



MICHELLE LUJAN GRISHAM  
Governor

PATRICK M. ALLEN  
Cabinet Secretary

Date: September 25, 2023

To: Steven Wrigley, Vice President of Family Base Services

Provider: Santa Lucia, LLC  
Address: 460 St. Michaels Dr. #1005  
State/Zip: Santa Fe, New Mexico 87505

E-mail Address: [Steve.wrigley@santalucianm.com](mailto:Steve.wrigley@santalucianm.com)

CC: Austin Bonzo, Area Director  
E-Mail Address: [Austin.Bonzo@santalucianm.com](mailto:Austin.Bonzo@santalucianm.com)

Region: Northeast  
Routine Survey: February 27 - March 10, 2023  
Verification Survey: September 5 - 14, 2023

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: Family Living, Customized In-Home Supports, Customized Community Supports  
Survey Type: Verification

Team Leader: Kory Chandler, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Team Members: Sally Karingada, BS, Healthcare Surveyor Supervisor, Division of Health Improvement/Quality Management Bureau, Amanda Castañeda-Holguin, MPA, Healthcare Surveyor Supervisor, Division of Health Improvement/Quality Management Bureau

Dear Mr. Wrigley,

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 February 27- March 10, 2023*.

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

**Compliance:** This determination is based on your agency's compliance with all Condition of Participation level and Standard level requirements. No deficiencies were identified during your survey and no plan of correction is required. Thank you for your cooperation with the survey process and for helping to provide for the health, safety and personal growth of the Individuals you serve.

**NMDOH-DIVISION OF HEALTH IMPROVEMENT  
QUALITY MANAGEMENT BUREAU**

5300 HOMESTEAD ROAD NE, SUITE 300-3223, ALBUQUERQUE, NEW MEXICO  
87110 (505) 470-4797 • FAX: (505) 222-8661 • <http://nmhealth.org/about/dhi>

QMB Report of Findings – Santa Lucia, LLC – Northeast – September 5 - 14, 2023

Survey Report #: Q.FY24.Q1.DDW.99171252.2.VER.01.23.269

Sincerely,

*Kory Chandler*

Kory Chandler  
Team Lead/Healthcare Surveyor  
Division of Health Improvement  
Quality Management Bureau

**Survey Process Employed:**

Administrative Review Start Date: September 5, 2023

Contact: **Santa Lucia, LLC**  
 Steven Wrigley, Vice President of Family Base Services

**DOH/DHI/QMB**  
 Kory Chandler, Team Lead/Healthcare Surveyor

On-site Entrance Conference Date: *(Note: Entrance conference was waived by provider)*

Exit Conference Date: September 14, 2023

Present: **Santa Lucia, LLC**  
 Steven Wrigley, Vice President of Family Base Services  
 Austin Bonzo, Area Director

**DOH/DHI/QMB**  
 Kory Chandler, Team Lead/Healthcare Surveyor  
 Sally Karingada, BS, Compliance Healthcare Surveyor Supervisor  
 Amanda Castañeda-Holguin, MPA, Healthcare Surveyor Supervisor

**DDSD – NE Regional Office**  
 David Naranjo Soc/Com Service Coordinator

Administrative Locations Visited: 0 (Administrative portion of survey completed remotely)

Total Sample Size: 4

0 - Former Jackson Class Members  
 4 - Non-Jackson Class Members

2 - Family Living  
 2 - Customized In-Home Supports

Persons Served Records Reviewed 4

Direct Support Professional Records Reviewed 18 *(Note: One DSP performs dual roles as Service Coordinator)*

Direct Support Professional Interviewed during Routine Survey 4

Service Coordinator Records Reviewed 5 *(Note: One Service Coordinator performs dual roles as DSP)*

Administrative Interview completed during Routine Survey 2

Nurse Interview completed during Routine Survey 1

Administrative Processes and Records Reviewed:

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- 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
- **1A22** - Agency Personnel Competency

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- **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 Reqt. (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](mailto: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%	
<b>“Non-Compliance”</b>						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.
<b>“Partial Compliance with Standard Level tags and Condition of Participation Level Tags”</b>					Any Amount Standard Level Tags, plus 1 to 5 Conditions of Participation Level tags.		
<b>“Partial Compliance with Standard Level tags”</b>			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.			
<b>“Compliance”</b>	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:** Santa Lucia, LLC - Northeast Region  
**Program:** Developmental Disabilities Waiver  
**Service:** Family Living, Customized In-Home Supports and Customized Community Supports  
**Survey Type:** Verification  
**Routine Survey Date:** February 27 – March 10, 2023  
**Verification Survey Date:** September 5 – 14, 2023

Standard of Care	Routine Survey Deficiencies February 27 – March 10, 2023	Verification Survey New and Repeat Deficiencies September 5-14, 2023
<b>Service Domain: Service Plans: ISP Implementation</b> – Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan.		
Tag # 1A08 Administrative Case File (Other Required Documents)	Standard Level Deficiency	COMPLETED
Tag # 1A08.1 Administrative and Residential Case File: Progress Notes	Standard Level Deficiency	COMPLETED
Tag # 1A08.3 Administrative Case File: Individual Service Plan / ISP Components	Condition of Participation Level Deficiency	COMPLETED
Tag # 1A32 Administrative Case File: Individual Service Plan Implementation	Standard Level Deficiency	COMPLETED
Tag # 1A32.1 Administrative Case File: Individual Service Plan Implementation ( <i>Not Completed at Frequency</i> )	Standard Level Deficiency	COMPLETED
Tag # IS12 Person Centered Assessment (Community Inclusion)	Standard Level Deficiency	COMPLETED
Tag # LS14 Residential Service Delivery Site Case File (ISP and Healthcare Requirements)	Condition of Participation Level Deficiency	COMPLETED
<b>Service Domain: Qualified Providers</b> – 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	Condition of Participation Level Deficiency	COMPLETED
Tag # 1A37 Individual Specific Training	Condition of Participation Level Deficiency	COMPLETED
<b>Service Domain: Health and Welfare</b> – The state, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.		
Tag # 1A03 Quality Improvement System & Key Performance Indicators (KPIs)	Standard Level Deficiency	COMPLETED
Tag #1A08.2 Administrative Case File: Healthcare Requirements & Follow-up	Condition of Participation Level Deficiency	COMPLETED
Tag # 1A09 Medication Delivery Routine Medication Administration	Condition of Participation Level Deficiency	COMPLETED
Tag # 1A09.1 Medication Delivery PRN Medication Administration	Condition of Participation Level Deficiency	COMPLETED

<b>Tag # 1A15.2 Administrative Case File: Healthcare Documentation (Therap and Required Plans)</b>	<b>Condition of Participation Level Deficiency</b>	<b>COMPLETED</b>
<b>Tag # 1A29 Complaints / Grievances Acknowledgement</b>	<b>Standard Level Deficiency</b>	<b>COMPLETED</b>
<b>Tag # LS06 Family Living Requirements</b>	<b>Standard Level Deficiency</b>	<b>COMPLETED</b>
<b>Tag # LS25 Residential Health &amp; Safety (Supported Living / Family Living / Intensive Medical Living)</b>	<b>Standard Level Deficiency</b>	<b>COMPLETED</b>
<b><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></b>		
<b>Tag # IS30 Customized Community Supports Reimbursement</b>	<b>Standard Level Deficiency</b>	<b>COMPLETED</b>
<b>Tag # IH32 Customized In-Home Supports Reimbursement</b>	<b>Standard Level Deficiency</b>	<b>COMPLETED</b>