



MICHELLE LUJAN GRISHAM
Governor

PATRICK M. ALLEN
Cabinet Secretary

Date: August 1, 2023

To: Michelle Bishop-Couch, Chief Executive Officer

Provider: Cornucopia Adult and Family Services, Inc.
Address: 2002 Bridge Blvd. SW
State/Zip: Albuquerque, New Mexico 87105

E-Mail Address: michelle@cornucopia-ads.org

Region: Metro
Routine Survey: October 11 – 24, 2022
Verification Survey: July 3 – 13, 2023
Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: Supported Living, Family Living, Customized In-Home Supports, Customized Community Supports

Survey Type: Verification

Team Leader: Monica Valdez, BS, Healthcare Surveyor Advanced / Plan of Correction Coordinator, Division of Health Improvement/Quality Management Bureau

Team Members: Marie Passaglia, BA, Healthcare Surveyor Advanced, Division of Health Improvement/Quality Management Bureau

Dear Ms. Bishop-Couch:

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 October 11 – 24, 2022*.

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

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

The following tags are identified as Condition of Participation Level:

- Tag # 1A22 Agency Personnel Competency (**Repeat Findings**)
- Tag # 1A15.2 Administrative Case File: Healthcare Documentation (Therap and Required Plans) (**Repeat Findings**)

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.

DIVISION OF HEALTH IMPROVEMENT

5300 Homestead Rd NE, Suite 300-3223 • Albuquerque, New Mexico • 87110
(505) 470-4797 • FAX: (505) 222-8661 • <https://nmhealth.org/about/dhi>

QMB Report of Findings – Cornucopia Adult and Family Services, Inc. – Metro – July 3 – 13, 2023

Survey Report #: Q.24.Q1.DDW.D3796.5.VER.01.23.214

Plan of Correction:

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

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

Submission of your Plan of Correction:

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

1. **Quality Management Bureau, Attention: Plan of Correction Coordinator**
5301 Central Ave. NE Suite 400, New Mexico 87108
MonicaE.Valdez@state.nm.us
2. **Developmental Disabilities Supports Division Regional Office for region of service surveyed**

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

Please call the Plan of Correction Coordinator Monica Valdez at 505-273-1930 if you have questions about the Report of Findings or Plan of Correction. Thank you for your cooperation and for the work you perform.

Sincerely,

Monica Valdez, BS

Monica Valdez, BS
Team Lead/Healthcare Surveyor Advanced/Plan of Correction Coordinator
Division of Health Improvement
Quality Management Bureau

Survey Process Employed:

Administrative Review Start Date: July 3, 2023

Contact: **Cornucopia Adult and Family Services, Inc.**
Michelle Bishop-Couch, Chief Executive Officer

DOH/DHI/QMB
Monica Valdez, BS, Team Lead/Healthcare Surveyor Advanced/Plan of Correction Coordinator

On-site Entrance Conference Date: *Entrance conference was waived by provider.*

Exit Conference Date: July 13, 2023

Present: **Cornucopia Adult and Family Services, Inc.**
Michelle Bishop-Couch, Chief Executive Officer
Brenda Allen, Program Director

DOH/DHI/QMB
Monica Valdez, BS, Team Lead/Healthcare Surveyor Advanced/Plan of Correction Coordinator
Marie Passaglia, BA, Healthcare Surveyor Advanced
Jamie Pond, BS, QMB Staff Manager

DDSD - Metro Regional Office
Bernadette Baca, Social / Community Service Coordinator

Total Sample Size: 11

0 - *Former Jackson Class Members*
11 - *Non-Jackson Class Members*

3 - Supported Living
3 - Family Living
3 - Customized In-Home Supports
10 - Customized Community Supports

Persons Served Records Reviewed 11

Direct Support Professional Records Reviewed 62

Direct Support Professional Interviewed during Routine Survey 10

Substitute Care/Respite Personnel Records Reviewed 7

Service Coordinator Records Reviewed 2

Nurse Interview completed during Routine Survey 1

Administrative Processes and Records Reviewed:

- Medicaid Billing/Reimbursement Records for all Services Provided
- Accreditation Records
- Oversight of Individual Funds
- Individual Medical and Program Case Files, including, but not limited to:
 - Individual Service Plans
 - Progress on Identified Outcomes
 - Healthcare Plans
 - Medical Emergency Response Plans
 - Medication Administration Records
 - Physician Orders
 - 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 B

