

Date: September 24, 2018

To: Mrs. Chitra Roy, Executive Director
 Provider: Optihealth, Inc.
 Address: 4620 Jefferson Lane NE
 State/Zip: Albuquerque, New Mexico 87109

E-mail Address: croy@optihealthnm.com

Region: Metro
 Routine Survey: October 6 - 13, 2017
 Verification Survey: July 30 – August 17, 2018

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: **2012:** Supported Living, Customized Community Supports, Customized In-Home Supports
2007: Supported Living, Adult Habilitation

Survey Type: Verification

Team Leader: Amanda Castaneda, MPA, POC Coordinator/Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Mrs. Chitra Roy;

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 October 6 – 13, 2017*.

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

Partial Compliance with Conditions of Participation

The following tags are identified as Condition of Participation Level Deficiencies:

- Tag # 1A32 and LS14 / 6L14 Individual Service Plan Implementation

However, due to the new/repeat condition level deficiencies your agency will be referred to the Internal Review Committee (IRC). Your agency will also be required to contact your DDSD Regional Office for technical assistance and follow up and complete the Plan of Correction document attached at the end of this report. Please respond to the Plan of Correction Coordinator within 10 business days of receipt of this letter.

Plan of Correction:

The attached Report of Findings identifies the new/repeat Standard Level deficiencies found during your agency's verification compliance review. You are required to complete and implement a Plan of Correction. Your agency has a total of 10 business days from the receipt of this letter. The Plan of Correction must include the following:

1. Evidence your agency has contacted your DDSD Regional Office for technical assistance;
2. A Plan of Correction detailing Quality Assurance/Quality Improvement processes to prevent your agency from receiving deficiencies in the future. Please use the format provided at the end of this report;

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 – Optihealth, Inc. – Metro Region – July 30 – August 17, 2018

Survey Report #: Q.19.1.DDW.D1889.5.VER.01.18.267



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,

Amanda Castaneda, MPA

Amanda Castaneda, MPA
Team Lead/POC Coordinator/Healthcare Surveyor
Division of Health Improvement
Quality Management Bureau

Survey Process Employed:

Administrative Review Start Date:	July 30, 2018
Contact:	<u>Optihealth, Inc.</u> Chitra Roy, Executive Director
	<u>DOH/DHI/QMB</u> Amanda Castaneda, Team Lead/Healthcare Surveyor
Total Sample Size	6
	2 - Jackson Class Members 4 - Non-Jackson Class Members
	5 - Supported Living 2 - Customized Community Supports 2 - Adult Habilitation 1 - Customized In-Home Supports
Persons Served Records Reviewed	6
Direct Support Personnel Records Reviewed	79 (<i>One Service Coordinator also performs dual roles as a DSP</i>)
Service Coordinator Records Reviewed	2 (<i>One Service Coordinator also performs dual roles as a DSP</i>)
Direct Support Personnel Interviews completed during Routine Survey	13
Administrative Interviews completed during Routine Survey	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○ 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

QMB Report of Findings – Optihealth, Inc. – Metro Region – July 30 – August 17, 2018

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 the following Service Domains.

Case Management Services (Four Service Domains):

- Plan of Care: ISP Development & Monitoring
- Level of Care
- Qualified Providers
- Health, Safety and Welfare

Community Living Supports / Inclusion Supports (Three Service Domains):

- Service Plans: ISP Implementation
- Qualified Provider
- Health, Safety and Welfare

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: Plan of Care ISP Development & Monitoring

Condition of Participation:

1. **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:

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

Service Domain: Level of Care

Condition of Participation:

3. **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.

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: Service Plan: ISP Implementation

Condition of Participation:

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

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 and/or 6 or more Condition of Participation level deficiencies overall, as well as widespread Standard level deficiencies identified in the attached QMB Report of Findings and requires implementation of a Plan of Correction.

