



MICHELLE LUJAN GRISHAM
Governor

PATRICK M. ALLEN
Cabinet Secretary

Date: October 5, 2023

To: Bill Kesatie, Executive Director

Provider: Su Vida Services, Inc.
Address: 6715 Academy Road NE, Suite B
State/Zip: Albuquerque, New Mexico 87109

E-mail Address: billkesatie@suvidaservices.com

CC: Jen Spencer, CEO

E-Mail Address: jen.s@ci-colorado.org

Region: Metro and Northwest
Routine Survey: December 12 – 23, 2022
Verification Survey: September 5 – 14, 2023

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: Supported Living, Family Living, Customized In-Home Supports, Customized Community Supports, and Community Integrated Employment Services

Survey Type: Verification

Team Leader: Heather Driscoll, AA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Team Members: Ashley Gueths, BACJ, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Bill Kesatie,

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 December 12 – 23, 2022*.

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 # 1A09 Medication Delivery Routine Medication Administration (***New / Repeat Findings***)
- Tag # 1A09.1 Medication Delivery PRN Medication Administration (***New / Repeat Findings***)

**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>

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Survey Report #: Q.24.1.DDW.D2601.1/5.VER.01.23.278

- Tag # 1A09.2 Medication Delivery Nurse Approval for PRN Medication (**New / Repeat Findings**)

The following tags are identified as Standard Level:

- Tag # 1A32.1 Administrative Case File: Individual Service Plan Implementation (*Not Completed at Frequency*) (**New / Repeat Findings**)
- Tag # 1A09.1.0 Medication Delivery PRN Medication Administration (**New / 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.

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,

Heather Driscoll, AA

Heather Driscoll, AA
Team Lead/Healthcare Surveyor
Division of Health Improvement
Quality Management Bureau

Survey Process Employed:

Administrative Review Start Date: September 5, 2023

Contact: **Su Vida Services, Inc.**
Bill Kesatie, Executive Director

DOH/DHI/QMB
Heather Driscoll, AA, Team Lead/Healthcare Surveyor

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

Exit Conference Date: September 14, 2023

Present: **Su Vida Services, Inc.**
Bill Kesatie, Executive Director
Vicki Miracle, Accounting Administrator
Jen Spencer, CEO
Christian Veltman, Deputy Director

DOH/DHI/QMB
Heather Driscoll, AA, Team Lead/Healthcare Surveyor
Ashley Gueths, BACJ, Healthcare Surveyor
Wolf Krusemark, BFA, Healthcare Surveyor Supervisor

DDSD - Metro Regional Office
Flur Dahl, Social & Community Services Coordinator
Marie Velasco, Program Manager

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

Total Sample Size: 16

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

*3 - Supported Living
10 - Family Living
2 - Customized In-Home Supports
15 - Customized Community Supports
1 - Community Integrated Employment*

Persons Served Records Reviewed 16

Direct Support Professional Records Reviewed 144

Direct Support Professional Interviewed during Routine Survey 22

Substitute Care/Respite Personnel Records Reviewed 26

Service Coordinator Records Reviewed 3

Nurse Interview completed during Routine Survey 1

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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
DOH – Internal Review Committee

Attachment B

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

The Division of Health Improvement, Quality Management Bureau (QMB) surveys compliance of the Developmental Disabilities Waiver (DDW) standards and 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
- **1A37** – Individual Specific Training

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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 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 of 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: Su Vida Services, Inc. – Metro and Northwest Regions
Program: Developmental Disabilities Waiver
Service: Supported Living, Family Living, Customized In-Home Supports, Customized Community Supports, and Community Integrated Employment Services
Survey Type: Verification
Routine Survey: December 12 – 23, 2022
Verification Survey: September 5 – 14, 2023

Standard of Care	Routine Survey Deficiencies December 12 – 23, 2022	Verification Survey New and Repeat Deficiencies September 4 – 14, 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 # 1A32.1 Administrative Case File: Individual Service Plan Implementation (Not Completed at Frequency)	Standard Level Deficiency	Standard Level Deficiency
<p>NMAC 7.26.5.16.C and D Development of the ISP. Implementation of the ISP. The ISP shall be implemented according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcomes and action plan.</p> <p>C. The IDT shall review and discuss information and recommendations with the individual, with the goal of supporting the individual in attaining desired outcomes. The IDT develops an ISP based upon the individual's personal vision statement, strengths, needs, interests, and preferences. The ISP is a dynamic document, revised periodically, as needed, and amended to reflect progress towards personal goals and achievements consistent with the individual's future vision. This regulation is consistent with standards established for individual plan development as set forth by the commission on the accreditation of rehabilitation facilities (CARF) and/or other program accreditation approved and adopted by the developmental disabilities division and the department of health. It is the policy of the developmental disabilities division (DDD), that to the extent permitted by funding, each individual receive supports and services that will assist and encourage independence and productivity in the community and attempt to prevent regression or loss of current capabilities. Services and support include</p>	<p>Based on administrative record review, the Agency did not implement the ISP according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcomes and action plan for 3 of 22 individuals.</p> <p>As indicated by Individuals ISP the following was found with regards to the implementation of ISP Outcomes:</p> <p>Supported Living Data Collection / Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #16</p> <ul style="list-style-type: none"> • According to the Live Outcome; Action Step for "...will decide that she wants to do her laundry" is to be completed 1 time per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 8/2022 – 10/2022. • According to the Live Outcome; Action Step for "...will wash and dry her laundry" is to be completed 1 time per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 8/2022 – 10/2022. 	<p>New / Repeat Findings:</p> <p>Based on administrative record review, the Agency did not implement the ISP according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcomes and action plan for 1 of 16 individuals.</p> <p>As indicated by Individuals ISP the following was found with regards to the implementation of ISP Outcomes:</p> <p>Supported Living Data Collection / Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #10</p> <ul style="list-style-type: none"> • According to the Live Outcome; Action Step for "...will research, plan for, plant, nurture, harvest, and benefit from a garden" is to be completed 4 times per month. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 8/2023.

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<p>specialized and/or generic services, training, education and/or treatment as determined by the IDT and documented in the ISP.</p> <p>D. The intent is to provide choice and obtain opportunities for individuals to live, work and play with full participation in their communities. The following principles provide direction and purpose in planning for individuals with developmental disabilities. [05/03/94; 01/15/97; Recompiled 10/31/01]</p> <p>Developmental Disabilities Waiver Service Standards Eff 11/1/2021</p> <p>Chapter 6 Individual Service Plan (ISP): 6.9 ISP Implementation and Monitoring All DD Waiver Provider Agencies with a signed SFOC are required to provide services as detailed in the ISP. The ISP must be readily accessible to Provider Agencies on the approved budget. (See Section II Chapter 20: Provider Documentation and Client Records) CMs facilitate and maintain communication with the person, their guardian, other IDT members, Provider Agencies, and relevant parties to ensure that the person receives the maximum benefit of their services and that revisions to the ISP are made as needed. All DD Waiver Provider Agencies are required to cooperate with monitoring activities conducted by the CM and the DOH. Provider Agencies are required to respond to issues at the individual level and agency level as described in Section II Chapter 16: Qualified Provider Agencies.</p> <p>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,</p>	<ul style="list-style-type: none"> • According to the Live Outcome; Action Step for “...will put her clothes away” is to be completed 1 time per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 8/2022 – 10/2022. <p>Family Living Data Collection / Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #20</p> <ul style="list-style-type: none"> • According to the Fun / Relationship Outcome; Action Step for “... will gather needed supplies and make his bowl of cereal” is to be completed 2 times a week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 8/2022 and 10/2022. <p>Customized In-Home Supports Data Collection / Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #6</p> <ul style="list-style-type: none"> • According to the Live Outcome; Action Step for “...will plan the health meal that she would like to make” is to be completed 2 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 8/2022 – 10/2022. • According to the Live Outcome; Action Step for “...will prepare healthy food” is to be completed 2 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 8/2022 – 10/2022. <p>Customized Community Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #6</p>	
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the type of service being provided, and the information necessary.
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.