Department of Health, Division of Health Improvement QMB Determination of Compliance Process

The Division of Health Improvement, Quality Management Bureau (QMB) surveys compliance of the Developmental Disabilities Waiver (DDW) standards and other state and federal regulations. For the purpose of the LCA / CI survey the CMS waiver assurances have been grouped into four (4) Service Domains: Plan of Care (ISP Implementation); Qualified Providers; Health, Welfare and Safety; and Administrative Oversight (note that Administrative Oversight listed in this document is not the same as the CMS assurance of Administrative Authority. Used in this context it is related to the agency's operational policies and procedures, Quality Assurance system and Medicaid billing and reimbursement processes.)

The QMB Determination of Compliance process is based on provider compliance or non-compliance with standards and regulations identified during the on-site survey process and as reported in the QMB Report of Findings. All areas reviewed by QMB have been agreed to by DDS and DHI/QMB and are reflective of CMS requirements. All deficiencies (non-compliance with standards and regulations) are identified and cited as either a Standard level deficiency or a Condition of Participation level deficiency in the QMB Reports of Findings. All deficiencies require corrective action when non-compliance is identified.

Each deficiency in your Report of Findings has been predetermined to be a Standard Level Deficiency, a Condition of Participation Level Deficiency, if below 85% compliance or a non-negotiable Condition of Participation Level Deficiency. Your Agency's overall Compliance Determination is based on a Scope and Severity Scale which takes into account the number of Standard and Condition Level Tags cited as well as the percentage of Individuals affected in the sample.

Conditions of Participation (CoPs)

CoPs are based on the Centers for Medicare and Medicaid Services, Home and Community-Based Waiver required assurances, in addition to the New Mexico Developmental Disability Waiver (DDW) Service Standards. The Division of Health Improvement (DHI), in conjunction with the Developmental Disability Support Division (DDS), has identified certain deficiencies that have the potential to be a Condition of Participation Level, if the tag falls below 85% compliance based on the number of people affected. Additionally, there are what are called non-negotiable Conditions of Participation, regardless if one person or multiple people are affected. In this context, a CoP is defined as an essential / fundamental regulation or standard, which when out of compliance directly affects the health and welfare of the Individuals served. If no deficiencies within a Tag are at the level of a CoP, it is cited as a Standard Level Deficiency.

Service Domains and CoPs for Living Care Arrangements and Community Inclusion are as follows:

Service Domain: Service Plan: ISP Implementation - *Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan.*

Potential Condition of Participation Level Tags, if compliance is below 85%:

- **1A08.3** – Administrative Case File: Individual Service Plan / ISP Components
- **1A32** – Administrative Case File: Individual Service Plan Implementation
- **LS14** – Residential Service Delivery Site Case File (ISP and Healthcare Requirements)
- **IS14** – CCS / CIES Service Delivery Site Case File (ISP and Healthcare Requirements)

Service Domain: Qualified Providers - *The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.*

Potential Condition of Participation Level Tags, if compliance is below 85%:

- **1A20** - Direct Support Professional Training

QMB Report of Findings – Cornucopia Adult and Family Services, Inc. – Metro – July 3 – 13, 2023

- **1A22** - Agency Personnel Competency
- **1A37** – Individual Specific Training

Non-Negotiable Condition of Participation Level Tags (one or more Individuals are cited):

- **1A25.1** – Caregiver Criminal History Screening
- **1A26.1** – Consolidated On-line Registry Employee Abuse Registry

Service Domain: Health, Welfare and Safety - *The State, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.*

Potential Condition of Participation Level Tags, if compliance is below 85%:

- **1A08.2** – Administrative Case File: Healthcare Requirements & Follow-up
- **1A09** – Medication Delivery Routine Medication Administration
- **1A09.1** – Medication Delivery PRN Medication Administration
- **1A15.2** – Administrative Case File: Healthcare Documentation (Therap and Required Plans)

Non-Negotiable Condition of Participation Level Tags (one or more Individuals are cited):

- **1A05** – General Requirements / Agency Policy and Procedure Requirements
- **1A07** – Social Security Income (SSI) Payments
- **1A09.2** – Medication Delivery Nurse Approval for PRN Medication
- **1A15** – Healthcare Coordination - Nurse Availability / Knowledge
- **1A31** – Client Rights/Human Rights
- **LS25.1** – Residential Reqts. (Physical Environment - Supported Living / Family Living / Intensive Medical Living)