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: <https://nmhealth.org/about/dhi/cbp/irf/>
3. The written request for an IRF must specify in detail the request for reconsideration and why the finding is inaccurate.
4. The IRF request must include all supporting documentation or evidence.
5. If you have questions about the IRF process, email the IRF Chairperson, 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: Optihealth, Inc. - Metro Region
Program: Developmental Disabilities Waiver
Service: 2012: Supported Living, Customized Community Supports, Customized In-Home Supports
 2007: Supported Living, Adult Habilitation
Survey Type: Routine
Routine Survey: October 6 - 13, 2017
Verification Survey: July 30 – August 17, 2018

Standard of Care	Routine Survey Deficiencies October 6 – 13, 2017	Verification Survey New and Repeat Deficiencies July 30 – August 17, 2018
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	Standard Level Deficiency
<p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013; 6/15/2015</p> <p>Chapter 5 (CIES) 3. Agency Requirements: J. Consumer Records Policy: Community Integrated Employment 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 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 DDSD Individual Case File Matrix policy. Additional documentation that is required to be maintained at the administrative office includes: 1. Vocational Assessments (if applicable) that are of quality and contain content acceptable to DVR and DDSD.</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</p>	<p>Based on record review, the Agency did not maintain a complete and confidential case file at the administrative office for 5 of 10 Individuals.</p> <p>Review of the Agency individual case files revealed the following items were not found, incomplete, and/or not current:</p> <p>ISP budget forms MAD 046</p> <ul style="list-style-type: none"> • Not Found (#2) <p>ISP Signature Page</p> <ul style="list-style-type: none"> • Not Found (#2, 9) <p>ISP Teaching and Support Strategies</p> <ul style="list-style-type: none"> • <i>Individual #2 - TSS not found for the following Live Outcome Statement / Action Steps:</i> <ul style="list-style-type: none"> • "...will go for unplanned walk and return on her own." • <i>TSS not found for the following Work / Learn Outcome Statement / Action Steps:</i> <ul style="list-style-type: none"> • "...will list her chosen activities on a planner or calendar and identify steps for successful completion." 	<p>Repeat Findings:</p> <p>Based on record review, the Agency did not maintain a complete and confidential case file at the administrative office for 1 of 6 Individuals.</p> <p>Review of the Agency individual case files revealed the following items were not found, incomplete, and/or not current:</p> <p>ISP budget forms MAD 046</p> <ul style="list-style-type: none"> • Not Found (#2) <p>ISP Teaching and Support Strategies</p> <ul style="list-style-type: none"> • <i>Individual #2 - TSS not found for the following Live Outcome Statement / Action Steps:</i> <ul style="list-style-type: none"> • "...will go for unplanned walk and return on her own."

for individuals are required to comply with the DDS Individual Case File Matrix policy.

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.

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 DDS Individual Case File Matrix policy.

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)

- Emergency contact information;
- Personal identification;
- ISP budget forms and budget prior authorization;
- ISP with signature page and all applicable assessments, including teaching and support strategies, Positive Behavior Support Plan (PBSP), Behavior Crisis Intervention Plan (BCIP), or other relevant behavioral plans, Medical Emergency Response Plan (MERP), Healthcare Plan, Comprehensive Aspiration Risk Management Plan (CARMP), and Written Direct Support Instructions (WDSI);
- Dated and signed evidence that the individual has been informed of agency grievance/complaint procedure at least annually, or upon admission for a short term stay;

- "...will enjoy her planned community outing."
- *Individual #6 - TSS not found for the following Work / Learn Outcome Statement / Action Steps:*
 - "...with assistance will choose from two activities."
 - "...track with assistance."
- *Individual #10 - TSS not found for the following Live Outcome Statement / Action Steps:*
 - "...will begin with kitchen safety steps identified and listed to reduce the spread of germs and cross contamination, at each opportunity."
 - "...will make efforts to read labels and identify the steps required to prepare his dish, at each opportunity."
 - "...will photograph his prepared dish for his cookbook, at each opportunity."
- *TSS not found for the following Work / Learn Outcome Statement / Action Steps:*
 - "...with the use of the computer will search weight lifting and exercise techniques that will support his interest in body building, as needed over the next year."
- *TSS not found for the following Fun/Relationship Outcome Statement / Action Steps:*
 - "...will choose a location to travel to at least once each quarter during the ISP year."
 - "...will highlight the route that he plans to take, and share his intended route with his support staff, for each of his trips during the ISP year."

