

New Mexico DOH / DHI / QMB Living Care Arrangements & Community Inclusion: DSP Healthcare & General Interview Survey Tool

Standard of Care Questions	(Tag #) Surveyor Notes / Deficiency Description <i>Agency Personnel are to be QUOTED on their responses.</i>	MET	NOT MET	NA
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Agency/Region:
Surveyor: _____ **Date/Time** _____

Individual Name and Identifier: _____

DSP Interviewed and title (Identifier): _____

Services (Circle those that apply):

- **2018 Living Care Arrangement:** **Supported Living – Family Living - Intensive Medical Living Supports - Customized In-Home Supports**
- **2018 Community Inclusion:** **Customized Community Supports – Community Integrated Employment Services**

Other Services: PT - OT - SLP - BSC - Adult Nursing Services other: _____

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General

How long have you worked directly with (Individual)? _____

<p>Please tell me about the individual: Tell me everything that you think I would need to know to work with (Individual)?</p> <p><input type="checkbox"/> Likes <input type="checkbox"/> Dislikes <input type="checkbox"/> Strengths <input type="checkbox"/> Can the Individual be left alone? <input type="checkbox"/> Relationships <input type="checkbox"/> Guardian/Family <input type="checkbox"/> HCPs <input type="checkbox"/> MERPs <input type="checkbox"/> Allergies <input type="checkbox"/> Favorite Activities <input type="checkbox"/> Activity Level (current as well as any changes)</p> <p>Surveyor Instruction: <i>This question is intended to open the line of communication with the staff. The DSP may answer multiple questions when discussing this question, therefore when you get to a related question in the interview tool you can have the DSP expand on what they have already told you. If the DSP can tell you basics of what is covered in the HCPs and MERPs as well as what is mentioned in the ISP, you can mark this question as met.</i></p>	<p>Tag #1A22 (CoP)</p>			
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<p>Do you attend the Individual’s Annual ISP meeting or other IDT Meetings?</p> <p>If you are unable to attend the Individual’s IDT meetings are you able to give input? How?</p> <p><i>Surveyor Instruction:</i> DSP are a member of the IDT and are required to attend IDT meetings, if they are not able to attend the agency must have a practice in place that allows for the DSP to give input in their absence. This is deficient if the DSP are not able to give input either by in-person attendance or written, etc.</p>	<p>Tag #1A08</p>			
<p>Part 1: (ASKED OF LCA STAFF and CCS/CIE STAFF THAT WORK AFTER HOURS ONLY)</p> <p>What is the Agency's ON-CALL process?</p> <p>Can you describe how on-call works if the following happens:</p> <ul style="list-style-type: none"> • The person relieving you does not show up to work what are you supposed to do? • You're working and need help and there is no one else here to assist you what would you do? <p>How long does it take them to respond to you if you call?</p> <p><i>Surveyor Instruction:</i> You are to review the agency’s on-call process for the agency prior to the interviews. If DSP can describe the agency’s on-call system accurately this is met, however, if DSP identify issues with on-call this would be not met.</p>	<p>Tag #1A05 (CoP)</p>			
<p>Part 2: (ASKED OF LCA STAFF and CCS/CIE STAFF THAT WORK AFTER HOURS ONLY)</p> <p>On-Call Number _____</p> <p><i>Surveyor Instruction:</i> Document the on-call number. Team members must coordinate with Team Lead to ensure on-call is called at least by one survey team. Document date & time of call and when call was returned. If call has already been made has already been made by a survey team this can be marked NA, Verify the agency policy to determine response time, if there is no response mark Not Met. Call must be returned in order for this to be met.</p>	<p>Tag #1A05 (CoP)</p> <p>On-call was called at: DATE/ TIME _____ Response Received at: _____</p>			