Attachment C

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

Introduction:

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

Instructions:

1. The Informal Reconsideration of the Finding (IRF) request must be received in writing to the QMB Bureau Chief **within 10 business days** of receipt of the final Report of Findings (**Note: No extensions are granted for the IRF**).
2. The written request for an IRF *must* be completed on the QMB Request for Informal Reconsideration of Finding form available on the QMB website: <https://nmhealth.org/about/dhi/cbp/irf/>
3. The written request for an IRF must specify in detail the request for reconsideration and why the finding is inaccurate.
4. The IRF request must include all supporting documentation or evidence.
5. If you have questions about the IRF process, email the IRF Chairperson, Valerie V. Valdez at valerie.valdez@doh.nm.gov for assistance.

The following limitations apply to the IRF process:

- The written request for an IRF and all supporting evidence must be received within 10 business days.
- Findings based on evidence requested during the survey and not provided may not be subject to reconsideration.
- The supporting documentation must be new evidence not previously reviewed or requested by the survey team.
- Providers must continue to complete their Plan of Correction during the IRF process
- Providers may not request an IRF to challenge the sampling methodology.
- Providers may not request an IRF based on disagreement with the nature of the standard or regulation.
- Providers may not request an IRF to challenge the team composition.
- Providers may not request an IRF to challenge the DHI/QMB determination of compliance or the length of their DDSD provider contract.

A Provider forfeits the right to an IRF if the request is not received within 10 business days of receiving the report and/or does not include all supporting documentation or evidence to show compliance with the standards and regulations.

The IRF Committee will review the request; the Provider will be notified in writing of the ruling; no face-to-face meeting will be conducted.

When a Provider requests that a finding be reconsidered, it does not stop or delay the Plan of Correction process. **Providers must continue to complete the Plan of Correction, including the finding in dispute regardless of the IRF status.** If a finding is removed or modified, it will be noted and removed or modified from the Report of Findings. It should be noted that in some cases a Plan of Correction may be completed prior to the IRF process being completed. The provider will be notified in writing on the decisions of the IRF committee.

QMB Determinations of Compliance

Compliance:

The QMB determination of *Compliance* indicates that a provider has either no deficiencies found during a survey or that no deficiencies at the Condition of Participation Level were found. The agency has obtained a level of compliance such that there is a minimal potential for harm to individuals' health and safety. To qualify for a determination of *Compliance*, the provider must have received no Conditions of Participation Level Deficiencies and have a minimal number of Individuals on the sample affected by the findings indicated in the Standards Level Tags.

Partial-Compliance with Standard Level Tags:

The QMB determination of *Partial-Compliance with Standard Level Tags* indicates that a provider is in compliance with all Condition of Participation Level deficiencies but is out of compliance with a certain percentage of Standard Level deficiencies. This partial-compliance, if not corrected, may result in a negative outcome or the potential for more than minimal harm to individuals' health and safety. There are two ways to receive a determination of Partial Compliance with Standard Level Tags:

1. Your Report of Findings includes 16 or fewer Standards Level Tags with between 75% and 100% of the survey sample affected in any tag.
2. Your Report of Findings includes 17 or more Standard Level Tags with between 50% to 74% of the survey sample affected in any tag.

Partial-Compliance with Standard Level Tags and Condition of Participation Level Tags:

The QMB determination of *Partial-Compliance with Standard Level Tags and Condition of Participation Level Tags* indicates that a provider is out of compliance with one to five (1 – 5) Condition of Participation Level Tags. This partial compliance, if not corrected, may result in a serious negative outcome or the potential for more than minimal harm to individuals' health and safety.

Non-Compliance:

The QMB determination of *Non-Compliance* indicates a provider is significantly out of compliance with both Standard Level deficiencies and Conditions of Participation level deficiencies. This non-compliance, if not corrected, may result in a serious negative outcome or the potential for more than minimal harm to individuals' health and safety. There are three ways an agency can receive a determination of Non-Compliance:

1. Your Report of Findings includes 17 or more total Tags with 0 to 5 Condition of Participation Level Tags with 75% to 100% of the survey sample affected in any Condition of Participation Level tag.
2. Your Report of Findings includes any amount of Standard Level Tags with 6 or more Condition of Participation Level Tags.