<ul style="list-style-type: none"> • Copy of Guardianship or Power of Attorney documents as applicable; • Behavior Support Consultant, Occupational Therapist, Physical Therapist and Speech-Language Pathology progress reports as applicable, except for short term stays; • Written consent by relevant health decision maker and primary care practitioner for self-administration of medication or assistance with medication from DSP as applicable; • Progress notes written by DSP and nurses; • Signed secondary freedom of choice form; • Transition Plan as applicable for change of provider in past twelve (12) months. <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>H. Readily accessible electronic records are accessible, including those stored through the Therap web-based system.</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>	<ul style="list-style-type: none"> • “...will take at least 4-day trips during the ISP year.” <p>Positive Behavioral Support Plan</p> <ul style="list-style-type: none"> • Not Current (#6) <p>Physical Therapy Plan</p> <ul style="list-style-type: none"> • Not Found (#8) <p>Documentation of Guardianship/Power of Attorney</p> <ul style="list-style-type: none"> • Not Found (#2) 	
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Tag # 1A32 and LS14 / 6L14 Individual Service Plan Implementation	Condition of Participation Level Deficiency	Condition of Participation Level Deficiency
<p>NMAC 7.26.5.16.C and D Development of the ISP. Implementation of the ISP. The ISP shall be implemented according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcomes and action plan.</p> <p>C. The IDT shall review and discuss information and recommendations with the individual, with the goal of supporting the individual in attaining desired outcomes. The IDT develops an ISP based upon the individual's personal vision statement, strengths, needs, interests and preferences. The ISP is a dynamic document, revised periodically, as needed, and amended to reflect progress towards personal goals and achievements consistent with the individual's future vision. This regulation is consistent with standards established for individual plan development as set forth by the commission on the accreditation of rehabilitation facilities (CARF) and/or other program accreditation approved and adopted by the developmental disabilities division and the department of health. It is the policy of the developmental disabilities division (DDD), that to the extent permitted by funding, each individual receive supports and services that will assist and encourage independence and productivity in the community and attempt to prevent regression or loss of current capabilities. Services and 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>	<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 10 of 10 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 #2</p> <ul style="list-style-type: none"> • According to the Live Outcome; Action Step for "...will go for unplanned walk and return on her own" 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 7/2017 - 8/2017. <p>Individual #5</p> <ul style="list-style-type: none"> • None found regarding: Live Outcome/Action Step: "...will add 5 items to her nutritional guide" for 6/2017 – 8/2017. Action step is to be completed 1 time per week. • None found regarding: Live Outcome/Action Step: "...will use her nutritional guide to shop" for 6/2017 - 7/2017. Action step is to be completed 1 time per week. 	<p>New/Repeat Findings:</p> <p>After an analysis of the evidence it has been determined there is a significant potential for a negative outcome to occur.</p> <p>Based on record review, the Agency did not 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 5 of 6 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 #2</p> <ul style="list-style-type: none"> • None found regarding: Live Outcome/Action Step: "...will go for an unplanned walk and return back" for 5/2018 – 6/2018. Action step is to be completed twice per week. <p>Individual #5</p> <ul style="list-style-type: none"> • None found regarding: Live Outcome/Action Step: "...will choose the mall she would like to walk at" for 5/2018 – 6/2018. Action step is to be completed 1 time per week. <p>Individual #6</p> <ul style="list-style-type: none"> • None found regarding: Live Outcome/Action Step: "...will choose 1 outfit from two chooses [sic] once presented by staff" for 5/2018 –

