

Date: May 17, 2016

To: Mike Kivitz, Chief Executive Officer
 Provider: Adelante Development Center
 Address: 3900 Osuna Rd. NE
 State/Zip: Albuquerque, New Mexico 87109

E-mail Address: mkivitz@goadelante.org

CC: Jim Bullard, Vice President
 E-Mail Address: jbullard@goadelante.org

Region: Metro
 Routine Survey: May 4 – 13, 2015
 Verification Survey: March 29 – April 18, 2016

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: **2012:** *Living Supports* (Supported Living and Family Living); *Inclusion Supports* (Customized Community Supports, Community Integrated Employment Services) and *Other* (Customized In-Home Supports)
2007: *Community Living* (Supported Living, Family Living, Independent Living) and *Community Inclusion* (Adult Habilitation, Supported Employment)

Survey Type: Verification

Team Leader: Amanda Castaneda, MPA, Plan of Correction Coordinator, Division of Health Improvement/Quality Management Bureau

Dear Mr. Kivitz;

The Division of Health Improvement/Quality Management Bureau has completed a Verification survey of the services identified above. The purpose of the survey was to determine compliance with your Plan of Correction submitted to DHI regarding the *Routine Survey on May 4 – 13, 2016*.

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

Compliance with Conditions of Participation.

However, due to the new/repeat standard level deficiencies your agency will be required to contact your DDSD Regional Office for technical assistance and follow up. You are also required to continue your Plan of Correction. Please respond to the Plan of Correction Coordinator within 10 business days of receipt of this letter.

Plan of Correction:

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

1. Evidence your agency has contacted your 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>



QMB Report of Findings – Adelante Development Center, Inc. – Metro Region – March 29 – April 18, 2016

Survey Report #: Q.16.4.DDW.D0009.5.VER.01.16.138

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

Submission of your Plan of Correction:

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

1. **Quality Management Bureau, Attention: Plan of Correction Coordinator
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,

Amanda Castaneda, MPA

Amanda Castaneda, MPA
Team Lead/Healthcare Surveyor
Division of Health Improvement
Quality Management Bureau

Survey Process Employed:

Entrance Conference Date:	March 29, 2016 (<i>Via email</i>)
Present:	<u>Adelante Development Center, Inc.</u> Mike Krivitz, Chief Executive Officer Jim Bullard, Vice President <u>DOH/DHI/QMB</u> Amanda Castaneda, MPA, Team Lead/Plan of Correction Coordinator
Exit Conference Date:	April 18, 2016 (<i>Via email</i>)
Present:	<u>Adelante Development Center, Inc.</u> Anne Cole, Client Systems Coordinator Mike Kivitz, Chief Executive Officer <u>DOH/DHI/QMB</u> Amanda Castaneda, MPA, Team Lead/Plan of Correction Coordinator
Total Sample Size	Number: 51 12 - <i>Jackson</i> Class Members 39 - Non- <i>Jackson</i> Class Members 12 - Supported Living 7 - Family Living 11 - Adult Habilitation 1 - Supported Employment 26 - Customized Community Supports 25 – Community Integrated Employment Services 7 - Customized In-Home Supports
Persons Served Records Reviewed	Number: 51
Direct Support Personnel Records Reviewed	Number: 334
Substitute Care/Respite Personnel Records Reviewed	Number: 8
Service Coordinator Records Reviewed	Number: 16

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

QMB Report of Findings – Adelante Development Center, Inc. – Metro Region – March 29 – April 18, 2016

Survey Report #: Q.16.4.DDW.D0009.5.VER.01.16.138

- 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
- 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
MFEAD – NM Attorney General

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. 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.

Agency: Adelante Development Center, Inc. – Metro Region
Program: Developmental Disabilities Waiver
Service: *2012: Living Supports* (Supported Living, Family Living); *Inclusion Supports* (Customized Community Supports, Community Integrated Employment Services) and *Other* (Customized In-Home Supports)
2007: Community Living (Supported Living, Family Living, Independent Living) and *Community Inclusion* (Adult Habilitation, Supported Employment)

Monitoring Type: Verification Survey
Routine Survey: May 4 – 13, 2015
Verification Survey: March 29 – April 18, 2016

