

Date: February 6, 2019

To: Tom Trujillo, Executive Director
Provider: Family Options LLC
Address: 518 New Mexico Highway 250
State/Zip: Las Vegas, New Mexico 87701

E-mail Address: tomjt78@gmail.com

CC: Geraldine Herrera, Co-owner
E-Mail Address: crashndash@hotmail.com

CC: Sharon Gonzales, Co-owner
E-Mail Address: sharon_lisag@hotmail.com

Region: Northeast
Routine Survey: March 9 – 15, 2018
Verification Survey: November 26, 2018 – January 8, 2019

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: **2007:** Supported Living, Adult Habilitation, Community Access
2012: Supported Living, Family Living, Customized Community Supports, Community Integrated Employment Services, Customized In-Home Supports

Survey Type: Verification

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

Dear Mr. Trujillo;

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 March 9 – 15, 2018*.

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 deficiencies your agency will be required to contact your DDSD Regional Office for technical assistance and follow up and complete the Plan of Correction document attached at the end of this report. Please respond to the Plan of Correction Coordinator within 10 business days of receipt of this letter.

Plan of Correction:

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

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

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>



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

Submission of your Plan of Correction:

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

1. **Quality Management Bureau, Attention: Plan of Correction Coordinator
1170 North Solano Suite D Las Cruces, New Mexico 88001**
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 575-373-5716, if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,

Lora Norby

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

- Healthcare Documentation Regarding Appointments and Required Follow-Up
- Other Required Health Information
- Internal Incident Management Reports and System Process / General Events Reports
- Personnel Files, including nursing and subcontracted staff
- Staff Training Records, Including Competency Interviews with Staff
- Agency Policy and Procedure Manual
- Caregiver Criminal History Screening Records
- Consolidated Online Registry/Employee Abuse Registry
- Human Rights Committee Notes and Meeting Minutes
- Evacuation Drills of Residences and Service Locations
- Quality Assurance / Improvement Plan

CC: Distribution List: DOH - Division of Health Improvement
DOH - Developmental Disabilities Supports Division
DOH - Office of Internal Audit
HSD - Medical Assistance Division

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 the following Service Domains.

Case Management Services (Four Service Domains):

- Plan of Care: ISP Development & Monitoring
- Level of Care
- Qualified Providers
- Health, Safety and Welfare

Community Living Supports / Inclusion Supports (Three Service Domains):

- Service Plans: ISP Implementation
- Qualified Provider
- Health, Safety and Welfare

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: Plan of Care ISP Development & Monitoring

Condition of Participation:

1. **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:

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

Service Domain: Level of Care

Condition of Participation:

3. **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.

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: Service Plan: ISP Implementation

Condition of Participation:

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

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 and/or 6 or more Condition of Participation level deficiencies overall, as well as widespread Standard level deficiencies identified in the attached QMB Report of Findings and requires implementation of a Plan of Correction.

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 IRF 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: Family Options LLC – Northeast Region
Program: Developmental Disabilities Waiver
Service: **2007:** Supported Living, Adult Habilitation, Community Access
2012: Supported Living, Family Living, Customized Community Supports, Community Integrated Employment Services, Customized In-Home Supports
Survey Type: Routine
Routine Survey: March 9 – 15, 2018
Verification Survey: November 26, 2018 – January 8, 2019

Standard of Care	Routine Survey Deficiencies March 9 - 15, 2018	Verification Survey New and Repeat Deficiencies November 26, 2018 – January 8, 2019
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 LS14 / 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 developmental disabilities division (DDD), that to the extent permitted by funding, each individual receive</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 7 of 9 individuals.</p> <p>As indicated by Individuals ISP the following was found with regards to the implementation of ISP Outcomes:</p> <p>Administrative Files Reviewed:</p> <p>Supported Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #2</p> <ul style="list-style-type: none"> • According to the Live Outcome; Action Step for "...with staff help, I will choose an activity to do with my roommate in my home and in the 	<p>New / Repeat:</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 9 individuals.</p> <p>As indicated by Individuals ISP the following was found with regards to the implementation of ISP Outcomes:</p> <p>Administrative Files Reviewed:</p> <p>Supported Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #3</p> <ul style="list-style-type: none"> • According to the Live Outcome; Action Step for "...will save at least \$20 to purchase items of her choice" is to be completed 1 time per week. Evidence found indicated it was not being completed at the required frequency as indicated