	<ul style="list-style-type: none"> • According to the Live Outcome; Action Step for "...will use her nutritional guide to shop" is to be completed 1 time per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 8/2017. • None found regarding: Fun Outcome/Action Step: "...will choose a place to go" for 6/2017 – 7/2017. Action step is to be completed 1 time per week. • According to the Fun Outcome; Action Step for "...will choose a place to go" is to be completed 1 time per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 8/2017. <p>Individual #6</p> <ul style="list-style-type: none"> • None found regarding: Live Outcome/Action Step: "...with assistance will choose from two activities" for 6/2017. Action step is to be completed 2 times per month. • None found regarding: Live Outcome/Action Step: "...with assistance will participate in activity" for 6/2017. Action step is to be completed 2 times per month. • None found regarding: Live Outcome/Action Step: "...with assistance will track activity and/or duration" for 6/2017. Action step is to be completed 2 times per week. <p>Individual #8</p> <ul style="list-style-type: none"> • None found regarding: Live Outcome/Action Step: "...will research accessible pools" for 	<p>6/2018. Action step is to be completed 2 times monthly.</p> <ul style="list-style-type: none"> • None found regarding: Live Outcome/Action Step: "...will [sic] physical assistance will dress" for 5/2018 – 6/2018. Action step is to be completed 2 times monthly. • None found regarding: Live Outcome/Action Step: "...will be ready for the day" for 5/2018 – 6/2018. Action step is to be completed 2 times monthly. <p>Individual #9</p> <ul style="list-style-type: none"> • None found regarding: Live Outcome/Action Step: "...will take his plate to the sink" for 5/2018 - 6/2018. Action step is to be completed nightly. • None found regarding: Fun Outcome/Action Step: "...will save his money" for 5/2018 - 6/2018. Action step is to be completed weekly. • None found regarding: Fun Outcome/Action Step: "...will select from 2 ice cream locations" for 5/2018 - 6/2018. Action step is to be completed weekly. • None found regarding: Fun Outcome/Action Step: "...will complete the purchase" for 5/2018 - 6/2018. Action step is to be completed weekly. <p>Customized In-Home Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #1</p> <ul style="list-style-type: none"> • None found regarding: Live Outcome/Action Step: "...wants to be more independent with
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	<p>6/2017 - 8/2017. Action step is to be completed 1 time per month.</p> <ul style="list-style-type: none"> • None found regarding: Live Outcome/Action Step: "...will visit the pool" for 6/2017 - 8/2017. Action step is to be completed 1 time per month. <p>Individual #9</p> <ul style="list-style-type: none"> • None found regarding: Live Outcome/Action Step: "...will practice kitchen safety during the meal preparation" for 6/2017 - 8/2017. Action step is to be completed 3 times per week. • None found regarding: Fun Outcome/Action Step: "...will choose community activities of interest to him" for 6/2017 - 8/2017. Action step is to be completed 3 times per week. • None found regarding: Fun Outcome/Action Step: "...will ask a friend to join him on the activity" for 6/2017 - 8/2017. Action step is to be completed 1 time per week. <p>Individual #10</p> <ul style="list-style-type: none"> • None found regarding: Live Outcome/Action Step: "...will begin with kitchen safety steps identified and listed to reduce the spread of germs and cross contamination, at each opportunity" for 6/2017 - 8/2017. Action step is to be completed 1 time per week. • None found regarding: Live Outcome/Action Step: "...will identify the appropriate cookware and utensils required for the dish he is going to prepare, at each opportunity" for 6/2017 - 8/2017. Action step is to be completed 1 time per week. 	<p>grocery shopping" for 5/2018 - 6/2018. Action step is to be completed 2 times per month.</p> <p>Customized Community Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #2</p> <ul style="list-style-type: none"> • None found regarding: Work/Education/Volunteer Outcome/Action Step: "...will review the CCS activities calendar and choose locations/activities that she would like to engage in or visit" for 5/2018 – 6/2018. Action step is to be completed 12 times per month. • None found regarding: Work/Education/Volunteer Outcome/Action Step: "...will list her chose [sic] activities on a Planner or Calendar and identify the steps required for successful completion" for 5/2018 – 6/2018. Action step is to be completed 12 times per month. • None found regarding: Work/Education/Volunteer Outcome/Action Step: "...will enjoy her planned community outing" for 5/2018 – 6/2018. Action step is to be completed 12 times per month. <p>Individual #9</p> <ul style="list-style-type: none"> • None found regarding: Work/Education/Volunteer Outcome/Action Step: "...will choose songs he wants to play from a list of familiar favorites" for 5/2018 - 6/2018. Action step is to be completed 2 times per week. • None found regarding: Work/Education/Volunteer Outcome/Action Step: "...will take his guitar, play and sing to entertain
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	<ul style="list-style-type: none"> • None found regarding: Live Outcome/Action Step: "...will make efforts to read labels and identify the steps required to prepare his dish, at each opportunity" for 6/2017 – 8/2017. Action step is to be completed 1 time per week. • None found regarding: Live Outcome/Action Step: "...will photograph his prepared dish for his cookbook, at each opportunity" for 6/2017 - 8/2017. Action step is to be completed 1 time per week. <p>Customized In-Home Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #1</p> <ul style="list-style-type: none"> • None found regarding: Live Outcome/Action Step: "...wants to be more independent with grocery shopping" for 6/2017 and 8/2017. Action step is to be completed 2 times a month. • None found regarding: Fun Outcome/Action Step: "... will choose a location within New Mexico to travel / visit" for 8/2016 - 8/2017. Action step is to be completed 2 times per year. <p>Customized Community Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #2</p> <ul style="list-style-type: none"> • None found regarding: Work/Learn Outcome/Action Step: "...will review the Customized Community Support activities and choose locations/activities that she would like to engage in or visit" for 6/27/2017 - 8/31/2017. Action step is to be completed 12 times per month. 	<p>those in the community" for 5/2018 - 6/2018. Action step is to be completed 2 times per week.</p> <ul style="list-style-type: none"> • None found regarding: Work/Education/Volunteer Outcome/Action Step: "...will follow identified steps to prepare for his walks" for 5/2018 - 6/2018. Action step is to be completed 3 times per week. • None found regarding: Work/Education/Volunteer Outcome/Action Step: "...will complete his walks and track his progress" for 5/2018 - 6/2018. Action step is to be completed 3 times per week.
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- None found regarding: Work/Learn Outcome/Action Step: "...will list her chosen activities in the planner or calendar and identify steps required for successful completion" for 6/27/2017 – 8/2017. Action step is to be completed 12 times per month.
 - None found regarding: Work/Learn Outcome/Action Step: "...will enjoy her planned community outing" for 6/27/2017 - 8/31/2017. Action step is to be completed 12 times per month.
- Individual #3
- None found regarding: Work/Learn Outcome/Action Step: "...will work with staff on increasing his literacy skills" for 6/2017 - 8/2017. Action step is to be completed 1 time per week.
- Individual #4
- According to the Work/Learn Outcome; Action Step for "...will make choices of Community activities that she would like to participate in and list them on a schedule or planner" 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 6/2017 and 8/2017.
- Individual #9
- None found regarding: Work/Learn Outcome/Action Step: "... will rehearse his singing and dancing routine" for 6/2017 – 8/2017. Action Step is to be completed weekly.
- Individual #10
- According to the Work/Learn Outcome; Action Step for "...will create a written workout plan to

