
Date: February 26, 2014

To: Barbara Anderson, Executive Director
Provider: R-Way, LLC
Address: 4001 Office Court, Suite 905
State/Zip: Santa Fe, New Mexico 87507

E-mail Address: Barbann1123@aol.com

Region: Northeast
Routine Survey: May 28 – June 3, 2013
Verification Survey: January 28 - 29, 2014
Program Surveyed: Developmental Disabilities Waiver
Service Surveyed: Community Living Supports (Family Living, Independent Living) and Community Inclusion Supports (Community Access)
Survey Type: Verification

Team Leader: Meg Pell, BA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau
Team Members: Nicole Brown, MBA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau & Marti Madrid, LBSW, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Ms. Anderson;

The Division of Health Improvement/Quality Management Bureau has completed a Verification survey of the services identified above. The purpose of the survey was to determine compliance with your Plan of Correction submitted to DHI regarding the *Routine Survey on May 28 – June 3, 2013*.

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

Compliance with Conditions of Participation

However, due to the new/repeat standard level deficiencies your agency will be referred to your DDS Regional Office for technical assistance and follow up. You will need to contact your DDS Regional Office regarding this issue.

Due to the new/repeat standard level deficiencies, you are also required to continue your Plan of Correction. Please respond to the Plan of Correction Coordinator within 10 business days of receipt of this letter.

Plan of Correction:

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

1. Evidence your agency has contacted your DDS Regional Office for technical assistance;

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 – R-Way, LLC – Northeast Region – January 28 – 29, 2014

2. A Plan of Correction detailing Quality Assurance/Quality Improvement processes to prevent your agency from receiving deficiencies in the future;
3. Documentation verifying that newly cited deficiencies have been corrected.

Submission of your Plan of Correction:

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

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

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

Please call the Plan of Correction Coordinator at 505-231-7436, if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,

Meg Pell, BA

Meg Pell, BA
Team Lead/Healthcare Surveyor
Division of Health Improvement
Quality Management Bureau

Survey Process Employed:

Entrance Conference Date: January 28, 2014

Present:

R-Way, LLC

Barbara Anderson, Executive Director
John Acuña, Service Coordinator
Eloy Montoya, Nurse
Brenda Solorzano, Service Coordinator
Brianne Conner, Consultant

DOH/DHI/QMB

Meg Pell, BA, Team Lead/Healthcare Surveyor
Nicole Brown, MBA, Healthcare Surveyor

Exit Conference Date: January 29, 2014

Present:

R-Way, LLC

Barbara Anderson, Executive Director
Brenda Solzano, Service Coordinator
John Acuña, Service Coordinator
Mikki Rogers, Consultant
Bert Dennis, Consultant
Brianne Conner, Consultant

DOH/DHI/QMB

Meg Pell, BA, Team Lead/Healthcare Surveyor
Nicole Brown, MBA, Healthcare Surveyor

DDSD - NE Regional Office

Angela Pacheco, Social Community Coordinator (Via Telephone)

Administrative Locations Visited Number: 1

Total Sample Size Number: 12
0 – Jackson Class Members
12 - Non-*Jackson* Class Members
9 - Family Living
3 - Independent Living
4 - Community Access

Persons Served Records Reviewed Number: 12

Direct Support Personnel Records Reviewed Number: 94

Substitute Care/Respite Personnel
Records Reviewed Number: 18

Service Coordinator Records Reviewed Number: 4

Administrative Processes and Records Reviewed:

- Individual Medical and Program Case Files, including, but not limited to:
 - Individual Service Plans
 - Progress on Identified Outcomes
 - Healthcare Plans

QMB Report of Findings – R-Way, LLC – Northeast Region – January 28 – 29, 2014

Survey Report #: Q.14.3.DDW.D42097.2.001.VER.01.057

- 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
- Personnel Files, including nursing and subcontracted staff
- Staff Training Records
- Agency Policy and Procedure Manual
- Caregiver Criminal History Screening Records
- Consolidated Online Registry/Employee Abuse Registry
- 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
DOH – Internal Review Committee

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 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: R-Way, LLC - Northeast Region
Program: Developmental Disabilities Waiver
Service: Community Living Supports (Family Living, Independent Living) and Community Inclusion Supports (Community Access)
Monitoring Type: Verification Survey
Routine Survey: May 28 – June 3, 2013
Verification Survey: January 28 - 29, 2014