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<p>What State agency do you report to if you suspect Abuse, Neglect and/or Exploitation?</p> <p><i>Surveyor Instruction: DSP must identify DHI or DHI/IMB for this to be met. If DSP do not know the number, they can show you the ANE card, poster, or another document which contains the 1-800-445-6242, including their cell phone.</i></p>	Tag #1A22 (CoP)			
<p>Can you give an one example of each of the following?</p> <p><input type="checkbox"/> Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Exploitation</p> <p><i>Surveyor Instruction: DSP only need to give one example of each for this to be met. If they are unable to give an example of each this cannot be met.</i></p>	Tag #1A22 (CoP)			
<p>Can you report an incident to the State without fear of any type of retaliation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If “No” then Not Met</i></p> <p><i>Surveyor Instruction: If DSP reports that they cannot report without fear of retaliation or have been retaliated against because they have filed an incident report on the agency you must document the specific details as to why this may have happened, and DSP should be able to provide an example of when this has occurred. You must follow up and get an example of when this has occurred or have a valid reason from that staff member why they feel they cannot report.</i></p>	Tag #1A22 (CoP)			
Training Competencies				
<p>1. Have you been trained on the Individual’s ISP?</p> <p>2. What does the ISP cover?</p> <p>3. What are the Outcomes / Action Steps you are responsible for implementing in the ISP?</p> <p><i>Surveyor Instruction: DSP are to receive individual specific training on the Individual they serve. This includes training on the ISP document and what outcome / action steps they are responsible for. DSP must be able to tell you that they have been trained and describe the outcome / action steps they are required to implement. DSP can refer the Individual’s file to look up information. If DSP cannot describe what they are responsible for implementing this cannot be met. Additional record reviews to determine ISP training has occurred may be needed.</i></p>	Tag #1A22 (CoP)			

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Standard of Care Questions	(Tag #) Surveyor Notes / Deficiency Description <i>Agency Personnel are to be QUOTED on their responses.</i>	MET	NOT MET	NA
<p>1. Does the individual have a Positive Behavioral Supports Plan (PBSP)?</p> <p>2. Have you been trained on the PBSP?</p> <p>3. If yes, what does the plan covers? What are you responsible for?</p> <p><i>Surveyor Instruction: You are ensuring DSP have knowledge of the plan. DSP do not have to cover every aspect of the plan for this to be met. DSP may refer to files for this information. This would also be a deficiency if the DSP report there is a plan in place and gives specifics on a plan, yet the person does not receive this service or vice versa.</i></p>	<p>Tag #1A22 (CoP)</p>			
<p>1. Does the individual have a Behavioral Crisis Intervention Plan (BCIP)?</p> <p>2. Have you been trained on the BCIP?</p> <p>3. If yes, what does the plan covers? What are you responsible for?</p> <p><i>Surveyor Instruction: You are ensuring DSP have knowledge of the plan. DSP do not have to cover every aspect of the plan for this to be met. DSP may refer to files for this information. This would also be a deficiency if the DSP report there is a plan in place and gives specifics on a plan, yet the person does not receive this service or vice versa.</i></p>	<p>Tag #1A22 (CoP)</p>			
<p>1. Does the individual require a physical restraint, such as MANDT, CPI, Handle with Care?</p> <p>2. If yes, have you been trained to perform these safely?</p> <p><i>Surveyor Instruction: You must verify the PBSP and/or the BCIP to determine if this is used. This would be a deficiency if the DSP state they implement a physical restraint but indicate they have not been trained or if a physical restraint is not identified in a plan.</i></p>	<p>Tag #1A22 (CoP)</p>			

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<p>1. Does the individual require any type of assistive technology or adaptive devices (i.e. equipment)?</p> <p>2. If yes, have you been trained on the equipment?</p> <p>3. Does the individual have all the required equipment as described in the ISP or other therapy plans? (<i>Ask to see the equipment</i>).</p> <p>Surveyor Instruction: <i>Verify using the AT Inventory, ISP or Therap what is required in each location where the person receives services. Dependent on the environment that you are conducting this interview you must ask to see the equipment and if possible have staff demonstrate its use. If broken, or not working describe what is found.</i></p> <p><i>Assistive technology and adaptive equipment must be present and in working order for this to be marked as met.</i></p>	<p>Tag #1A39</p> <p>List is not all inclusive:</p> <ul style="list-style-type: none"> <input type="checkbox"/> glasses <input type="checkbox"/> hearing aid <input type="checkbox"/> wheelchair <input type="checkbox"/> hospital bed <input type="checkbox"/> grab bars <input type="checkbox"/> cane/walker <input type="checkbox"/> modified utensils <input type="checkbox"/> VOCA <input type="checkbox"/> buttons/switches <input type="checkbox"/> DME: i.e. O2 tanks, nebulizer, CPAP <input type="checkbox"/> Hoyer <input type="checkbox"/> List Other Found: _____ 			
Nursing / General Healthcare of the Individual				
<p>Do you know what the individual's health conditions / diagnoses are?</p> <p>Surveyor Instruction: <i>DSP do not need to list each one, however, this question may also be answered when specific questions relating conditions are asked in the following pages and or they are able to read / list Dx. listed in the file. This question is intended to open the line of communication regarding healthcare needs of the person with the staff. Staff may refer to the file to answer questions or you may ask where the dx can be found. This is met if DSP can identify all major health conditions and / or diagnoses, as more specifics will be asked later in the interview.</i></p> <p><i>Refer to the following questions before marking this question met or not met.</i></p>	<p>Tag #1A22 (CoP)</p>			