follow on a rotating basis (upper and lower) and update it" is to be completed monthly. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 6/2017.

- According to the Work/Learn Outcome; Action Step for "...will exercise, following his workout plan and documenting his progress in a log book" is to be completed 3 times a week, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 6/2017 – 8/2017.

Adult Habilitation Data Collection/Data Tracking/Progress with regards to ISP Outcomes:

Individual #6

- According to the Fun Outcome; Action Step for "...with assistance get phone number or address" is to be completed 2 times per month. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 8/2017.
- According to the Fun Outcome; Action Step for "...with assistance will contact by phone or mail friend/family member" is to be completed 2 times per month. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 8/2017.
- According to the Fun Outcome; Action Step for "...with assistance will track call number" is to be completed 2 times per month. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 8/2017.

	<p>Individual #7</p> <ul style="list-style-type: none"> • According to the Work/Learn Outcome; Action Step for "...will create art work to donate and have displayed at the community center" is to be completed 1 time per month. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 6/2017 and 8/2017. • According to the Work/Learn Outcome; Action Step for "...will make a collage of the pictures of her family and mail it to them" 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 6/2017 and 8/2017. • According to the Fun Outcome; Action Step for "...will package her art and take them to the post office to mail while greeting the post workers while using her VOCA" is to be completed weekly. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 6/2017 and 8/2017. <p>Residential Files Reviewed:</p> <p>Supported Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #4</p> <ul style="list-style-type: none"> • None found regarding: Live Outcome/Action Step: "...will choose what store to go shopping and what self - care product to buy" for 10/1 – 7, 2017. Action step is to be completed 1 time per week. <p>Individual #5</p>	
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- According to the Live Outcome; Action Step for "...will create a visual nutritional guide to use while shopping" 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 10/1 – 7, 2017.
- According to the Live Outcome; Action Step for "...will add 5 items to her nutritional guide" 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 10/1 - 7, 2017.
- According to the Live Outcome; Action Step for "...will use her nutritional guide to shop" 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 10/1 - 7, 2017.
- According to the Fun Outcome; Action Step for "...will choose a place to go" 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/ 1 - 7, 2017.
- According to the Fun Outcome; Action Step for "...will greet a person appropriately" 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 10/1 – 7, 2017.

