Date:	August 23, 2016
To:	Damian Houfek, President and CEO
Provider:	ENMRSH, Inc.
Address:	2700 East 7th Street
State/Zip:	Clovis, New Mexico 88101
E-mail Address:	dhoufek@enmrsh.org
CC:	Cathy Mills, Board Chairman
Address:	2609 Putnam
State/Zip:	Clovis, New Mexico 88101
Region:	Southeast
Routine Survey:	February 22 - 26, 2016
Verification Survey:	July 19 – 21, 2016
Program Surveyed:	Developmental Disabilities Waiver
Service Surveyed:	***2012:*** *Living Supports* (Supported Living, Family Living); *Inclusion Supports* (Customized Community Supports, Community Integrated Employment Services) and *Other* (Customized In-Home Supports) ***2007:*** *Community Living* (Supported Living) and *Community Inclusion* (Adult Habilitation)
Survey Type:	Verification
Team Leader:	Tricia L. Hart, AAS, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau
Team Members:	Deb Russell, BS, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau and Jason Cornwell, MFA, MA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau.

Dear Mr. Houfek;

The Division of Health Improvement/Quality Management Bureau has completed a Verification survey of the services identified above. The purpose of the survey was to determine compliance with your Plan of Correction submitted to DHI regarding the *Routine Survey on February 22 – 26, 2016*.

Determination of Compliance:

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

Compliance with Conditions of Participation.

However, due to the new/repeat standard level deficiencies your agency will be required to contact your DDSD Regional Office for technical assistance and follow up and complete the Plan of Correction document attached at the end of the 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**
   1170 North Solano Suite D Las Cruces, New Mexico 88001

2. **Developmental Disabilities Supports Division Regional Office for region of service surveyed**

Failure to submit your POC within the allotted 10 business days may result in the imposition of a $200 per day Civil Monetary Penalty until it is received, completed and/or implemented.

Please call the Plan of Correction Coordinator at 575-373-5716, if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,

Tricia L. Hart, AAS

Tricia L. Hart, AAS
Team Lead/Healthcare Surveyor
Division of Health Improvement
Quality Management Bureau

Survey Process Employed:

Entrance Conference Date:	July 19, 2016	
Present:	**ENMRSH, Inc.** Celeste Childers, Director of Quality Development **DOH/DHI/QMB** Tricia L. Hart, AAS, Team Lead/Healthcare Surveyor Deb Russell, BS, Healthcare Surveyor	
Exit Conference Date:	July 21, 2016	
Present:	**ENMRSH, Inc.** Damian Houfek, President and Chief Financial Officer Celeste Childers, Director of Quality Development **DOH/DHI/QMB** Tricia L. Hart, AAS, Team Lead/Healthcare Surveyor Deb Russell, BS, Healthcare Surveyor Jason Cornwell, MFA, MA, Healthcare Surveyor **DDSD - SE Regional Office** Cindy Hoefs, Training and Development Specialist	
Administrative Locations Visited	Number:	1
Total Sample Size	Number:	29 7 - *Jackson* Class Members 22 - Non-*Jackson* Class Members 22 - Supported Living 2 - Family Living 7 - Adult Habilitation 19 - Customized Community Supports 7 - Community Integrated Employment Services 5 - Customized In-Home Supports 2 – Health and Safety Interviews/Visits
Total Homes Visited	Number:	4
❖ Supported Living Homes Visited	Number:	4 *Note: The following Individuals share a SL residence:* ➢ #8, 30, 31
Persons Served Records Reviewed	Number:	27 (2 Individuals did not receive an agency record review but received a Health and Safety Visit)
Direct Support Personnel Records Reviewed	Number:	160
Direct Support Personnel Interviewed during Verification Survey	Number:	3
Direct Support Personnel Interviewed during Routine Survey	Number:	45

Substitute Care/Respite Personnel Records Reviewed	Number:	10
Service Coordinator Records Reviewed	Number:	5

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
    - Medication Administration Records
    - Medical Emergency Response Plans
    - 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
MFEAD – NM Attorney General

Attachment B

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

The Division of Health Improvement, Quality Management Bureau (QMB) surveys compliance of the Developmental Disabilities Waiver (DDW) standards and state and federal regulations. QMB has grouped the CMS assurances into five Service Domains: Level of Care; Plan of Care; Qualified Providers; Health, Welfare and Safety; and Administrative Oversight (note that Administrative Oversight listed in this document is not the same as the CMS assurance of Administrative Authority. Used in this context it is related to the agency's operational policies and procedures, Quality Management system and Medicaid billing and reimbursement processes.)

