegation was Emergency Services. Incident report was received on 10/2/2013. IMB issued a Late Reporting for Emergency Services.</li> </ul> <p>Individual #59</p> <ul style="list-style-type: none"> <li>• Incident date 1/8/2014. Allegation was Emergency Services. Incident report was received on 1/10/2014. IMB issued a Late Reporting for Emergency Services.</li> </ul> <p>Individual #60</p> <ul style="list-style-type: none"> <li>• Incident date 3/25/2014. Allegation was Emergency Services. Incident report was received on 4/1/2014. IMB issued a Late Reporting for Emergency Services.</li> </ul>		
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<p><b>Requirements Eff Date: March 1, 2003</b></p> <p><b>IV. POLICY STATEMENT - Human Rights</b></p> <p>Committees are required for residential service provider agencies. The purpose of these committees with respect to the provision of Behavior Supports is to review and monitor the implementation of certain Behavior Support Plans.</p> <p>Human Rights Committees may not approve any of the interventions specifically prohibited in the following policies:</p> <ul style="list-style-type: none"> <li>• Aversive Intervention Prohibitions</li> <li>• Psychotropic Medications Use</li> <li>• Behavioral Support Service Provision.</li> </ul> <p>A Human Rights Committee may also serve other agency functions as appropriate, such as the review of internal policies on sexuality and incident management follow-up.</p> <p><b>A. HUMAN RIGHTS COMMITTEE ROLE IN BEHAVIOR SUPPORTS</b></p> <p>Only those Behavior Support Plans with an aversive intervention included as part of the plan or associated Crisis Intervention Plan need to be reviewed prior to implementation. Plans not containing aversive interventions do not require Human Rights Committee review or approval.</p> <p>2. The Human Rights Committee will determine and adopt a written policy stating the frequency and purpose of meetings. Behavior Support Plans approved by the Human Rights Committee will be reviewed at least quarterly.</p> <p>3. Records, including minutes of all meetings will be retained at the agency with primary responsibility for implementation for at least five years from the completion of each</p>	<p>(Individual #19)</p> <ul style="list-style-type: none"> <li>• Locked food. Last Human Rights Committee Approval 8/8/2013. (Individual #22)</li> <li>• Restroom escort. Last Human Rights Committee Approval 8/8/2013. (Individual #22)</li> <li>• Locked Kitchen. Last Human Rights Committee Approval 3/14/2013. (Individual #38)</li> <li>• Locks on the refrigerators and cabinets. Last Human Rights Committee Approval 8/21/2013. (Individual #44)</li> <li>• Staff keep phone with them at all times, including at night when they go to bed. No Human Rights Committee Approval found between 8/2013 – 4/2014. (Individual #44)</li> <li>• Integrity on-line device on internet to block all “R” and “X” rated material. No Human Rights Committee Approval found between 8/2013 – 4/2014. (Individual #44)</li> </ul> <p>No documentation was found regarding Human Rights Approval for the following:</p> <ul style="list-style-type: none"> <li>• Room checks. No evidence found of Human Rights Committee approval. (Individual #22)</li> <li>• Locked food. No evidence found of Human Rights Committee approval. (Individual #53).</li> </ul>		
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<p>individual's Individual Service Plan.</p> <p><b>Department of Health Developmental Disabilities Supports Division (DDSD) - Procedure Title:</b>  <b>Medication Assessment and Delivery Procedure Eff Date: November 1, 2006</b></p> <p><b>B. 1. e.</b> If the PRN medication is to be used in response to psychiatric and/or behavioral symptoms in addition to the above requirements, obtain current written consent from the individual, guardian or surrogate health decision maker and submit for review by the agency's Human Rights Committee (References: Psychotropic Medication Use Policy, Section D, page 5 Use of PRN Psychotropic Medications; and, Human Rights Committee Requirements Policy, Section B, page 4 Interventions Requiring Review and Approval – Use of PRN Medications).</p>			
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<p>indicating the following information:</p> <ul style="list-style-type: none"><li>a. date</li><li>b. time administered</li><li>c. name of patient</li><li>d. dose</li><li>e. practitioner's name</li><li>f. signature of person administering or assisting with the administration the dose</li><li>g. balance of controlled substance remaining.</li></ul>			
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<p><b>REQUIREMENTS FOR COMMUNITY LIVING</b></p> <p><b>G. Health Care Requirements for Community Living Services.</b></p> <p>(1) The Community Living Service providers shall ensure completion of a HAT for each individual receiving this service. The HAT shall be completed 2 weeks prior to the annual ISP meeting and submitted to the Case Manager and all other IDT Members. A revised HAT is required to also be submitted whenever the individual's health status changes significantly. For individuals who are newly allocated to the DD Waiver program, the HAT may be completed within 2 weeks following the initial ISP meeting and submitted with any strategies and support plans indicated in the ISP, or within 72 hours following admission into direct services, whichever comes first.</p> <p>(2) Each individual will have a Health Care Coordinator, designated by the IDT. When the individual's HAT score is 4, 5 or 6 the Health Care Coordinator shall be an IDT member, other than the individual. The Health Care Coordinator shall oversee and monitor health care services for the individual in accordance with these standards. In circumstances where no IDT member voluntarily accepts designation as the health care coordinator, the community living provider shall assign a staff member to this role.</p> <p>(3) For each individual receiving Community Living Services, the provider agency shall ensure and document the following:</p> <p>(a) Provision of health care oversight consistent with these Standards as detailed in Chapter One section III E: Healthcare Documentation by Nurses For Community Living Services, Community Inclusion Services and Private Duty Nursing Services.</p> <p>b) That each individual with a score of 4, 5,</p>	<ul style="list-style-type: none"> <li>• <b>Podiatry Exam</b> <ul style="list-style-type: none"> <li>◦ Individual #52 - As indicated by collateral documentation reviewed, the individual was referred to a Podiatrist on 12/20/2013. No evidence of follow up on referral was found.</li> </ul> </li> </ul>		
