

Date: September 21, 2016

To: Rex Davidson, Executive Director
Provider: Las Cumbres Community Services, Inc.
Address: 104 South Coronado
State/Zip: Espanola, New Mexico 87532

E-mail Address: rex.davidson@lccs-nm.org

CC: Megan Delano, Director
E-Mail Address: megan.delano@lccs-nm.org

Region: Northeast
Routine Survey: February 8 - 11, 2016
Verification Survey: August 19 – 23, 2016

Program Surveyed: Developmental Disabilities Waiver

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

Survey Type: Verification

Team Leader: Jason Cornwell, MA, MFA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Team Members: Deborah Russell BS, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Mr. Davidson and Ms. Delano:

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 8 – 11, 2016*.

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

Compliance with Conditions of Participation.

However, due to the new/repeat standard level deficiencies your agency will be required to contact your DDSD Regional Office for technical assistance and follow up 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.

DIVISION OF HEALTH IMPROVEMENT
5301 Central Avenue NE, Suite 400 • Albuquerque, New Mexico • 87108
(505) 222-8623 • FAX: (505) 222-8661 • <http://www.dhi.health.state.nm.us>

QMB Report of Findings – Las Cumbres Community Services, Inc. – Northeast Region – August 19 – 23, 2016

Survey Report #: Q.17.1.DDW.D0606.2.VER.01.16.265



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 DDS 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,

Jason Cornwell, MFA, MA

Jason Cornwell, MFA, MA
Team Lead/Healthcare Surveyor
Division of Health Improvement
Quality Management Bureau

Survey Process Employed:

Entrance Conference Date:	August 22, 2016
Present:	<u>Las Cumbres Community Services, Inc.</u> Nanette Rodriguez Martinez, Operations Manager/Service Coordinator Rosita Rodriguez, Program Manager/Service Coordinator Rex Davidson, Executive Director <u>DOH/DHI/QMB</u> Jason Cornwell, MFA, MA Team Lead/Healthcare Surveyor Deborah Russell BS, Healthcare Surveyor
Exit Conference Date:	August 23, 2016
Present:	<u>Las Cumbres Community Services, Inc.</u> Nanette Rodriguez Martinez, Operations Manager/Service Coordinator Rosita Rodriguez, Program Manager/Service Coordinator Caroline Manzanares, Registered Nurse <u>DOH/DHI/QMB</u> Jason Cornwell, MFA, MA Team Lead/Healthcare Surveyor Deborah Russell BS, Healthcare Surveyor <u>DDSD - Northeast Regional Office</u> Suzanne Welch, Social Community Service Coordinator (via telephone)
Administrative Locations Visited	Number: 1
Total Sample Size	Number: 14 0 - <i>Jackson</i> Class Members 14 - <i>Non-Jackson</i> Class Members 6 - Supported Living 10 - Customized Community Supports 4 - Community Integrated Employment Services 5 - Customized In-Home Supports
Persons Served Records Reviewed	Number: 14
Direct Support Personnel Records Reviewed	Number: 35
Service Coordinator Records Reviewed	Number: 2
Administrative Processes and Records Reviewed:	<ul style="list-style-type: none">• 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:<ul style="list-style-type: none">○ Individual Service Plans○ Progress on Identified Outcomes

QMB Report of Findings – Las Cumbres Community Services, Inc. – Northeast Region – August 19 – 23, 2016

Survey Report #: Q.17.1.DDW.D0606.2.VER.01.16.265

- 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
- Evacuation Drills of Residences and Service Locations
- Quality Assurance / Improvement Plan

CC: Distribution List: DOH - Division of Health Improvement
 DOH - Developmental Disabilities Supports Division
 DOH - Office of Internal Audit
 HSD - Medical Assistance Division
 MFEAD – NM Attorney General

Attachment B

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

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

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

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

The Determination of Compliance for each service type is based on a provider's compliance with CoPs in 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.

**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: Las Cumbres Community Services, Inc. – Northeast Region
Program: Developmental Disabilities Waiver
Service: *2012: Living Supports* (Supported Living); *Inclusion Supports* (Customized Community Supports, Community Integrated Employment Services) and *Other* (Customized In-Home Supports)
2007: Community Inclusion (Supported Employment)
Monitoring Type: Verification Survey
Routine Survey: February 8 – 11, 2016
Verification Survey: August 19 – 23, 2016

Standard of Care	Routine Survey Deficiencies February 8 - 11, 2016	Verification Survey New and Repeat Deficiencies August 19 - 23, 2016
<p>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.</p>		
<p>Tag # 1A32 and LS14 / 6L14 Individual Service Plan Implementation</p>	<p>Condition of Participation Level Deficiency</p>	<p>Standard Level Deficiency</p>
<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</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 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 13 of 16 individuals.</p> <p>As indicated by Individuals ISP the following was found with regards to the implementation of ISP Outcomes:</p> <p>Administrative Files Reviewed:</p> <p>Supported Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #1</p>	<p>New and Repeat Findings:</p> <p>Based on 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 14 individuals.</p> <p>As indicated by Individuals ISP the following was found with regards to the implementation of ISP Outcomes:</p> <p>Administrative Files Reviewed:</p> <p>Customized Community Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #8</p> <ul style="list-style-type: none"> ◦ According to the Fun Outcome; Action Step for "...will participate in set routine exercises with trainer" is to be completed 2 times per week, evidence found indicated it was not being completed

<p>(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 supports include 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>	<ul style="list-style-type: none"> ◦ None found regarding: Live Outcome/Action Step: "...will organize a trip to Seattle" for 6/2015 - 12/2015. Action step is to be completed 1 time per week. ◦ None found regarding: Live Outcome/Action Step: "...will check into to finances for trip" for 6/2015 - 12/2015. Action step is to be completed 2 times per month. ◦ None found regarding: Live Outcome/Action Step: "...will plan an itinerary" for 6/2015 - 12/2015. Action step is to be completed 2 times per month. <p>Individual #2</p> <ul style="list-style-type: none"> ◦ None found regarding: Live Outcome/Action Step: "...will independently write a list of all personal items she need from the store with staff assistance" for 11/2015 - 12/2015. Action step is to be completed 1 time per month. ◦ None found regarding: Live Outcome/Action Step: "...will attend church or meet with a Eucharistic Minister at her home" for 10/2015 - 12/2015. Action step is to be completed 1 time per month. <p>Individual #9</p> <ul style="list-style-type: none"> ◦ According to the Live Outcome; Action Step for "...will shop for the ingredients" 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 10/2015 - 11/2015. <p>Individual #15</p> <ul style="list-style-type: none"> ◦ According to the Live Outcome; Action Step for "...will collect her dirty laundry and take it to the 	<p>at the required frequency as indicated in the ISP for 7/2016.</p> <ul style="list-style-type: none"> ◦ According to the Fun Outcome; Action Step for "...will access the fitness center" 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 7/2016. ◦ According to the Work Outcome; Action Step for "...will assess the supermarket to find tasks that need to be shelved" 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 7/2016. ◦ According to the Work Outcome; Action Step for "...will remove boxes that have been broken down to the baler" 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 7/2016. ◦ According to the Work Outcome; Action Step for "...will clock in at work" 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 7/2016.
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machine” is to be completed every other day. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 10/2015.

- According to the Live Outcome; Action Step for “...will fold her clothes” is to be completed every other day. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 10/2015.
- According to the Live Outcome; Action Step for “...will put her clothes away” is to be completed every other day. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 10/2015.

Individual #16

- None found regarding: Live Outcome/Action Step: “...will choose something he wants to record” for 10/2015 - 12/2015. Action step is to be completed 2 times per month.
- None found regarding: Live Outcome/Action Step: “...will record a video or take a photo” for 10/2015 - 12/2015. Action step is to be completed 2 times per month.

Customized Community Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes:

Individual #6

- Review of Agency’s documented Outcomes and Action Steps do not match the current ISP Outcomes and Action Steps for Fun area. **Agency’s Outcomes/Action Steps are as follows:**
 - “...will explore new fiber art projects.”

Annual ISP (9/1/2015 – 8/31/2016)

Outcomes/Action Steps are as follows:

- *...will complete a quilt” (2 times per week and complete one square per quarter)*

Individual #8

- According to the Fun Outcome; Action Step for “...will participate in set routine exercises with trainer” 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 10/2015 - 11/2015.
- According to the Fun Outcome; Action Step for “...will access the fitness center” 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 10/2015 - 11/2015.

Individual #12

- None found regarding: Develop Relationships/ Have Fun Outcome/Action Step: “...will exercise for 20 consecutive minutes” for 10/2015 - 12/2015. Action step is to be completed 2 times per week.

Individual #13

- According to the Health/Other Outcome; Action Step for “work on computer program 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 11/2015 - 12/2015.
- None found regarding: Health/Other Outcome/Action Step: “...will learn to pay the exact amount when making a purchase” for

10/2015 - 1/2016. Action step is to be completed 2 times per week.

Individual #15

- According to the Work/Education/Volunteer Outcome; Action Step for "...will ask her supervisor for duties" is to be completed 2 to 3 times per week, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 10/2015 - 1/2016.

Individual #16

- According to the Work/Education/Volunteer Outcome; Action Step for "...will work and play on his I-Pad 30 minutes" is to be completed daily, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 10/2015 - 12/2015.