Individual #7

- According to the Fun Outcome; Action Step for "...will work on a variety of different art" is to be completed 1 time per week. Evidence found indicated it was not being completed at the

	<p>required frequency as indicated in the ISP for 10/1 - 7, 2017.</p> <ul style="list-style-type: none"> • According to the Fun Outcome; Action Step for "...will make a collage of the pictures of her family and mail it to them" 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 10/1 – 7, 2017. • According to the Fun Outcome; Action Step for "...will package her art and take them to the post office to mail while greeting the post workers while using her VOCA" 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 10/1 - 7, 2017. <p>Individual #9</p> <ul style="list-style-type: none"> • None found regarding: Live Outcome/Action Step: "...will take his plate to the sink" for 10/1 - 11, 2017. Action step is to be completed nightly. • None found regarding: Live Outcome/Action Step: "...will wash the plate and put it on the rack" for 10/1 - 11, 2017. Action step is to be completed nightly. • None found regarding: Fun Outcome/Action Step: "...will save money" for 10/1 - 7, 2017. Action step is to be completed weekly. • None found regarding: Fun Outcome/Action Step: "...will select 2 ice cream locations" for 10/1 - 7, 2017. Action step is to be completed weekly. 	
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- None found regarding: Fun Outcome/Action Step: "...will complete the purchase" for 10/1 - 7, 2017. Action step is to be completed weekly.

Individual #10

- According to the Live Outcome; Action Step for "...will begin with kitchen safety steps identified and listed to reduce the spread of germs and cross contamination, at each opportunity" 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 10/1 - 7, 2017.
- According to the Live Outcome; Action Step for "...will identify appropriate cookware and utensils required for the dish he is going to prepare, at each opportunity" 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 10/1 - 7, 2017.
- According to the Live Outcome; Action Step for "...will make efforts to read labels and identify the steps required to prepare his dish, at each opportunity" 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 10/1 - 7, 2017.
- According to the Live Outcome; Action Step for "...will photograph his prepared dish for his cookbook, at each opportunity" is to be completed 1 per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 10/1 - 7, 2017.

Tag # IS11 / 5I11 Reporting Requirements Inclusion Reports	Standard Level Deficiency	Standard Level Deficiency
<p>7.26.5.17 DEVELOPMENT OF THE INDIVIDUAL SERVICE PLAN (ISP) - DISSEMINATION OF THE ISP, DOCUMENTATION AND COMPLIANCE: C. Objective quantifiable data reporting progress or lack of progress towards stated outcomes, and action plans shall be maintained in the individual's records at each provider agency implementing the ISP. Provider agencies shall use this data to evaluate the effectiveness of services provided. Provider agencies shall submit to the case manager data reports and individual progress summaries quarterly, or more frequently, as decided by the IDT. These reports shall be included in the individual's case management record, and used by the team to determine the ongoing effectiveness of the supports and services being provided. Determination of effectiveness shall result in timely modification of supports and services as needed.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013; 6/15/2015</p> <p>CHAPTER 5 (CIES) 3. Agency Requirements: I. Reporting Requirements: The Community Integrated Employment Agency must submit the following: 1. Progress Reports: Community Integrated Employment Services providers must submit written status reports to the individual's Case Manager and other IDT members. When reports are developed in any language other than English, it is the responsibility of the provider to translate the reports into English. These reports are due at two points in time: a mid-cycle report due on day 190 of the ISP cycle and a second summary report due two weeks prior to the annual ISP meeting that covers all progress since the beginning of the ISP cycle up to</p>	<p>Based on record review, the Agency did not complete written status reports as required for 4 of 8 individuals receiving Inclusion Services.</p> <p>Review of the Agency individual case files revealed the following items were not found, and/or incomplete:</p> <p>Customized Community Supports Semi-Annual Reports</p> <ul style="list-style-type: none"> • Individual #2 - None found for 6/2016 - 12/2016 and 12/2016 - 3/2017. <i>(Term of ISP 6/27/2016 - 6/26/2017. ISP meeting held 3/16/2017).</i> • Individual #8 - None found for 8/2016 - 10/2016. <i>(Term of ISP 2/9/2016 - 2/8/2017. ISP meeting held 11/14/2016).</i> • Individual #9 - None found for 3/2017 - 6/2017. <i>(Term of ISP 9/28/2016 - 9/27/2017. ISP meeting held 7/6/2017).</i> <p>Adult Habilitation Quarterly Reports</p> <ul style="list-style-type: none"> • Individual #6 - None found for 9/2016 - 11/2016; 12/2016 - 2/2017; 3/2017 - 5/2017 and 6/2017 - 8/2017. <i>(Term of ISP 8/30/2016 – 8/29/2017).</i> 	<p>Repeat Finding:</p> <p>Based on record review, the Agency did not complete written status reports as required for 1 of 4 individuals receiving Inclusion Services.</p> <p>Review of the Agency individual case files revealed the following items were not found, and/or incomplete:</p> <p>Adult Habilitation Quarterly Reports</p> <ul style="list-style-type: none"> • Individual #6 - None found for 9/2016 - 11/2016; 12/2016 - 2/2017; 3/2017 - 5/2017 and 6/2017 - 8/2017. <i>(Term of ISP 8/30/2016 – 8/29/2017).</i>