Standard of Care	Routine Survey Deficiencies May 4 – 13, 2015	Verification Survey New and Repeat Deficiencies March 29 – April 18, 2016
<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 # 1A25 Criminal Caregiver History Screening	N/A	Standard Level Deficiency
<p>NMAC 7.1.9.8 CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS: F. Timely Submission: Care providers shall submit all fees and pertinent application information for all individuals who meet the definition of an applicant, caregiver or hospital caregiver as described in Subsections B, D and K of 7.1.9.7 NMAC, no later than twenty (20) calendar days from the first day of employment or effective date of a contractual relationship with the care provider.</p> <p>NMAC 7.1.9.9 CAREGIVERS OR HOSPITAL CAREGIVERS AND APPLICANTS WITH DISQUALIFYING CONVICTIONS: A. Prohibition on Employment: A care provider shall not hire or continue the</p>	N/A	<p>New Finding:</p> <p>Based on record review, the Agency did not maintain documentation indicating no “disqualifying convictions” or documentation of the timely submission of pertinent application information to the Caregiver Criminal History Screening Program was on file for 1 of 358 Agency Personnel.</p> <p>The following Agency Personnel Files contained no evidence of Caregiver Criminal History Screenings:</p> <p>Direct Support Personnel (DSP):</p> <ul style="list-style-type: none"> • #560 – Date of hire 9/28/2015.