The QMB Determination of Compliance process is based on provider compliance or non-compliance with standards and regulations identified in the QMB Report of Findings. All deficiencies (non-compliance with standards and regulations) are identified and cited as either a Standard level deficiency or a Condition of Participation level deficiency in the QMB Reports of Findings. All deficiencies require corrective action when non-compliance is identified.

Within the QMB Service Domains there are fundamental regulations, standards, or policies with which a provider must be in essential compliance in order to ensure the health and welfare of individuals served known as Conditions of Participation (CoPs).

The Determination of Compliance for each service type is based on a provider's compliance with CoPs in three (3) Service Domains.

Case Management Services:

- Level of Care
- Plan of Care
- Qualified Providers

Community Inclusion Supports/ Living Supports:

- Qualified Provider
- Plan of Care
- Health, Welfare and Safety

Conditions of Participation (CoPs)

A CoP is an identified fundamental regulation, standard, or policy with which a provider must be in compliance in order to ensure the health and welfare of individuals served. CoPs are based on the Centers for Medicare and Medicaid Services, Home and Community-Based Waiver required assurances. A provider must be in compliance with CoPs to participate as a waiver provider.

QMB surveyors use professional judgment when reviewing the critical elements of each standard and regulation to determine when non-compliance with a standard level deficiency rises to the level of a CoP out of compliance. Only some deficiencies can rise to the level of a CoP (See the next section for a list of CoPs). The QMB survey team analyzes the relevant finding in terms of scope, actual harm or potential for harm, unique situations, patterns of performance, and other factors to determine if there is the potential for a negative outcome which would rise to the level of a CoP. A Standard level deficiency becomes a CoP out of compliance when the team's analysis establishes that there is an identified potential for significant harm or actual harm. It is then cited as a CoP out of compliance. If the deficiency does not rise to the level of a CoP out of compliance, it is cited as a Standard Level Deficiency.

The Division of Health Improvement (DHI) and the Developmental Disabilities Supports Division (DDSD) collaborated to revise the current Conditions of Participation (CoPs). There are seven Conditions of Participation in which providers must be in compliance.

CoPs and Service Domains for Case Management Supports are as follows:

Service Domain: Level of Care

Condition of Participation:

1. **Level of Care**: The Case Manager shall complete all required elements of the Long Term Care Assessment Abstract (LTCAA) to ensure ongoing eligibility for waiver services.

Service Domain: Plan of Care

Condition of Participation:

2. **Individual Service Plan (ISP) Creation and Development**: Each individual shall have an ISP. The ISP shall be developed in accordance with DDSD regulations and standards and is updated at least annually or when warranted by changes in the individual's needs.

Condition of Participation:

3. **ISP Monitoring and Evaluation:** The Case Manager shall ensure the health and welfare of the individual through monitoring the implementation of ISP desired outcomes.

CoPs and Service Domain for ALL Service Providers is as follows:

Service Domain: Qualified Providers

Condition of Participation:

4. **Qualified Providers**: Agencies shall ensure support staff has completed criminal background screening and all mandated trainings as required by the DDSD.

CoPs and Service Domains for Living Supports and Inclusion Supports are as follows:

Service Domain: Plan of Care

Condition of Participation:

5. **ISP Implementation**: Services provided shall be consistent with the components of the ISP and implemented to achieve desired outcomes.

Service Domain: Health, Welfare and Safety

Condition of Participation:

6. **Individual Health, Safety and Welfare: (Safety)** Individuals have the right to live and work in a safe environment.