Standard of Care	Routine Survey Deficiencies May 28 – June 3, 2013	Verification Survey New and Repeat Deficiencies January 28 - 29, 2014
Service Domain: Service Plans: ISP Implementation – Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan.		
Tag # 1A32 and 6L14 Individual Service Plan Implementation	Condition of Participation Level Deficiency	Standard Level Deficiency
<p>NMAC 7.26.5.16.C and D Development of the ISP. Implementation of the ISP. The ISP shall be implemented according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcomes and action plan.</p> <p>C. The IDT shall review and discuss information and recommendations with the individual, with the goal of supporting the individual in attaining desired outcomes. The IDT develops an ISP based upon the individual's personal vision statement, strengths, needs, interests and preferences. The ISP is a dynamic document, revised periodically, as needed, and amended to reflect progress towards personal goals and achievements consistent with the individual's future vision. This regulation is consistent with standards established for individual plan development as set forth by the commission on the accreditation of rehabilitation facilities (CARF) and/or other program accreditation approved and adopted by the developmental disabilities division and the department of health. It is the policy of the</p>	<p>After an analysis of the evidence it has been determined there is a significant potential for a negative outcome to occur.</p> <p>Based on record review, the Agency did not implement the ISP according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcomes and action plan for 12 of 15 individuals.</p> <p>Per Individuals ISP the following was found with regards to the implementation of ISP Outcomes:</p> <p>Administrative Files Reviewed:</p> <p>Family Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #2</p> <ul style="list-style-type: none"> • None found regarding: "I will lose 20 lbs within the next year" for 2/2013 – 4/2013. 	<p>New & Repeat Finding:</p> <p>Based on record review, the Agency did not implement the ISP according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcomes and action plan for 2 of 12 individuals.</p> <p>Per Individuals ISP the following was found with regards to the implementation of ISP Outcomes:</p> <p>Administrative Files Reviewed:</p> <p>Family Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #11</p> <ul style="list-style-type: none"> • Per Live Outcome: Action Step for "1. Will carry his hamper from his room to the washer. 2. Will put the clothes from the washer into the dryer. 3. Will carry the clothes from the dryer to his room"