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<p>or 6 on the HAT, has a Health Care Plan developed by a licensed nurse.</p> <p>(c) That an individual with chronic condition(s) with the potential to exacerbate into a life threatening condition, has Crisis Prevention/ Intervention Plan(s) developed by a licensed nurse or other appropriate professional for each such condition.</p> <p>(4) That an average of 3 hours of documented nutritional counseling is available annually, if recommended by the IDT.</p> <p>(5) That the physical property and grounds are free of hazards to the individual's health and safety.</p> <p>(6) In addition, for each individual receiving Supported Living or Family Living Services, the provider shall verify and document the following:</p> <ul style="list-style-type: none"> <li>(a) The individual has a primary licensed physician;</li> <li>(b) The individual receives an annual physical examination and other examinations as specified by a licensed physician;</li> <li>(c) The individual receives annual dental check-ups and other check-ups as specified by a licensed dentist;</li> <li>(d) The individual receives eye examinations as specified by a licensed optometrist or ophthalmologist; and</li> <li>(e) Agency activities that occur as follow-up to medical appointments (e.g. treatment, visits to specialists, changes in medication or daily routine).</li> </ul>			
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<p>Delivery training or each individual's ISP; and</p> <p>h. Have accessible written procedures for emergency placement and relocation of individuals in the event of an emergency evacuation that makes the residence unsuitable for occupancy. The emergency evacuation procedures must address, but are not limited to, fire, chemical and/or hazardous waste spills, and flooding.</p> <p><b>CHAPTER 12 (SL) Living Supports – Supported Living Agency Requirements G. Residence Requirements for Living Supports-Supported Living Services:</b> 1. Supported Living Provider Agencies must assure that each individual's residence is maintained to be clean, safe, and comfortable and accommodates the individual's daily living, social, and leisure activities. In addition the residence must:</p> <p>f. Maintain basic utilities, i.e., gas, power, water, and telephone;</p> <p>g. Provide environmental accommodations and assistive technology devices in the residence including modifications to the bathroom (i.e., shower chairs, grab bars, walk in shower, raised toilets, etc.) based on the unique needs of the individual in consultation with the IDT;</p> <p>h. Ensure water temperature in home does not exceed safe temperature (110° F) ;</p> <p>i. Have a battery operated or electric smoke detectors and carbon monoxide detectors, fire extinguisher, or a sprinkler system;</p> <p>j. Have a general-purpose First Aid kit;</p> <p>k. Allow at a maximum of two (2) individuals to share, with mutual consent, a bedroom and each individual has the right to have his or her</p>	<ul style="list-style-type: none"> <li>➤ Water temperature in home measured 116° F (#54)</li> <li>• Accessible telephone numbers of poison control centers located within the line of sight of the telephone (#29)</li> <li>• Accessible written procedures for emergency placement and relocation of individuals in the event of an emergency evacuation that makes the residence unsuitable for occupancy. The emergency evacuation procedures shall address, but are not limited to, fire, chemical and/or hazardous waste spills, and flooding (#1, 44)</li> <li>• Accessible written procedures for the safe storage of all medications with dispensing instructions for each individual that are consistent with the Assisting with Medication Administration training or each individual's ISP (#29)</li> </ul> <p><i>Note: The following Supported Living Individuals share a residence:</i></p> <ul style="list-style-type: none"> <li>➤ #7, 13, 35</li> <li>➤ #28, 33</li> <li>➤ #47, 53</li> </ul> <p><b>Family Living Requirements:</b></p> <ul style="list-style-type: none"> <li>• General-purpose first aid kit (#55)</li> <li>• Accessible written procedures for the safe storage of all medications with dispensing instructions for each individual that are consistent with the Assisting with Medication Administration training or each individual's ISP (#5, 12, 42)</li> </ul>		