<p>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>community” is to be completed 2 times per month, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 12/2017.</p> <ul style="list-style-type: none"> • According to the Work/Learn Outcome; Action Step for “...will use picture board to ask for what he wants or needs” is to be completed 1 time per day, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 11/2017 – 1/2018. <p>Individual #3</p> <ul style="list-style-type: none"> • According to the Live Outcome; Action Step for “...will work with Rep Payee to come up with a budget to learn to save her money for things she wants and needs” 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 11/2017 – 1/2018. <p>Individual #5</p> <ul style="list-style-type: none"> • According to the Live Outcome; Action Step for “...will use different apps to learn how to use the iPad to make connections” 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 11/2017. • According to the Live Outcome; Action Step for “...will make her community connection using the iPad” 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 11/2017. • According to the Live Outcome; Action Step for “Open the camera app on her iPad” 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 	<p>in the ISP for 10/15 – 31, 2018.</p> <p>Customized Community Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #3</p> <ul style="list-style-type: none"> • According to the Work/Learn Outcome; Action Step: “...will complete the craft of her choice” 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 10/15 – 31, 2018. • According to the Work/Learn Outcome; Action Step: “...will choose a place or venue to sell her crafts” 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 10/15 – 31, 2018. <p>Individual #6</p> <ul style="list-style-type: none"> • According to the Fun Outcome; Action Step for “Actively participate in the whole length of activity” is to be completed 1 time per month, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 10/2018. <p>Customized In-Home Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #6</p> <ul style="list-style-type: none"> • According to the Work/Learn Outcome; Action Step for “Shop for items on his list” 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 10/2018.
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	<p>12/2017 – 1/2018.</p> <ul style="list-style-type: none"> • According to the Live Outcome; Action Step for “Take photos of whatever she wants” 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 12/2017 – 1/2018. • According to the Live Outcome; Action Step for “Access photo slide show to view her photos” 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 12/2017 – 1/2018. <p>Individual #8</p> <ul style="list-style-type: none"> • According to the Live Outcome; Action Step for “...will write a list of needed items” is to be completed 2 times per month, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 12/2017 – 1/2018. • According to the Live Outcome; Action Step for “...will go shopping” is to be completed 2 times per month, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 11/2017. <p>Customized Community Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #3</p> <ul style="list-style-type: none"> • None found regarding: Fun Outcome/Action Step: “...will work with staff to find and participate in new activities” for 10/2017 – 2/2018. Action step is to be completed 1 time every 4 months. 	<ul style="list-style-type: none"> • According to the Work/Learn Outcome; Action Step for “Scan items at self-checkout counter and pay” 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 10/2018.
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- According to the Fun Outcome; Action Step for “...will work with staff and BSC to act appropriately while out in the community” is to be completed daily, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 11/2017 – 1/2018.

Individual #8

- According to the Fun Outcome; Action Step for “...will attend community activity of his choice” 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 12/2017.

Individual #9

- According to the Work/Learn Outcome; Action Step for “...will take art classes once per month” is to be completed 1 time per month, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 11/2017 – 1/2018.
- According to the Fun Outcome; Action Step for “...will continuously create new art projects once a week” 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 11/2017 – 12/2017.

Adult Habilitation Data Collection/Data Tracking/Progress with regards to ISP Outcomes:

Individual #5

- According to the Work/Learn Outcome; Action Step for “...will learn how to turn the iPad on/off” 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 11/2017.

- According to the Work/Learn Outcome; Action Step for "...will be able to ID the standard app" 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 11/2017.
- According to the Work/Learn Outcome; Action Step for "...will learn to navigate to the different apps for video communication" 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 11/2017.
- According to the Work/Learn Outcome; Action Step for "Learn to turn the iPad on/off" 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 12/2017 – 1/2018.
- According to the Work/Learn Outcome; Action Step for "Choose app I want to view" 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 12/2017 – 1/2018.
- According to the Work/Learn Outcome; Action Step for "Engage with app for 10 minutes of activity/game" 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 12/2017 – 1/2018.
- According to the Fun Outcome; Action Step for "...will watch game of bowling on u tube" 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 11/2017.

- According to the Fun Outcome; Action Step for "...will go to the local bowling alley and observe people bowling" is to be completed 2 times per month, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 11/2017.
- According to the Fun Outcome; Action Step for "...will bowl" is to be completed 1 time per month, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 11/2017.

**Customized In-Home Supports Data
Collection/Data Tracking/Progress with regards
to ISP Outcomes:**

Individual #6

- According to the Work/Learn Outcome; Action Step for "Work with staff to prepare shopping list" 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 12/2017.
- According to the Work/Learn Outcome; Action Step for "Count how much money he has before he goes shopping" 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 11/2017 – 1/2018.
- According to the Work/Learn Outcome; Action Step for "Shop for items on his list" 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

11/2017 – 1/2018.

- According to the Work/Learn Outcome; Action Step for “Scan items at self-checkout counter and pay” 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 11/2017 – 1/2018.

Residential Files Reviewed:

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

Individual #1

- None found regarding: Live Outcome; Action Step: “With prompts will encourage...to exercise” for 3/1 – 9, 2018. Action step is to be completed 2 – 3 times per week.