Condition of Participation:

7. **Individual Health, Safety and Welfare (Healthcare Oversight)**: The provider shall support individuals to access needed healthcare services in a timely manner. Nursing, healthcare services and healthcare oversight shall be available and provided as needed to address individuals' health, safety and welfare.

QMB Determinations of Compliance

Compliance with Conditions of Participation

The QMB determination of *Compliance with Conditions of Participation* indicates that a provider is in compliance with all Conditions of Participation, (CoP). The agency has obtained a level of compliance such that there is a minimal potential for harm to individuals' health and safety. To qualify for a determination of Compliance with Conditions of Participation, the provider must be in compliance with all Conditions of Participation in all relevant Service Domains. The agency may also have Standard level deficiencies (deficiencies which are not at the condition level) out of compliance in any of the Service Domains.

Partial-Compliance with Conditions of Participation

The QMB determination of *Partial-Compliance with Conditions of Participation* indicates that a provider is out of compliance with Conditions of Participation in one (1) to two (2) Service Domains. The agency may have one or more Condition level tags within a Service Domain. This partial-compliance, if not corrected, may result in a serious negative outcome or the potential for more than minimal harm to individuals' health and safety. The agency may also have Standard level deficiencies (deficiencies which are not at the condition level) in any of the Service Domains.

Providers receiving a repeat determination of Partial-Compliance for repeat deficiencies at the level of a Condition in any Service Domain may be referred by the Quality Management Bureau to the Internal Review Committee (IRC) for consideration of remedies and possible actions or sanctions.

Non-Compliance with Conditions of Participation

The QMB determination of *Non-Compliance with Conditions of Participation* indicates a provider is significantly out of compliance with Conditions of Participation in multiple Service Domains. The agency may have one or more Condition level tags in each of 3 relevant Service Domains. This non-compliance, if not corrected, may result in a serious negative outcome or the potential for more than minimal harm to individuals' health and safety. The agency may also have Standard level deficiencies (deficiencies which are not at the condition level) in any of the Service Domains

Providers receiving a repeat determination of Non-Compliance will be referred by Quality Management Bureau to the Internal Review Committee (IRC) for consideration of remedies and possible actions or sanctions.

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 Deputy Bureau Chief **within 10 business days** of receipt of the final Report of Findings.
2. The written request for an IRF *must* be completed on the QMB Request for Informal Reconsideration of Finding form available on the QMB website: http://dhi.health.state.nm.us/qmb
3. The written request for an IRF must specify in detail the request for reconsideration and why the finding is inaccurate.
4. The IRF request must include all supporting documentation or evidence.
5. If you have questions about the IRF process, email the IRF Chairperson, Crystal Lopez-Beck at Crystal.Lopez-Beck@state.nm.us for assistance.

The following limitations apply to the IRF process:

- The written request for an IRF and all supporting evidence must be received within 10 business days.
- Findings based on evidence requested during the survey and not provided may not be subject to reconsideration.
- The supporting documentation must be new evidence not previously reviewed or requested by the survey team.
- Providers must continue to complete their Plan of Correction during the IRF process
- Providers may not request an IRF to challenge the sampling methodology.
- Providers may not request an IRF based on disagreement with the nature of the standard or regulation.
- Providers may not request an IRF to challenge the team composition.
- Providers may not request an IRF to challenge the DHI/QMB determination of compliance or the length of their DDSD provider contract.

A Provider forfeits the right to an IRF if the request is not received within 10 business days of receiving the report and/or does not include all supporting documentation or evidence to show compliance with the standards and regulations.

The IRF Committee will review the request; the Provider will be notified in writing of the ruling; no face-to-face meeting will be conducted.

When a Provider requests that a finding be reconsidered, it does not stop or delay the Plan of Correction process. **Providers must continue to complete the Plan of Correction, including the finding in dispute regardless of the IRF status.** If a finding is removed or modified, it will be noted and removed or modified from the Report of Findings. It should be noted that in some cases a Plan of Correction may be completed prior to the IRF process being completed. The provider will be notified in writing on the decisions of the IRF committee.