- According to the Health Outcome; Action Step for "...will complete the full 30 minutes of her exercise routine" is to be completed 3 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 8/2022 – 10/2022.
- According to the Health Outcome; Action Step for "...will only take 2 rests during exercise routine" is to be completed 3 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 8/2022 – 10/2022.

Standard of Care	Routine Survey Deficiencies December 12 – 23, 2022	Verification Survey New and Repeat Deficiencies September 4 – 14, 2023
<i>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.</i>		
Tag # 1A09 Medication Delivery Routine Medication Administration	Condition of Participation Level Deficiency	Condition of Participation Level Deficiency
<p>Developmental Disabilities Waiver Service Standards Eff 11/1/2021</p> <p>Chapter 10 Living Care Arrangements (LCA): 10.3.5 Medication Assessment and Delivery: Living Supports Provider Agencies must support and comply with:</p> <ol style="list-style-type: none"> the processes identified in the DDSD AWMD training; the nursing and DSP functions identified in the Chapter 13.3 Adult Nursing Services; all Board of Pharmacy regulations as noted in Chapter 16.5 Board of Pharmacy; and documentation requirements in a Medication Administration Record (MAR) as described in Chapter 20 20.6 Medication Administration Record (MAR) <p>Chapter 20 Provider Documentation and Client Records: 20.6 Medication Administration Record (MAR): Administration of medications apply to all provider agencies of the following services: living supports, customized community supports, community integrated employment, intensive medical living supports.</p> <ol style="list-style-type: none"> Primary and secondary provider agencies are to utilize the Medication Administration Record (MAR) online in Therap. Providers have until November 1, 2022, to have a current Electronic Medication Administration Record online in Therap in all settings where medications or treatments are delivered. Family Living Providers may opt not to use MARs if they are the sole provider who supports the person and are related by affinity or consanguinity. However, if there are services provided by unrelated DSP, ANS for Medication Oversight must be budgeted, a MAR online in Therap must be created and used by the DSP. 	<p>After an analysis of the evidence, it has been determined there is a significant potential for a negative outcome to occur.</p> <p>Medication Administration Records (MAR) were reviewed for the months of October, November, and December 2022.</p> <p>Based on record review, 9 of 9 individuals had Medication Administration Records (MAR), which contained missing medications entries and/or other errors:</p> <p>Individual #5 October 2022 No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:</p> <ul style="list-style-type: none"> Clindamycin PH 1% Solution Divalproex DR Sprinkle 125mg Loratadine 10mg Lorazepam 1mg Multivitamin Naltrexone 50mg Nystatin Cream 100,000usp Polyethylene Glycol 3350 <p>November 2022</p>	<p>New / 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>Medication Administration Records (MAR) were reviewed for the month of August 2023.</p> <p>Based on record review, 4 of 6 individuals had Medication Administration Records (MAR), which contained missing medications entries and/or other errors:</p> <p>Individual #10 August 2023 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> Buspirone HCL 5mg (2 times daily) – Blank 8/26, 31 (8:00 AM), 8/30 (8:00 PM) Divalproex Sod DR 250mg (2 times daily) – Blank 8/30 (5:00 PM) Quetiapine Fumarate 100mg (1 time daily) – Blank 8/26, 31 (8:00 PM) <p>Individual #12 August 2023 No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:</p> <ul style="list-style-type: none"> Carbidopa – Levo ER 25 – 100 <p>Individual #16 August 2023</p>

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<p>4. Provider Agencies must configure and use the MAR when assisting with medication.</p> <p>5. Provider Agencies Continually communicate any changes about medications and treatments between Provider Agencies to assure health and safety.</p> <p>6. Provider agencies must include the following on the MAR:</p> <ol style="list-style-type: none"> The name of the person, a transcription of the physician's or licensed health care provider's orders including the brand and generic names for all ordered routine and PRN medications or treatments, and the diagnoses for which the medications or treatments are prescribed. The prescribed dosage, frequency and method or route of administration; times and dates of administration for all ordered routine and PRN medications and other treatments; all over the counter (OTC) or "comfort" medications or treatments; all self-selected herbal preparation approved by the prescriber, and/or vitamin therapy approved by prescriber. Documentation of all time limited or discontinued medications or treatments. The initials of the person administering or assisting with medication delivery. Documentation of refused, missed, or held medications or treatments. Documentation of any allergic reaction that occurred due to medication or treatments. For PRN medications or treatments including all physician approved over the counter medications and herbal or other supplements: <ol style="list-style-type: none"> instructions for the use of the PRN medication or treatment which must include observable signs/symptoms or circumstances in which the medication or treatment is to be used and the number of doses that may be used in a 24-hour period; clear follow-up detailed documentation that the DSP contacted the agency nurse prior to assisting with the medication or treatment; and 	<p>Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> Divalproex DR Sprinkle 125mg (2 times daily) – Blank 11/13, 14, 20, 21, 23 - 25 (8:00 AM), 11/7, 11 – 15, 17 – 20, 22, 24, 25, 28 (8:00 PM) Loradamed 10mg (1 time daily) – Blank 11/13, 14 (8:00 AM) Loratadine 10mg (1 time daily) – Blank 11/2 – 14, 20, 21, 23 – 25 (8:00 AM) Lorazepam 1mg (1 time daily) – Blank 11/13, 14, 20, 21, 23 – 25 (8:00 AM) Multivitamin (1 time daily) – Blank 11/13 – 14, 20, 21, 23 – 25 (8:00 AM) Naltrexone 50mg (1 time daily) – Blank 11/7, 11 – 14, 17 – 20, 22, 24, 25, 28, 29 (8:00 PM) Polyethylene Glycol 3350 (1 time daily) – Blank 11/13, 14, 20, 21, 23 – 25 (8:00 AM) <p>No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:</p> <ul style="list-style-type: none"> Divalproex DR Sprinkle 125mg Loradamed 10mg Loratadine 10mg Lorazepam 1mg Multivitamin Naltrexone 50mg Nystatin Cream 100,000usp Polyethylene Glycol 3350 	<p>Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> Lamictal 200mg (2 times daily) – Blank 8/31 (8:00 PM) Latuda 60mg (1 times daily) – Blank 8/30 (5:00 PM) Levetiracetam 750mg (2 times daily) – Blank 8/31 (8:00 PM) <p>Individual #19 August 2023</p> <p>Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> Colace 100mg (2 times daily) – Blank 8/31 (8:00 PM) Lamotrigine 200mg (2 times daily) – Blank 8/31 (8:00 PM) Oyster Shell Calcium 500mg (2 times daily) – Blank 8/31 (8:00 PM) Phenobarbital 97.2mg (1 time daily) – Blank 8/31 (8:00 PM) Topiramate 50mg (2 times daily) – Blank 8/31 (8:00 PM)
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<p>iii. documentation of the effectiveness of the PRN medication or treatment.</p> <p>NMAC 16.19.11.8 MINIMUM STANDARDS: A. MINIMUM STANDARDS FOR THE DISTRIBUTION, STORAGE, HANDLING AND RECORD KEEPING OF DRUGS: (d) The facility shall have a Medication Administration Record (MAR) documenting medication administered to residents, including over-the-counter medications. This documentation shall include:</p> <ul style="list-style-type: none"> (i) Name of resident; (ii) Date given; (iii) Drug product name; (iv) Dosage and form; (v) Strength of drug; (vi) Route of administration; (vii) How often medication is to be taken; (viii) Time taken and staff initials; (ix) Dates when the medication is discontinued or changed; (x) The name and initials of all staff administering medications. <p>Model Custodial Procedure Manual D. Administration of Drugs Unless otherwise stated by practitioner, patients will not be allowed to administer their own medications. Document the practitioner's order authorizing the self-administration of medications.</p> <p>All PRN (As needed) medications shall have complete detailed instructions regarding the administering of the medication. This shall include:</p> <ul style="list-style-type: none"> ➤ symptoms that indicate the use of the medication, ➤ exact dosage to be used, and ➤ the exact amount to be used in a 24-hour period. 	<p>December 2022 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Divalproex DR 125mg (2 times daily) – Blank 12/3 – 5 (8:00 PM) • Lorazepam 1mg (1 time daily) – Blank 12/12 (8:00 AM) • Naltrexone 50mg (1 time daily) – Blank 12/3 – 5 (8:00 PM) • Nystatin Cream 100,000 USP (2 times daily) – Blank 12/1 – 13 (8:00 AM & 8:00 PM) • Tretion 0.025% Cream (1 time daily) – Blank 12/1 – 13 (8:00 PM) <p>Individual #10 October 2022 No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:</p> <ul style="list-style-type: none"> • Buspar 10mg • Depakote 250mg • Quetiapine Fumate 100mg <p>Individual #11 October 2022 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Polyethylene Glycol 3350 (1 time daily) – Blank 10/1 – 27 (8:00 AM) <p>No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:</p> <ul style="list-style-type: none"> • Amitriptyline HCL 10mg 	
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- Benztropine MES 1mg
- Carbamazepine 200mg
- Gabapentin 300mg
- Latuda 20mg
- Lorazepam 0.5mg
- Memantine HCL ER 28mg
- Pantoprazole Sod Dr 40mg
- Polyethylene Glycol 3350
- Propranolol ER 60mg
- Risperidone 0.5mg
- Risperidone 1mg
- Sucralfate 1gm
- Zenpep Dr 40,000 unit