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<p>own bed;</p> <p>l. Have accessible written documentation of actual evacuation drills occurring at least three (3) times a year. For Supported Living evacuation drills must occur at least once a year during each shift;</p> <p>m. Have accessible written procedures for the safe storage of all medications with dispensing instructions for each individual that are consistent with the Assisting with Medication Delivery training or each individual's ISP; and</p> <p>n. Have accessible written procedures for emergency placement and relocation of individuals in the event of an emergency evacuation that makes the residence unsuitable for occupancy. The emergency evacuation procedures must address, but are not limited to, fire, chemical and/or hazardous waste spills, and flooding.</p> <p><b>CHAPTER 13 (IMLS) 2. Service Requirements</b>  <b>R. Staff Qualifications: 3. Supervisor</b>  <b>Qualifications And Requirements:</b>  S Each residence shall include operable safety equipment, including but not limited to, an operable smoke detector or sprinkler system, a carbon monoxide detector if any natural gas appliance or heating is used, fire extinguisher, general purpose first aid kit, written procedures for emergency evacuation due to fire or other emergency and documentation of evacuation drills occurring at least annually during each shift, phone number for poison control within line of site of the telephone, basic utilities, general household appliances, kitchen and dining utensils, adequate food and drink for three meals per day, proper food storage, and cleaning supplies.</p> <p>T Each residence shall have a blood borne</p>	<ul style="list-style-type: none"> <li>• Accessible written procedures for emergency placement and relocation of individuals in the event of an emergency evacuation that makes the residence unsuitable for occupancy. The emergency evacuation procedures shall address, but are not limited to, fire, chemical and/or hazardous waste spills, and flooding (#41)</li> </ul> <p><i>Note: The following Supported Living Individuals share a residence:</i></p> <ul style="list-style-type: none"> <li>➢ #2, 55</li> <li>➢ #40, 51</li> </ul>		
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<p>pathogens kit as applicable to the residents' health status, personal protection equipment, and any ordered or required medical supplies shall also be available in the home.</p> <p>U If not medically contraindicated, and with mutual consent, up to two (2) individuals may share a single bedroom. Each individual shall have their own bed. All bedrooms shall have doors that may be closed for privacy. Individuals have the right to decorate their bedroom in a style of their choosing consistent with safe and sanitary living conditions.</p> <p>V For residences with more than two (2) residents, there shall be at least two (2) bathrooms. Toilets, tubs/showers used by the individuals shall provide for privacy and be designed or adapted for the safe provision of personal care. Water temperature shall be maintained at a safe level to prevent injury and ensure comfort and shall not exceed one hundred ten (110) degrees.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007  <b>CHAPTER 6. VIII. COMMUNITY LIVING SERVICE PROVIDER AGENCY REQUIREMENTS</b>  <b>L. Residence Requirements for Family Living Services and Supported Living Services</b></p>			
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Standard of Care	Deficiencies	Agency Plan of Correction, On-going QA/QI and Responsible Party	Date Due
<b>Service Domain: Medicaid Billing/Reimbursement</b> – State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.			
<b>Tag # IS25 / 5I25 Community Integrated Employment Services / Supported Employment Reimbursement</b>	<b>Standard Level Deficiency</b>		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013  <b>CHAPTER 5 (CIES) 6. REIMBURSEMENT:</b> A. All Provider Agencies must maintain all records necessary to fully disclose the type, quality, quantity and clinical necessity of services furnished to individuals who are currently receiving services. The Provider Agency records must be sufficiently detailed to substantiate the date, time, individual name, servicing provider, nature of services, and length of a session of service billed.</p> <p>1. The documentation of the billable time spent with an individual must be kept on the written or electronic record that is prepared prior to a request for reimbursement from the HSD. For each unit billed, the record must contain the following:</p> <p>a. Date, start, and end time of each service encounter or other billable service interval;</p> <p>b. A description of what occurred during the encounter or service interval; and</p> <p>c. The signature or authenticated name of staff providing the service.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007  <b>CHAPTER 1 III. PROVIDER AGENCY DOCUMENTATION OF SERVICE DELIVERY</b></p>	<p>Based on record review, the Agency did not provide written or electronic documentation as evidence for each unit billed for Supported Employment Services for 6 of 21 individuals</p> <p>Individual #7  March 2014</p> <ul style="list-style-type: none"> <li>• The Agency billed 8 units of Community Integrated Employment Services (H2025 HB) on 3/4/2014. Documentation did not contain the required elements on 3/4/2014. Documentation received accounted for 0 units. One or more of the following elements was not met: <ul style="list-style-type: none"> <li>➢ No documentation found.</li> </ul> </li> <li>• The Agency billed 5 units of Community Integrated Employment Services (H2025 HB) on 3/11/2014. Documentation did not contain the required elements on 3/11/2014. Documentation received accounted for 0 units. One or more of the following elements was not met: <ul style="list-style-type: none"> <li>➢ No documentation found.</li> </ul> </li> </ul> <p>Individual #13  April 2014</p> <ul style="list-style-type: none"> <li>• The Agency billed 4 units of Community Integrated Employment Services (H2025 HB) on 4/28/2014. Documentation did not contain the required elements on 4/28/2014. Documentation received accounted for 0</li> </ul>	<p><b>Provider:</b>  State your Plan of Correction for the deficiencies cited in this tag here: →</p> <p><b>Provider:</b>  Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here: →</p>	