that point. These reports must contain the following written documentation:

a. Written updates to the ISP Work/Learn Action Plan annually or as necessary due to change in work outcome to the case manager. These updates do not require an IDT meeting unless changes requiring team input need to be made (e.g., adding more hours to the Community Integrated Employment budget); and

b. Written annual updates to the ISP work/learn action plan to DDS.

2. VAP or other assessment profile to the case manager if completed externally to the ISP;

3. initial ISP reflecting the Vocational Assessment or other assessment profile or the annual ISP with the updated VAP integrated or a copy of an external VAP if one was completed to DDS; and

4. Reports as requested by DDS to track employment outcomes.

CHAPTER 6 (CCS) 3. Agency Requirements:

I. Reporting Requirements: Progress Reports:

Customized Community Supports providers must submit written status reports to the individual's Case Manager and other IDT members. When reports are developed in any language other than English, it is the responsibility of the provider to translate the reports into English. These reports are due at two points in time: a mid-cycle report due on day 190 of the ISP cycle and a second summary report due two weeks prior to the annual ISP meeting that covers all progress since the beginning of the ISP cycle up to that point. These reports must contain the following written documentation:

2. Semi-annual progress reports one hundred ninety (190) days following the date of the annual ISP, and 14 days prior to the annual IDT meeting:

a. Identification of and implementation of a Meaningful Day definition for each person served;

- b. Documentation for each date of service delivery summarizing the following:
 - i. Choice based options offered throughout the day; and
 - ii. Progress toward outcomes using age appropriate strategies specified in each individual's action steps in the ISP, and associated support plans/WDSI.
- c. Record of personally meaningful community inclusion activities;
- d. Written updates, to the ISP Work/Learn Action Plan annually or as necessary due to change in work outcomes. These updates do not require an IDT meeting unless changes requiring team input need to be made; and
- e. Data related to the requirements of the Performance Contract to DDSD quarterly.

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

CHAPTER 5 IV. COMMUNITY INCLUSION SERVICES PROVIDER AGENCY REQUIREMENTS

- E. Provider Agency Reporting Requirements:** All Community Inclusion Provider Agencies are required to submit written quarterly status reports to the individual's Case Manager no later than fourteen (14) calendar days following the end of each quarter. In addition to reporting required by specific Community Access, Supported Employment, and Adult Habilitation Standards, the quarterly reports shall contain the following written documentation:
- (1) Identification and implementation of a meaningful day definition for each person served;
 - (2) Documentation summarizing the following:
 - (a) Daily choice-based options; and
 - (b) Daily progress toward goals using age-appropriate strategies specified in each individual's action plan in the ISP.
 - (3) Significant changes in the individual's routine or staffing;
 - (4) Unusual or significant life events;