Compliance Determination	Weighting						
	LOW		MEDIUM			HIGH	
Total Tags:	up to 16	17 or more	up to 16	17 or more	Any Amount	17 or more	Any Amount
	and	and	and	and	And/or	and	And/or
COP Level Tags:	0 COP	0 COP	0 COP	0 COP	1 to 5 COP	0 to 5 CoPs	6 or more COP
	and	and	and	and		and	
Sample Affected:	0 to 74%	0 to 49%	75 to 100%	50 to 74%		75 to 100%	
“Non-Compliance”						17 or more Total Tags with 75 to 100% of the Individuals in the sample cited in any CoP Level tag.	Any Amount of Standard Level Tags and 6 or more Conditions of Participation Level Tags.
“Partial Compliance with Standard Level tags and Condition of Participation Level Tags”					Any Amount Standard Level Tags, plus 1 to 5 Conditions of Participation Level tags.		
“Partial Compliance with Standard Level tags”			up to 16 Standard Level Tags with 75 to 100% of the individuals in the sample cited in any tag.	17 or more Standard Level Tags with 50 to 74% of the individuals in the sample cited any tag.			
“Compliance”	Up to 16 Standard Level Tags with 0 to 74% of the individuals in the sample cited in any tag.	17 or more Standard Level Tags with 0 to 49% of the individuals in the sample cited in any tag.					

Agency: Cornucopia Adult and Family Services, Inc. – Metro Region
Program: Developmental Disabilities Waiver
Service: Supported Living, Family Living, Customized In-Home Supports and Customized Community Supports
Survey Type: Verification
Routine Survey: October 11 - 24, 2022
Verification Survey: July 3 – 13, 2023

Standard of Care	Routine Survey Deficiencies October 11 - 24, 2022	Verification Survey New and Repeat Deficiencies July 3 – 13, 2023
<i>Service Domain: Qualified Providers – The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.</i>		
Tag # 1A22 Agency Personnel Competency	Condition of Participation Level Deficiency	Condition of Participation Level Deficiency
<p>Developmental Disabilities Waiver Service Standards Eff 11/1/2021</p> <p>Chapter 17 Training Requirements</p> <p>17.9 Individual-Specific Training Requirements:</p> <p>The following are elements of IST: defined standards of performance, curriculum tailored to teach skills and knowledge necessary to meet those standards of performance, and formal examination or demonstration to verify standards of performance, using the established DDSD training levels of awareness, knowledge, and skill.</p> <p>Reaching an awareness level may be accomplished by reading plans or other information. The trainee is cognizant of information related to a person’s specific condition. Verbal or written recall of basic information or knowing where to access the information can verify awareness.</p> <p>Reaching a knowledge level may take the form of observing a plan in action, reading a plan more thoroughly, or having a plan described by the author or their designee. Verbal or written recall or demonstration may verify this level of competence.</p> <p>Reaching a skill level involves being trained by a therapist, nurse, designated or experienced designated trainer. The trainer shall demonstrate the techniques according to the plan. The trainer must observe and provide feedback to the trainee as they implement the techniques. This should be repeated until competence is demonstrated. Demonstration of</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 interview, the Agency did not ensure training competencies were met for 6 of 15 Direct Support Professional.</p> <p>When DSP were asked, what State Agency do you report suspected Abuse, Neglect or Exploitation to, the following was reported:</p> <ul style="list-style-type: none"> DSP #525 stated, “I would report that to Cornucopia.” Staff was not able to identify the State Agency as Division of Health Improvement. <p>When DSP were asked, if the Individual had a Positive Behavioral Supports Plan (PBSP), If they had been trained on the PBSP and what does the plan cover, the following was reported:</p> <ul style="list-style-type: none"> DSP #533 stated, “I don’t have it and I’m not sure. I haven’t seen any behaviors.” According to the Individual Specific Training Section of the ISP, the Individual requires a Positive Behavioral Supports Plan. (Individual #9) <p>When DSP were asked, if the Individual had Medical Emergency Response Plans where</p>	<p>Repeat Findings:</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 ensure training competencies were met for 2 of 10 Direct Support Professional.</p> <p>Per the Plan of Correction approved on 1/11/2023, “Those individual’s whose DSP’s answered incorrectly regarding behavior plans and healthcare plans and medical emergency response plans are scheduled to be complete on 12/27/2022 at 10am.”</p> <p>No evidence of training was provided to indicate staff had been retrained on the deficient areas for the following:</p> <ul style="list-style-type: none"> DSP #533 Medical Emergency Response Plan for Aspiration (Individual #9 and Individual #12). DSP #551 Medical Emergency Response Plan for Seizures (Individual #12).