<p>employment or contractual services of any applicant, caregiver or hospital caregiver for whom the care provider has received notice of a disqualifying conviction, except as provided in Subsection B of this section.</p> <p>(1) In cases where the criminal history record lists an arrest for a crime that would constitute a disqualifying conviction and no final disposition is listed for the arrest, the department will attempt to notify the applicant, caregiver or hospital caregiver and request information from the applicant, caregiver or hospital caregiver within timelines set forth in the department's notice regarding the final disposition of the arrest. Information requested by the department may be evidence, for example, a certified copy of an acquittal, dismissal or conviction of a lesser included crime.</p> <p>(2) An applicant's, caregiver's or hospital caregiver's failure to respond within the required timelines regarding the final disposition of the arrest for a crime that would constitute a disqualifying conviction shall result in the applicant's, caregiver's or hospital caregiver's temporary disqualification from employment as a caregiver or hospital caregiver pending written documentation submitted to the department evidencing the final disposition of the arrest. Information submitted to the department may be evidence, for example, of the certified copy of an acquittal, dismissal or conviction of a lesser included crime. In instances where the applicant, caregiver or hospital caregiver has failed to respond within the required timelines the department shall provide notice by certified mail that an employment clearance has not been granted. The Care Provider shall then follow the procedure of Subsection A., of Section 7.1.9.9.</p> <p>(3) The department will not make a final determination for an applicant, caregiver or</p>		
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<p>hospital caregiver with a pending potentially disqualifying conviction for which no final disposition has been made. In instances of a pending potentially disqualifying conviction for which no final disposition has been made, the department shall notify the care provider, applicant, caregiver or hospital caregiver by certified mail that an employment clearance has not been granted. The Care Provider shall then follow the procedure of Subsection A, of Section 7.1.9.9.</p> <p>B. Employment Pending Reconsideration Determination: At the discretion of the care provider, an applicant, caregiver or hospital caregiver whose nationwide criminal history record reflects a disqualifying conviction and who has requested administrative reconsideration may continue conditional supervised employment pending a determination on reconsideration.</p> <p>NMAC 7.1.9.11 DISQUALIFYING CONVICTIONS. The following felony convictions disqualify an applicant, caregiver or hospital caregiver from employment or contractual services with a care provider:</p> <p>A. homicide;</p> <p>B. trafficking, or trafficking in controlled substances;</p> <p>C. kidnapping, false imprisonment, aggravated assault or aggravated battery;</p> <p>D. rape, criminal sexual penetration, criminal sexual contact, incest, indecent exposure, or other related felony sexual offenses;</p> <p>E. crimes involving adult abuse, neglect or financial exploitation;</p>		
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<p>F. crimes involving child abuse or neglect;</p> <p>G. crimes involving robbery, larceny, extortion, burglary, fraud, forgery, embezzlement, credit card fraud, or receiving stolen property; or</p> <p>H. an attempt, solicitation, or conspiracy involving any of the felonies in this subsection.</p>		
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Tag # 1A26 Consolidated On-line Registry Employee Abuse Registry	Standard Level Deficiency	Standard Level Deficiency
<p>NMAC 7.1.12.8 REGISTRY ESTABLISHED; PROVIDER INQUIRY REQUIRED: Upon the effective date of this rule, the department has established and maintains an accurate and complete electronic registry that contains the name, date of birth, address, social security number, and other appropriate identifying information of all persons who, while employed by a provider, have been determined by the department, as a result of an investigation of a complaint, to have engaged in a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider. Additions and updates to the registry shall be posted no later than two (2) business days following receipt. Only department staff designated by the custodian may access, maintain and update the data in the registry.</p> <p>A. Provider requirement to inquire of registry. A provider, prior to employing or contracting with an employee, shall inquire of the registry whether the individual under consideration for employment or contracting is listed on the registry.</p> <p>B. Prohibited employment. A provider may not employ or contract with an individual to be an employee if the individual is listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider.</p> <p>D. Documentation of inquiry to registry. The provider shall maintain documentation in the employee's personnel or employment records that evidences the fact that the provider made</p>	<p>Based on record review, the Agency did not maintain documentation in the employee's personnel records that evidenced inquiry into the Employee Abuse Registry prior to employment for 17 of 279 Agency Personnel.</p> <p>The following Agency Personnel records contained evidence that indicated the Employee Abuse Registry check was completed after hire:</p> <p>Direct Support Personnel (DSP):</p> <ul style="list-style-type: none"> • #248 – Date of hire 2/1/2011, completed 5/7/2015. • #253 – Date of hire 4/13/2015, completed 4/15/2015. • #300 – Date of hire 4/22/2015, completed 4/24/2015. • #306 – Date of hire 2/13/2015, completed 5/7/2015. • #318 – Date of hire 8/30/2014, completed 5/7/2015. • #332 – Date of hire 12/01/2008, completed 5/7/2015. • #365 – Date of hire 2/11/2015, completed 3/13/2015. • #405 – Date of hire 9/15/2008, completed 5/7/2015. 	<p>New / Repeat Finding:</p> <p>Based on record review, the Agency did not maintain documentation in the employee's personnel records that evidenced inquiry into the Employee Abuse Registry prior to employment for 6 of 358 Agency Personnel.</p> <p>The following Agency personnel records contained no evidence of the Employee Abuse Registry check being completed:</p> <p>Direct Support Personnel (DSP):</p> <ul style="list-style-type: none"> • #551 – Date of hire 7/30/2015. • #560 – Date of hire 9/28/2015. • #591 – Date of hire 5/26/2015. <i>(Note: No date found on COR to indicate date completed)</i> • #605 – Date of hire 3/14/2016. <i>(Note: No date found on COR to indicate date completed)</i> <p>The following Agency Personnel records contained evidence that indicated the Employee Abuse Registry check was completed after hire:</p> <p>Direct Support Personnel (DSP):</p> <ul style="list-style-type: none"> • #522 – Date of hire 5/11/2015, completed 9/3/2013. <i>(Note: Information on a break of service or position change was not provided to justify the difference in hire date and COR Date.)</i> • #629 – Date of hire 6/22/2015, completed 6/25/2015.

an inquiry to the registry concerning that employee prior to employment. Such documentation must include evidence, based on the response to such inquiry received from the custodian by the provider, that the employee was not listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation.

E. **Documentation for other staff.** With respect to all employed or contracted individuals providing direct care who are licensed health care professionals or certified nurse aides, the provider shall maintain documentation reflecting the individual's current licensure as a health care professional or current certification as a nurse aide.

F. **Consequences of noncompliance.** The department or other governmental agency having regulatory enforcement authority over a provider may sanction a provider in accordance with applicable law if the provider fails to make an appropriate and timely inquiry of the registry, or fails to maintain evidence of such inquiry, in connection with the hiring or contracting of an employee; or for employing or contracting any person to work as an employee who is listed on the registry. Such sanctions may include a directed plan of correction, civil monetary penalty not to exceed five thousand dollars (\$5000) per instance, or termination or non-renewal of any contract with the department or other governmental agency.

- #412 – Date of hire 1/16/2013, completed 3/3/2013.

- #434 – Date of hire 3/2/2008, completed 5/7/2015.

Service Coordination Personnel (SC):

- #453 – Date of hire 3/31/2014, completed 8/8/2014.