**Community Integrated Employment Services
Data Collection / Data Tracking / Progress with
regards to ISP Outcomes:**

Individual #10

- No Outcomes or DDSD exemption/decision justification found for Customized Integrated Employment Services. As indicated by NMAC 7.26.5.14 "Outcomes are required for any life area for which the individual receives services funded by the developmental disabilities Medicaid waiver."

Individual #13

- None found regarding: Work/learn, Outcome/Action Step: "...will make sure hands are dry before she puts on work gloves" for 10/2015 - 1/2016. Action step is to be completed 4 times per week.

**Customized In-Home Supports Data
Collection/Data Tracking/Progress with regards
to ISP Outcomes:**

Individual #5

- None found regarding: Live Outcome/Action Step: "...will cook healthy meals" for 10/2015 - 12/2015. Action step is to be completed 1 time per week.
- None found regarding: Work Outcome/Action Step: "...will exercise at the fitness center" for 10/2015 - 12/2015. Action step is to be completed 2 times per month.
- None found regarding: Develop Relationships/ Have Fun Outcome/Action Step: "...will go out of town on a fun activity" for 10/2015 - 12/2015. Action step is to be completed 1 time per month.

Individual #12

- None found regarding: Live Outcome/Action Step: "...will find an article of interest on the computer and read it" for 10/2015 - 12/2015. Action step is to be completed 1 time per week.
- None found regarding: Live Outcome/Action Step: "...will discuss what she has read with staff" for 10/2015 - 12/2015. Action step is to be completed 1 time per week.
- None found regarding: Live Outcome/Action Step: "...will email a family member" for 10/2015 - 12/2015. Action step is to be completed 2 times per month.

Individual #13

- None found regarding: Live Outcome/Action Step: "...will make a list of what she wants to do

for the month” for 10/2015 - 12/2015. Action step is to be completed 1 - 2 times per month.

◦ None found regarding: Live Outcome/Action Step: “...with staff assistance will plan times and dates of when task will be done” for 10/2015 - 12/2015. Action step is to be completed 1 - 2 times per week.

◦ None found regarding: Live Outcome/Action Step: “...will complete task” for 10/2015 - 12/2015. Action step is to be completed 1 - 2 times per week.

Individual #14

◦ None found regarding: Live Outcome/Action Step: “...will vacuum and pick up personal items from living area” for 10/2015 - 12/2015. Action step is to be completed 3 times per week.

Individual #19

◦ None found regarding: Live Outcome/Action Step: “...will decide what she wants to warm up” for 10/2015 - 12/2015. Action step is to be completed 1 time per week.

◦ None found regarding: Live Outcome/Action Step: “...will set time on the microwave for the food she is warming” for 10/2015 - 12/2015. Action step is to be completed 1 time per week.

◦ None found regarding: Work/Education/Volunteer Outcome/Action Step: “...will use the counter or stander to stand for 45 minutes” for 10/2015 - 12/2015. Action step is to be completed 2 times per week.

◦ None found regarding: Fun Outcome/Action Step: “...will choose a fun activity in to

participate in *[sic]*” for 10/2015 - 12/2015. Action step is to be completed 2 times per week.

**Residential Files Reviewed:
Supported Living Data Collection/Data
Tracking/Progress with regards to ISP
Outcomes:**

Individual #1

- None found regarding: Live Outcome/Action Step: “...will organize a trip to Seattle” for 2/1 – 7, 2016. Action step is to be completed 1 time per week.
- None found regarding: Work/ Learn Outcome/Action Step: “...will turn in receipts” for 2/1 – 7, 2016. Action step is to be completed 1 time per week.

Individual #9

- None found regarding: Live Outcome/Action Step: “...will take his weight on Monday and record it on a chart in his room” for 2/1 – 7, 2016. Action step is to be completed 1 time per week.
- None found regarding: Live Outcome/Action Step: “...will record his exercise weekly on his exercise chart” for 2/1 – 7, 2016. Action step is to be completed 3+ times per week.
- None found regarding: Work/Education/ Volunteer Outcome/Action Step: “...will work with an individual painting teacher” for 2/1 – 7, 2016. Action step is to be completed 1 time per week.
- None found regarding: Work/Education/ Volunteer Outcome/Action Step: “...will date

	<p>each painting” for 2/1 – 7, 2016. Action step is to be completed 1 time per week.</p> <ul style="list-style-type: none"> ◦ None found regarding: Work/Education/ Volunteer Outcome/Action Step: “...will name each painting” for 2/1 – 7, 2016. Action step is to be completed 1 time per week. ◦ None found regarding: Work/Education/ Volunteer Outcome/Action Step: “...will create a narrative about each painting” for 2/1 – 7, 2016. Action step is to be completed 1 time per week. ◦ None found regarding: Develop Relationships/ Have Fun Outcome/Action Step: “...will identify community events he wants to attend” for 2/1 – 7, 2016. Action step is to be completed 1 time per week. ◦ None found regarding: Develop Relationships/ Have Fun Outcome/Action Step: “...will put events on his calendar” for 2/1 – 7, 2016. Action step is to be completed 1 time per week. ◦ None found regarding: Develop Relationships/ Have Fun Outcome/Action Step: “...will attend the events he selects” for 2/1 – 7, 2016. Action step is to be completed 1 time per week. <p>Individual #10</p> <ul style="list-style-type: none"> ◦ According to the Live Outcome; Actions Steps for “will check with supervisor at shelter for duties” 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 2/1 – 7, 2016. <p>Individual #15</p>	
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- None found regarding: Live Outcome/Action Step: "...will put on clean clothes in the morning" for 2/1 – 8, 2016. Action step is to be completed daily.
- None found regarding: Live Outcome/Action Step: "...will put on clean pajama in the evening" for 2/1 – 7, 2016. Action step is to be completed daily.
- None found regarding: Work/Education/Volunteer Outcome; Action Step for "...will ask her supervisor for duties" 2/1 – 7, 2016. Action step is to be completed two to three times a week.
- None found regarding: Develop Relationships/ Have Fun Outcome; Action Step for "...will collect dirty laundry and take it to the machine" 2/1 – 8, 2016. Action step is to be completed every other day.
- None found regarding: Develop Relationships/ Have Fun Outcome; Action Step for "...will fold her clothes" 2/1 – 8, 2016. Action step is to be completed every other day.
- None found regarding: Develop Relationships/ Have Fun Outcome; Action Step for "...will put her clothes away" 2/1 – 8, 2016. Action step is to be completed every other day.

Standard of Care	Routine Survey Deficiencies February 8 -11, 2016	Verification Survey New and Repeat Deficiencies August 19 - 23, 2016
<p>Service Domain: Qualified Providers – <i>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></p>		
Tag # 1A20 Direct Support Personnel Training	Standard Level Deficiency	Standard Level Deficiency
<p>Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) Policy - Policy Title: Training Requirements for Direct Service Agency Staff Policy - Eff. March 1, 2007 - II. POLICY STATEMENTS:</p> <p>A. Individuals shall receive services from competent and qualified staff.</p> <p>B. Staff shall complete individual-specific (formerly known as “Addendum B”) training requirements in accordance with the specifications described in the individual service plan (ISP) of each individual served.</p> <p>C. Staff shall complete training on DOH-approved incident reporting procedures in accordance with 7 NMAC 1.13.</p> <p>D. Staff providing direct services shall complete training in universal precautions on an annual basis. The training materials shall meet Occupational Safety and Health Administration (OSHA) requirements.</p> <p>E. Staff providing direct services shall maintain certification in first aid and CPR. The training materials shall meet OSHA requirements/guidelines.</p> <p>F. Staff who may be exposed to hazardous chemicals shall complete relevant training in accordance with OSHA requirements.</p> <p>G. Staff shall be certified in a DDSD-approved behavioral intervention system (e.g., Mandt, CPI) before using physical restraint techniques.</p>	<p>Based on record review, the Agency did not ensure Orientation and Training requirements were met for 6 of 35 Direct Support Personnel.</p> <p>Review of Direct Support Personnel training records found no evidence of the following required DOH/DDSD trainings and certification being completed:</p> <ul style="list-style-type: none"> • Pre- Service (DSP #234) • Foundation for Health and Wellness (DSP #234) • Person-Centered Planning (1-Day) (DSP #214, 234) • First Aid (DSP #200, 231, 234) • CPR (DSP #200, 231, 234) • Assisting With Medication Delivery (DSP #230, 234) • Participatory Communication and Choice Making (DSP #200, 204, 231, 234) • Rights and Advocacy (DSP #234) • Supporting People with Challenging Behaviors (DSP #234) 	<p>Repeat Finding:</p> <p>Based on record review, the Agency did not ensure Orientation and Training requirements were met for 1 of 35 Direct Support Personnel.</p> <p>Review of Direct Support Personnel training records found no evidence of the following required DOH/DDSD trainings and certification being completed:</p> <ul style="list-style-type: none"> • Participatory Communication and Choice Making (DSP #204)