November 2022

Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:

- Amitriptyline HCL 10mg (1 time daily) – Blank 11/7, 11 – 20, 24 – 26, 28, 29 (8:00 PM)
- Benztropine MES 1mg (2 times daily) – Blank 11/1, 7, 13, 14, 19 – 21, 23 – 25, 28, 29 (8:00 AM), 11/7, 11 – 20, 22, 24 – 26, 28, 29 (8:00 PM)
- Carbamazepine 200mg (3 times daily) – Blank 11/1, 7, 13, 14, 19 – 21, 23 – 25 (8:00 AM), 11/12, 13, 20, 23, 25, 28, 29 (12:00 PM), 11/7, 11 – 20, 22, 24, 25, 28, 29 (8:00 PM)

- Gabapentin 300mg (3 times daily) – Blank 11/1, 7, 13, 14, 19 – 21, 23 – 25 (8:00 AM), 11/1 – 4, 10 – 23, 25, 27 – 29 (12:00 PM), 11/3, 7, 11 – 20, 22, 24 – 26, 28, 29 (8:00 PM)
- Lorazepam 0.5mg (1 time daily) – Blank 11/2, 10, 12 – 16, 18 – 19, 22, 27 – 29 (3:00 PM)
- Memantine HCL ER 28mg (1 time daily) – Blank 11/1, 7, 13, 14, 19 – 21, 23 – 25 (8:00 AM)
- Ondansetron 4mg (3 times daily) – Blank 11/29, 30 (8:00 AM, 2:00 PM, & 8:00 PM)
- Pantoprazole Sod DR 40mg (2 times daily) – Blank 11/1, 13 - 14, 19 – 21, 23 – 25 (8:00 AM), 11/7, 11 – 20, 22, 24 – 26, 28 (8:00 PM)
- Polyethylene Glycol 3350 (2 times daily) – Blank 11/1, 7, 13, 14, 19 – 21, 23 – 25 (8:00 AM), 11/1 – 4, 7 - 26, 28 – 30 (8:00 PM)
- Propranolol ER 60mg (1 time daily) – Blank 11/1, 7, 13, 14, 19 – 21, 23 – 25 (8:00 AM)
- Risperidone 0.5mg (2 times daily) – Blank 11/1 – 4, 10 – 23, 25, 28, 29 (12:00 PM), 11/7, 11 – 20, 22, 24, 25, 28, 29 (8:00 PM)
- Risperidone 1mg (1 time daily) – Blank 11/3, 7, 11 – 20, 22, 24, 25, 28, 29 (8:00 PM)
- Zenpep Dr 40,000 unit (3 times daily) – Blank 11/1, 7, 13, 14, 19 -21, 23 – 25 (8:00 AM), 11/1 – 4, 10 – 23, 25, 28, 29 (12:00 PM), 11/11 – 15, 14 – 23, 25, 28, 29 (8:00 PM)

No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:

- Amitriptyline HCL 10mg

- Benztropine MES 1mg
- Carbamazepine 200mg
- Cephalexin 500mg
- Gabapentin 300mg
- Latuda 20mg
- Lorazepam 0.5mg
- Memantine HCL ER 28mg
- Ondansetron 4mg
- Pantoprazole Sod Dr 40mg
- Polyethylene Glycol 3350
- Propranolol ER 60mg
- Risperidone 0.5mg
- Risperidone 1mg
- Sucralfate 1gm
- Zenpep Dr 40,000 unit

December 2022

Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:

- Benztropine MES 1mg (2 times daily) – Blank 12/11 (8:00 PM).
- Carbamazepine 200mg (3 times daily) – Blank 12/11 (8:00 AM & 8:00 PM).
- Cephalexin 500mg (2 times daily) – Blank 12/3 – 5 (8:00 AM & 8:00 PM).