Substitute Care/Respite Personnel:

- #472 – Date of hire 11/1/2007, completed 5/7/2015.

- #473 – Date of hire 1/3/2011, completed 5/7/2015.

- #474 – Date of hire 7/1/2007, completed 5/7/2015.

- #476– Date of hire 2/5/2013, completed 5/7/2015.

- #477 – Date of hire 10/21/2009, completed 5/7/2015.

- #479 – Date of hire 5/2/2014, completed 3/17/2010. (*Note: Information on a break of service or position change was not provided to justify the difference in hire date and COR Date.*)

Tag # 1A28.1 Incident Mgt. System - Personnel Training	Standard Level Deficiency	Standard Level Deficiency
<p>NMAC 7.1.14 ABUSE, NEGLECT, EXPLOITATION, AND DEATH REPORTING, TRAINING AND RELATED REQUIREMENTS FOR COMMUNITY PROVIDERS</p> <p>NMAC 7.1.14.9 INCIDENT MANAGEMENT SYSTEM REQUIREMENTS:</p> <p>A. General: All community-based service providers shall establish and maintain an incident management system, which emphasizes the principles of prevention and staff involvement. The community-based service provider shall ensure that the incident management system policies and procedures requires all employees and volunteers to be competently trained to respond to, report, and preserve evidence related to incidents in a timely and accurate manner.</p> <p>B. Training curriculum: Prior to an employee or volunteer's initial work with the community-based service provider, all employees and volunteers shall be trained on an applicable written training curriculum including incident policies and procedures for identification, and timely reporting of abuse, neglect, exploitation, suspicious injury, and all deaths as required in Subsection A of 7.1.14.8 NMAC. The trainings shall be reviewed at annual, not to exceed 12-month intervals. The training curriculum as set forth in Subsection C of 7.1.14.9 NMAC may include computer-based training. Periodic reviews shall include, at a minimum, review of the written training curriculum and site-specific issues pertaining to the community-based service provider's facility. Training shall be conducted in a language that is understood by the employee or volunteer.</p>	<p>Based on record review and interview, the Agency did not ensure Incident Management Training for 10 of 279 Agency Personnel.</p> <p>Direct Support Personnel (DSP):</p> <ul style="list-style-type: none"> Incident Management Training (Abuse, Neglect and Exploitation) (DSP #253, 300, 302, 304, 318, 327, 391, 398, 405) <p>When DSP were asked to give examples of Abuse, Neglect and Exploitation, the following was reported:</p> <ul style="list-style-type: none"> When asked to give an example of Exploitation DSP #415 stated, "It's like health issues for someone." 	<p>New / Repeat Finding:</p> <p>Based on record review, the Agency did not ensure Incident Management Training for 9 of 350 Agency Personnel.</p> <p>Direct Support Personnel (DSP):</p> <ul style="list-style-type: none"> Incident Management Training (Abuse, Neglect and Exploitation) (DSP# 483, 487, 490, 526, 536, 560, 568, 570, 623)

<p>C. Incident management system training curriculum requirements:</p> <p>(1) The community-based service provider shall conduct training or designate a knowledgeable representative to conduct training, in accordance with the written training curriculum provided electronically by the division that includes but is not limited to:</p> <ul style="list-style-type: none"> (a) an overview of the potential risk of abuse, neglect, or exploitation; (b) informational procedures for properly filing the division's abuse, neglect, and exploitation or report of death form; (c) specific instructions of the employees' legal responsibility to report an incident of abuse, neglect and exploitation, suspicious injury, and all deaths; (d) specific instructions on how to respond to abuse, neglect, or exploitation; (e) emergency action procedures to be followed in the event of an alleged incident or knowledge of abuse, neglect, exploitation, or suspicious injury. <p>(2) All current employees and volunteers shall receive training within 90 days of the effective date of this rule.</p> <p>(3) All new employees and volunteers shall receive training prior to providing services to consumers.</p> <p>D. Training documentation: All community-based service providers shall prepare training documentation for each employee and volunteer to include a signed statement indicating the date, time, and place they received their incident management reporting instruction. The community-based service provider shall maintain documentation of an employee or volunteer's training for a period of at least three years, or six months after termination of an employee's employment or the volunteer's work. Training</p>		
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curricula shall be kept on the provider premises and made available upon request by the department. Training documentation shall be made available immediately upon a division representative's request. Failure to provide employee and volunteer training documentation shall subject the community-based service provider to the penalties provided for in this rule.