<p>Staff members providing direct services shall maintain certification in a DDSD-approved behavioral intervention system if an individual they support has a behavioral crisis plan that includes the use of physical restraint techniques.</p> <p>H. Staff shall complete and maintain certification in a DDSD-approved medication course in accordance with the DDSD Medication Delivery Policy M-001.</p> <p>I. Staff providing direct services shall complete safety training within the first thirty (30) days of employment and before working alone with an individual receiving service.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013</p> <p>CHAPTER 5 (CIES) 3. Agency Requirements</p> <p>G. Training Requirements: 1. All Community Inclusion Providers must provide staff training in accordance with the DDSD policy T-003: Training Requirements for Direct Service Agency Staff Policy.</p> <p>CHAPTER 6 (CCS) 3. Agency Requirements</p> <p>F. Meet all training requirements as follows:</p> <p>1. All Customized Community Supports Providers shall provide staff training in accordance with the DDSD Policy T-003: Training Requirements for Direct Service Agency Staff Policy;</p> <p>CHAPTER 7 (CIHS) 3. Agency Requirements</p> <p>C. Training Requirements: The Provider Agency must report required personnel training status to the DDSD Statewide Training Database as specified in the DDSD Policy T-001: Reporting and Documentation of DDSD Training Requirements Policy. The Provider Agency must ensure that the personnel support staff have completed training as specified in the</p>	<ul style="list-style-type: none"> • Teaching and Support Strategies (DSP #200, 212, 234) 	
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DDSD Policy T-003: Training Requirements for Direct Service Agency Staff Policy

**CHAPTER 11 (FL) 3. Agency Requirements
B. Living Supports- Family Living Services
Provider Agency Staffing Requirements: 3.
Training:**

A. All Family Living Provider agencies must ensure staff training in accordance with the Training Requirements for Direct Service Agency Staff policy. DSP's or subcontractors delivering substitute care under Family Living must at a minimum comply with the section of the training policy that relates to Respite, Substitute Care, and personal support staff [Policy T-003: for Training Requirements for Direct Service Agency Staff; Sec. II-J, Items 1-4]. Pursuant to the Centers for Medicare and Medicaid Services (CMS) requirements, the services that a provider renders may only be claimed for federal match if the provider has completed all necessary training required by the state. All Family Living Provider agencies must report required personnel training status to the DDSD Statewide Training Database as specified in DDSD Policy T-001: Reporting and Documentation for DDSD Training Requirements.

**CHAPTER 12 (SL) 3. Agency Requirements
B. Living Supports- Supported Living
Services Provider Agency Staffing
Requirements: 3. Training:**

A. All Living Supports- Supported Living Provider Agencies must ensure staff training in accordance with the DDSD Policy T-003: for Training Requirements for Direct Service Agency Staff. Pursuant to CMS requirements, the services that a provider renders may only be claimed for federal match if the provider has

completed all necessary training required by the state. All Supported Living provider agencies must report required personnel training status to the DDS Statewide Training Database as specified in DDS Policy T-001: Reporting and Documentation for DDS Training Requirements.

CHAPTER 13 (IMLS) R. 2. Service Requirements. Staff Qualifications 2. DSP Qualifications. E. Complete training requirements as specified in the DDS Policy T-003: Training Requirements for Direct Service Agency Staff - effective March 1, 2007. Report required personnel training status to the DDS Statewide Training Database as specified in the DDS Policy T-001: Reporting and Documentation of DDS Training Requirements Policy;

Tag # 1A26 Consolidated On-line Registry Employee Abuse Registry	Standard Level Deficiency	Standard Level Deficiency
<p>NMAC 7.1.12.8 REGISTRY ESTABLISHED; PROVIDER INQUIRY REQUIRED: Upon the effective date of this rule, the department has established and maintains an accurate and complete electronic registry that contains the name, date of birth, address, social security number, and other appropriate identifying information of all persons who, while employed by a provider, have been determined by the department, as a result of an investigation of a complaint, to have engaged in a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider. Additions and updates to the registry shall be posted no later than two (2) business days following receipt. Only department staff designated by the custodian may access, maintain and update the data in the registry.</p> <p>A. Provider requirement to inquire of registry. A provider, prior to employing or contracting with an employee, shall inquire of the registry whether the individual under consideration for employment or contracting is listed on the registry.</p> <p>B. Prohibited employment. A provider may not employ or contract with an individual to be an employee if the individual is listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider.</p> <p>D. Documentation of inquiry to registry. The provider shall maintain documentation in the employee's personnel or employment records that evidences the fact that the provider made</p>	<p>Based on record review, the Agency did not maintain documentation in the employee's personnel records that evidenced inquiry into the Employee Abuse Registry prior to employment for 6 of 37 Agency Personnel.</p> <p>The following Agency personnel records contained no evidence of the Employee Abuse Registry check being completed:</p> <p>Direct Support Personnel (DSP):</p> <ul style="list-style-type: none"> • #214 – Date of hire 10/5/2015. • #216 – Date of hire 9/28/2010. • #232 – Date of hire 1/18/2016. <p>The following Agency Personnel records contained evidence that indicated the Employee Abuse Registry check was completed after hire:</p> <p>Direct Support Personnel (DSP):</p> <ul style="list-style-type: none"> • #208 – Date of hire 12/11/2015, completed 12/23/2015. • #218 – Date of hire 3/10/2013, completed 4/3/2014. • #234 – Date of hire 8/6/2014, completed 9/8/2014. 	<p>New and Repeat Finding:</p> <p>Based on record review, the Agency did not maintain documentation in the employee's personnel records that evidenced inquiry into the Employee Abuse Registry prior to employment for 1 of 37 Agency Personnel.</p> <p>The following Agency Personnel records contained evidence that indicated the Employee Abuse Registry check was completed after hire:</p> <p>Direct Support Personnel (DSP):</p> <ul style="list-style-type: none"> • #237 – Date of hire 6/17/2016, completed 6/29/2016.

<p>an inquiry to the registry concerning that employee prior to employment. Such documentation must include evidence, based on the response to such inquiry received from the custodian by the provider, that the employee was not listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation.</p> <p>E. Documentation for other staff. With respect to all employed or contracted individuals providing direct care who are licensed health care professionals or certified nurse aides, the provider shall maintain documentation reflecting the individual's current licensure as a health care professional or current certification as a nurse aide.</p> <p>F. Consequences of noncompliance. The department or other governmental agency having regulatory enforcement authority over a provider may sanction a provider in accordance with applicable law if the provider fails to make an appropriate and timely inquiry of the registry, or fails to maintain evidence of such inquiry, in connection with the hiring or contracting of an employee; or for employing or contracting any person to work as an employee who is listed on the registry. Such sanctions may include a directed plan of correction, civil monetary penalty not to exceed five thousand dollars (\$5000) per instance, or termination or non-renewal of any contract with the department or other governmental agency.</p>		
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Standard of Care	Routine Survey Deficiencies February 8 - 11, 2016	Verification Survey New and Repeat Deficiencies August 19 - 23, 2016
<p>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.</p>		
Tag #1A08.2 Healthcare Requirements	Standard Level Deficiency	Standard Level Deficiency
<p>NMAC 8.302.1.17 RECORD KEEPING AND DOCUMENTATION REQUIREMENTS: A provider must maintain all the records necessary to fully disclose the nature, quality, amount and medical necessity of services furnished to an eligible recipient who is currently receiving or who has received services in the past.</p> <p>B. Documentation of test results: Results of tests and services must be documented, which includes results of laboratory and radiology procedures or progress following therapy or treatment.</p> <p>DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION (DDSD): Director’s Release: Consumer Record Requirements eff. 11/1/2012 III. Requirement Amendments(s) or Clarifications: A. All case management, living supports, customized in-home supports, community integrated employment and customized community supports providers must maintain records for individuals served through DD Waiver in accordance with the Individual Case File Matrix incorporated in this director’s release.</p>	<p>Based on record review, the Agency did not provide documentation of annual physical examinations and/or other examinations as specified by a licensed physician for 10 of 16 individuals receiving Community Inclusion, Living Services and Other Services.</p> <p>Review of the administrative individual case files revealed the following items were not found, incomplete, and/or not current:</p> <p>Community Inclusion Services / Other Services Healthcare Requirements (Individuals Receiving Inclusion / Other Services Only):</p> <ul style="list-style-type: none"> ◦ Annual Physical (#8, 14, 19) ◦ Dental Exam <ul style="list-style-type: none"> ◦ Individual #5 - As indicated by the DDSD file matrix Dental Exams are to be conducted annually. No evidence of exam was found. ◦ Individual #7 - As indicated by collateral documentation reviewed, the exam was completed on 2/14/2013. As indicated by the DDSD file matrix, Dental Exams are to be conducted annually. No evidence of current exam was found. 	<p>Repeat Finding:</p> <p>Based on record review, the Agency did not provide documentation of annual physical examinations and/or other examinations as specified by a licensed physician for 2 of 14 individuals receiving Community Inclusion, Living Services and Other Services.</p> <p>Review of the administrative individual case files revealed the following items were not found, incomplete, and/or not current:</p> <p>Community Inclusion Services / Other Services Healthcare Requirements (Individuals Receiving Inclusion / Other Services Only):</p> <ul style="list-style-type: none"> ◦ Vision Exam <ul style="list-style-type: none"> ◦ Individual #13 - As indicated by the DDSD file matrix Vision Exams are to be conducted every other year. No evidence of exam was found. ◦ Individual #19 - As indicated by the DDSD file matrix Vision Exams are to be conducted every other year. No evidence of exam was found.