- Gabapentin 600mg (3 times daily) – Blank 12/8, 10 – 12 (8:00 AM), 12/8 – 11 (12:00 PM), 12/10 – 11 (8:00 PM).
- Lorazepam 0.5mg (1 time daily) – Blank 12/11 (3:00 PM)
- Memantine HCL ER 28mg (1 time daily) – Blank 12/11 (8:00 AM)
- Ondansetron HCL 4 mg (3 times daily) – Blank 12/1 (8:00 AM, 2:00 PM & 8:00 PM).
- Polyethylene Glycol 3350 (2 times daily) – Blank 12/5, 10, 12 (8:00 AM)
- Risperidone 0.5mg (2 times daily) – Blank 12/3 – 5, 9, 11 (12:00 PM)
- Risperidone 1mg (1 time daily) – Blank 12/5 (8:00 PM)
- Zenpep DR 40,000 Unit (3 times daily) – Blank 12/11 (8:00 AM), 12/9, 11 (12:00 PM); 12/2 (5:00 PM)

Individual #12
November 2022

Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:

- Ketoconazole 2% Cream (1 time daily) – Blank 11/7 – 30 (8:00 PM)
- Nizoral 2% Shampoo (2 times weekly) – Blank 11/7, 14, 21, 28 (8:00 AM)

No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:

- Allopurinol 100mg
- Fish Oil 500mg

- Kepra 250mg

Individual #13
November 2022

No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:

- Divalproex Sod Dr 250mg
- Famotidine 20mg
- Hydrochlorothiazide 25mg
- Hydroxyzine PAM 50mg
- Levothyroxine 0.175mcg
- Levothyroxine 75mcg
- Losartan Potassium 100mg
- Olanzapine 15mg
- Trazodone 100mg

Individual #16
October 2022

No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:

- Calcium with Vitamin D600 Liquid
- Fluoxetine HCL 20mg
- Fluoxetine HCL 40mg
- Latuda 60mg
- Lamotrigine 200mg
- Levetiracetam 750mg

- Norethin – Eth – Estrad 1mg

November 2022

No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:

- Calcium with Vitamin D600 Liquid
- Fluoxetine HCL 20mg
- Fluoxetine HCL 40mg
- Latuda 60mg
- Lamotrigine 200mg
- Levetiracetam 750mg
- Norethin – Eth – Estrad 1mg

Individual #17

December 2022

Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:

- Fish Oil 1,000mg (1 time daily) – Blank 12/15 (6:00 PM).

As indicated by the Medication Administration Records the individual is to take Lisinopril 20mg (1 time daily). According to the medication label Lisinopril 10mg is to be taken (1 time daily). Medication Administration Records and medication label do not match.

Individual #19

October 2022

No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:

- Colace 100mg
- Folic Acid 1mg

- Lamotrigine 200mg
- Oyster Shell Calcium 500mg
- Phenobarbital 97.2mg
- Topiramate 50mg
- Vitamin B – 1 100mg
- Vitamin D3 1,000 unit

November 2022

No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:

- Colace 100mg
- Folic Acid 1mg
- Lamotrigine 200mg
- Oyster Shell Calcium 500mg
- Phenobarbital 97.2mg
- Topiramate 50mg
- Vitamin B – 1 100mg
- Vitamin D3 1,000 unit

Individual #21

October 2022

No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:

- Vitamin D3 1,000 unit

November 2022

Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:

- Baclofen 20mg (3 times daily) – Blank 11/7, 14, 20, 24, 25 (8:00 AM), 11/11, 14 – 20, 28, 29 (12:00 PM), 11/11, 13 – 15, 17 – 20, 22, 24, 25, 28, 29 (8:00 PM)
- Cal – Gest 500mg (2 times daily) – Blank 11/7, 14, 20, 24, 25 (8:00 AM), 11/11, 13 – 15, 17 – 20, 22, 24, 25, 28, 29 (8:00 PM)
- Calmoseptine Ointment (4 times daily) – Blank 11/1, 3, 14, 20, 24, 25 (8:00 AM), 11/1 – 4, 8 – 11, 14 – 25, 28 – 30 (10:00 AM); 11/1 – 4, 7 – 11, 13 – 25, 28 – 30 (3:00 PM); 11/11, 13 – 15, 17 – 20, 22, 24, 25, 28, 29 (8:00 PM)
- Carbamazepine 100mg (3 times daily) – Blank 11/14, 20, 24, 25 (8:00 AM), 11/11, 14 – 20, 28, 29 (12:00 PM), 11/11, 13 – 15, 17 – 20, 22, 24, 25, 28, 29 (8:00 PM)
- Docusate Sodium 100mg (3 times weekly) – Blank 11/11, 14, 18, 25, 28 (8:00 PM)
- Ketoconazole 2% Shampoo (2 times weekly) – Blank 11/1, 4, 8, 11, 18, 22, 25, 29 (8:00 AM)
- Multivitamin (1 time daily) – Blank 11/7, 14, 20, 24, 25 (8:00 AM)
- Omeprazole DR 20mg (1 time daily) – Blank 11/7, 14, 20, 24, 25 (8:00 AM)
- Rosuvastatin Calcium 20mg (1 time daily) – Blank 11/11, 13 – 15, 17 – 20, 22, 24, 25, 28, 29 (8:00 PM)
- Vitamin D3 1,000 unit (1 time daily) – Blank 11/7, 14, 20, 24, 25 (8:00 AM)

No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:

- Vitamin D3 1,000unit

December 2022

Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:

- Baclofen 20mg (1 time daily) – Blank 12/5 (8:00 PM).
- Cal – Gest 500mg (2 times daily) – Blank 12/5 (8:00 PM)
- Calmoseptine Ointment (4 times daily) – Beginning Nov 1, 2022, MAR are required to be completed in Therap. At the time of the survey the agency was using a combination of Therap and paper MARs with varying discrepancies. (Therap indicated) Blank 12/1 – 13 (10:00 AM), 12/1 – 12 (3:00 PM), (Paper indicated) - Blank 12/1 – 12 (12:00 AM), 12/1 – 2, 6 – 9, 12, 13 (12:00 PM).
- Ketoconazole 2% Shampoo (2 times weekly) – Blank 12/2, 6, 9, 13 (8:00 PM)
- Rosuvastatin Calcium 20mg (1 time daily) – Blank 12/5 (8:00 PM)
- Vitamin D3 1,000 Unit (1 time daily) – Blank 12/12 (8:00 AM)

Tag # 1A09.1 Medication Delivery PRN Medication Administration	Condition of Participation Level Deficiency	Condition of Participation Level Deficiency
<p>Developmental Disabilities Waiver Service Standards Eff 11/1/2021</p> <p>Chapter 10 Living Care Arrangements (LCA): 10.3.5 Medication Assessment and Delivery: Living Supports Provider Agencies must support and comply with:</p> <ol style="list-style-type: none"> 1. the processes identified in the DDS AWMD training; 2. the nursing and DSP functions identified in the Chapter 13.3 Adult Nursing Services; 3. all Board of Pharmacy regulations as noted in Chapter 16.5 Board of Pharmacy; and 4. documentation requirements in a Medication Administration Record (MAR) as described in Chapter 20 20.6 Medication Administration Record (MAR) <p>Chapter 20 Provider Documentation and Client Records: 20.6 Medication Administration Record (MAR): Administration of medications apply to all provider agencies of the following services: living supports, customized community supports, community integrated employment, intensive medical living supports.</p> <ol style="list-style-type: none"> 1. Primary and secondary provider agencies are to utilize the Medication Administration Record (MAR) online in Therap. 2. Providers have until November 1, 2022, to have a current Electronic Medication Administration Record online in Therap in all settings where medications or treatments are delivered. 3. Family Living Providers may opt not to use MARs if they are the sole provider who supports the person and are related by affinity or consanguinity. However, if there are services provided by unrelated DSP, ANS for Medication Oversight must be budgeted, a MAR online in Therap must be created and used by the DSP. 4. Provider Agencies must configure and use the MAR when assisting with medication. 5. Provider Agencies Continually communicating any changes about medications and treatments 	<p>After an analysis of the evidence, it has been determined there is a significant potential for a negative outcome to occur.</p> <p>Medication Administration Records (MAR) were reviewed for the months of October, November, and December 2022</p> <p>Based on record review, 7 of 9 individuals had PRN Medication Administration Records (MAR), which contained missing elements as required by standard:</p> <p>Individual #5 October 2022 As indicated by the Medication Administration Records the individual is to take Acetaminophen 325mg (PRN). According to the Physician's Orders, Acetaminophen 325mg is to be taken 1 – 2 tablets every 4 hours as needed. Medication Administration Record and Physician's Orders do not match.</p> <p>As indicated by the Medication Administration Records the individual is to take Deep Sea 0.56% Spray (PRN). According to the Physician's Orders, Deep Sea 0.56% Spray is to be taken 1 – 2 squeezes as needed. Medication Administration Record and Physician's Orders do not match.</p> <p>As indicated by the Medication Administration Records the individual is to take Guaifenesin DM Syrup (PRN). According to the Physician's Orders, Guaifenesin DM Syrup is to be taken 2 teaspoons every 6 – 8 hours, not to exceed 8 teaspoons in 24-hours. Medication Administration Record and Physician's Orders do not match.</p> <p>As indicated by the Medication Administration Records the individual is to take Ibuprofen 200mg (PRN). According to the Physician's Orders, Ibuprofen 200mg is to be taken 1 – 2 tablets every</p>	<p>New / 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>Medication Administration Records (MAR) were reviewed for the month of August 2023.</p> <p>Based on record review, 3 of 6 individuals had PRN Medication Administration Records (MAR), which contained missing elements as required by standard:</p> <p>Individual #12 August 2023 No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:</p> <ul style="list-style-type: none"> • Amoxicillin 500mg (PRN) • Indomethacin 50mg (PRN) <p>Individual #16 August 2023 No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:</p> <ul style="list-style-type: none"> • Lorazepam 1mg (PRN) <p>Individual #19 August 2023 No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:</p> <ul style="list-style-type: none"> • Abreva 10% Cream (PRN) • Acyclovir 400mg (PRN) • Hydroxyzine HCL 25mg