<p><b>AND LOCATION</b></p> <p><b>A. General:</b> All Provider Agencies shall maintain all records necessary to fully disclose the service, quality, quantity and clinical necessity furnished to individuals who are currently receiving services. The Provider Agency records shall be sufficiently detailed to substantiate the date, time, individual name, servicing Provider Agency, level of services, and length of a session of service billed.</p> <p><b>B. Billable Units:</b> The documentation of the billable time spent with an individual shall be kept on the written or electronic record that is prepared prior to a request for reimbursement from the HSD. For each unit billed, the record shall contain the following:</p> <ol style="list-style-type: none"> <li>(1) Date, start and end time of each service encounter or other billable service interval;</li> <li>(2) A description of what occurred during the encounter or service interval; and</li> <li>(3) The signature or authenticated name of staff providing the service.</li> </ol> <p><b>MAD-MR: 03-59 Eff 1/1/2004</b>  <b>8.314.1 BI RECORD KEEPING AND DOCUMENTATION REQUIREMENTS:</b>  Providers must maintain all records necessary to fully disclose the extent of the services provided to the Medicaid recipient. Services that have been billed to Medicaid, but are not substantiated in a treatment plan and/or patient records for the recipient are subject to recoupment.</p>	<p>units. One or more of the following elements was not met:</p> <ul style="list-style-type: none"> <li>➤ No documentation found.</li> </ul> <p>Individual #24  March 2014</p> <ul style="list-style-type: none"> <li>• The Agency billed 10 units of Community Integrated Employment Services (H2025 HB) on 3/20/2014. Documentation did not contain the required elements on 3/20/2014. Documentation received accounted for 0 units. One or more of the following elements was not met: <ul style="list-style-type: none"> <li>➤ No documentation found.</li> </ul> </li> </ul> <p>Individual #30  April 2014</p> <ul style="list-style-type: none"> <li>• The Agency billed 14 units of Community Integrated Employment Services (T2019 HB UA) on 04/18/2014. Documentation received accounted for 10 units.</li> </ul> <p>Individual #33  April 2014</p> <ul style="list-style-type: none"> <li>• The Agency billed 8 units of Community Integrated Employment Services (H2025 HB) on 4/25/2014. Documentation did not contain the required elements on 4/25/2014. Documentation received accounted for 0 units. One or more of the following elements was not met: <ul style="list-style-type: none"> <li>➤ No documentation found.</li> </ul> </li> </ul> <p>Individual #35  March 2014</p> <ul style="list-style-type: none"> <li>• The Agency billed 7 units of Community Integrated Employment Services (T2019 HB UA) on 3/6/2014. Documentation received accounted for 5 units.</li> </ul>		
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<p>3. The billable unit for Group Customized Community Supports is a fifteen (15) minute unit, with the rate category based on the NM DDW group.</p> <p>4. The time at home is intermittent or brief; e.g. one hour time period for lunch and/or change of clothes. The Provider Agency may bill for providing this support under Customized Community Supports without prior approval from DDS.</p> <p>5. The billable unit for Intensive Behavioral Customized Community Supports is a fifteen (15) minute unit. (There is a separate rate established for individuals who require one-to-one (1:1) support either in the community or in a group day setting due to behavioral challenges (NM DDW group G).</p> <p>6. The billable unit for Fiscal Management for Adult Education is dollars charged for each class including a 10% administrative processing fee.</p> <p><b>C. Billable Activities:</b></p> <p>1. All DSP activities that are:</p> <p>a. Provided face to face with the individual;</p> <p>b. Described in the individual's approved ISP;</p> <p>c. Provided in accordance with the Scope of Services; and</p> <p>d. Activities included in billable services, activities or situations.</p> <p>2. Purchase of tuition, fees, and/or related materials associated with adult education</p>	<p>March 2014</p> <ul style="list-style-type: none"> <li>The Agency billed 18 units of Customized Community Supports (Individual) (H2021 HB U1) on 3/13/2014. Documentation received accounted for 14 units.</li> </ul> <p>Individual #27 March 2014</p> <ul style="list-style-type: none"> <li>The Agency billed 18 units of Customized Community Supports (Individual) (H2021 HB U1) on 3/7/2014. Documentation received accounted for 10 units.</li> </ul> <p>Individual #31 March 2014</p> <ul style="list-style-type: none"> <li>The Agency billed 4 units of Customized Community Supports (Individual) (H2021 HB U1) on 3/1/2014. Documentation did not contain the required elements on 3/1/2014. Documentation received accounted for 0 units. One or more of the following elements was not met: <ul style="list-style-type: none"> <li>➤ No documentation found.</li> </ul> </li> <li>The Agency billed 17 units of Customized Community Supports (Individual) (H2021 HB U1) on 3/13/2014. Documentation received accounted for 14 units.</li> <li>The Agency billed 38 units of Customized Community Supports (Individual) (H2021 HB U1) on 3/14/2014. Documentation received accounted for 33 units.</li> <li>The Agency billed 20 units of Customized Community Supports (Individual) (H2021 HB U1) on 3/19/2014. Documentation received accounted for 18 units.</li> </ul> <p>April 2014</p>		
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<p>opportunities as related to the ISP Action Plan and Outcomes, not to exceed \$550 including administrative processing fee.</p> <p>3. Customized Community Supports can be included in ISP and budget with any other services.</p> <p><b>MAD-MR: 03-59 Eff 1/1/2004</b>  <b>8.314.1 BI RECORD KEEPING AND DOCUMENTATION REQUIREMENTS:</b>  Providers must maintain all records necessary to fully disclose the extent of the services provided to the Medicaid recipient. Services that have been billed to Medicaid, but are not substantiated in a treatment plan and/or patient records for the recipient are subject to recoupment.</p>	<ul style="list-style-type: none"> <li>• The Agency billed 12 units of Customized Community Supports (Individual) (H2021 HB U1) on 4/8/2014. Documentation received accounted for 11 units.</li> <li>• The Agency billed 35 units of Customized Community Supports (Individual) (H2021 HB U1) on 4/9/2014. Documentation received accounted for 20 units.</li> <li>• The Agency billed 20 units of Customized Community Supports (Individual) (H2021 HB U1) on 4/10/2014. Documentation received accounted for 13 units.</li> <li>• The Agency billed 17 units of Customized Community Supports (Individual) (H2021 HB U1) on 4/12/2014. Documentation received accounted for 14 units.</li> <li>• The Agency billed 11 units of Customized Community Supports (Individual) (H2021 HB U1) on 4/14/2014. Documentation received accounted for 9 units.</li> <li>• The Agency billed 16 units of Customized Community Supports (Individual) (H2021 HB U1) on 4/15/2014. Documentation received accounted for 12 units.</li> <li>• The Agency billed 12 units of Customized Community Supports (Individual) (H2021 HB U1) on 4/18/2014. Documentation received accounted for 8 units.</li> <li>• The Agency billed 19 units of Customized Community Supports (Individual) (H2021 HB U1) on 4/19/2014. Documentation received accounted for 3 units.</li> </ul>		
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	<ul style="list-style-type: none"> <li>• The Agency billed 15 units of Customized Community Supports (Individual) (H2021 HB U1) on 4/21/2014. Documentation received accounted for 12 units.</li> <li>• The Agency billed 21 units of Customized Community Supports (Individual) (H2021 HB U1) on 4/30/2014. Documentation received accounted for 17 units.</li> </ul> <p>Individual #36 April 2014</p> <ul style="list-style-type: none"> <li>• The Agency billed 1 unit of Customized Community Supports (group) (T2021 HB U7) on 4/2/2014. Documentation did not contain the required elements on 4/2/2014. Documentation received accounted for 0 units. One or more of the following elements was not met: <ul style="list-style-type: none"> <li>➢ A description of what occurred during the encounter or service interval.</li> </ul> </li> </ul> <p>Individual #37 March 2014</p> <ul style="list-style-type: none"> <li>• The Agency billed 14 units of Customized Community Supports (Individual) (H2021 HB U1) on 3/7/2014. Documentation did not contain the required elements on 3/7/2014. Documentation received accounted for 0 units. One or more of the following elements was not met: <ul style="list-style-type: none"> <li>➢ The signature or authenticated name of staff providing the service.</li> </ul> </li> <li>• The Agency billed 10 units of Customized Community Supports (Individual) (H2021 HB U1) on 3/28/2014. Documentation received accounted for 6 units.</li> </ul> <p>Individual #45</p>		
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March 2014