<p>H. Readily accessible electronic records are accessible, including those stored through the Therap web-based system.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013 Chapter 5 (CIES) 3. Agency Requirements H. Consumer Records Policy: All Provider Agencies must maintain at the administrative office a confidential case file for each individual. Provider agency case files for individuals are required to comply with the DDS Consumer Records Policy.</p> <p>Chapter 6 (CCS) 3. Agency Requirements: G. Consumer Records Policy: All Provider Agencies shall maintain at the administrative office a confidential case file for each individual. Provider agency case files for individuals are required to comply with the DDS Individual Case File Matrix policy.</p> <p>Chapter 7 (CIHS) 3. Agency Requirements: E. Consumer Records Policy: All Provider Agencies must maintain at the administrative office a confidential case file for each individual. Provider agency case files for individuals are required to comply with the DDS Individual Case File Matrix policy.</p> <p>Chapter 11 (FL) 3. Agency Requirements: D. Consumer Records Policy: All Family Living Provider Agencies must maintain at the administrative office a confidential case file for each individual. Provider agency case files for individuals are required to comply with the DDS Individual Case File Matrix policy.</p> <p>Chapter 12 (SL) 3. Agency Requirements:</p>	<ul style="list-style-type: none"> ◦ Individual #8 - As indicated by the DDS file matrix Dental Exams are to be conducted annually. No evidence of exam was found. ◦ Individual #12 - As indicated by collateral documentation reviewed, exam was completed on 7/23/2014. Follow-up was to be completed in 6 months. No evidence of follow-up found. ◦ Individual #13 - As indicated by the DDS file matrix Dental Exams are to be conducted annually. No evidence of exam was found. ◦ Individual #14 - As indicated by the DDS file matrix Dental Exams are to be conducted annually. No evidence of exam was found. ◦ Individual #19 - As indicated by the DDS file matrix Dental Exams are to be conducted annually. No evidence of exam was found. ◦ Vision Exam <ul style="list-style-type: none"> ◦ Individual #7 - As indicated by collateral documentation reviewed, the exam was completed on 3/1/2012. As indicated by the DDS file matrix Vision Exams are to be conducted every other year. No evidence of current exam was found. ◦ Individual #8 - As indicated by the DDS file matrix Vision Exams are to be conducted every other year. No evidence of exam was found. ◦ Individual #13 - As indicated by the DDS file matrix Vision Exams are to be conducted every other year. No evidence of exam was found. 	
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<p>D. Consumer Records Policy: All Living Supports- Supported Living Provider Agencies must maintain at the administrative office a confidential case file for each individual. Provider agency case files for individuals are required to comply with the DDS Individual Case File Matrix policy.</p> <p>Chapter 13 (IMLS) 2. Service Requirements: C. Documents to be maintained in the agency administrative office, include: (This is not an all-inclusive list refer to standard as it includes other items)...</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS: D. Provider Agency Case File for the Individual: All Provider Agencies shall maintain at the administrative office a confidential case file for each individual. Case records belong to the individual receiving services and copies shall be provided to the receiving agency whenever an individual changes providers. The record must also be made available for review when requested by DOH, HSD or federal government representatives for oversight purposes. The individual's case file shall include the following requirements:</p> <p>(5) A medical history, which shall include at least demographic data, current and past medical diagnoses including the cause (if known) of the developmental disability, psychiatric diagnoses, allergies (food, environmental, medications), immunizations, and most recent physical exam;</p> <p>CHAPTER 6. VI. GENERAL REQUIREMENTS FOR COMMUNITY LIVING</p>	<ul style="list-style-type: none"> ◦ Individual #14 - As indicated by the DDS file matrix Vision Exams are to be conducted every other year. No evidence of exam was found. ◦ Individual #19 - As indicated by the DDS file matrix Vision Exams are to be conducted every other year. No evidence of exam was found. <p>Community Living Services / Community Inclusion Services (Individuals Receiving Multiple Services):</p> <ul style="list-style-type: none"> ◦ Annual Physical (#2) ◦ Dental Exam <ul style="list-style-type: none"> ◦ Individual #1 - As indicated by collateral documentation reviewed, exam was completed on 2/19/2015. Follow-up was to be completed in 6 months. No evidence of follow-up found. ◦ Individual #2 - As indicated by collateral documentation reviewed, the individual was referred for exam on 3/2/2015. No evidence of exam was found. ◦ Individual #15 - As indicated by the DDS file matrix Dental Exams are to be conducted annually. No evidence of exam was found. ◦ Mammogram Exam <ul style="list-style-type: none"> ◦ Individual #15 - As indicated by collateral documentation reviewed, the exam was completed on 9/23/2014. Follow-up was to be completed in 1 year. No evidence of follow-up found. 	
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<p>G. Health Care Requirements for Community Living Services.</p> <p>(1) The Community Living Service providers shall ensure completion of a HAT for each individual receiving this service. The HAT shall be completed 2 weeks prior to the annual ISP meeting and submitted to the Case Manager and all other IDT Members. A revised HAT is required to also be submitted whenever the individual's health status changes significantly. For individuals who are newly allocated to the DD Waiver program, the HAT may be completed within 2 weeks following the initial ISP meeting and submitted with any strategies and support plans indicated in the ISP, or within 72 hours following admission into direct services, whichever comes first.</p> <p>(2) Each individual will have a Health Care Coordinator, designated by the IDT. When the individual's HAT score is 4, 5 or 6 the Health Care Coordinator shall be an IDT member, other than the individual. The Health Care Coordinator shall oversee and monitor health care services for the individual in accordance with these standards. In circumstances where no IDT member voluntarily accepts designation as the health care coordinator, the community living provider shall assign a staff member to this role.</p> <p>(3) For each individual receiving Community Living Services, the provider agency shall ensure and document the following:</p> <p>(a) Provision of health care oversight consistent with these Standards as detailed in Chapter One section III E: Healthcare Documentation by Nurses For Community Living Services, Community Inclusion Services and Private Duty Nursing Services.</p>		
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<p>b) That each individual with a score of 4, 5, or 6 on the HAT, has a Health Care Plan developed by a licensed nurse.</p> <p>(c) That an individual with chronic condition(s) with the potential to exacerbate into a life threatening condition, has Crisis Prevention/ Intervention Plan(s) developed by a licensed nurse or other appropriate professional for each such condition.</p> <p>(4) That an average of 3 hours of documented nutritional counseling is available annually, if recommended by the IDT.</p> <p>(5) That the physical property and grounds are free of hazards to the individual's health and safety.</p> <p>(6) In addition, for each individual receiving Supported Living or Family Living Services, the provider shall verify and document the following:</p> <ul style="list-style-type: none"> (a) The individual has a primary licensed physician; (b) The individual receives an annual physical examination and other examinations as specified by a licensed physician; (c) The individual receives annual dental check-ups and other check-ups as specified by a licensed dentist; (d) The individual receives eye examinations as specified by a licensed optometrist or ophthalmologist; and (e) Agency activities that occur as follow-up to medical appointments (e.g. treatment, visits to specialists, changes in medication or daily routine). 		
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Tag # 1A09 Medication Delivery Routine Medication Administration	Standard Level Deficiency	Standard Level Deficiency
<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 detail 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, 	<p>Medication Administration Records (MAR) were reviewed for the months of January and February 2016.</p> <p>Based on record review, 7 of 16 individuals had Medication Administration Records (MAR), which contained missing medications entries and/or other errors:</p> <p>Individual #1 February 2016 Medication Administration Records did not contain the route of administration for the following medications:</p> <ul style="list-style-type: none"> • Econazaole Cream 1% <p>Medication Administration Records did not contain the frequency of administration for the following medications:</p> <ul style="list-style-type: none"> • Econazaole Cream 1% <p>Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Econazaole Cream 1% – Blank 2/3, 8 (8AM) <p>Individual #2 January 2016 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Oxygen "Change Nasal Cannula" (every two weeks on Monday) – Blank 1/18 • Risperdone 2mg (1 time daily) – Blank 1/31 (PM) 	<p>New and Repeat Findings:</p> <p>Medication Administration Records (MAR) were reviewed for the month of July 2016.</p> <p>Based on record review, 2 of 14 individuals had Medication Administration Records (MAR), which contained missing medications entries and/or other errors:</p> <p>Individual #9 July 2016 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Floss Teeth (2 times daily) – Blank 7/21 (8PM); 7/25 (8AM) • Tea Tree Oil (1 time daily) – Blank 7/21 (8PM) <p>Individual #16 July 2016 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Thicket (3 times daily) – Blank 7/24 (12PM) • Phenytoin Sodium Extended Capsule 100mg (3 times daily) – Blank 7/18 (8PM) • Ensure Liquid (3 times daily) – Blank 7/24, 30 (12PM); 7/30, 31 (6PM) • Full Body Check (2 times daily) – Blank 7/25, 29 (8AM); 7/30 (8PM)