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<p>between Provider Agencies to assure health and safety.</p> <p>6. Provider agencies must include the following on the MAR:</p> <ol style="list-style-type: none"> The name of the person, a transcription of the physician's or licensed health care provider's orders including the brand and generic names for all ordered routine and PRN medications or treatments, and the diagnoses for which the medications or treatments are prescribed. The prescribed dosage, frequency and method or route of administration; times and dates of administration for all ordered routine and PRN medications and other treatments; all over the counter (OTC) or "comfort" medications or treatments; all self-selected herbal preparation approved by the prescriber, and/or vitamin therapy approved by prescriber. Documentation of all time limited or discontinued medications or treatments. The initials of the person administering or assisting with medication delivery. Documentation of refused, missed, or held medications or treatments. Documentation of any allergic reaction that occurred due to medication or treatments. For PRN medications or treatments including all physician approved over the counter medications and herbal or other supplements: <ol style="list-style-type: none"> instructions for the use of the PRN medication or treatment which must include observable signs/symptoms or circumstances in which the medication or treatment is to be used and the number of doses that may be used in a 24-hour period; clear follow-up detailed documentation that the DSP contacted the agency nurse prior to assisting with the medication or treatment; and documentation of the effectiveness of the PRN medication or treatment. <p>NMAC 16.19.11.8 MINIMUM STANDARDS:</p>	<p>4 hours, not to exceed 8 tablets in 24-hours. Medication Administration Record and Physician's Orders do not match.</p> <p>As indicated by the Medication Administration Records the individual is to take Maalox (PRN). According to the Physician's Orders, Maalox is to be taken 2 tablespoons every 30 – 60 minutes, not to exceed 8 doses in 24-hours. Medication Administration Record and Physician's Orders do not match.</p> <p>Physician's Orders indicated the following medication were to be given. The following Medications were not documented on the Medication Administration Records:</p> <ul style="list-style-type: none"> Acetaminophen 500mg (PRN) <p>No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:</p> <ul style="list-style-type: none"> Diphenhydramine 25mg (PRN) Loperamide 2mg (PRN) Olanzapine ODT 10mg (PRN) Triple Antibiotic Ointment (PRN) <p>November 2022</p> <p>As indicated by the Medication Administration Records the individual is to take Acetaminophen 325mg (PRN). According to the Physician's Orders, Acetaminophen 325mg is to be taken 1 – 2 tablets every 4 hours as needed. Medication Administration Record and Physician's Orders do not match.</p> <p>As indicated by the Medication Administration Records the individual is to take Deep Sea 0.56% Spray (PRN). According to the Physician's Orders, Deep Sea 0.56% Spray is to be taken 1 –</p>	<ul style="list-style-type: none"> Loratadine 10mg (PRN)
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A. MINIMUM STANDARDS FOR THE DISTRIBUTION, STORAGE, HANDLING AND RECORD KEEPING OF DRUGS:
 (d) The facility shall have a Medication Administration Record (MAR) documenting medication administered to residents, **including over-the-counter medications**. This documentation shall include:

- (i) Name of resident;
- (ii) Date given;
- (iii) Drug product name;
- (iv) Dosage and form;
- (v) Strength of drug;
- (vi) Route of administration;
- (vii) How often medication is to be taken;
- (viii) Time taken and staff initials;
- (ix) Dates when the medication is discontinued or changed;
- (x) The name and initials of all staff administering medications.

Model Custodial Procedure Manual
D. Administration of Drugs

Unless otherwise stated by practitioner, patients will not be allowed to administer their own medications.

Document the practitioner's order authorizing the self-administration of medications.

All PRN (As needed) medications shall have complete detailed instructions regarding the administering of the medication. This shall include:

- symptoms that indicate the use of the medication,
- exact dosage to be used, and
- the exact amount to be used in a 24-hour period.

2 squeezes as needed. Medication Administration Record and Physician's Orders do not match.

As indicated by the Medication Administration Records the individual is to take Guaifenesin DM Syrup (PRN). According to the Physician's Orders, Guaifenesin DM Syrup is to be taken 2 teaspoons every 6 – 8 hours, not to exceed 8 teaspoons in 24-hours. Medication Administration Record and Physician's Orders do not match.

As indicated by the Medication Administration Records the individual is to take Ibuprofen 200mg (PRN). According to the Physician's Orders, Ibuprofen 200mg is to be taken 1 – 2 tablets every 4 hours, not to exceed 8 tablets in 24-hours. Medication Administration Record and Physician's Orders do not match.

As indicated by the Medication Administration Records the individual is to take Maalox (PRN). According to the Physician's Orders, Maalox is to be taken 2 tablespoons every 30 – 60 minutes, not to exceed 8 doses in 24-hours. Medication Administration Record and Physician's Orders do not match.

Physician's Orders indicated the following medication were to be given. The following Medications were not documented on the Medication Administration Records:

- Acetaminophen 500mg (PRN)

No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:

- Alka Seltzer 325mg / 1000mg / 1916mg (PRN)
- Diphenhydramine 25mg (PRN)
- Loperamide 2mg (PRN)
- Olanzapine ODT 10mg (PRN)

- Triple Antibiotic Ointment (PRN)
- Zycam Nasal Swab (PRN)
- Zydis 10mg (PRN)

December 2022

Beginning Nov 1, 2022, MAR are required to be completed in Therap, at the time of the survey the agency was using a combination of Therap and paper MARs with varying discrepancies for the following:

- Pink Bismuth (PRN) – Therap Medication Administration Record indicates 2 tablespoons every 30 – 60 minutes. Paper Medication Administration Record indicates 30ml every 4 hours as needed.
- Eucerin Cream (PRN) – Therap Medication Administration Record indicates 3 times daily as needed. Paper Medication Administration Record indicates 1 application as needed.
- Robafen DM (PRN) – Therap Medication Administration Record indicates 10ml every 6 – 8 hours as needed. Paper Medication Administration Record indicates the medication should be given every 4 hours as needed.