<p>skill or observed implementation of the techniques or strategies verifies skill level competence. Trainees should be observed on more than one occasion to ensure appropriate techniques are maintained and to provide additional coaching/feedback. Individuals shall receive services from competent and qualified Provider Agency personnel who must successfully complete IST requirements in accordance with the specifications described in the ISP of each person supported.</p> <ol style="list-style-type: none"> 1. IST must be arranged and conducted at least annually. IST includes training on the ISP Desired Outcomes, Action Plans, Teaching and Support Strategies, and information about the person's preferences regarding privacy, communication style, and routines. More frequent training may be necessary if the annual ISP changes before the year ends. 2. IST for therapy-related Written Direct Support Instructions (WDSI), Healthcare Plans (HCPs), Medical Emergency Response Plan (MERPs), Comprehensive Aspiration Risk Management Plans (CARMPs), Positive Behavior Supports Assessment (PBSA), Positive Behavior Supports Plans (PBSPs), and Behavior Crisis Intervention Plans (BCIPs), PRN Psychotropic Medication Plans (PPMPs), and Risk Management Plans (RMPs) must occur at least annually and more often if plans change, or if monitoring by the plan author or agency finds problems with implementation, when new DSP or CM are assigned to work with a person, or when an existing DSP or CM requires a refresher. 3. The competency level of the training is based on the IST section of the ISP. 4. The person should be present for and involved in IST whenever possible. 5. Provider Agencies are responsible for tracking of IST requirements. 6. Provider Agencies must arrange and ensure that DSP's and CIE's are trained on the contents of the plans in accordance with timelines indicated in the Individual-Specific Training Requirements: 	<p>could they be located and if they had been trained, the following was reported:</p> <ul style="list-style-type: none"> • DSP #533 stated, "No." As indicated by the Electronic Comprehensive Health Assessment Tool the Individual requires a Medical Emergency Response Plan for Aspiration. (Individual #9) • DSP #533 stated, "No." The Individual Specific Training Section of the ISP indicates the Individual requires a Medical Emergency Response Plan for Aspiration. (Individual #12) • DSP #551 stated, "No." The Individual Specific Training section of the ISP indicates the Individual requires a Medical Emergency Response Plan for Seizures. (Individual #14) <p>When DSP were asked, if the Individual had any food and / or medication allergies that could be potentially life threatening, the following was reported:</p> <ul style="list-style-type: none"> • DSP #542 stated, "She's allergic to Penicillin." As indicated by the Health Passport the individual is also allergic to Beta lactams, Carbapenem, and Cephalosporins. (Individual #4) <p>When DSP were asked, if the Individual had Diabetes, as well as a series of questions specific to the DSP's knowledge of the Diabetes, the following was reported:</p> <ul style="list-style-type: none"> • DSP #547 was asked, "What are the signs of high blood sugar?" DSP stated, "I'm not sure." (Individual #4) <p>When DSP were asked, if the Individual requires Bowel and Bladder care, the following was reported:</p> <ul style="list-style-type: none"> • DSP # 536 stated, "No." As indicated by the Individual Specific Training section of the ISP, the 	
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<p>Support Plans section of the ISP and notify the plan authors when new DSP are hired to arrange for trainings.</p> <p>7. If a therapist, BSC, nurse, or other author of a plan, healthcare or otherwise, chooses to designate a trainer, that person is still responsible for providing the curriculum to the designated trainer. The author of the plan is also responsible for ensuring the designated trainer is verifying competency in alignment with their curriculum, doing periodic quality assurance checks with their designated trainer, and re-certifying the designated trainer at least annually and/or when there is a change to a person's plan.</p>	<p>Individual requires bowel and bladder care for skin integrity. (Individual #11)</p>	
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Standard of Care	Routine Survey Deficiencies October 11 - 24, 2022	Verification Survey New and Repeat Deficiencies July 3 – 13, 2023
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 # 1A15.2 Administrative Case File: Healthcare Documentation (Therap and Required Plans)	Condition of Participation Level Deficiency	Condition of Participation Level Deficiency
<p>Developmental Disabilities Waiver Service Standards Eff 11/1/2021</p> <p>Chapter 3: Safeguards: Decisions about Health Care or Other Treatment: Decision Consultation and Team Justification Process: There are a variety of approaches and available resources to support decision making when desired by the person. The decision consultation and team justification processes assist participants and their health care decision makers to document their decisions. It is important for provider agencies to communicate with guardians to share with the Interdisciplinary Team (IDT) Members any medical, behavioral, or psychiatric information as part of an individual’s routine medical or psychiatric care. For current forms and resources please refer to the DOH Website: https://nmhealth.org/about/ddsd/.</p> <p>3.1.1 Decision Consultation Process (DCP): Health decisions are the sole domain of waiver participants, their guardians or healthcare decision makers. Participants and their healthcare decision makers can confidently make decisions that are compatible with their personal and cultural values. Provider Agencies and Interdisciplinary Teams (IDTs) are required to support the informed decision making of waiver participants by supporting access to medical consultation, information, and other available resources</p> <p>1. The Decision Consultation Process (DCP) is documented on the Decision Consultation and Team Justification Form (DC/TJF) and is used for health related issues when a person or their guardian/healthcare decision maker has concerns, needs more information about these types of issues or has decided not to follow all or</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 maintain the required documentation in the Individuals Agency Record as required by standard for 9 of 13 individual</p> <p>Review of the administrative individual case files revealed the following items were not found, incomplete, and/or not current:</p> <p>Healthcare Passport:</p> <ul style="list-style-type: none"> • Did not contain Name of Physician (#2, 5, 6, 10, 12) • Did not contain Emergency Contact Information (#2, 12) • Did not contain Guardianship/Healthcare Decision Maker Information (#10, 12) • Did not contain Insurance Information (#10, 14) • Did not contain Medical Diagnosis (#2, 5, 12) <p>Electronic Comprehensive Health Assessment Tool (eCHAT):</p> <ul style="list-style-type: none"> • Not Found (#9) <p>eCHAT Summary:</p> <ul style="list-style-type: none"> • Not Found (#9) <p>Health Care Plans:</p>	<p>Repeat Finding:</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 maintain the required documentation in the Individuals Agency Record as required by standard for 3 of 11 individuals.</p> <p>Review of the administrative individual case files revealed the following items were not found, incomplete, and/or not current:</p> <p>Healthcare Passport:</p> <ul style="list-style-type: none"> • Did not contain Name of Physician (#2) • Did not contain Guardianship/Healthcare Decision Maker Information (#10) <p>Medical Emergency Response Plans:</p> <p>Bowel and Bladder function/Risk for Skin Impairment:</p> <ul style="list-style-type: none"> • Individual #11 – As indicated by the IST section of ISP the individual is required to have a plan. No evidence of a plan found.