- The Agency billed 24 units of Customized Community Supports (group) (T2021 HB U7) on 3/5/2014. Documentation received accounted for 0 units.



<p>1. The billable unit for Supported Living is based on a daily rate. A day is determined based on whether the individual was residing in the home at midnight.</p> <p>2. The maximum allowable billable units cannot exceed three hundred forty (340) calendar days per ISP year or one hundred seventy (170) calendar days per six (6) months.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 1 III. PROVIDER AGENCY DOCUMENTATION OF SERVICE DELIVERY AND LOCATION</b></p> <p><b>A. General:</b> All Provider Agencies shall maintain all records necessary to fully disclose the service, quality, quantity and clinical necessity furnished to individuals who are currently receiving services. The Provider Agency records shall be sufficiently detailed to substantiate the date, time, individual name, servicing Provider Agency, level of services, and length of a session of service billed.</p> <p><b>B. Billable Units:</b> The documentation of the billable time spent with an individual shall be kept on the written or electronic record that is prepared prior to a request for reimbursement from the HSD. For each unit billed, the record shall contain the following:</p> <p>(1) Date, start and end time of each service encounter or other billable service interval;</p> <p>(2) A description of what occurred during the encounter or service interval; and</p> <p>(3) The signature or authenticated name of staff providing the service.</p> <p><b>MAD-MR: 03-59 Eff 1/1/2004</b></p> <p><b>8.314.1 BI RECORD KEEPING AND DOCUMENTATION REQUIREMENTS:</b></p>	<p>interval;</p>		
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<p>Providers must maintain all records necessary to fully disclose the extent of the services provided to the Medicaid recipient. Services that have been billed to Medicaid, but are not substantiated in a treatment plan and/or patient records for the recipient are subject to recoupment.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 6. IX. REIMBURSEMENT FOR COMMUNITY LIVING SERVICES</b></p> <p><b>A. Reimbursement</b> for Supported Living Services</p> <p>(1) Billable Unit. The billable Unit for Supported Living Services is based on a daily rate. The daily rate cannot exceed 340 billable days a year.</p> <p>(2) <b>Billable Activities</b></p> <p>(a) Direct care provided to an individual in the residence any portion of the day.</p> <p>(b) Direct support provided to an individual by community living direct service staff away from the residence, e.g., in the community.</p> <p>(c) Any activities in which direct support staff provides in accordance with the Scope of Services.</p> <p>(3) Non-Billable Activities</p> <p>(a) The Supported Living Services provider shall not bill DD Waiver for Room and Board.</p> <p>(b) Personal care, respite, nutritional counseling and nursing supports shall not be billed as separate services for an individual receiving Supported Living Services.</p> <p>(c) The provider shall not bill when an individual is hospitalized or in an institutional care setting</p>			
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<p>fifty (750) hours of substitute care as sick leave or relief for the primary caregiver.</p> <p><b>B. Billable Units:</b></p> <ol style="list-style-type: none"> <li>1. The billable unit for Living Supports- Family Living is based on a daily rate. A day is determined based on whether the individual was residing in the home at midnight.</li> <li>2. The maximum allowable billable units cannot exceed three hundred forty (340) days per ISP year or one hundred seventy (170) days per six (6) months.</li> </ol> <p><b>Billable Activities:</b> Any activities which DSP provides in accordance with the Scope of Services for Living Supports which are not listed in non-billable services, activities or situations below.</p> <p><b>MAD-MR: 03-59 Eff 1/1/2004</b></p> <p><b>8.314.1 BI RECORD KEEPING AND DOCUMENTATION REQUIREMENTS:</b></p> <p>Providers must maintain all records necessary to fully disclose the extent of the services provided to the Medicaid recipient. Services that have been billed to Medicaid, but are not substantiated in a treatment plan and/or patient records for the recipient are subject to recoupment.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 1 III. PROVIDER AGENCY DOCUMENTATION OF SERVICE DELIVERY AND LOCATION</b></p> <p><b>B. Billable Units:</b> The documentation of the billable time spent with an individual shall be kept on the written or electronic record that is prepared prior to a request for reimbursement from the HSD. For each</p>			
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<p>unit billed, the record shall contain the following:</p> <ol style="list-style-type: none"> <li>(1) Date, start and end time of each service encounter or other billable service interval;</li> <li>(2) A description of what occurred during the encounter or service interval; and</li> <li>(3) The signature or authenticated name of staff providing the service.</li> </ol> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 6. IX. REIMBURSEMENT FOR COMMUNITY LIVING SERVICES</b></p> <p>B. Reimbursement for Family Living Services</p> <ol style="list-style-type: none"> <li>(1) Billable Unit: The billable unit for Family Living Services is a daily rate for each individual in the residence. A maximum of 340 days (billable units) are allowed per ISP year.</li> <li>(2) Billable Activities shall include: <ol style="list-style-type: none"> <li>(a) Direct support provided to an individual in the residence any portion of the day;</li> <li>(b) Direct support provided to an individual by the Family Living Services direct support or substitute care provider away from the residence (e.g., in the community); and</li> <li>(c) Any other activities provided in accordance with the Scope of Services.</li> </ol> </li> <li>(3) Non-Billable Activities shall include: <ol style="list-style-type: none"> <li>(a) The Family Living Services Provider Agency may not bill the for room and board;</li> <li>(b) Personal care, nutritional counseling and nursing supports may not be billed as separate services for an individual receiving Family Living Services; and</li> <li>(c) Family Living services may not be billed for the same time period as</li> </ol> </li> </ol>			
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<p>Respite.</p> <p>(d) The Family Living Services Provider Agency may not bill on days when an individual is hospitalized or in an institutional care setting. For this purpose a day is counted from one midnight to the following midnight.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007 -  <b>Chapter 6 - COMMUNITY LIVING SERVICES III. REQUIREMENTS UNIQUE TO FAMILY LIVING SERVICES</b>  <b>C. Service Limitations.</b> Family Living Services cannot be provided in conjunction with any other Community Living Service, Personal Support Service, Private Duty Nursing, or Nutritional Counseling. In addition, Family Living may not be delivered during the same time as respite; therefore, a specified deduction to the daily rate for Family Living shall be made for each unit of respite received.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007 –  <b>DEFINITIONS: SUBSTITUTE CARE</b> means the provision of family living services by an agency staff or subcontractor during a planned/scheduled or emergency absence of the direct service provider.</p> <p><b>RESPITE</b> means a support service to allow the primary caregiver to take a break from care giving responsibilities while maintaining adequate supervision and support to the individual during the absence of the primary caregiver.</p>			
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Tag # IH32 Customized In-Home Supports Reimbursement	Standard Level Deficiency		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013 <b>CHAPTER 7 (CIHS) 4. REIMBURSEMENT. A.</b> All Provider Agencies must maintain all records necessary to fully disclose the service, quality, quantity and clinical necessity furnished to individuals who are currently receiving services. The Provider Agency records shall be sufficiently detailed to substantiate the individual's name, date, time, Provider Agency name, nature of services and length of a session of service billed.</p> <p>1. The documentation of the billable time spent with an individual shall be kept on the written or electronic record that is prepared prior to a request for reimbursement from the Human Services Department (HSD). For each unit billed, the record shall contain the following:</p> <ol style="list-style-type: none"> <li>Date, start and end time of each service encounter or other billable service interval;</li> <li>A description of what occurred during the encounter or service interval; and</li> <li>The signature or authenticated name of staff providing the service.</li> </ol> <p>2. Customized In-Home Supports has two different rates which are based on the individual's living condition (i.e., Living with Natural Supports or Living Independently). The maximum allowable billable hours cannot exceed the budget allocation in the associated service packages.</p> <p><b>B. Billable Units:</b> The billable unit for Customized In-Home Support is based on a</p>	<p>Based on record review, the Agency did not provide written or electronic documentation as evidence for each unit billed for Customized In-Home Supports Reimbursement for 6 of 10 Individuals.</p> <p>Individual #3 March 2014</p> <ul style="list-style-type: none"> <li>The Agency billed 12 units of Customized In-Home Supports (S5125 HB UA) on 3/3/2014. Documentation received accounted for 6 units.</li> </ul> <p>April 2014</p> <ul style="list-style-type: none"> <li>The Agency billed 13 units of Customized In-Home Supports (S5125 HB UA) on 4/25/2014. Documentation received accounted for 11 units.</li> </ul> <p>Individual #23 February 2014</p> <ul style="list-style-type: none"> <li>The Agency billed 16 units of Customized In-Home Supports (S5125 HB UA) on 2/4/2014. Documentation received accounted for 14 units.</li> <li>The Agency billed 16 units of Customized In-Home Supports (S5125 HB UA) on 2/11/2014. Documentation received accounted for 14 units.</li> <li>The Agency billed 17 units of Customized In-Home Supports (S5125 HB UA) on 2/18/2014. Documentation received accounted for 15 units.</li> <li>The Agency billed 15 units of Customized</li> </ul>	<p><b>Provider:</b> State your Plan of Correction for the deficiencies cited in this tag here: →</p> <p><b>Provider:</b> Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here: →</p>	