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Standard of Care Questions	(Tag #) Surveyor Notes / Deficiency Description <i>Agency Personnel are to be QUOTED on their responses.</i>	MET	NOT MET	NA
<p>Does the individual have any specific dietary and/or nutritional plans? (i.e. diabetic diet, low fat, low cal, etc)</p> <p>If yes, can you tell me what you must do?</p> <p>Surveyor Instruction: You are to determine if there is a required nutritional plan and if so are they implementing the plan. Based on the response there are additional questions that follow as it relates to diabetes, aspiration, hydration, bowel and bladder there is where you will capture specifics.</p>	<p>Tag #1A22 (CoP)</p>			
<p>Does the Individual have a Comprehensive Aspiration Risk Management Plan (CARMP)? Where can you find it?</p> <p>Have you been trained on the CARMP?</p> <p>If yes, what does the plan say about the following:</p> <p>Foods:</p> <p><input type="checkbox"/> consistency/size _____</p> <p><input type="checkbox"/> modified utensils _____</p> <p><input type="checkbox"/> process for safe eating _____</p> <p>Liquids:</p> <p><input type="checkbox"/> add thick-it, etc.</p> <p><input type="checkbox"/> modified cup</p> <p><input type="checkbox"/> process for safe drinking</p> <p><input type="checkbox"/> Food not Allowed:</p> <p><input type="checkbox"/> Degree up in chair or bed after eating and what length of time:</p> <p><input type="checkbox"/> Can staff demonstrate knowledge of Degree? <input type="checkbox"/> <45° <input type="checkbox"/> 90</p> <p>Surveyor Instruction: You are ensuring DSP have knowledge of the plan. DSP do not have to cover every aspect of the plan for this to be met. DSP may refer to files for this information. This would also be a deficiency if the DSP report there is a plan in place, yet the person does not receive this service. or vice versa.</p>	<p>Tag #1A22 (CoP)</p>			

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<p>1. Does the Individual have Health Care Plans (HCP)? Where can you find them?</p> <p>2. Have you been trained on the HCPs?</p> <p>3. If yes, what does the plans cover? What are you responsible for? <i>Surveyor Instruction: You are ensuring DSP have knowledge of the plan. DSP do not have to cover every aspect of the plan for this to be met. DSP may refer to files for this information. This would also be a deficiency if the DSP report there is a plan in place, yet the person does not receive this service.</i></p>	<p>Tag #1A22 (CoP)</p>			
<p>1. Does the Individual have Medical Emergency Response Plans (MERP)? Where can you find it quickly if needed?</p> <p>2. Have you been trained on the MERP?</p> <p>3. If yes, what does the plans cover? What are you responsible for? <i>Surveyor Instruction: You are ensuring DSP have knowledge of the plan. DSP do not have to cover every aspect of the plan for this to be met. DSP may refer to files for this information. This would also be a deficiency if the DSP report there is a plan in place, yet the person does not receive this service.</i></p>	<p>Tag #1A22 (CoP)</p>			
<p>1. Is there always a Nurse available to the individual?</p> <p>2. Can you call a nurse, if needed?</p> <p>3. If no, get explanation of why this is case. <i>Surveyor Instruction: You are ensuring that DSP are aware of nursing availability to the individual. DSP should be able to contact the nurse and get assistance from nurse if needed. Review the on-call information, which should be available to the DSP.</i></p>	<p>Tag #1A15 (CoP)</p>			