part of a healthcare-related order, recommendation, or suggestion. This includes, but is not limited to:

- medical orders or recommendations from the Primary Care Practitioner, Specialists or other licensed medical or healthcare practitioners such as a Nurse Practitioner (NP or CNP), Physician Assistant (PA) or Dentist;
- clinical recommendations made by registered/licensed clinicians who are either members of the IDT (e.g., nurses, therapists, dietitians, BSCs or PRS Risk Evaluator) or clinicians who have performed evaluations such as a video-fluoroscopy;
- health related recommendations or suggestions from oversight activities such as the Individual Quality Review (IQR); and
- recommendations made by a licensed professional through a Healthcare Plan (HCP), including a Comprehensive Aspiration Risk Management Plan (CARMP), a Medical Emergency Response Plan (MERP) or another plan such as a Risk Management Plan (RMP) or a Behavior Crisis Intervention Plan (BCIP).

**Chapter 10 Living Care Arrangements:
Supported Living Requirements: 10.4.1.5.1**

Monitoring and Supervision: Supported Living Provider Agencies must: Ensure and document the following:

- The person has a Primary Care Practitioner.
- The person receives an annual physical examination and other examinations as recommended by a Primary Care Practitioner or specialist.
- The person receives annual dental check-ups and other check-ups as recommended by a licensed dentist.
- The person receives a hearing test as recommended by a licensed audiologist.
- The person receives eye examinations as recommended by a licensed optometrist or ophthalmologist.

Communication:

- Individual #11 –As indicated by the IST section of ISP the individual is required to have a plan. No evidence of a plan found.

Medical Emergency Response Plans:

Allergies:

- Individual #11 – As indicated by the IST section of ISP the individual is required to have a plan. No evidence of a plan found.