<ul style="list-style-type: none"> ➤ exact dosage to be used, and ➤ the exact amount to be used in a 24 hour period. <p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013</p> <p>CHAPTER 5 (CIES) 1. Scope of Service B. Self Employment 8. Providing assistance with medication delivery as outlined in the ISP; C. Individual Community Integrated Employment 3. Providing assistance with medication delivery as outlined in the ISP; D. Group Community Integrated Employment 4. Providing assistance with medication delivery as outlined in the ISP; and</p> <p>B. Community Integrated Employment Agency Staffing Requirements: o. Comply with DDSD Medication Assessment and Delivery Policy and Procedures;</p> <p>CHAPTER 6 (CCS) 1. Scope of Services A. Individualized Customized Community Supports 19. Providing assistance or supports with medications in accordance with DDSD Medication Assessment and Delivery policy. C. Small Group Customized Community Supports 19. Providing assistance or supports with medications in accordance with DDSD Medication Assessment and Delivery policy. D. Group Customized Community Supports 19. Providing assistance or supports with medications in accordance with DDSD Medication Assessment and Delivery policy.</p> <p>CHAPTER 11 (FL) 1 SCOPE OF SERVICES A. Living Supports- Family Living Services: The scope of Family Living Services includes, but is not limited to the following as identified by the Interdisciplinary Team (IDT):</p>	<p>Medication Administration Records did not contain the correct diagnosis for which the medication is prescribed:</p> <ul style="list-style-type: none"> • Keflex/ Generic 500 mg (3 times daily for 7 days) <p>Individual #6 January 2016 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Dairy Aid 3000u (3 times daily) – Blank 1/4, 8, 14, 21, 22, 26 (12PM) <p>February 2016 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Dairy Aid 3000u (3 times daily) – Blank 2/2, 3 (12PM) <p>Individual #9 February 2016 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Clindamycin 2% Gel (2 times daily) – Blank 2/1, 3 (8PM) • Floss Teeth (2 times daily) – Blank 2/1 (8PM) • Lotrimin Spray (2 times daily) – Blank 2/1 (8PM) • Econoazole Cream 1%(1 time daily) – Blank 2/1 (8PM) <p>Individual #11 February 2016</p>	<ul style="list-style-type: none"> • Ear Drops 6.5% (2 times daily) – Blank 7/25, 29 (8AM); 7/30 (8PM) • Tylenol 650 mg (2 times daily) – Blank 7/25 (8AM); 7/31 (8PM)
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<p>19. Assisting in medication delivery, and related monitoring, in accordance with the DDS's Medication Assessment and Delivery Policy, New Mexico Nurse Practice Act, and Board of Pharmacy regulations including skill development activities leading to the ability for individuals to self-administer medication as appropriate; and</p> <p>I. Healthcare Requirements for Family Living.</p> <p>3. B. Adult Nursing Services for medication oversight are required for all surrogate Lining Supports- Family Living direct support personnel if the individual has regularly scheduled medication. Adult Nursing services for medication oversight are required for all surrogate Family Living Direct Support Personnel (including substitute care), if the individual has regularly scheduled medication.</p> <p>6. Support Living- Family Living Provider Agencies must have written policies and procedures regarding medication(s) delivery and tracking and reporting of medication errors in accordance with DDS Medication Assessment and Delivery Policy and Procedures, the New Mexico Nurse Practice Act and Board of Pharmacy standards and regulations.</p> <p>a. All twenty-four (24) hour residential home sites serving two (2) or more unrelated individuals must be licensed by the Board of Pharmacy, per current regulations;</p> <p>b. When required by the DDS Medication Assessment and Delivery Policy, Medication Administration Records (MAR) must be maintained and include:</p> <p>i. The name of the individual, a transcription of the physician's or licensed health care provider's prescription including the brand and generic name of the medication, and</p>	<p>Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Mineral Oil 4 drops in each ear (Tuesdays and Thursdays) – Blank 2/2, 4 (8PM) <p>Individual #15 January 2016</p> <p>Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Solarze 3% Gel Apply to left knee (3 times daily) – Blank 1/29, 30 (5PM) • Mineral Oil 4 drops in each ear (every Tuesday and Thursday) - Blank 1/12, 14 (8PM) <p>Individual #16 January 2016</p> <p>Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Dilantin 100mg (1 time daily) – Blank 1/14, 20 (12PM) <p>February 2016</p> <p>Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Floss Teeth (daily) – Blank 2/1 (8PM) • Thromycin Gel 2% (twice daily) – Blank 2/1, 3 (8PM) • Lotrimin Spray (twice daily) – Blank 2/1 at 8PM and 2/4 (8AM) • Econoazole Cream 1%(apply to feet at night) – Blank 2/1 (8PM) 	
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<p>diagnosis for which the medication is prescribed;</p> <p>ii. Prescribed dosage, frequency and method/route of administration, times and dates of administration;</p> <p>iii. Initials of the individual administering or assisting with the medication delivery;</p> <p>iv. Explanation of any medication error;</p> <p>v. Documentation of any allergic reaction or adverse medication effect; and</p> <p>vi. For PRN medication, instructions for the use of the PRN medication must include observable signs/symptoms or circumstances in which the medication is to be used, and documentation of effectiveness of PRN medication administered.</p> <p>c. The Family Living Provider Agency must also maintain a signature page that designates the full name that corresponds to each initial used to document administered or assisted delivery of each dose; and</p> <p>d. Information from the prescribing pharmacy regarding medications must be kept in the home and community inclusion service locations and must include the expected desired outcomes of administering the medication, signs and symptoms of adverse events and interactions with other medications.</p> <p>e. Medication Oversight is optional if the individual resides with their biological family (by affinity or consanguinity). If Medication Oversight is not selected as an Ongoing Nursing Service, all elements of medication administration and oversight are the sole responsibility of the individual and their biological family. Therefore, a monthly medication administration record (MAR) is not required unless the family requests it</p>	<ul style="list-style-type: none"> • Tea Tree Oil (1 drop each toenail) – Blank 2/1 (8PM) 	
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and continually communicates all medication changes to the provider agency in a timely manner to insure accuracy of the MAR.

- i. The family must communicate at least annually and as needed for significant change of condition with the agency nurse regarding the current medications and the individual's response to medications for purpose of accurately completing required nursing assessments.
- ii. As per the DDS Medication Assessment and Delivery Policy and Procedure, paid DSP who are not related by affinity or consanguinity to the individual may not deliver medications to the individual unless they have completed Assisting with Medication Delivery (AWMD) training. DSP may also be under a delegation relationship with a DDW agency nurse or be a Certified Medication Aide (CMA). Where CMAs are used, the agency is responsible for maintaining compliance with New Mexico Board of Nursing requirements.
- iii. If the substitute care provider is a surrogate (not related by affinity or consanguinity) Medication Oversight must be selected and provided.

CHAPTER 12 (SL) 2. Service Requirements L. Training and Requirements: 3. Medication

Delivery: Supported Living Provider Agencies must have written policies and procedures regarding medication(s) delivery and tracking and reporting of medication errors in accordance with DDS Medication Assessment and Delivery Policy and Procedures, New Mexico Nurse Practice Act, and Board of Pharmacy standards and regulations.

<p>a. All twenty-four (24) hour residential home sites serving two (2) or more unrelated individuals must be licensed by the Board of Pharmacy, per current regulations;</p> <p>b. When required by the DDS Medication Assessment and Delivery Policy, Medication Administration Records (MAR) must be maintained and include:</p> <ul style="list-style-type: none"> i. The name of the individual, a transcription of the physician's or licensed health care provider's prescription including the brand and generic name of the medication, and diagnosis for which the medication is prescribed; ii. Prescribed dosage, frequency and method/route of administration, times and dates of administration; iii. Initials of the individual administering or assisting with the medication delivery; iv. Explanation of any medication error; v. Documentation of any allergic reaction or adverse medication effect; and vi. For PRN medication, instructions for the use of the PRN medication must include observable signs/symptoms or circumstances in which the medication is to be used, and documentation of effectiveness of PRN medication administered. <p>c. The Supported Living Provider Agency must also maintain a signature page that designates the full name that corresponds to</p>		
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<p>each initial used to document administered or assisted delivery of each dose; and</p> <p>d. Information from the prescribing pharmacy regarding medications must be kept in the home and community inclusion service locations and must include the expected desired outcomes of administering the medication, signs, and symptoms of adverse events and interactions with other medications.</p> <p>CHAPTER 13 (IMLS) 2. Service Requirements. B. There must be compliance with all policy requirements for Intensive Medical Living Service Providers, including written policy and procedures regarding medication delivery and tracking and reporting of medication errors consistent with the DDS Medication Delivery Policy and Procedures, relevant Board of Nursing Rules, and Pharmacy Board standards and regulations.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS:</p> <p>E. Medication Delivery: Provider Agencies that provide Community Living, Community Inclusion or Private Duty Nursing services shall have written policies and procedures regarding medication(s) delivery and tracking and reporting of medication errors in accordance with DDS Medication Assessment and Delivery Policy and Procedures, the Board of Nursing Rules and Board of Pharmacy standards and regulations.</p> <p>(2) When required by the DDS Medication Assessment and Delivery Policy, Medication</p>		
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<p>Administration Records (MAR) shall be maintained and include:</p> <ul style="list-style-type: none"> (a) The name of the individual, a transcription of the physician's written or licensed health care provider's prescription including the brand and generic name of the medication, diagnosis for which the medication is prescribed; (b) Prescribed dosage, frequency and method/route of administration, times and dates of administration; (c) Initials of the individual administering or assisting with the medication; (d) Explanation of any medication irregularity; (e) Documentation of any allergic reaction or adverse medication effect; and (f) For PRN medication, an explanation for the use of the PRN medication shall include observable signs/symptoms or circumstances in which the medication is to be used, and documentation of effectiveness of PRN medication administered. <p>(3) The Provider Agency shall also maintain a signature page that designates the full name that corresponds to each initial used to document administered or assisted delivery of each dose;</p> <p>(4) MARs are not required for individuals participating in Independent Living who self-administer their own medications;</p> <p>(5) Information from the prescribing pharmacy regarding medications shall be kept in the home and community inclusion service locations and shall include the expected desired outcomes of administering the medication, signs and symptoms of adverse events and interactions with other medications;</p>		
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Tag # 1A09.1 Medication Delivery PRN Medication Administration	Standard Level Deficiency	Standard Level Deficiency
<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 detail 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, 	<p>Medication Administration Records (MAR) were reviewed for the months of January and February 2016.</p> <p>Based on record review, 2 of 16 individuals had PRN Medication Administration Records (MAR), which contained missing elements as required by standard:</p> <p>Individual #2 January 2016 No Effectiveness was noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Milk of Magnesia 2 Tbsp – PRN – 1/29 (given 1 time) <p>Individual #10 January 2016 No Effectiveness was noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Ibuprofen 800mg – PRN – 1/14 (given 1 time) 	<p>New and Repeat Findings:</p> <p>Medication Administration Records (MAR) were reviewed for the month of July 2016.</p> <p>Based on record review, 1 of 14 individuals had PRN Medication Administration Records (MAR), which contained missing elements as required by standard:</p> <p>Individual #15 July 2016 No Effectiveness was noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Triple Antibiotic 3.5-400-5K Ointment – PRN – 7/1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 28, 29, 30 (given 1 time)