<p>fifteen (15) minute unit.</p> <p><b>C. Billable Activities:</b></p> <ol style="list-style-type: none"> <li>1. Direct care provided to an individual in the individual's residence, consistent with the Scope of Services, any portion of the day.</li> <li>2. Direct support provided to an individual consistent with the Scope of Services by Customized In-Home Supports direct support personnel in community locations other than the individual's residence.</li> </ol>	<p>In-Home Supports (S5125 HB UA) on 2/25/2014. Documentation received accounted for 9 units.</p> <p>Individual #24 February 2014</p> <ul style="list-style-type: none"> <li>• The Agency billed 5 units of Customized In-Home Supports (S5125 HB UA) on 2/11/2014. Documentation did not contain the required elements on 2/11/2014. Documentation received accounted for 1 unit. One or more of the following elements was not met: <ul style="list-style-type: none"> <li>➢ Date, start and end time of each service encounter or other billable service interval.</li> </ul> </li> <li>• The Agency billed 3 units of Customized In-Home Supports (S5125 HB UA) on 2/26/2014. Documentation did not contain the required elements on 2/26/2014. Documentation received accounted for 0 units. One or more of the following elements was not met: <ul style="list-style-type: none"> <li>➢ No documentation found</li> </ul> </li> </ul> <p>March 2014</p> <ul style="list-style-type: none"> <li>• The Agency billed 73 units of Customized In-Home Supports (S5125 HB UA) on 3/18/2014. Documentation for services rendered did not support the time frame billed. Documentation received documented the time of service as 12:45am – 7:00pm (18.25 hours); description of services states "Medical Therapy Appointment: Dentist. .... needs to brush longer and use picks between teeth to prevent cavities. Meeting: Individual #24 called staff to state that she was ready for pick up. Other: ARCA. After 4:00, Individual #24 relaxed at home. Individual</li> </ul>		
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	<p>#24 was present, but did not require staff assistance. Transportation.”</p> <p>Individual #25 March 2014</p> <ul style="list-style-type: none"> <li>• The Agency billed 20 units of Customized In-Home Supports (S5125 HB UA) on 3/3/2014. Documentation received accounted for 10 units.</li> </ul> <p>Individual #30 February 2014</p> <ul style="list-style-type: none"> <li>• The Agency billed 32 units of Customized In-Home Supports (S5125 HB UA) on 2/2/2014. Documentation received accounted for 30 units.</li> <li>• The Agency billed 12 units of Customized In-Home Supports (S5125 HB UA) on 2/3/2014. Documentation received accounted for 7 units.</li> <li>• The Agency billed 12 units of Customized In-Home Supports (S5125 HB UA) from on 2/4/2014. Documentation received accounted for 6 units.</li> <li>• The Agency billed 32 units of Customized In-Home Supports (S5125 HB UA) from on 2/21/2014. Documentation received accounted for 30 units.</li> </ul> <p>Individual #43 March 2014</p> <ul style="list-style-type: none"> <li>• The Agency billed 55 units of Customized In-Home Supports (S5125 HB UA) on 3/26/2014. Documentation for services rendered did not support the time frame billed. Documentation received documented the time of service as 2:30am –</li> </ul>		
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	<p>4:00pm (13.5 hours); description of services states "Medications: Staff took Individual #43 to Best Buy pharmacy to pick up medications. Allergy med was missing. Client able to verbalize this to pharmacist. Shopping: Staff took client to Hastings to buy a phone cover."</p>		
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Date: August 28, 2014