Bowel and Bladder function/Risk for Skin Impairment:

- Individual #11 – As indicated by the IST section of ISP the individual is required to have a plan. No evidence of a plan found.

Cardiac Condition:

- Individual #8 – As indicated by the IST section of ISP the individual is required to have a plan. No evidence of a plan found.

Seizures:

- Individual #14 – As indicated by the IST section of ISP the individual is required to have a plan. No evidence of a plan found.

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).

Chapter 20: Provider Documentation and Client Records: 20.2 Client Records Requirements: All DD Waiver Provider Agencies are required to create and maintain individual client records. The contents of client records vary depending on the unique needs of the person receiving services and the resultant information produced. The extent of documentation required for individual client records per service type depends on the location of the file, the type of service being provided, and the information necessary.

DD Waiver Provider Agencies are required to adhere to the following:

1. Client records must contain all documents essential to the service being provided and essential to ensuring the health and safety of the person during the provision of the service.
2. Provider Agencies must have readily accessible records in home and community settings in paper or electronic form. Secure access to electronic records through the Therap web-based system using computers or mobile devices are acceptable.
3. Provider Agencies are responsible for ensuring that all plans created by nurses, RDs, therapists or BSCs are present in all settings.
4. Provider Agencies must maintain records of all documents produced by agency personnel or contractors on behalf of each person, including any routine notes or data, annual assessments, semi-annual reports, evidence of training provided/received, progress notes, and any other interactions for which billing is generated.
5. Each Provider Agency is responsible for maintaining the daily or other contact notes documenting the nature and frequency of service delivery, as well as data tracking only for the services provided by their agency.

6. The current Client File Matrix found in Appendix A Client File details the minimum requirements for records to be stored in agency office files, the delivery site, or with DSP while providing services in the community.

20.5.4 Health Passport and Physician

Consultation Form: All Primary and Secondary Provider Agencies must use the *Health Passport and Physician Consultation* form generated from an e-CHAT in the Therap system. This standardized document contains individual, physician and emergency contact information, a complete list of current medical diagnoses, health and safety risk factors, allergies, and information regarding insurance, guardianship, and advance directives. The *Health Passport* also includes a standardized form to use at medical appointments called the *Physician Consultation* form. The *Physician Consultation* form contains a list of all current medications.

Chapter 13 Nursing Services: 13.1 Overview of The Nurse’s Role in The DD Waiver and Larger Health Care System:

Routine medical and healthcare services are accessed through the person’s Medicaid State Plan benefits and through Medicare and/or private insurance for persons who have these additional types of insurance coverage. DD Waiver health related services are specifically designed to support the person in the community setting and complement but may not duplicate those medical or health related services provided by the Medicaid State Plan or other insurance systems. Nurses play a pivotal role in supporting persons and their guardians or legal Health Care Decision makers within the DD Waiver and are a key link with the larger healthcare system in New Mexico. DD Waiver Nurses identify and support the person’s preferences regarding health decisions; support health awareness and self-management of medications and health conditions; assess, plan,

monitor and manage health related issues; provide education; and share information among the IDT members including DSP in a variety of settings, and share information with natural supports when requested by individual or guardian. Nurses also respond proactively to chronic and acute health changes and concerns, facilitating access to appropriate healthcare services. This involves communication and coordination both within and beyond the DD Waiver. DD Waiver nurses must contact and consistently collaborate with the person, guardian, IDT members, Direct Support Professionals and all medical and behavioral providers including Medical Providers or Primary Care Practitioners (physicians, nurse practitioners or physician assistants), Specialists, Dentists, and the Medicaid Managed Care Organization (MCO) Care Coordinators.