Individual #11

October 2022

No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:

- Acetaminophen 500mg (PRN)
- Lactulose 10gm / 15ml Solution (PRN)

November 2022

No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:

- Acetaminophen 500mg (PRN)
- Albuterol HFA 90mgc Inhaler (PRN)
- Alprazolam 0.5mg (PRN)
- Hydrocortisone 2.5% Cream (PRN)
- Ibuprofen 600mg (PRN)
- Lactulose 10gm / 15ml Solution (PRN)
- Ondansetron 4mg (PRN)
- Procto Med HC 2.5% Cream (PRN)

December 2022

As indicated by the Medication Administration Records the individual is to take Lactulose 10gm/15ml (PRN). According to the medication label the individual is to take Lactulose-45ml (PRN). Medication Administration Records and medication label do not match.

Individual #12

October 2022

No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:

- Indomethacin 50mg (PRN)
- Loperamide 2mg (PRN)

Individual #16

October 2022

As indicated by the Medication Administration Records the individual is to take Ibuprofen 200mg (PRN) 2 tablets every four hours. According to the Physician's Orders, Ibuprofen 200mg (PRN) is to

be taken 2 tablets every 6 hours as needed. Medication Administration Record and Physician's Orders do not match.

As indicated by the Medication Administration Records the individual is to take Diphenhydramine 25mg (PRN) 1 – 2 tablets by mouth daily, not to exceed 2 tablets in 24-hours. According to the Physician's Orders, Diphenhydramine 25mg (PRN) is to be taken 1 tablet every 8 hours as needed, not to exceed 3 tablets in 24-hours. Medication Administration Record and Physician's Orders do not match.

As indicated by the Medication Administration Records the individual is to take Maalox (PRN) 1 – 2 teaspoons by mouth every 2 – 4 hours, not to exceed 8 teaspoons in 24-hours. According to the Physician's Orders, Maalox (PRN) is to be taken 10ml every 4 hours as needed, not to exceed 4 doses in 24-hours. Medication Administration Record and Physician's Orders do not match.

As indicated by the Medication Administration Records the individual is to take Robitussin Syrup (PRN) 2 teaspoons by mouth every 6 – 8 hours, not to exceed 2 tablets in 24-hours. According to the Physician's Orders, Robitussin Syrup (PRN) is to be taken 1 tablet every 8 hours as needed, not to exceed 3 tablets in 24-hours. Medication Administration Record and Physician's Orders do not match.

No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:

- Acetaminophen 500mg (PRN)
- Imodium 2mg (PRN)
- Lorazepam 1 mg (PRN)

Individual #18

October 2022
 No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:

- Abreva 10% Cream (PRN)
- Acyclovir 400mg (PRN)
- Advil 200mg (PRN)
- Benadryl Allergy 25mg (PRN)
- Eucerin Lotion (PRN)
- Hydroxyzine HCL 25mg (PRN)
- Loperamide 2mg (PRN)
- Loratadine 10mg (PRN)
- Maalox (PRN)
- Milk of Magnesia (PRN)
- Ocean 0.65% Nasal Spray (PRN)
- Pepto Bismol (PRN)
- Robitussin Cough – Chest (PRN)
- Tylenol 325mg (PRN)

Individual #19
 October 2022
 Beginning Nov 1, 2022, MAR are required to be completed in Therap, at the time of the survey the agency was using a combination of Therap and paper MARs with varying discrepancies for the following:

- Loratadine 10mg (PRN) – Therap Medication Administration Record indicates 1 tablet every 4 hours as needed. Paper Medication

Administration Record indicates to take 1 tablet daily as needed.

- Ocean 0.65% Nasal Spray (PRN) – Therap Medication Administration Record indicates 1 spray as needed. Paper Medication Administration Record indicates to take 1 – 2 sprays as needed.
- Pepto Bismol (PRN) – Therap Medication Administration Record indicates not to exceed 4 doses in 24 hours. Paper Medication Administration Record indicates not to exceed 6 doses in 24 hours.

November 2022

Beginning Nov 1, 2022, MAR are required to be completed in Therap, at the time of the survey the agency was using a combination of Therap and paper MARs with varying discrepancies for the following:

- Loratadine 10mg (PRN) – Therap Medication Administration Record indicates 1 tablet every 4 hours as needed. Paper Medication Administration Record indicates to take 1 tablet daily as needed.
- Ocean 0.65% Nasal Spray (PRN) – Therap Medication Administration Record indicates 1 spray as needed. Paper Medication Administration Record indicates to take 1 – 2 sprays as needed.
- Pepto Bismol (PRN) – Therap Medication Administration Record indicates not to exceed 4 doses in 24 hours. Paper Medication Administration Record indicates not to exceed 6 doses in 24 hours.

Individual #21
October 2022

As indicated by the Medication Administration Records the individual is to take Acetaminophen 325mg (PRN) 2 tablets by mouth every 4 hours as needed, not to exceed 3gm in 24-hours. According to the Physician's Orders, Acetaminophen 325mg is to be taken 4 hours as needed, not to exceed 8 tablets in 24-hours. Medication Administration Record and Physician's Orders do not match.

As indicated by the Medication Administration Records the individual is to take Loperamide 2mg (PRN) 2 capsules at onset, then 1 with each loose stool, not to exceed 8 capsules in 24-hours. According to the Physician's Orders, Loperamide 2mg (PRN) is to be taken 2 tablets at onset, then 1 tablet every 4 hours, not to exceed 4 tablets in 24-hours. Medication Administration Record and Physician's Orders do not match.

As indicated by the Medication Administration Records the individual is to take Pink Bismuth (PRN) 30ml by mouth every 4 hours, not to exceed 8 doses in 24-hours. According to the Physician's Orders, Pink Bismuth (PRN) is to be taken 30ml by mouth every 4 hours, not to exceed 4 doses in 24-hours. Medication Administration Record and Physician's Orders do not match.

No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:

- Calamine Lotion (PRN)

November 2022

Physician's Orders indicated the following medication were to be given. The following Medications were not documented on the Medication Administration Records:

- Loperamide 2mg (PRN)

No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:

- Albuterol HFA Inhaler (PRN)
- Calamine Lotion (PRN)

December 2022

Beginning Nov 1, 2022, MAR are required to be completed in Therap, at the time of the survey the agency was using a combination of Therap and paper MARs with varying discrepancies for the following:

- Acetaminophen 325mg (PRN) – Therap Medication Administration Record indicates to give 1 – 2 tablets every 4 hours, not to exceed 8 tablets in 24-hours. Paper Medication Administration Record indicates to give 2 tablets every 4 hours, not to exceed 3gm in 24-hours.
- Ibuprofen 200mg (PRN) – Therap Medication Administration Record indicates to give 1 – 2 tablets every 6 hours, not to exceed in 24-hours. Paper Medication Administration Record indicates to give 2 tablets every 6 hours, not to exceed 8 tablets in 24-hours.
- Maalox (PRN) – Therap Medication Administration Record indicates to give 1 – 2 teaspoons every 2 – 4 hours, not to exceed 4 doses in 24-hours. Paper Medication Administration Record indicates to give 10ml every 4 hours, not to exceed 10 teaspoons in 24-hours.
- Pink Bismuth 262mg / 15ml (PRN) – Therap Medication Administration Record indicates to not to exceed 4 doses in 24-hours. Paper Medication Administration Record indicates not to exceed 8 doses in 24-hours.