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Food and/or Medication Allergies				
<p>Does the individual have any food and/or medication allergies that could potentially be life threatening?</p> <p><i>Surveyor Instruction: You are ensuring that DSP are aware of allergies that can be dangerous to the Individual. Verify in Agency Records if the individual has any allergies to the items listed by the DSP. You may need to cross reference allergy information with available documentation.</i></p>	<p>Tag #1A22 (CoP)</p>			
<p>1) Describe the signs of an <u>allergic reaction to food or a medication</u>?</p> <p><i>Signs:</i></p> <ul style="list-style-type: none"> • Difficulty breathing or swallowing • Hives & itching, • swelling of the throat, lips, or tongue; • generalized flushing; • itching or redness of the skin (hives); • nausea & vomiting; • sudden feeling of weakness; • anxiety or an overwhelming • sense of doom; <p>2) What do you do if you suspect an allergic reaction? <i>(Stop giving them the food/medication. If person is having difficulty breathing, calling 911, followed by calling the agency nurse)</i></p> <p>3) If someone has an allergic reaction to food, what could happen to that person if the reaction is left untreated? <i>(Could be life threatening. It could be fatal if left untreated)</i></p> <p><i>Surveyor Instruction: Not all symptoms need to be identified, but DSP must know at least 2 - 3 of the potential symptoms. DSP also must know that allergic reactions can lead to death if not treated immediately.</i></p>	<p>Tag #1A22 (CoP)</p>			

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<p>Is the Individual diagnosed with <u>ASPIRATION</u>? <i>If Yes, Ask the following. If No, note response and go on to next topic.</i></p> <p>Does this person have a CARMP? <i>A person diagnosed with aspiration should have a mealtime plan/CARMP if they take food and/or liquids by mouth. A person with a g-tube or j-tube with no oral intake will not have a MTP, but MAY have an oral hygiene plan or a plan for recreational feedings.</i></p> <p>1. How do you position the individual for eating? <i>Answer must be consistent with the individual-specific CARMP. (Depending on the location of the aspiration (per swallow study, etc..., a person should be sitting upright or at a specified angle to eat; see individual's MTP/ CARMP for details)</i></p> <p>2. How do you position the individual after eating? <i>Answer must be consistent with the individual-specific CARMP. (Typically, a person is left upright for 30 min to 1 hour after eating.)</i></p> <p>3. Describe at least two signs of aspiration for the person. <i>Answer must be consistent with the individual-specific CARMP. Coughing or gagging, choking, gurgling sounds in the throat while breathing, shortness of breath or wheezing not associated with asthma, tearing of the eyes, mucous build-up in the mouth, reduced alertness or responsiveness, unexplained low-grade fever.</i></p> <p>4. Describe what to do if there is aspiration, specific to this individual. <i>Answer must be consistent with the individual-specific CARMP. See the person's crisis plan for aspiration. Allow person to cough. Do not give liquids to stop the coughing. Reposition to ensure sitting up. Call the nurse and/or 911 if necessary.</i></p> <p>5. Who provided you with training on the individual's CARMP? <i>SLP should be doing the training on the CARMP. The nurse can reinforce the training and may have specific training as defined in the CARMP.</i></p>	<p>Tag #1A22 (CoP)</p> <p>Surveyor Instruction: <i>Responsible party for training on CARMP can be found in IST section of ISP, as well as CARMP. Guidelines to questions are identified above. Staff must be able to answer each question within these guides, when applicable for this to be met. When there is a deficiency ID which # relates to the deficiency. Agency Personnel are to be QUOTED on their responses.</i></p>			