13.2.7 Documentation Requirements for all DD Waiver Nurses

13.2.8 Electronic Nursing Assessment and Planning Process

13.2.8.1 Medication Administration Assessment Tool (MAAT)

13.2.8.2 Aspiration Risk Management Screening Tool (ARST)

13.2.8.3 The Electronic Comprehensive Health Assessment Tool (e-CHAT)

13.2.9.1 Health Care Plans (HCP)

13.2.9.2 Medical Emergency Response Plan (MERP)

Standard of Care	Deficiencies October 11 - 24, 2022	Verification Survey New and Repeat Deficiencies July 3 – 13, 2023
Service Domain: Service Plans: ISP Implementation – Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan.		
Tag # 1A08 Administrative Case File (Other Required Documents)	Standard Level Deficiency	COMPLETE
Tag # 1A08.1 Administrative and Residential Case File: Progress Notes	Standard Level Deficiency	COMPLETE
Tag # 1A08.3 Administrative Case File: Individual Service Plan / ISP Components	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A32 Administrative Case File: Individual Service Plan Implementation	Standard Level Deficiency	COMPLETE
Tag # 1A32.1 Administrative Case File: Individual Service Plan Implementation (Not Completed at Frequency)	Standard Level Deficiency	COMPLETE
Tag # 1A32.2 Individual Service Plan Implementation (Residential Implementation)	Standard Level Deficiency	COMPLETE
Tag # LS14 Residential Service Delivery Site Case File (ISP and Healthcare Requirements)	Condition of Participation Level Deficiency	COMPLETE
Tag # LS14.1 Residential Service Delivery Site Case File (Other Req. Documentation)	Standard Level Deficiency	COMPLETE
Service Domain: Qualified Providers – The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.		
Tag # 1A20 Direct Support Professional Training	Standard Level Deficiency	COMPLETE
Tag # 1A26 Employee Abuse Registry	Standard Level Deficiency	COMPLETE
Tag # 1A37 Individual Specific Training	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A43.1 General Events Reporting: Individual Reporting	Standard Level Deficiency	COMPLETE
Service Domain: Health and Welfare – The state, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.		
Tag #1A08.2 Administrative Case File: Healthcare Requirements & Follow-up	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A09 Medication Delivery Routine Medication Administration	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A09.0 Medication Delivery Routine Medication Administration	Standard Level Deficiency	COMPLETE
Tag # 1A09.1 Medication Delivery PRN Medication Administration	Condition of Participation Level Deficiency	COMPLETE

Tag # 1A09.1.0 Medication Delivery PRN Medication Administration	Standard Level Deficiency	COMPLETE
Tag # 1A09.2 Medication Delivery Nurse Approval for PRN Medication	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A29 Complaints / Grievances Acknowledgement	Standard Level Deficiency	COMPLETE
Tag # 1A31 Client Rights / Human Rights	Condition of Participation Level Deficiency	COMPLETE
Tag # LS06 Family Living Requirements	Standard Level Deficiency	COMPLETE
Tag # LS25 Residential Health & Safety (Supported Living / Family Living / Intensive Medical Living)	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 # IS30 Customized Community Supports Reimbursement	Standard Level Deficiency	COMPLETE
Tag # LS26 Supported Living Reimbursement	Standard Level Deficiency	COMPLETE
Tag # LS27 Family Living Reimbursement	Standard Level Deficiency	COMPLETE

	Verification Survey Plan of Correction, On-going QA/QI and Responsible Party	Completion Date
<p>Tag # 1A22 Agency Personnel Competency</p>	<p>Provider: State your Plan of Correction for the deficiencies cited in this tag here (<i>How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?</i>): →</p> <p>Provider: Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here (<i>What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?</i>): →</p>	
<p>Tag # 1A15.2 Administrative Case File: Healthcare Documentation (Therap and Required Plans)</p>	<p>Provider: State your Plan of Correction for the deficiencies cited in this tag here (<i>How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?</i>): →</p> <p>Provider: Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here (<i>What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?</i>): →</p>	



MICHELLE LUJAN GRISHAM
Governor

PATRICK M. ALLEN
Cabinet Secretary

Date: September 18, 2023

To: Michelle Bishop-Couch, Chief Executive Officer

Provider: Cornucopia Adult and Family Services, Inc.
Address: 2002 Bridge Blvd. SW
State/Zip: Albuquerque, New Mexico 87105

E-Mail Address: michelle@cornucopia-ads.org

Region: Metro
Routine Survey: October 11 – 24, 2022
Verification Survey: July 3 – 13, 2023
Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: Supported Living, Family Living, Customized In-Home Supports, Customized Community Supports

Survey Type: Verification

Dear Ms. Bishop-Couch:

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

The Plan of Correction process is now complete.

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

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

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

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

Sincerely,

Monica Valdez, BS

Monica Valdez, BS
Healthcare Surveyor Advanced/Plan of Correction Coordinator
Quality Management Bureau/DHI

Q.24.Q1.DDW.D3796.5.VER.09.23.261

NMDOH - DIVISION OF HEALTH IMPROVEMENT
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