<p>developmental disabilities division (DDD), that to the extent permitted by funding, each individual receive supports and services that will assist and encourage independence and productivity in the community and attempt to prevent regression or loss of current capabilities. Services and supports include specialized and/or generic services, training, education and/or treatment as determined by the IDT and documented in the ISP.</p> <p>D. The intent is to provide choice and obtain opportunities for individuals to live, work and play with full participation in their communities. The following principles provide direction and purpose in planning for individuals with developmental disabilities. [05/03/94; 01/15/97; Recompiled 10/31/01]</p>	<p>Individual #3</p> <ul style="list-style-type: none"> • None found regarding: “Will get the grocery cart and prepare to shop” for 4/2013. • None found regarding: “Will put his groceries away at home” for 2/2013 - 4/2013. <p>Individual #5</p> <ul style="list-style-type: none"> • None found regarding: “Set up a payment plan to... with rent to hold for trip” for 4/2013. • None found regarding: “To prepare a low cholesterol meal 2x week to lose 20 lbs in a year” for 2/2013 – 4/2013. <p>Individual #6</p> <ul style="list-style-type: none"> • Per Live Outcome; Action Step for “I will prepare a meal” is to be completed 1 time per week evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 2/2013 – 4/2013. <p>Individual #7</p> <ul style="list-style-type: none"> • “Will participate in different exercises of her choice” is to be completed 3 times per week.” Action Step was not being completed at the required frequency for 11/2012 – 1/2013 and 3/2013 – 4/2013. • Per Work/learn Outcome; Action Step for “I will correctly count change” is to be completed 3 times per week evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 2/2013 – 3/2013. • “Will work on puzzles with assistance is to be completed 2 times per week.” Action Step was not being completed at the required frequency for 9/2012, 11/2012 - 1/2013 and 3/2013. 	<p>is to be completed 1 time per week. Evidence found indicated it was not being completed at the required frequency as stated in the ISP for 1/2014.</p> <p>Independent Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #9</p> <ul style="list-style-type: none"> • Per Work/Education/Volunteer Outcome: Action Step for “Make list and obtain supplies needed” is to be completed 1 time per week. Evidence found indicated it was not being completed at the required frequency as stated in the ISP for 1/2014.
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	<p>Individual #8</p> <ul style="list-style-type: none"> • None found regarding: “I will learn safety skills such as stranger safety, fire safety, and water temperature safety” for 2/2013 -4/2013. • None found regarding: “I will plan a vacation” for 2/2013 and 4/2013. <p>Individual #10</p> <ul style="list-style-type: none"> • Per Live Outcome; Action Steps for “I will increase my memory skills” is to be completed 2 times per week evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 2/2013 - 4/2013. <p>Individual #11</p> <ul style="list-style-type: none"> • None found for 2/2013 - 4/2013. <p>Individual #13</p> <ul style="list-style-type: none"> • None found for 2/2013 - 4/2013. <p>Independent Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #9</p> <ul style="list-style-type: none"> • None found regarding: “I will make two deposits a month in my savings account” for 2/2013 – 4/2013. <p>Community Access Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #5</p> <ul style="list-style-type: none"> • None found regarding: “To have a volunteer job” for 2/2013 – 4/2013. <p>Individual #6</p> <ul style="list-style-type: none"> • None found regarding: “I will volunteer at a 	
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	<p>place of my choice one time a week” for 2/2013 - 4/2013.</p> <p>Individual #10</p> <ul style="list-style-type: none"> • None found regarding: “Complete required tasks” for 4/2013. <p>Residential Files Reviewed:</p> <p>Family Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #2</p> <ul style="list-style-type: none"> • None found regarding: I will obtain employment within 18 months for 5/1 – 29, 2013. <p>Individual #4</p> <ul style="list-style-type: none"> • Per Live Outcome; Action Step for “Will make dinner twice a month is to be completed one time per week” evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 5/1 – 28, 2013. <p>Individual #5</p> <ul style="list-style-type: none"> • None found regarding: “To prepare a low cholesterol meal two times per week to lose 20 pounds in a year” for 5/1 – 29, 2013. • None found regarding: “To take a trip out of NM” for 5/1 – 29, 2013. <p>Individual #6</p> <ul style="list-style-type: none"> • None found regarding: “Will prepare a meal one time per week” for 5/1 – 30, 2013. • None found regarding: “Will have no documented aspiration pneumonia during my ISP year” for 5/1 – 30, 2013. 	
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- None found regarding: “I will learn four new apps on my iPad to increase my communication skills by practicing three times a week for 30 minutes each time” for 5/1 – 30, 2013.

Individual #8

- None found regarding: “I will plan a vacation” for 5/1 – 29, 2013.

Individual #10

- Per Live Outcome; Actions Step for “I will increase my memory skills” is to be completed two times per week evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 5/1 – 30, 2013.

Individual #13

- None found regarding: “To complete chores 50% of the time” for 5/1 – 29, 2013.

Individual #14

- Per Live Outcome; Actions Step for “I will prepare a simple meal in the microwave”, is to be completed 1 time per week evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 5/1 – 30, 2013.
- None found regarding: I will increase my exercise for 5/1 – 30, 2013.

Standard of Care	Routine Survey Deficiencies May 28 – June 3, 2013	Verification Survey New and Repeat Deficiencies January 28 - 29, 2014
<p>Service Domain: Health and Welfare – The state, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.</p>		
<p>Tag # 1A27 Incident Mgt. Late and Failure to Report</p>		<p>Standard Level Deficiency</p>
<p>7.1.13.9 INCIDENT MANAGEMENT SYSTEM REPORTING REQUIREMENTS FOR COMMUNITY BASED SERVICE PROVIDERS: A. Duty To Report: (1) All community based service providers shall immediately report abuse, neglect or misappropriation of property to the adult protective services division. (2) All community based service providers shall report to the division within twenty four (24) hours : abuse, neglect, or misappropriation of property, unexpected and natural/expected deaths; and other reportable incidents to include: (a) an environmental hazardous condition, which creates an immediate threat to life or health; or (b) admission to a hospital or psychiatric facility or the provision of emergency services that results in medical care which is unanticipated or unscheduled for the consumer and which would not routinely be provided by a community based service provider. (3) All community based service providers shall ensure that the reporter with direct knowledge of an incident has immediate access to the division incident report form to allow the reporter to respond to, report, and document incidents in a timely and accurate manner. B. Notification: (1) Incident Reporting: Any consumer, employee, family member or legal guardian may report an incident independently or through the community based service provider to</p>	<p>Not applicable</p>	<p>New Finding:</p> <p>Based on the Incident Management Bureau's Late and Failure Reports, the Agency did not report suspected abuse, neglect, or misappropriation of property, unexpected and natural/expected deaths; or other reportable incidents to the Division of Health Improvement, as required by regulations for 1 of 13 individuals.</p> <p>Individual #5</p> <ul style="list-style-type: none"> • Incident date 5/29/2013. Allegation was Neglect. Incident report was received 5/31/2013. Failure to Report. IMB Late and Failure Report indicated incident of Neglect was "Confirmed." <p><i>Note: Individual is no longer in services with the agency.</i></p>