- exact dosage to be used, and
- the exact amount to be used in a 24 hour period.

**Department of Health Developmental Disabilities Supports Division (DDSD)
Medication Assessment and Delivery Policy
- Eff. November 1, 2006**

F. PRN Medication

3. Prior to self-administration, self-administration with physical assist or assisting with delivery of PRN medications, the direct support staff must contact the agency nurse to describe observed symptoms and thus assure that the PRN medication is being used according to instructions given by the ordering PCP. In cases of fever, respiratory distress (including coughing), severe pain, vomiting, diarrhea, change in responsiveness/level of consciousness, the nurse must strongly consider the need to conduct a face-to-face assessment to assure that the PRN does not mask a condition better treated by seeking medical attention. This does not apply to home based/family living settings where the provider is related by affinity or by consanguinity to the individual.

4. The agency nurse shall review the utilization of PRN medications routinely. Frequent or escalating use of PRN medications must be reported to the PCP and discussed by the Interdisciplinary for changes to the overall support plan (see Section H of this policy).

H. Agency Nurse Monitoring

1. Regardless of the level of assistance with medication delivery that is required by the individual or the route through which the medication is delivered, the agency nurses

must monitor the individual's response to the effects of their routine and PRN medications. The frequency and type of monitoring must be based on the nurse's assessment of the individual and consideration of the individual's diagnoses, health status, stability, utilization of PRN medications and level of support required by the individual's condition and the skill level and needs of the direct care staff. Nursing monitoring should be based on prudent nursing practice and should support the safety and independence of the individual in the community setting. The health care plan shall reflect the planned monitoring of the individual's response to medication.

Department of Health Developmental Disabilities Supports Division (DDSD) - Procedure Title:

Medication Assessment and Delivery Procedure Eff Date: November 1, 2006

C. 3. Prior to delivery of the PRN, direct support staff must contact the agency nurse to describe observed symptoms and thus assure that the PRN is being used according to instructions given by the ordering PCP. In cases of fever, respiratory distress (including coughing), severe pain, vomiting, diarrhea, change in responsiveness/level of consciousness, the nurse must strongly consider the need to conduct a face-to-face assessment to assure that the PRN does not mask a condition better treated by seeking medical attention. (References: Psychotropic Medication Use Policy, Section D, page 5 Use of PRN Psychotropic Medications; and, Human Rights Committee Requirements Policy, Section B, page 4 Interventions Requiring Review and Approval – Use of PRN Medications).