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<p>Does the Individual have a FEEDING TUBE? <i>If Yes, Ask the following. If No, note response and go on to next topic.</i></p> <p>1. What does the Individual use the tube for (i.e. feeding, medications, etc.)? <i>If staff has been trained they will have no hesitation in providing an explanation describing how a tube feeding is administered. The information that is provided by the Direct Service Personnel should be as reflected in the ISP, CARMP, and the Health Care Plan.</i></p> <p>2. Describe 3 signs that something is wrong with the tube. <i>Answer must be consistent with the individual-specific CARMP/ MERP. Tubes can fall out, become blocked, leak around the tube, the skin around the tube can become irritated and/or infected.</i></p> <p>3. Describe how to keep the tube from becoming obstructed. <i>Answer must be consistent with the individual-specific CARMP / MERP. Flushing the tube after the feeding with water.</i></p> <p>4. Describe what to do if the tube becomes obstructed. <i>Answer must be consistent with the individual-specific CARMP. Attempt to flush the tube with water. If this does not work call the agency nurse. If the tube cannot be flushed the physician should be contacted. The tube will need to be replaced.</i></p> <p>5. Describe what to do if the tube falls out. <i>Must be consistent with the individual's CARMP or other Healthcare Plan.</i></p> <p>6. Who provided you with training on the feeding tube? <i>The nurse or Physician should provide the training</i></p> <p>Surveyor Instruction: <i>Responsible party for training can be found in IST section of ISP. Guidelines to questions are identified above. Staff must be able to answer each question within these guides, when applicable for this to be met. When there is a deficiency ID which # relates to the deficiency. Agency Personnel are to be QUOTED on their responses.</i></p>	<p>Tag #1A22 (CoP)</p>			
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<p>Does the Individual have <u>DIABETES</u>? If Yes, Ask the following. If No, note response and go on to next topic.</p> <p>1. What are the signs of low blood sugar and what do you do if there is low blood sugar? <i>Answer must be consistent with the individual-specific HCP / MERP. Sign & Symptoms - Feeling shaky; being sweaty; feeling tired; being hungry; having a fast heartbeat; becoming crabby or confused; having blurred vision or a headache; having no symptoms at all. Give the person some form of sugar, such as 3 glucose tablets, ½ cup of fruit juice, or 5-6 pieces of hard candy; eat a snack that contains protein and carbohydrates, such as saltine crackers and a glass of low fat milk.</i></p> <p>2. What are the signs of high blood sugar and what do you do if there is high blood sugar? <i>Answer must be consistent with the individual-specific HCP / MERP. Sign & Symptoms: High levels of sugar in the urine, frequent urination, and increased thirst. Staff should be able to state the treatment for high blood sugar as defined in the ISP or the HCP / MERP. Can lower blood sugar by exercising, cutting down on the amount of food eaten, and/or medication.</i></p> <p>3. Is there food that should not be given to the individual. <i>Staff should be able to describe foods that should not be given as defined in the ISP, the Diabetes Plan and the diet as prescribed by the Nutritionist</i></p> <p>4. Who provided you training on diabetes? <i>The nurse should train on diabetes, responsible party will be identified in IST section of ISP.</i></p> <p><u>Surveyor Instruction:</u> <i>Responsible party for training can be found in IST section of ISP. Guidelines to questions are identified above. Staff must be able to answer each question within these guides, when applicable for this to be met. When there is a deficiency ID which # relates to the deficiency. Agency Personnel are to be QUOTED on their responses.</i></p>	<p>Tag #1A22 (CoP)</p>			

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<p>Does the Individual have a SEIZURE DISORDER? If Yes, Ask the following. If No, note response and go on to next topic.</p> <p>1. Describe what to do if there is a seizure. <i>Staff should be able to describe what to do if there is a seizure as defined in the ISP and the Seizure Health Care Plan and the MERP. Responses should focus on the personal safety of the individual, maintaining a patent airway, as well as timing and recording the seizure. Staff should know when to call 911 if the seizure should last longer than the prescribed time in the seizure plan or complications arise as described in the seizure plan.</i></p> <p>2. Do you keep a seizure log? If not, where would you document if the Individual had a seizure? <i>A seizure log may not be kept, especially if it has been a number of years since the Individual as had a seizure. Staff should still state that they would document a seizure in their progress notes if there is no seizure log.</i></p> <p>3. How are new staff trained on what to do if there is a seizure. Who provided the training? <i>New staff members should be trained on each individual's Seizure Plan and should be provided with a class regarding seizures.</i></p> <p>4. Does the Individual have a MERP for Seizures? If yes, where it is located and how do you implement it if the individual has a seizure?</p> <p><i>There should be an individualized seizure plan in the person's medical file in the home. The seizure plan should include a description of the type of seizures the individual has; it should describe the frequency and duration of a typical seizure and describe what to do when the individual has a seizure; the seizure plan should also include specific instructions so that staff have a resource should a complication occur such as aspiration or a prolonged seizure.</i></p>	<p>Tag #1A22 (CoP)</p> <p>Surveyor Instruction: <i>Responsible party for training can be found in IST section of ISP. Guidelines to questions are identified above. Staff must be able to answer each question within these guides, when applicable for this to be met. When there is a deficiency ID which # relates to the deficiency. Agency Personnel are to be QUOTED on their responses.</i></p>			