Tag # 1A09.1.0 Medication Delivery PRN Medication Administration	Standard Level Deficiency	Standard Level Deficiency
<p>Developmental Disabilities Waiver Service Standards Eff 11/1/2021</p> <p>Chapter 10 Living Care Arrangements (LCA): 10.3.5 Medication Assessment and Delivery: Living Supports Provider Agencies must support and comply with:</p> <ol style="list-style-type: none"> 1. the processes identified in the DDSD AWMD training; 2. the nursing and DSP functions identified in the Chapter 13.3 Adult Nursing Services; 3. all Board of Pharmacy regulations as noted in Chapter 16.5 Board of Pharmacy; and 4. documentation requirements in a Medication Administration Record (MAR) as described in Chapter 20 20.6 Medication Administration Record (MAR) <p>Chapter 20 Provider Documentation and Client Records: 20.6 Medication Administration Record (MAR): Administration of medications apply to all provider agencies of the following services: living supports, customized community supports, community integrated employment, intensive medical living supports.</p> <ol style="list-style-type: none"> 1. Primary and secondary provider agencies are to utilize the Medication Administration Record (MAR) online in Therap. 2. Providers have until November 1, 2022, to have a current Electronic Medication Administration Record online in Therap in all settings where medications or treatments are delivered. 3. Family Living Providers may opt not to use MARs if they are the sole provider who supports the person and are related by affinity or consanguinity. However, if there are services provided by unrelated DSP, ANS for Medication Oversight must be budgeted, a MAR online in Therap must be created and used by the DSP. 4. Provider Agencies must configure and use the MAR when assisting with medication. 5. Provider Agencies Continually communicate any changes about medications and treatments 	<p>Medication Administration Records (MAR) were reviewed for the months of October, November, and December 2022.</p> <p>Based on record review, 4 of 9 individuals had PRN Medication Administration Records (MAR), which contained missing elements as required by standard:</p> <p>Individual #5 October 2022 Medication Administration Records did not contain the number of doses that may be used in a 24-hour period:</p> <ul style="list-style-type: none"> • Diphenhydramine 25mg (PRN) • Maalox (PRN) • Triple Antibiotic Ointment (PRN) • Zydis 10mg (PRN) <p>November 2022 No Effectiveness was noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Acetaminophen 325mg – PRN – 11/2 (given 1 time) • Robafen Syrup – PRN – 11/25 (given 1 time) <p>Medication Administration Records did not contain the number of doses that may be used in a 24-hour period:</p> <ul style="list-style-type: none"> • Deep Sea 0.56% Spray • Diphenhydramine 25mg (PRN) • Maalox (PRN) • Triple Antibiotic Ointment (PRN) 	<p>New / Repeat Findings:</p> <p>Medication Administration Records (MAR) were reviewed for the month of August 2023</p> <p>Based on record review, 2 of 6 individuals had PRN Medication Administration Records (MAR), which contained missing elements as required by standard:</p> <p>Individual #12 August 2023 No Effectiveness was noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Acetaminophen 325mg – PRN – 8/23 (given 1 time) • Indomethacin 50mg – PRN – 8/23 (given 1 time) <p>Individual #19 August 2023 No Effectiveness was noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Abreva 10% Cream – PRN – 8/16, 17, 18 (given 1 time), 8/15, 19, 20, 21 (given 2 times)

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<p>between Provider Agencies to assure health and safety.</p> <p>6. Provider agencies must include the following on the MAR:</p> <ol style="list-style-type: none"> a. The name of the person, a transcription of the physician's or licensed health care provider's orders including the brand and generic names for all ordered routine and PRN medications or treatments, and the diagnoses for which the medications or treatments are prescribed. b. The prescribed dosage, frequency and method or route of administration; times and dates of administration for all ordered routine and PRN medications and other treatments; all over the counter (OTC) or "comfort" medications or treatments; all self-selected herbal preparation approved by the prescriber, and/or vitamin therapy approved by prescriber. c. Documentation of all time limited or discontinued medications or treatments. d. The initials of the person administering or assisting with medication delivery. e. Documentation of refused, missed, or held medications or treatments. f. Documentation of any allergic reaction that occurred due to medication or treatments. g. For PRN medications or treatments including all physician approved over the counter medications and herbal or other supplements: <ol style="list-style-type: none"> i. instructions for the use of the PRN medication or treatment which must include observable signs/symptoms or circumstances in which the medication or treatment is to be used and the number of doses that may be used in a 24-hour period; ii. clear follow-up detailed documentation that the DSP contacted the agency nurse prior to assisting with the medication or treatment; and iii. documentation of the effectiveness of the PRN medication or treatment. <p>NMAC 16.19.11.8 MINIMUM STANDARDS:</p>	<ul style="list-style-type: none"> • Zydis 10mg (PRN) <p>Individual #11 October 2022 No Effectiveness was noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Acetaminophen 500mg – PRN – 10/9, 21, 29 (given 1 time) <p>November 2022 No Effectiveness was noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Lactulose 10gm / 15ml Solution – PRN – 11/4 (given 1 time) <p>Medication Administration Records did not contain the number of doses that may be used in a 24-hour period:</p> <ul style="list-style-type: none"> • Procto Med HC 2.5% Cream (PRN) <p>Individual #19 October 2022 Medication Administration Records did not contain the number of doses that may be used in a 24-hour period:</p> <ul style="list-style-type: none"> • Abreva 10% Cream (PRN) <p>November 2022 Medication Administration Records did not contain the number of doses that may be used in a 24-hour period:</p> <ul style="list-style-type: none"> • Abreva 10% Cream (PRN) <p>Individual #21 November 2022 No Effectiveness was noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Guaifenesin DM – PRN – 11/25 (given 1 time) 	
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A. MINIMUM STANDARDS FOR THE DISTRIBUTION, STORAGE, HANDLING AND RECORD KEEPING OF DRUGS:
 (d) The facility shall have a Medication Administration Record (MAR) documenting medication administered to residents, **including over-the-counter medications**. This documentation shall include:

- (i) Name of resident;
- (ii) Date given;
- (iii) Drug product name;
- (iv) Dosage and form;
- (v) Strength of drug;
- (vi) Route of administration;
- (vii) How often medication is to be taken;
- (viii) Time taken and staff initials;
- (ix) Dates when the medication is discontinued or changed;
- (x) The name and initials of all staff administering medications.

Model Custodial Procedure Manual

D. Administration of Drugs

Unless otherwise stated by practitioner, patients will not be allowed to administer their own medications.

Document the practitioner's order authorizing the self-administration of medications.

All PRN (As needed) medications shall have complete detailed instructions regarding the administering of the medication. This shall include:

- symptoms that indicate the use of the medication,
- exact dosage to be used, and
- the exact amount to be used in a 24-hour period.