the division by telephone call, written correspondence or other forms of communication utilizing the division's incident report form. The incident report form and instructions for the completion and filing are available at the division's website, <http://dhi.health.state.nm.us/elibrary/ironline/ir.php> or may be obtained from the department by calling the toll free number.

Standard of Care	Routine Survey Deficiencies May 28 – June 3, 2013	Verification Survey New and Repeat Deficiencies January 28-29, 2014
Service Domain: Service Plans: ISP Implementation – Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan.		
Tag # 1A08 Agency Case File	Standard Level Deficiency	Completed
Tag # 1A08.1 Agency Case File - Progress Notes	Standard Level Deficiency	Completed
Tag # 6L04 Community Living Scope of Service	Standard Level Deficiency	Completed
Tag # 6L14 Residential Case File	Standard Level Deficiency	Completed
Service Domain: Qualified Providers – The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.		
Tag # 1A11.1 Transportation Training	Standard Level Deficiency	Completed
Tag # 1A20 Direct Support Personnel Training	Standard Level Deficiency	Completed
Tag # 1A22 Agency Personnel Competency	Standard Level Deficiency	Completed
Tag # 1A25 Criminal Caregiver History Screening	Standard Level Deficiency	Completed
Tag # 1A26 Consolidated On-line Registry Employee Abuse Registry	Standard Level Deficiency	Completed
Tag # 1A28.1 Incident Mgt. System - Personnel Training	Standard Level Deficiency	Completed
Tag # 1A37 Individual Specific Training	Standard Level Deficiency	Completed
Service Domain: Health and Welfare – The state, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.		
Tag # 1A03 CQI System	Standard Level Deficiency	Completed

Tag # 1A06 Policy and Procedure Requirements	Standard Level Deficiency	Completed
Tag # 1A09 Medication Delivery Routine Medication Administration	Condition of Participation Level Deficiency	Completed
Tag # 1A15.2 and 5I09 Healthcare Documentation	Standard Level Deficiency	Completed
Tag # 1A27.2 Duty to Report IRs Filed During On-Site and/or IRs Not Reported by Provider	Standard Level Deficiency	Completed
Tag # 1A28.2 Incident Mgt. System - Parent/Guardian Training	Standard Level Deficiency	Completed
Tag # 1A33.1 Board of Pharmacy - License	Standard Level Deficiency	Completed
Tag # 6L06 Family Living Requirements	Standard Level Deficiency	Completed
Tag # 6L13 Community Living Healthcare Reqs.	Standard Level Deficiency	Completed
Tag # 6L25 Residential Health and Safety (SL/FL)	Standard Level Deficiency	Completed
Tag # 6L25.1 Residential Requirements (Physical Environment – SL/FL)	Condition of Participation Level Deficiency	Completed
Service Domain: Medicaid Billing/Reimbursement – <i>State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.</i>		
Tag # 5I36 Community Access Reimbursement	Standard Level Deficiency	Completed
Tag # 6L27 Family Living Reimbursement	Standard Level Deficiency	Completed
Tag # 6L28 Independent Living Reimbursement	Standard Level Deficiency	Completed

Date: March 18, 2014

To: Barbara Anderson, Executive Director
Provider: R-Way, LLC
Address: 4001 Office Court, Suite 905
State/Zip: Santa Fe, New Mexico 87507

E-mail Address: Barbann1123@aol.com

Region: Northeast
Routine Survey: May 28 – June 3, 2013
Verification Survey: January 28 - 29, 2014
Program Surveyed: Developmental Disabilities Waiver
Service Surveyed: Community Living Supports (Family Living, Independent Living) and
Community Inclusion Supports (Community Access)
Survey Type: Verification

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.14.3.DDW.D412097.2.001.VER.09.077