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<p>Does the Individual have issues with <u>LIMITED AMBULATION / LIMITED MOBILITY</u>? <i>If Yes, Ask the following. If No, note response and go on to next topic.</i></p> <p>1) How is the individual is transferred?</p> <p>2) Has the individual had any falls or fractures, within the last year?</p> <p>3) Describe how the individual is positioned. <i>The DSP should be able to state how the individual is to be positioned as identified in the ISP (usually related to aspiration prevention and/or prevention of skin breakdown). Aspiration prevention requires a specific position before and after meals. Prevention of GERD requires the individual to remain in an upright position for a prescribed amount of time after meals (usually the individual should not lie down for at least two hours after a meal).</i></p> <p>4) Who trained you how to work with the Individual's limited mobility?</p> <p>5) Has the Individual had any pressure ulcers (bedsores, decubitus), within the las year? If Yes--Describe how to care for them. Answer should be consistent with the individual-specific HCP.</p> <p><u>Surveyor Instruction:</u> <i>Responsible party for training can be found in IST section of ISP. Guidelines to questions are identified above. Staff must be able to answer each question within these guides, when applicable for this to be met. When there is a deficiency ID which # relates to the deficiency. Agency Personnel are to be QUOTED on their responses.</i></p>	<p>Tag #1A22 (CoP)</p>			

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<p>Does the individual have a BOWEL AND/OR BLADDER health care plan? <i>If Yes, Ask the following. If No, note response and go on to next topic.</i></p> <p>1) Do you track bowel movements?</p> <p>2) When would you call the nurse (if no bowel movement in _____ days, diarrhea)?</p> <p>3) What else do you do to help make sure that the person does not get constipated or have a bowel obstruction?</p> <p>Surveyor Instruction: Information for questions can be found in the HCP for the individual. Staff must be able to answer each question within these guides, when applicable for this to be met. When there is a deficiency ID which # relates to the deficiency. Agency Personnel are to be QUOTED on their responses.</p>	<p>Tag #1A22 (CoP)</p>			
<p>Does the individual have issues with DEHYDRATION?</p> <p>1) Is this person able to drink independently? <i>If Yes, go on to next topic. If No, ask the following.</i></p> <p>2) Do you have to monitor this person for Dehydration?</p> <p>3) What are signs that might lead you to believe the individual is dehydrated?</p> <p><input type="checkbox"/> Signs/Symptoms of dehydration</p> <ul style="list-style-type: none"> • dry lips and mouth • poor urine output or very dark urine • poor skin turgor-pulling up on skin and it not snapping back, • change in level of consciousness <p>Surveyor Instruction: Information for questions can be found in the HCP for the individual. Staff must be able to answer each question within these guides, when applicable for this to be met. When there is a deficiency ID which # relates to the deficiency. Agency Personnel are to be QUOTED on their responses.</p>	<p>Tag #1A22 (CoP)</p>			

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Medication Administration				
<p>1. Do you assist the individual with their Medications?</p> <p>2. Have you completed Assisting with Medication Delivery (AWMD) training?</p> <p><u>Surveyor Instruction:</u> Agency Personnel are to be QUOTED on their responses. Staff who assist with medications need to know where medications and MARs are kept. Surveyor to review this information during observation. If DSP are assisting with medications and have not been trained, this is automatically a deficiency. Cross reference with AWMD training tool</p>	Tag #1A22 (CoP)			
<p>Can you tell me what medications are prescribed for the individual and identify the purpose of each medication prescribed for the individual?</p> <p><u>Surveyor Instruction:</u> DSP may not be able to identify each medication; however, they should know where to find the information, i.e. medication book/MAR.</p>	Tag #1A22 (CoP)			
<p>When you need to assist an individual with a PRN medication, what are the steps you need to take before assisting with the medication?</p> <p><u>Surveyor Instruction:</u> If staff does not administer medications or if FL has opted out do not ask this question. Anyone assisting with meds <u>must obtain verbal authorization</u> from the Agency nurse prior to each administration of PRN medications; Unless related and in a Family Living situation. Must also document the symptoms and effects post-administration. Ask where this is documented and review document for current month.</p>	Tag #1A22 (CoP)			
<p>What are you supposed to do if there is a medication error? (i.e. missed, dropped, not filled, lost, etc.)</p> <p><u>Surveyor Instruction:</u> If staff does not administer medications or if FL has opted out do not ask this question. Verify with Agency P&P what you have been told is the correct procedure. This can only be met if DSP can describe the policy and the policy conforms with the NM Board of Pharmacy Requirements.</p>	Tag #1A22 (CoP)			
<p>Is there anything else that you want to tell me that we have not covered?</p> <p><u>Surveyor Instruction:</u> If during this time, any type of allegation about the provider is made the surveyor must interview others and seek documentation to clarify the issue.</p>	Tag #1A22 (CoP)			