Agency: **ENMRSH, Inc. - Southeast Region**
Program: Developmental Disabilities Waiver
Service: ***2012:*** *Living Supports* (Supported Living, Family Living); *Inclusion Supports* (Customized Community Supports, Community Integrated Employment Services) and *Other* (Customized In-Home Supports)
2007: *Community Living* (Supported Living) and *Community Inclusion* (Adult Habilitation)
Monitoring Type: Verification Survey
Routine Survey: **February 22 - 26, 2016**
Verification Survey: **July 19 – 21, 2016**

Standard of Care	Routine Survey Deficiencies February 22 – 26, 2016	Verification Survey New and Repeat Deficiencies July 19 – 21, 2016
Service Domain: Health and Welfare – *The state, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.*		
Tag #1A39 **Assistive Technology and Adaptive Equipment**	**Standard Level Deficiency**	**Standard Level Deficiency**
CHAPTER 1. III. PROVIDER AGENCY DOCUMENTATION OF SERVICE DELIVERY AND LOCATION **F. Sanitation:** (1) Equipment and utensils shall be kept clean and in good repair; and **7.26.5.13 DEVELOPMENT OF THE INDIVIDUAL SERVICE PLAN (ISP) - ASSESSMENTS:** **7.26.5.14 DEVELOPMENT OF THE INDIVIDUAL SERVICE PLAN (ISP) - CONTENT OF INDIVIDUAL SERVICE PLANS:** Each ISP shall contain: **F. Assistive technology:** Necessary support mechanisms and devices, including the rationale for the use of assistive technology or adaptive equipment when a need has been identified shall be documented in the ISP. The rationale shall include the environments and	Based on record review, observation and interview the Agency did not ensure the necessary support mechanisms and devices, including the rationale for the use of assistive technology or adaptive equipment was in place for 1 of 27 Individuals. Review of Assistive Technology Inventory List indicated a wheelchair, cane, Big Red switch, Ablenet Powerlink, and Blue Vibrating Tube were required to be used by Individual #8. **During the residential home visit, DSP were asked if the Individual had any assistive device or adaptive equipment and if it was in functioning order.** • The Assistive Technology Inventory List of the ISP was reviewed during the on-site home visit on 2/22/2016 at 6 PM. Surveyors asked about the following assistive devices and/or adaptive equipment being available to the individual and if they could show the surveyors where the items	**Repeat Finding:** Based on record review, observation and interview the Agency did not ensure the necessary support mechanisms and devices, including the rationale for the use of assistive technology or adaptive equipment was in place for 1 of 29 Individuals. Review of Assistive Technology Inventory List submitted to Plan of Correction Coordinator from agency includes the following for Individual #8: • Communication Dictionary • Modified Wheelchair with detachable head rest • Ramp in front entrance for wheelchair • Weighted bent spoon with built-up handle • Lipped plate • Blue Dycem mat, riser to raise plate (food container with lid) • 10 cc Provale cup • Plate Guard (when going out to eat only)