To: Marci Manning, Supported Living Director  
Ed Kaul, Executive Director

Provider: ARCA  
Address: 11300 Lomas NE  
State/Zip: Albuquerque, New Mexico 87122

E-mail Address: [mmanning@arcaspirit.org](mailto:mmanning@arcaspirit.org)  
[shannah@arcaspirit.org](mailto:shannah@arcaspirit.org)  
[mharmon@arcaspirit.org](mailto:mharmon@arcaspirit.org)

Region: Metro  
Survey Date: June 9 - 18, 2014  
Program Surveyed: Developmental Disabilities Waiver  
Service Surveyed: **2012: Living Supports** (Supported Living, Family Living); *Inclusion Services* (Customized Community Supports, Community Integrated Employment Services) *and Other* (Customized In-Home Supports)

Survey Type: Routine

RE: Request for an Informal Reconsideration of Findings

Dear Ms. Manning and Mr. Kaul,

Your request for a Reconsideration of Findings was received on August 8, 2014. Your request and the supporting evidence provided have been reviewed. Based on the review of applicable standards and regulations, review of the survey process and the evidence you provided, the following determinations have been made:

Regarding Tag # 1A26

Determination: The IRF committee is modifying the original finding in the report of findings. You are required to complete the remainder of your Plan of Correction as previously indicated. Based on documentation provided and survey documentation reviewed, the citations for Direct Support Personnel (DSP) #405 and 523 and Substitute Care/Respite Personnel #573 will be removed. The citation for DSP #478 is being upheld as the name on the Consolidated On-line Registry (COR) documentation provided did not match the name of the DSP cited. The remaining citation noted in this tag was not disputed.

Regarding Tag # 1A28.1

Determination: The IRF committee is modifying the original finding in the report of findings. You are required to complete the remainder of your Plan of Correction as previously indicated. Based on documentation provided and survey documentation reviewed, the citation for Service Coordinator (SC) #566 will be removed. The remaining citations noted in this tag were not disputed.

Regarding Tag #IS25/5I25

Determination: The IRF committee is removing the original finding in the report of findings. Documentation provided justifies billing for Individual's #7, 13, 24, 30, 33 & 35.

#### Regarding Tag #IS30

Determination: The IRF committee is modifying the original finding in the report of findings. You are required to complete the remainder of your Plan of Correction as previously indicated. The modifications and/or removal of billing deficiencies are as follows:

- Individual #19
  - Billing deficiency for 02/07/2014 will be removed as documentation provided justifies billing.
  - Billing deficiency for 02/02/2014 will be removed as documentation provided justifies billing.
- Individual #21
  - Billing deficiency for 02/12/2014 will be removed as documentation provided justifies billing.
  - Billing deficiency for 02/14/2014 will be removed as documentation provided justifies billing.
  - Billing deficiency for 03/13/2014 will be removed as documentation provided justifies billing.
- Individual #27
  - Billing deficiency for 03/07/2014 will be removed as documentation provided justifies billing.
- Individual #31
  - Billing deficiency for 03/01/2014 will be removed as documentation provided justifies billing.
  - Billing deficiency for 03/13/2014 will be removed as documentation provided justifies billing.
  - Billing deficiency for 03/14/2014 will be modified. The agency billed 38 units of Customized Community Supports (Individual) (H2021BHU1) on 03/14/2014. Documentation provided accounted for 28 units (8am-12pm (16units); 2pm – 4:30pm (would have been 10 units but there was no staff signature); 5:30pm-7:20pm (7units); 3:30pm – 4:45pm (5units; would have been concurrent billing, however, previous time block was not counted due to a lack of staff signature)
  - Billing deficiency for 03/19/2014 will be removed as documentation provided justifies billing.
  - Billing deficiency for 04/08/2014 will be removed as documentation provided justifies billing.
  - Billing deficiency for 04/09/2014 will be modified. The agency billed 35 units of Customized Community Supports (Individual) (H2021BHU1) on 04/09/2014. Documentation provided accounted for 23 units (8:55am-12:45pm (15units); 9am-10am (documented as 4 units but billed concurrent with previous time block); 10am-11am (documented as 4 units but billed concurrent with previous time block); 11am-12pm (documented as 4 units but billed concurrent with previous time block); 1pm-2pm (4units); 2pm-3pm (4units).
  - Billing deficiency for 04/10/2014 will be removed as documentation provided justifies billing.
  - Billing deficiency for 04/12/2014 will be removed as documentation provided justifies billing.

#### **DIVISION OF HEALTH IMPROVEMENT**

- Billing deficiency for 04/14/2014 will be removed as documentation provided justifies billing.
- Billing deficiency for 04/18/2014 will be removed as documentation provided justifies billing.
- Billing deficiency for 04/19/2014 will be removed as documentation provided justifies billing.
- Billing deficiency for 04/21/2014 will be removed as documentation provided justifies billing.
- Individual #36
  - Billing deficiency for 04/02/2014 will be removed as agency had submitted an adjustment request to Xerox State Healthcare LLC on 05/28/2014 deleting all billing for 04/02/2014.
- Individual #37
  - Billing deficiency for 03/28/2014 will be removed as documentation provided justifies billing.
- Individual #45
  - Billing deficiency for 03/05/2014 will be removed as documentation provided justifies billing.

#### Regarding Tag #LS26/6L26

Determination: The IRF committee is modifying the original finding in the report of findings. You are required to complete the remainder of your Plan of Correction as previously indicated. The modifications and/or removal of billing deficiencies are as follows:

- Individual #4
  - Billing deficiency for 04/19/2014 will be upheld as there was no documentation to justify billing.
- Individual #16
  - Billing deficiency for 03/01/2014 will be upheld. Document Request Form was signed by Sharon Hannah on 06/18/2014 acknowledging this deficiency. Although documents were provided for this IRF, this citation will need to be addressed in the Plan of Correction.
- Individual #28
  - Billing deficiency for 02/01/2014 through 02/28/2014 will be removed as documentation provided justifies billing.

#### Regarding Tag #LS27/6L27

Determination: The IRF committee is removing the original finding in the report of findings. Documentation provided justifies billing for Individual #38.

#### Regarding Tag #IH32

Determination: The IRF committee is modifying the original finding in the report of findings. You are required to complete the remainder of your Plan of Correction as previously indicated. Not all citations in this tag were disputed, the modifications and/or removal of billing deficiencies are as follows:

- Individual #3

#### **DIVISION OF HEALTH IMPROVEMENT**

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- Billing deficiency for 04/25/2014 will be removed as documentation provided justifies billing.

This concludes the Informal Reconsideration of Finding process. The IRF process is separate and apart from the Informal Dispute Resolution process or the Medicaid Fair Hearing process when DOH sanctions are imposed on a provider.

Thank you.  
Respectfully,

*Crystal Lopez-Beck*

Crystal Lopez-Beck  
Deputy Bureau Chief/QMB  
Informal Reconsideration of Finding Committee Chair

Q.14.4.DDW.D0085.5.RTN.12.14.240

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Date: October 24, 2014

To: Marci Manning, Supported Living Director  
Ed Kaul, Executive Director

Provider: ARCA  
Address: 11300 Lomas NE  
State/Zip: Albuquerque, New Mexico 87122  
E-mail Address: [mmanning@arcaspirit.org](mailto:mmanning@arcaspirit.org)

Region: Metro  
Survey Date: June 9 - 18, 2014  
Program Surveyed: Developmental Disabilities Waiver  
Service Surveyed: **2012: Living Supports** (Supported Living, Family Living); *Inclusion Services* (Customized Community Supports, Community Integrated Employment Services) *and Other* (Customized In-Home Supports)

Survey Type: Routine

Dear Ms. Manning and Mr. Kaul:

The Division of Health Improvement/Quality Management Bureau has received, reviewed and approved the supporting documents you submitted for your Plan of Correction. The documents you provided verified that all previously cited survey Deficiencies have been corrected.

**The Plan of Correction process is now complete.**

**Furthermore, your agency is now determined to be in Compliance with all Conditions of Participation.**

To maintain ongoing compliance with standards and regulations, continue to use the Quality Assurance (self-auditing) processes you described in your Plan of Correction.

Consistent use these Quality Assurance processes will enable you to identify and promptly respond to problems, enhance your service delivery, and result in fewer deficiencies cited in future QMB surveys.

Thank you for your cooperation with the Plan of Correction process, for striving to come into compliance with standards and regulations, and for helping to provide the health, safety and personal growth of the people you serve.

Sincerely,

*Tony Fragua*

Tony Fragua  
Plan of Correction Coordinator  
Quality Management Bureau/DHI

Q.14.4.DDW.D0085.5.RTN.09.14.297