Individual #2

- None found regarding: Work/Learn Outcome; Action Step for “...will use picture board to ask for what he wants or needs” for 3/1 - 12, 2018. Action step is to be completed 1 time per day.

Individual #3

- According to the Live Outcome; Action Step for “...will work with Rep Payee to come up with a budget to learn to save her money for things she wants and needs” 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 3/4 – 11, 2018.

Individual #5

- None found regarding: Live Outcome; Action Step: “...will use different apps to learn how to use the iPad to make connections” for 3/1 – 9, 2018. Action step is to be completed 2 times

per week.

- None found regarding: Live Outcome; Action Step: "...will make her community connection using the iPad" for 3/1 – 9, 2018. Action step is to be completed 1 time per week.

Individual #8

- None found regarding: Live Outcome; Action Step for "...will prepare a snack" for 3/1 - 9, 2018. Action step is to be completed 2 times per week.

Standard of Care	Routine Survey Deficiencies March 9 – 15, 2018	Verification survey New and Repeat Deficiencies November 26, 2018 – January 8, 2019
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 # 1A08.1 Agency Case File - Progress Notes	Standard Level Deficiency	COMPLETE
Tag # IS11 / 5I11 Reporting Requirements Inclusion Reports	Standard Level Deficiency	COMPLETE
Tag # LS14 / 6L14 Residential Case File	Standard Level Deficiency	COMPLETE
Tag # LS17 / 6L17 Reporting Requirements (Community Living Reports)	Standard Level Deficiency	COMPLETE
Tag # LS26 / 6L26 Supported Living Reimbursement	Standard Level Deficiency	COMPLETE
Service Domain: Qualified Providers – The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.		
Tag # 1A11.1 Transportation Training	Standard Level Deficiency	COMPLETE
Tag # 1A20 Direct Support Personnel Training	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A22 Agency Personnel Competency	Standard Level Deficiency	COMPLETE
Tag # 1A26 Consolidated On-line Registry Employee Abuse Registry	Standard Level Deficiency	COMPLETE
Tag # 1A28.1 Incident Mgt. System - Personnel Training	Standard Level Deficiency	COMPLETE
Tag # 1A37 Individual Specific Training	Standard Level Deficiency	COMPLETE
Service Domain: Health and Welfare – The state, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.		
Tag #1A08.2 Healthcare Requirements	Standard Level Deficiency	COMPLETE
Tag # 1A09 Medication Delivery Routine Medication Administration	Standard Level Deficiency	COMPLETE
Tag # 1A09.1 Medication Delivery PRN Medication Administration	Standard Level Deficiency	COMPLETE
Tag # 1A15.2 and IS09 / 5I09 Healthcare Documentation	Standard Level Deficiency	COMPLETE
Tag # 1A31 Client Rights/Human Rights	Condition of Participation Level Deficiency	COMPLETE

QMB Report of Findings – Family Options, LLC – Northeast Region – November 26, 2018 – January 8, 2019

Survey Report #: Q.19.2.DDW.53336356.1.VER.01.19.037

Tag # LS25 / 6L25 Residential Health and Safety (SL/FL)	Standard Level Deficiency	COMPLETE
<i>Service Domain: Medicaid Billing/Reimbursement – State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.</i>		
Tag # IS25 / 5I25 Community Integrated Employment Services / Supported Employment Reimbursement	Standard Level Deficiency	COMPLETE
Tag # 5I36 Community Access Reimbursement	Standard Level Deficiency	COMPLETE
Tag # 5I44 Adult Habilitation Reimbursement	Standard Level Deficiency	COMPLETE
Tag # IS30 Customized Community Supports Reimbursement	Standard Level Deficiency	COMPLETE
Tag # LS26 / 6L26 Supported Living Reimbursement	Standard Level Deficiency	COMPLETE
Tag # IH32 Customized In-Home Supports Reimbursement	Standard Level Deficiency	COMPLETE

Date: February 20, 2019

To: Tom Trujillo, Executive Director
Provider: Family Options LLC
Address: 518 New Mexico Highway 250
State/Zip: Las Vegas, New Mexico 87701

E-mail Address: tomjt78@gmail.com

CC: Geraldine Herrera, Co-owner
E-Mail Address crashndash@hotmail.com

CC: Sharon Gonzales, Co-owner
E-Mail Address sharon_lisag@hotmail.com

Region: Northeast
Routine Survey: March 9 – 15, 2018
Verification Survey: November 26, 2018 – January 8, 2019

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: **2007:** Supported Living, Adult Habilitation, Community Access
2012: Supported Living, Family Living, Customized Community Supports,
Community Integrated Employment Services, Customized In-Home
Supports

Survey Type: Verification

Dear Mr. Trujillo;

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

The Plan of Correction process is now complete.

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

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

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

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

Sincerely,

Amanda Castañeda

Amanda Castañeda
Plan of Correction Coordinator
Quality Management Bureau/DHI

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