

**New Mexico DOH / DHI / QMB: COMMUNITY INCLUSION Observation Survey Tool**

Standard of Care Questions	(Tag #) Surveyor Notes / Deficiency Description	MET	NOT MET	NA
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**Agency/Region:**  
**Surveyor:** \_\_\_\_\_ **Date/Time** \_\_\_\_\_

**Individual Name and Identifier:** \_\_\_\_\_

**Location of Observation:** \_\_\_\_\_

**Services** (Circle those that apply to Individual):  
 • **2018 Community Inclusion: Customized Community Supports – Community Integrated Employment Services**

**Surveyor Instruction:** *During your observation document what is seen and heard. If suspected ANE is observed or reported, you must report to DHI/IMB immediately. Items are applicable to CI sites, unless otherwise noted. Staff should sign the last page after the CI Observation.*

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**Community Inclusion Site Observation**

<p><b>Is there a</b> Current Custodial Drug Permit from the NM Board of Pharmacy, at the Community Inclusion site, if medication is stored overnight?</p> <p><b>Surveyor Instruction:</b> <i>Required for facilities where medication is maintained overnight. You will need to ask the nursing staff if medication delivery take place there and if medications are stored. If yes, for this to be meet there must be a current permit.</i></p>	Tag #1A33.1			
Is there an individualized schedule that can be modified easily based on individual needs, preferences and circumstances and that outline planned activities per day, week and month including date, time, location and cost of the activity?	Tag #IS04			
Is the Individual engaging in specific activities needed to successfully implement the person's ISP?	Tag #5I02			
During your observation is the Individual involved in skill building activities to support the person's Desired Outcomes, as appropriate?	Tag #5I02			
Is there a secure place for the person to store personal belongings?	Tag #5I02			

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<b>Additional Notes:</b>  				
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**Community Inclusion DSP:**

*Date:* \_\_\_\_\_ *Time:* \_\_\_\_\_

*DSP Name (Print and Signature) and Title:*

*Surveyor Initials:*