<p>a. Document conversation with nurse including all reported signs and symptoms, advice given and action taken by staff.</p> <p>4. Document on the MAR each time a PRN medication is used and describe its effect on the individual (e.g., temperature down, vomiting lessened, anxiety increased, the condition is the same, improved, or worsened, etc.).</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013</p> <p>CHAPTER 11 (FL) 1 SCOPE OF SERVICES A. Living Supports- Family Living Services: The scope of Family Living Services includes, but is not limited to the following as identified by the Interdisciplinary Team (IDT): 19. Assisting in medication delivery, and related monitoring, in accordance with the DDSD's Medication Assessment and Delivery Policy, New Mexico Nurse Practice Act, and Board of Pharmacy regulations including skill development activities leading to the ability for individuals to self-administer medication as appropriate; and I. Healthcare Requirements for Family Living. 3. B. Adult Nursing Services for medication oversight are required for all surrogate Lining Supports- Family Living direct support personnel if the individual has regularly scheduled medication. Adult Nursing services for medication oversight are required for all surrogate Family Living Direct Support Personnel (including substitute care), if the individual has regularly scheduled medication. 6. Support Living- Family Living Provider Agencies must have written policies and procedures regarding medication(s) delivery and</p>		
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<p>tracking and reporting of medication errors in accordance with DDSD Medication Assessment and Delivery Policy and Procedures, the New Mexico Nurse Practice Act and Board of Pharmacy standards and regulations.</p> <p>f. All twenty-four (24) hour residential home sites serving two (2) or more unrelated individuals must be licensed by the Board of Pharmacy, per current regulations;</p> <p>g. When required by the DDSD Medication Assessment and Delivery Policy, Medication Administration Records (MAR) must be maintained and include:</p> <ul style="list-style-type: none"> i. The name of the individual, a transcription of the physician's or licensed health care provider's prescription including the brand and generic name of the medication, and diagnosis for which the medication is prescribed; ii. Prescribed dosage, frequency and method/route of administration, times and dates of administration; iii. Initials of the individual administering or assisting with the medication delivery; iv. Explanation of any medication error; v. Documentation of any allergic reaction or adverse medication effect; and vi. For PRN medication, instructions for the use of the PRN medication must include observable signs/symptoms or circumstances in which the medication is to be used, and documentation of effectiveness of PRN medication administered. <p>h. The Family Living Provider Agency must also maintain a signature page that designates the full name that corresponds to</p>		
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<p>each initial used to document administered or assisted delivery of each dose; and</p> <ul style="list-style-type: none"> i. Information from the prescribing pharmacy regarding medications must be kept in the home and community inclusion service locations and must include the expected desired outcomes of administering the medication, signs and symptoms of adverse events and interactions with other medications. j. Medication Oversight is optional if the individual resides with their biological family (by affinity or consanguinity). If Medication Oversight is not selected as an Ongoing Nursing Service, all elements of medication administration and oversight are the sole responsibility of the individual and their biological family. Therefore, a monthly medication administration record (MAR) is not required unless the family requests it and continually communicates all medication changes to the provider agency in a timely manner to insure accuracy of the MAR. iv. The family must communicate at least annually and as needed for significant change of condition with the agency nurse regarding the current medications and the individual's response to medications for purpose of accurately completing required nursing assessments. v. As per the DDSD Medication Assessment and Delivery Policy and Procedure, paid DSP who are not related by affinity or consanguinity to the individual may not deliver medications to the individual unless they have completed Assisting with Medication Delivery (AWMD) training. DSP may also be under a delegation relationship with a DDW agency nurse or be a Certified Medication Aide (CMA). Where CMAs are 		
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<p>used, the agency is responsible for maintaining compliance with New Mexico Board of Nursing requirements.</p> <p>vi. If the substitute care provider is a surrogate (not related by affinity or consanguinity) Medication Oversight must be selected and provided.</p> <p>CHAPTER 12 (SL) 2. Service Requirements L. Training and Requirements: 3. Medication</p> <p>Delivery: Supported Living Provider Agencies must have written policies and procedures regarding medication(s) delivery and tracking and reporting of medication errors in accordance with DDSD Medication Assessment and Delivery Policy and Procedures, New Mexico Nurse Practice Act, and Board of Pharmacy standards and regulations.</p> <p>e. All twenty-four (24) hour residential home sites serving two (2) or more unrelated individuals must be licensed by the Board of Pharmacy, per current regulations;</p> <p>f. When required by the DDSD Medication Assessment and Delivery Policy, Medication Administration Records (MAR) must be maintained and include:</p> <p>i. The name of the individual, a transcription of the physician’s or licensed health care provider’s prescription including the brand and generic name of the medication, and diagnosis for which the medication is prescribed;</p> <p>ii. Prescribed dosage, frequency and method/route of administration, times and dates of administration;</p>		
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<p>iii. Initials of the individual administering or assisting with the medication delivery;</p> <p>iv. Explanation of any medication error;</p> <p>v. Documentation of any allergic reaction or adverse medication effect; and</p> <p>vi. For PRN medication, instructions for the use of the PRN medication must include observable signs/symptoms or circumstances in which the medication is to be used, and documentation of effectiveness of PRN medication administered.</p> <p>g. The Supported Living Provider Agency must also maintain a signature page that designates the full name that corresponds to each initial used to document administered or assisted delivery of each dose; and</p> <p>h. Information from the prescribing pharmacy regarding medications must be kept in the home and community inclusion service locations and must include the expected desired outcomes of administering the medication, signs, and symptoms of adverse events and interactions with other medications.</p> <p>CHAPTER 13 (IMLS) 2. Service Requirements. B. There must be compliance with all policy requirements for Intensive Medical Living Service Providers, including written policy and procedures regarding medication delivery and tracking and reporting of medication errors consistent with the DDSO Medication Delivery Policy and Procedures,</p>		
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<p>relevant Board of Nursing Rules, and Pharmacy Board standards and regulations.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS: The objective of these standards is to establish Provider Agency policy, procedure and reporting requirements for DD Medicaid Waiver program. These requirements apply to all such Provider Agency staff, whether directly employed or subcontracting with the Provider Agency. Additional Provider Agency requirements and personnel qualifications may be applicable for specific service standards.</p> <p>E. Medication Delivery: Provider Agencies that provide Community Living, Community Inclusion or Private Duty Nursing services shall have written policies and procedures regarding medication(s) delivery and tracking and reporting of medication errors in accordance with DDSD Medication Assessment and Delivery Policy and Procedures, the Board of Nursing Rules and Board of Pharmacy standards and regulations.</p> <p>(2) When required by the DDSD Medication Assessment and Delivery Policy, Medication Administration Records (MAR) shall be maintained and include:</p> <p>(a) The name of the individual, a transcription of the physician's written or licensed health care provider's prescription including the brand and generic name of the medication, diagnosis for which the medication is prescribed;</p>		
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<p>(b) Prescribed dosage, frequency and method/route of administration, times and dates of administration;</p> <p>(c) Initials of the individual administering or assisting with the medication;</p> <p>(d) Explanation of any medication irregularity;</p> <p>(e) Documentation of any allergic reaction or adverse medication effect; and</p> <p>(f) For PRN medication, an explanation for the use of the PRN medication shall include observable signs/symptoms or circumstances in which the medication is to be used, and documentation of effectiveness of PRN medication administered.</p> <p>(3) The Provider Agency shall also maintain a signature page that designates the full name that corresponds to each initial used to document administered or assisted delivery of each dose;</p> <p>(4) MARs are not required for individuals participating in Independent Living who self-administer their own medications;</p> <p>(5) Information from the prescribing pharmacy regarding medications shall be kept in the home and community inclusion service locations and shall include the expected desired outcomes of administering the medication, signs and symptoms of adverse events and interactions with other medications;</p>		
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Tag # 1A15.2 and IS09 / 5I09 Healthcare Documentation	Condition of Participation Level Deficiency	Standard Level Deficiency
<p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013</p> <p>Chapter 5 (CIES) 3. Agency Requirements</p> <p>H. Consumer Records Policy: All Provider Agencies must maintain at the administrative office a confidential case file for each individual. Provider agency case files for individuals are required to comply with the DDSD Consumer Records Policy.</p> <p>Chapter 6 (CCS) 2. Service Requirements. E. The agency nurse(s) for Customized Community Supports providers must provide the following services: 1. Implementation of pertinent PCP orders; ongoing oversight and monitoring of the individual's health status and medically related supports when receiving this service;</p> <p>3. Agency Requirements: Consumer Records Policy: All Provider Agencies shall maintain at the administrative office a confidential case file for each individual. Provider agency case files for individuals are required to comply with the DDSD Individual Case File Matrix policy.</p> <p>Chapter 7 (CIHS) 3. Agency Requirements: E. Consumer Records Policy: All Provider Agencies must maintain at the administrative office a confidential case file for each individual. Provider agency case files for individuals are required to comply with the DDSD Individual Case File Matrix policy.</p> <p>Chapter 11 (FL) 3. Agency Requirements: D. Consumer Records Policy: All Family Living Provider Agencies must maintain at the administrative office a confidential case file for each individual. Provider agency case files for</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 the required documentation in the Individuals Agency Record as required by standard for 7 of 16 individual</p> <p>Review of the administrative individual case files revealed the following items were not found, incomplete, and/or not current:</p> <ul style="list-style-type: none"> • Electronic Comprehensive Health Assessment Tool (eCHAT) (#6, 8, 14) • Medication Administration Assessment Tool (#7, 8, 14) • Comprehensive Aspiration Risk Management Plan: <ul style="list-style-type: none"> ➢ Not Found (#8) • Aspiration Risk Screening Tool (#7, 8, 14) • Quarterly Nursing Review of HCP/Medical Emergency Response Plans: <ul style="list-style-type: none"> ◦ None found for 1/2015 - 1/2016 (#7) • Semi-Annual Nursing Review of HCP/Medical Emergency Response Plans: <ul style="list-style-type: none"> ◦ None found for 12/2014 - 6/2015 (#3) ◦ None found for 9/2014 - 9/2015 (#6) ◦ None found for 8/2015 - 1/2016 (#8) 	<p>Repeat Findings:</p> <p>Based on record review, the Agency did not maintain the required documentation in the Individuals Agency Record as required by standard for 2 of 14 individual</p> <p>Review of the administrative individual case files revealed the following items were not found, incomplete, and/or not current:</p> <ul style="list-style-type: none"> • Semi-Annual Nursing Review of HCP/Medical Emergency Response Plans: <ul style="list-style-type: none"> ◦ None found for 12/2014 - 6/2015 (#3) ◦ None found for 9/2014 - 9/2015 (#6) • Medical Emergency Response Plans <ul style="list-style-type: none"> • <i>Aspiration</i> <ul style="list-style-type: none"> ◦ Individual #6 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of a plan found.