Policy Title: Training Requirements for Direct Service Agency Staff Policy - Eff. March 1, 2007 II. POLICY STATEMENTS:

- A. Individuals shall receive services from competent and qualified staff.
- C. Staff shall complete training on DOH-approved incident reporting procedures in accordance with 7 NMAC 1.13.

Standard of Care	Routine Survey Deficiencies May 4 – 13, 2016	Verification Survey New and Repeat Deficiencies March 29 – April 18, 2016
Service Domain: Service Plans: ISP Implementation – Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan.		
Tag # 1A08 Agency Case File	Standard Level Deficiency	COMPLETED
Tag # 1A08.1 Agency Case File - Progress Notes	Standard Level Deficiency	COMPLETED
Tag # 1A32 and LS14 / 6L14 Individual Service Plan Implementation	Standard Level Deficiency	COMPLETED
Tag # IS11 / 5I11 Reporting Requirements Inclusion Reports	Standard Level Deficiency	COMPLETED
Tag # LS14 / 6L14 Residential Case File	Standard Level Deficiency	COMPLETED
Tag # IH17 Reporting Requirements (Customized In-Home Supports Reports)	Standard Level Deficiency	COMPLETED
Service Domain: Qualified Providers – The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.		
Tag # 1A11.1 Transportation Training	Standard Level Deficiency	COMPLETED
Tag # 1A20 Direct Support Personnel Training	Standard Level Deficiency	COMPLETED
Tag # 1A22 Agency Personnel Competency	Condition of Participation Level Deficiency	COMPLETED
Tag # 1A36 Service Coordination Requirements	Standard Level Deficiency	COMPLETED
Tag # 1A37 Individual Specific Training	Standard Level Deficiency	COMPLETED
Service Domain: Health and Welfare – The state, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.		

Tag # 1A03 CQI System	Standard Level Deficiency	COMPLETED
Tag # 1A15.2 and IS09 / 5I09 Healthcare Documentation	Standard Level Deficiency	COMPLETED
Tag # 1A27 Incident Mgt. Late and Failure to Report	Standard Level Deficiency	COMPLETED
Tag # 1A28.2 Incident Mgt. System - Parent/Guardian Training	Standard Level Deficiency	COMPLETED
Tag # 1A31 Client Rights/Human Rights	Standard Level Deficiency	COMPLETED
Tag # 1A33 Board of Pharmacy – Med. Storage	Standard Level Deficiency	COMPLETED
Tag # 1A33.1 Board of Pharmacy - License	Standard Level Deficiency	COMPLETED
Tag # LS13 / 6L13 Community Living Healthcare Reqts.	Standard Level Deficiency	COMPLETED
Tag # LS25 / 6L25 Residential Health and Safety (SL/FL)	Standard Level Deficiency	COMPLETED
<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	COMPLETED
Tag # 5I44 Adult Habilitation Reimbursement	Standard Level Deficiency	COMPLETED
Tag # IS30 Customized Community Supports Reimbursement	Standard Level Deficiency	COMPLETED
Tag # IH32 Customized In-Home Supports Reimbursement	Standard Level Deficiency	COMPLETED

Date: June 10, 2016

To: Mike Kivitz, Chief Executive Officer
Provider: Adelante Development Center
Address: 3900 Osuna Rd. NE
State/Zip: Albuquerque, New Mexico 87109

E-mail Address: mkivitz@goadelante.org

CC: Jim Bullard, Vice President
E-Mail Address jbullard@goadelante.org

Region: Metro
Routine Survey: May 4 – 13, 2015
Verification Survey: March 29 – April 18, 2016

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: **2012:** *Living Supports* (Supported Living and Family Living); *Inclusion Supports* (Customized Community Supports, Community Integrated Employment Services) and *Other* (Customized In-Home Supports)
2007: *Community Living* (Supported Living, Family Living, Independent Living) and *Community Inclusion* (Adult Habilitation, Supported Employment)

Survey Type: Verification

Dear Mr. Kivitz;

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

Q.16.4.DDW.D0009.5.VER.09.16.162

QMB Report of Findings – Adelante Development Center, Inc. – Metro Region – March 29 – April 18, 2016

Survey Report #: Q.16.4.DDW.D0009.5.VER.01.16.138