Medication Administration Records did not contain the number of doses that may be used in a 24-hour period:

- Albuterol HFA Inhaler (PRN)
- Deep Sea 0.65% Nose Spray (PRN)
- Olopatadine HCL 0.1% Eye Drops (PRN)

December 2022

No Effectiveness was noted on the Medication Administration Record for the following PRN medication:

- Milk of Magnesia – PRN – 12/7 (given 1 time)

Medication Administration Records did not contain the number of doses that may be used in a 24-hour period:

- Albuterol HFA 90 MCG (PRN)
- Calamine Lotion (PRN)
- Olopatadine HCL 0.1% Drop (PRN)

Tag # 1A09.2 Medication Delivery Nurse Approval for PRN Medication	Condition of Participation Level Deficiency	Condition of Participation Level Deficiency
<p>Developmental Disabilities Waiver Service Standards Eff 11/1/2021</p> <p>Chapter 10 Living Care Arrangements (LCA): 10.3.5 Medication Assessment and Delivery: Living Supports Provider Agencies must support and comply with:</p> <ol style="list-style-type: none"> 1. the processes identified in the DDSD AWMD training; 2. the nursing and DSP functions identified in the Chapter 13.3 Adult Nursing Services; 3. all Board of Pharmacy regulations as noted in Chapter 16.5 Board of Pharmacy; and 4. documentation requirements in a Medication Administration Record (MAR) as described in Chapter 20 20.6 Medication Administration Record (MAR) <p>Chapter 13 Nursing Services: 13.2 General Nursing Services Requirements and Scope of Services: The following general requirements are applicable for all RNs and LPNs in the DD Waiver. This section represents the scope of nursing services. Refer to Chapter 10 Living Care Arrangements (LCA) for residential provider agency responsibilities related to nursing. Refer to Chapter 11.6 Customized Community Supports (CCS) for agency responsibilities related to nursing.</p> <p>13.3.2.3 Medication Oversight: Medication Oversight by a DD Waiver nurse is required in Family Living when a person lives with a non-related Family Living provider; for all JCMs; and whenever non-related DSP provide AWMD medication supports.</p> <ol style="list-style-type: none"> 1. The nurse must respond to calls requesting delivery of PRN medications from AWMD trained DSP, non-related Family Living providers. 2. Family Living providers related by affinity or consanguinity (blood, adoption, or marriage) are not required to contact the nurse prior to assisting with delivery of a PRN medication. 	<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 documentation of PRN authorization as required by standard for 3 of 9 Individuals.</p> <p>Individual #11 October 2022 No documentation of the verbal authorization from the Agency nurse prior to each administration / assistance of PRN medication was found for the following PRN medication:</p> <ul style="list-style-type: none"> • Acetaminophen 500mg – PRN – 10/9, 12, 21 (given 1 time). <p>• Lactulose 10gm / 15ml Solution – PRN – 10/31 (Given 1 time)</p> <p>November 2022 No documentation of the verbal authorization from the Agency nurse prior to each administration / assistance of PRN medication was found for the following PRN medication:</p> <ul style="list-style-type: none"> • Acetaminophen 500mg – PRN – 11/16 (given 1 time) <p>• Lactulose 10gm / 15ml Solution – PRN – 11/4 (Given 1 time)</p> <p>Individual #16 October 2022 No documentation of the verbal authorization from the Agency nurse prior to each administration / assistance of PRN medication was found for the following PRN medication:</p> <ul style="list-style-type: none"> • Acetaminophen 500mg – PRN – 10/19 (given 1 time) <p>Individual #21:</p>	<p>New / 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 maintain documentation of PRN authorization as required by standard for 1 of 6 Individuals.</p> <p>Individual #19 August 2022 No documentation of the verbal authorization from the Agency nurse prior to each administration / assistance of PRN medication was found for the following PRN medication:</p> <ul style="list-style-type: none"> • Abreva 10% Cream – PRN – 8/16, 17, 18 (given 1 time), 8/15, 19, 20, 21 (given 2 times)

13.2.8.1.3 Assistance with Medication Delivery by Staff (AWMD): For people who do not meet the criteria to self-administer medications independently or with physical assistance, trained staff may assist with medication delivery if:

1. Criteria in the MAAT are met.
2. Current written consent has been obtained from the person/guardian/surrogate healthcare decision maker.
3. There is a current Primary Care Practitioner order to receive AWMD by staff.
4. Only AWMD trained staff, in good standing, may support the person with this service.
5. All AWMD trained staff must contact the on-call nurse prior to assisting with PRN medication of any type.
 - a. Exceptions to this process must comply with the DDSD Emergency Medication list as part of a documented MERP with evidence of DSP training to skill level.

No documentation of the verbal authorization from the Agency nurse prior to each administration / assistance of PRN medication was found for the following PRN medication:

- Guaifenesin DM – PRN – 11/25 (given 1 time)

Standard of Care	Routine Survey Deficiencies December 12 – 23, 2022	Verification Survey New and Repeat Deficiencies September 4 – 14, 2023
<i>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.</i>		
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	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A32.2 Individual Service Plan Implementation (Residential Implementation)	Standard Level Deficiency	COMPLETE
Tag # 1A38 Living Care Arrangement / Community Inclusion Reporting Requirements	Standard Level Deficiency	COMPLETE
Tag # IS12 Person Centered Assessment (Community Inclusion)	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
<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 # 1A20 Direct Support Professional Training	Standard Level Deficiency	COMPLETE
Tag # 1A22 Agency Personnel Competency	Condition of Participation Level Deficiency	COMPLETE
Tag #1A25 Caregiver Criminal History Screening	Standard Level Deficiency	COMPLETE
Tag # 1A25.1 Caregiver Criminal History Screening	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A37 Individual Specific Training	Standard Level Deficiency	COMPLETE
Tag # 1A43.1 General Events Reporting: Individual Reporting	Standard Level Deficiency	COMPLETE
<i>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.</i>		
Tag # 1A03 Quality Improvement System & Key Performance Indicators (KPIs)	Standard Level Deficiency	COMPLETE
Tag #1A08.2 Administrative Case File: Healthcare Requirements & Follow-up	Condition of Participation Level Deficiency	COMPLETE

Tag # 1A09.0 Medication Delivery Routine Medication Administration	Standard Level Deficiency	COMPLETE
Tag # 1A15.2 Administrative Case File: Healthcare Documentation (Therap and Required Plans)	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A27.2 Duty to Report IRs Filed During On-Site and/or IRs Not Reported by Provider	Standard 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 # 1A50.1 Individual: Scope of Services (Individual Interviews)	Standard 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

	Verification Survey Plan of Correction, On-going QA/QI, and Responsible Party	Completion Date
<p>Tag # 1A32.1 Administrative Case File: Individual Service Plan Implementation (Not Completed at Frequency)</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 # 1A09 Medication Delivery Routine Medication Administration</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 # 1A09.1 Medication Delivery PRN Medication Administration</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 # 1A09.1.0 Medication Delivery PRN Medication Administration</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: November 14, 2023

To: Bill Kesatie, Executive Director

Provider: Su Vida Services, Inc.
Address: 6715 Academy Road NE, Suite B
State/Zip: Albuquerque, New Mexico 87109

E-mail Address: billkesatie@suvidaservices.com

CC: Jen Spencer, CEO

E-Mail Address: jen.s@ci-colorado.org

Region: Metro and Northwest
Routine Survey: December 12 – 23, 2022
Verification Survey: September 5 – 14, 2023

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: Supported Living, Family Living, Customized In-Home Supports, Customized Community Supports, and Community Integrated Employment Services

Survey Type: Verification

Dear Bill Kesatie,

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.24.1.DDW.D2601.1/5.VER.09.23.318