situations in which assistive technology is used. Selection of assistive technology shall support the individual's independence and functional capabilities in as non-intrusive a fashion as possible. **CHAPTER 5 VI. SCOPE OF SUPPORTED EMPLOYMENT SERVICES** (7) Facilitating job accommodations and use of assistive technology, including the use of communication devices; **CHAPTER 5 VII. SUPPORTED EMPLOYMENT SERVICES REQUIREMENTS** **D. Provider Agency Requirements** (6) Qualification and Competencies for Supported Employment Staff (includes intensive): Qualifications and competencies for staff providing job coaching/consultation services shall, at a minimum, are able to: **CHAPTER 5 XI. COMMUNITY ACCESS SERVICES REQUIREMENTS** **F. Community Access Services Provider Agency Staff Qualifications and Competencies** (1) Qualifications and Competencies for Community Access Coaches. The Community Access Coach shall, at a minimum, demonstrate the ability to: (q) Communicate effectively with the individual including communication through the use of adaptive equipment and use of a communication dictionary when the individual uses these modes of communication; (j) Communicate effectively with the individual including communication through the use of adaptive equipment as well as the individual's Communication Dictionary, if applicable, at the work site; **CHAPTER 6. II. SCOPE OF COMMUNITY LIVING SERVICES**.	were. DSP #288 stated the following, "The wheelchair is not here, I think it is in the van"; cane "he does not have one"; Big Red Switch, "He does not have one anymore"; Powerlink, "I don't know what that is"; and the Blue Vibrating Tube "is broken." (Individual #8) **Documentation reviewed also indicated that Individual #8 required a Communication Dictionary, Note Book and Jelly Bean Switch. During observation of the Individual's environment no evidence of the following items was found:** • Communication dictionary • Note book • Jelly Bean Switch	• Grab bars in the shower • Soft bristle toothbrush (radius "scuba" toothbrush is preferred) • Green non-skid placemat Per Plan of Correction Approved on 5/17/2016. "Supervisors will ensure DSP are knowledgeable of AT inventory through the use of monthly staff quality checks. If issues are found, DSP will need to be retrained and rosters will need to be turned in." **During the residential home visit and site visit, DSP's were asked if the Individual had any assistive device or adaptive equipment and if it was in functioning order.** • During the home visit on 7/20/2016 at 5 PM, Surveyors reviewed the Assistive Technology Inventory List identified in the ISP with the DSP's present. When DSP were asked if the assistive devices and adaptive equipment were available to the individual and if they could show the surveyors where the items were located, the following was reported: ◦ DSP #372 stated "I don't know what a plate guard is." Please note that DSP #372 and #365 thoroughly searched the kitchen cabinets and were unable to locate a plate guard. Per SLP's adaptive equipment list Individual #8 should have 2 plate guards. One for his home and one to travel back and forth from home and the day program. (Individual #8) • During the site visit (Day Program) on 7/21/2016, at 9:00 AM, Surveyors reviewed the Assistive Technology Inventory List identified above with the DSP's present. When DSP were asked if the assistive devices and adaptive equipment were available to the individual and if they could show the surveyors where the items were located, the following was reported:

A. The scope of Community Living Services includes, but is not limited the following as identified by the IDT: (8) Implementation of the ISP, Therapy, Meal-time, Positive Behavioral Supports, Health Care, and Crisis Prevention/Interventions Plans, if applicable; (9) Assistance in developing health maintenance supports, as well as monitoring the effectiveness of such supports; (12) Assist the individual as needed, in coordination with the designated healthcare coordinator and others on the IDT, with access to medical, dental, therapy, nutritional, behavioral and nursing practitioners and in the timely implementation of healthcare orders, monitoring and recording of therapeutic plans or activities as prescribed, to include: health care and crisis prevention/ intervention plans; **CHAPTER 6. VIII. COMMUNITY LIVING SERVICE PROVIDER AGENCY REQUIREMENTS** **H. Community Living Services Provider Agency Staffing Requirements** **(**1) Community Living Service Staff Qualifications and Competencies: Individuals working as direct support staff and supervisors for Community Living Service Provider Agencies shall demonstrate the following: (b) The ability to assist the individual to meet his or her physical (e.g., health, grooming, toileting, eating) and personal management needs, by teaching skills, providing supports, and building on individual strengths and capabilities; **L. Residence Requirements for Family Living Services and Supported Living Services**		° DSP #316 could not locate a plate guard. Per SLP's adaptive equipment list Individual #8 should have 2 plate guards. One for his home and one to travel back and forth from home and the day program. (Individual #8)

(1) Supported Living Services and Family Living Services providers shall assure that each individual's residence has: (5) Kitchen area shall: (b) Arrangements will be made, in consultation with the IDT for environmental accommodations and assistive technology devices specific to the needs of the individual(s); and		