<p>individuals are required to comply with the DDS Individual Case File Matrix policy.</p> <p>I. Health Care Requirements for Family Living: 5. A nurse employed or contracted by the Family Living Supports provider must complete the e-CHAT, the Aspiration Risk Screening Tool, (ARST), and the Medication Administration Assessment Tool (MAAT) and any other assessments deemed appropriate on at least an annual basis for each individual served, upon significant change of clinical condition and upon return from any hospitalizations. In addition, the MAAT must be updated for any significant change of medication regime, change of route that requires delivery by licensed or certified staff, or when an individual has completed training designed to improve their skills to support self-administration.</p> <p>a. For newly-allocated or admitted individuals, assessments are required to be completed within three (3) business days of admission or two (2) weeks following the initial ISP meeting, whichever comes first.</p> <p>b. For individuals already in services, the required assessments are to be completed no more than forty-five (45) calendar days and at least fourteen (14) calendar days prior to the annual ISP meeting.</p> <p>c. Assessments must be updated within three (3) business days following any significant change of clinical condition and within three (3) business days following return from hospitalization.</p> <p>d. Other nursing assessments conducted to determine current health status or to evaluate a change in clinical condition must be</p>	<ul style="list-style-type: none"> ◦ None found for 12/2014 - 12/2015 (#19) • Special Health Care Needs: <ul style="list-style-type: none"> • <i>Nutritional Plan</i> ◦ Individual #15 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of a plan found. • Health Care Plans <ul style="list-style-type: none"> • <i>Body Mass Index (BMI)</i> Individual #3 - According to Electronic Comprehensive Health Assessment Tool the individual is required to have a plan. No evidence of a plan found. • <i>General Health Care Plans</i> ◦ Individual #6 - As indicated by the IST section of ISP the individual is required to have plans, however, Electronic Comprehensive Assessment Tool was not provided to verify required plans. No evidence of plans found. • <i>Hyperlipidemia</i> ◦ Individual #3 - According to Electronic Comprehensive Health Assessment Tool the individual is required to have a plan. No evidence of a plan found. • <i>Seizure</i> ◦ Individual #3 - According to Electronic Comprehensive Health Assessment Tool the individual is required to have a plan. No evidence of a plan found. • Medical Emergency Response Plans <ul style="list-style-type: none"> • <i>Aspiration</i> ◦ Individual #6 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of a plan found. 	
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<p>documented in a signed progress note that includes time and date as well as subjective information including the individual complaints, signs and symptoms noted by staff, family members or other team members; objective information including vital signs, physical examination, weight, and other pertinent data for the given situation (e.g., seizure frequency, method in which temperature taken); assessment of the clinical status, and plan of action addressing relevant aspects of all active health problems and follow up on any recommendations of medical consultants.</p> <p>e. Develop any urgently needed interim Healthcare Plans or MERPs per DDSD policy pending authorization of ongoing Adult Nursing services as indicated by health status and individual/guardian choice.</p> <p>Chapter 12 (SL) 3. Agency Requirements: D. Consumer Records Policy: All Living Supports- Supported Living Provider Agencies must maintain at the administrative office a confidential case file for each individual. Provider agency case files for individuals are required to comply with the DDSD Individual Case File Matrix policy. 2. Service Requirements. L. Training and Requirements. 5. Health Related Documentation: For each individual receiving Living Supports- Supported Living, the provider agency must ensure and document the following:</p> <p>a. That an individual with chronic condition(s) with the potential to exacerbate into a life threatening condition, has a MERP developed by a licensed nurse or other appropriate</p>	<ul style="list-style-type: none"> ◦ Individual #8 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of a plan found. • <i>Gastrointestinal</i> ◦ Individual #6 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of a plan found. • <i>Respiratory/ Asthma</i> ◦ Individual #6 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of a plan found. • <i>Seizure</i> ◦ Individual #3 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of a plan found. ◦ Individual #6 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of a plan found. ◦ Individual #14 - As indicated by collateral documentation reviewed the individual is required to have a plan. No evidence of a plan found. 	
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<p>professional according to the DDSD Medical Emergency Response Plan Policy, that DSP have been trained to implement such plan(s), and ensure that a copy of such plan(s) are readily available to DSP in the home;</p> <p>b. That an average of five (5) hours of documented nutritional counseling is available annually, if recommended by the IDT and clinically indicated;</p> <p>c. That the nurse has completed legible and signed progress notes with date and time indicated that describe all interventions or interactions conducted with individuals served, as well as all interactions with other healthcare providers serving the individual. All interactions must be documented whether they occur by phone or in person; and</p> <p>d. Document for each individual that:</p> <ul style="list-style-type: none"> i. The individual has a Primary Care Provider (PCP); ii. The individual receives an annual physical examination and other examinations as specified by a PCP; iii. The individual receives annual dental check-ups and other check-ups as specified by a licensed dentist; iv. The individual receives a hearing test as specified by a licensed audiologist; v. The individual receives eye examinations as specified by a licensed optometrist or ophthalmologist; and 		
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<p>vi. Agency activities occur as required for follow-up activities to medical appointments (e.g. treatment, visits to specialists, and changes in medication or daily routine).</p> <p>vii. The agency nurse will provide the individual's team with a semi-annual nursing report that discusses the services provided and the status of the individual in the last six (6) months. This may be provided electronically or in paper format to the team no later than (2) weeks prior to the ISP and semi-annually.</p> <p>f. The Supported Living Provider Agency must ensure that activities conducted by agency nurses comply with the roles and responsibilities identified in these standards.</p> <p>Chapter 13 (IMLS) 2. Service Requirements: C. Documents to be maintained in the agency administrative office, include: A. All assessments completed by the agency nurse, including the Intensive Medical Living Eligibility Parameters tool; for e-CHAT a printed copy of the current e-CHAT summary report shall suffice;</p> <p>F. Annual physical exams and annual dental exams (not applicable for short term stays);</p> <p>G. Tri-annual vision exam (Not applicable for short term stays. See Medicaid policy 8.310.6 for allowable exceptions for more frequent vision exam);</p> <p>H. Audiology/hearing exam as applicable (Not applicable for short term stays; See Medicaid policy 8.324.6 for applicable requirements);</p>		
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<p>I. All other evaluations called for in the ISP for which the Services provider is responsible to arrange;</p> <p>J. Medical screening, tests and lab results (for short term stays, only those which occur during the period of the stay);</p> <p>L. Record of medical and dental appointments, including any treatment provided (for short term stays, only those appointments that occur during the stay);</p> <p>O. Semi-annual ISP progress reports and MERP reviews (not applicable for short term stays);</p> <p>P. Quarterly nursing summary reports (not applicable for short term stays);</p> <p>NMAC 8.302.1.17 RECORD KEEPING AND DOCUMENTATION REQUIREMENTS: A provider must maintain all the records necessary to fully disclose the nature, quality, amount and medical necessity of services furnished to an eligible recipient who is currently receiving or who has received services in the past.</p> <p>B. Documentation of test results: Results of tests and services must be documented, which includes results of laboratory and radiology procedures or progress following therapy or treatment.</p> <p>Department of Health Developmental Disabilities Supports Division Policy. Medical Emergency Response Plan Policy MERP-001 eff.8/1/2010</p> <p>F. The MERP shall be written in clear, jargon free language and include at a minimum the following information:</p>		
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1. A brief, simple description of the condition or illness.
2. A brief description of the most likely life threatening complications that might occur and what those complications may look like to an observer.
3. A concise list of the most important measures that may prevent the life threatening complication from occurring (e.g., avoiding allergens that trigger an asthma attack or making sure the person with diabetes has snacks with them to avoid hypoglycemia).
4. Clear, jargon free, step-by-step instructions regarding the actions to be taken by direct support personnel (DSP) and/or others to intervene in the emergency, including criteria for when to call 911.
5. Emergency contacts with phone numbers.
6. Reference to whether the individual has advance directives or not, and if so, where the advance directives are located.

Developmental Disabilities (DD) Waiver
Service Standards effective 4/1/2007

CHAPTER 1 II. PROVIDER AGENCY

REQUIREMENTS: D. Provider Agency Case

File for the Individual: All Provider Agencies shall maintain at the administrative office a confidential case file for each individual. Case records belong to the individual receiving services and copies shall be provided to the receiving agency whenever an individual changes providers. The record must also be made available for review when requested by DOH, HSD or federal government representatives for oversight purposes. The individual's case file shall include the following requirements... 1, 2, 3, 4, 5, 6, 7, 8,

CHAPTER 1. III. PROVIDER AGENCY

DOCUMENTATION OF SERVICE DELIVERY

<p>AND LOCATION - Healthcare Documentation by Nurses For Community Living Services, Community Inclusion Services and Private Duty Nursing Services: Chapter 1. III. E. (1 - 4) (1) Documentation of nursing assessment activities (2) Health related plans and (4) General Nursing Documentation</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 5 IV. COMMUNITY INCLUSION SERVICES PROVIDER AGENCY REQUIREMENTS B. IDT Coordination</p> <p>(2) Coordinate with the IDT to ensure that each individual participating in Community Inclusion Services who has a score of 4, 5, or 6 on the HAT has a Health Care Plan developed by a licensed nurse, and if applicable, a Crisis Prevention/Intervention Plan.</p>		
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Standard of Care	Routine Survey Deficiencies February 8 -11, 2016	Verification Survey New and Repeat Deficiencies August 19 – 23, 2016
Service Domain: Service Plans: ISP Implementation – Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan.		
Tag # 1A08 Agency Case File	Standard Level Deficiency	COMPLETE
Tag # 1A08.1 Agency Case File - Progress Notes	Standard Level Deficiency	COMPLETE
Tag # IS11.1 / 5I11.1 Reporting Requirements (Inclusion Report Components)	Standard Level Deficiency	COMPLETE
Tag # IS22 / 5I22 SE Agency Case File	Standard Level Deficiency	COMPLETE
Tag # LS14 / 6L14 Residential Case File	Standard Level Deficiency	COMPLETE
Tag # LS17.1 / 6L17.1 Reporting Requirements (Living Report Components)	Standard Level Deficiency	COMPLETE
Tag # IH17.1 Reporting Requirements (Customized In-Home Supports Reports)	Standard Level Deficiency	COMPLETE
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	COMPLETE
Tag # 1A22 Agency Personnel Competency	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A25 Criminal Caregiver History Screening	Standard Level Deficiency	COMPLETE
Tag # 1A28.1 Incident Mgt. System - Personnel Training	Standard Level Deficiency	COMPLETE
Tag # 1A37 Individual Specific Training	Standard Level Deficiency	COMPLETE

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	Standard Level Deficiency
Tag # 1A03 CQI System	Standard Level Deficiency	COMPLETE
Tag # 1A05 General Provider Requirements	Standard Level Deficiency	COMPLETE
Tag # 1A28.2 Incident Mgt. System - Parent/Guardian Training	Standard Level Deficiency	COMPLETE
Tag # LS25 / 6L25 Residential Health and Safety (SL/FL)	Standard Level Deficiency	COMPLETE
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 # IS25 / 5I25 Community Integrated Employment Services / Supported Employment Reimbursement	Standard Level Deficiency	COMPLETE
Tag # IS30 Customized Community Supports Reimbursement	Standard Level Deficiency	COMPLETE
Tag # IH32 Customized In-Home Supports Reimbursement	Standard Level Deficiency	COMPLETE

Agency Plan of Correction

Tag #	Corrective Action for survey deficiencies / On-going QA/QI and Responsible Party	Due Date
Tag # 1A32 and LS14 / 6L14 Individual Service Plan Implementation	<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 effect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?): →</i></p>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
Tag # 1A20 Direct Support Personnel Training	<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 effect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?): →</i></p>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>

<p>Tag # 1A26 Consolidated On-line Registry Employee Abuse Registry</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 effect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?): →</i></p>	
<p>Tag #1A08.2 Healthcare Requirements</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 effect? 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 effect? 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 effect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?):</i> →</p>	

Tag # 1A15.2 and IS09 / 5I09 Healthcare Documentation	<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 effect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?):</i> →</p>	
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Date: October 24, 2016

To: Rex Davidson, Executive Director
Provider: Las Cumbres Community Services, Inc.
Address: 104 South Coronado
State/Zip: Espanola, New Mexico 87532

E-mail Address: rex.davidson@lccs-nm.org

CC: Megan Delano, Director
E-Mail Address megan.delano@lccs-nm.org

Region: Northeast
Routine Survey: February 8 - 11, 2016
Verification Survey: August 19 – 23, 2016

Program Surveyed: Developmental Disabilities Waiver

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

Survey Type: Verification

Dear Mr. Davidson and Ms. Delano:

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.D0606.2.VER.09.16.298