Standard of Care	Routine Survey Deficiencies February 22 – 26, 2016	Verification Survey New and Repeat Deficiencies July 19 – 21, 2016
Service Domain: Service Plans: ISP Implementation – *Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan.*		
Tag # 1A32 and LS14 / 6L14 Individual Service Plan Implementation	**Standard Level Deficiency**	**COMPLETED**
Tag # LS14 / 6L14 Residential Case File	**Standard Level Deficiency**	**COMPLETED**
Service Domain: Qualified Providers – *The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.*		
Tag # 1A11.1 Transportation Training	**Standard Level Deficiency**	**COMPLETED**
Tag # 1A20 Direct Support Personnel Training	**Standard Level Deficiency**	**COMPLETED**
Tag # 1A22 Agency Personnel Competency	**Condition of Participation Level Deficiency**	**COMPLETED**
Tag # 1A28.1 Incident Mgt. System - Personnel Training	**Standard Level Deficiency**	**COMPLETED**
Tag # 1A37 Individual Specific Training	**Condition of Participation Level Deficiency**	**COMPLETED**
Service Domain: Health and Welfare – *The state, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.*		
Tag #1A08.2 Healthcare Requirements	**Standard Level Deficiency**	**COMPLETED**
Tag # 1A06 Policy and Procedure Requirements	**Standard Level Deficiency**	**COMPLETED**
Tag # 1A03 CQI System	**Standard Level Deficiency**	**COMPLETED**
Tag # 1A09.1 Medication Delivery PRN Medication Administration	**Standard Level Deficiency**	**COMPLETED**
Tag # 1A09.2 Medication Delivery Nurse Approval for PRN Medication	**Standard Level Deficiency**	**COMPLETED**
Tag # 1A16 Sanitation of Residences/Service Locations	**Standard Level Deficiency**	**COMPLETED**

Tag # 1A33.1 Board of Pharmacy - License	**Standard Level Deficiency**	**COMPLETED**
Tag # LS25 / 6L25 Residential Health and Safety (SL/FL)	**Standard Level Deficiency**	**COMPLETED**
Service Domain: Medicaid Billing/Reimbursement – *State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.*		
Tag #1A12 All Services Reimbursement (No Deficiencies Found)		

Agency Plan of Correction		
Tag #	**Corrective Action for survey deficiencies / On-going QA/QI and Responsible Party**	**Due Date**
Tag #1A39 **Assistive Technology and Adaptive Equipment**	**Provider:** **State your Plan of Correction for the deficiencies cited in this tag here** *(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?)***: →** **Provider:** **Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here** *(What is going to be done? How many individuals is this going to effect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?)***: →**	

Date: September 9, 2016

To: Damian Houfek, President and CEO
Provider: ENMRSH, Inc.
Address: 2700 East 7th Street
State/Zip: Clovis, New Mexico 88101

E-mail Address: dhoufek@enmrsh.org

CC: Cathy Mills, Board Chairman
Address: 2609 Putnam
State/Zip: Clovis, New Mexico 88101

Region: Southeast
Routine Survey: February 22 - 26, 2016
Verification Survey: July 19 – 21, 2016

Program Surveyed: Developmental Disabilities Waiver

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

Survey Type: Verification

Dear Mr. Houfek;

The Division of Health Improvement/Quality Management Bureau has received, reviewed and approved the supporting documents you submitted for your Plan of Correction. The documents you provided verified that all previously cited survey Deficiencies have been corrected.

The Plan of Correction process is now complete.

Furthermore, your agency is now determined to be in Compliance with all Conditions of Participation.

To maintain ongoing compliance with standards and regulations, continue to use the Quality Assurance (self-auditing) processes you described in your Plan of Correction.

Consistent use of these Quality Assurance processes will enable you to identify and promptly respond to problems, enhance your service delivery, and result in fewer deficiencies cited in future QMB surveys.

Thank you for your cooperation with the Plan of Correction process, for striving to come into compliance with standards and regulations, and for helping to provide the health, safety and personal growth of the people you serve.

Sincerely,

Amanda Castañeda

Amanda Castañeda
Plan of Correction Coordinator
Quality Management Bureau/DHI

Q.17.1.DDW.D1808.4.VER.09.16.253