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| <ul style="list-style-type: none">(5) Quarterly updates on health status, including changes in medication, assistive technology needs and durable medical equipment needs;(6) Record of personally meaningful community inclusion;(7) Success of supports as measured by whether or not the person makes progress toward his or her desired outcomes as identified in the ISP; and(8) Any additional reporting required by DDSD. | | |
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Tag # IS12 Person Centered Assessment (Inclusion Services)	Standard Level Deficiency	Standard Level Deficiency
<p>New Mexico Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) DIRECTOR'S RELEASE (DR) #: 16.01.01 EFFECTIVE DATE: January 15, 2016 Rescind Policy Number: VAP-001; Procedure Number: VAPP-001</p> <p>I. SUMMARY: Effective January 15, 2016, the Department of Health/Developmental Disabilities Supports Division (DDSD) rescinded the Vocational Assessment Profile Policy (VAP-001) and Vocational Assessment Profile Procedure for Individuals on the Developmental Disabilities Waiver Who Are and Who Are Not Jackson Class Members (VAPP-001) dated July 16, 2008.</p> <p>II. REQUIREMENTS AND CLARIFICATIONS: To replace this policy and procedure, it is the expectation that providers who support individuals on the Developmental Disabilities Waiver (DDW) complete an annual person-centered assessment. This is a requirement for all DD Waiver recipients who receive Customized Community Supports and/or Community Integrated Employment services, including Jackson Class Members who receive Community Inclusion Services. In addition, for new allocations, individuals transferring from Mi Via Waiver services to traditional DD Waiver services, or for individuals who are new to a provider or are requesting a service for the first time, a person-centered assessment shall be completed within 90 days.</p> <p>A person-centered assessment is a tool to elicit information about a person. The tool is to be used for person-centered planning and collecting information that shall be included in the Individual Service Plan (ISP). A person-centered assessment should contain, at a minimum: Information about the individual's background and current status, the</p>	<p>Based on record review, the Agency did not maintain a confidential case file for everyone receiving Inclusion Services for 1 of 8 individuals.</p> <p>Review of the Agency individual case files revealed the following items were not found, incomplete, and/or not current:</p> <ul style="list-style-type: none"> • Annual Review - Person Centered Assessment (#10) 	<p>New Finding:</p> <p>Based on the Agency's Plan of Correction approved on 5/11/2018, "PCA documents will be filed and reviewed annually."</p> <p>No evidence PCA documents were filed and reviewed annually was provided during the Verification Survey completed on July 30 – August 17, 2018.</p>

individual's strengths, interests, conditions for success to integrate into the community, including conditions for job success (for individuals who are working or wish to work), and support needs for the individual. A person-centered assessment must include individual and/or family involvement. Additionally, information from staff members who are closest to the individual and who know the individual the best should be included in the assessment. A new person-centered assessment should be completed at least every five years. If there is a significant change in an individual's circumstance, a new assessment will be required sooner. Person-centered assessments should reviewed and be updated annually. Changes to the updated assessment should be signed and dated in order to demonstrate that the assessment was reviewed.

Tag # LS14 / 6L14 Residential Case File	Standard Level Deficiency	Standard Level Deficiency
<p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013; 6/15/2015</p> <p>CHAPTER 11 (FL) 3. Agency Requirements C. Residence Case File: The Agency must maintain in the individual's home a complete and current confidential case file for each individual. Residence case files are required to comply with the DDSD Individual Case File Matrix policy.</p> <p>CHAPTER 12 (SL) 3. Agency Requirements C. Residence Case File: The Agency must maintain in the individual's home a complete and current confidential case file for each individual. Residence case files are required to comply with the DDSD Individual Case File Matrix policy.</p> <p>CHAPTER 13 (IMLS) 2. Service Requirements B.1. Documents to Be Maintained in The Home: a. Current Health Passport generated through the e-CHAT section of the Therap website and printed for use in the home in case of disruption in internet access; b. Personal identification; c. Current ISP with all applicable assessments, teaching and support strategies, and as applicable for the consumer, PBSP, BCIP, MERP, health care plans, CARMPs, Written Therapy Support Plans, and any other plans (e.g. PRN Psychotropic Medication Plans) as applicable; d. Dated and signed consent to release information forms as applicable; e. Current orders from health care practitioners; f. Documentation and maintenance of accurate medical history in Therap website; g. Medication Administration Records for the current month; h. Record of medical and dental appointments for the current year, or during the period of stay for short term stays, including any treatment provided; i. Progress notes written by DSP and nurses;</p>	<p>Based on record review, the Agency did not maintain a complete and confidential case file in the residence for 7 of 9 Individuals receiving Supported Living Services.</p> <p>Review of the residential individual case files revealed the following items were not found, incomplete, and/or not current:</p> <p>Current Emergency and Personal Identification Information:</p> <ul style="list-style-type: none"> • Did not contain Pharmacy Information (#4, 6) • Did not contain Health Insurance Plan (#4) • Did not contain Primary Care Physician information (#8) <p>Individual Specific Training Section of ISP (formerly Addendum B):</p> <ul style="list-style-type: none"> • Not Found (#2, 3) <p>ISP Teaching and Support Strategies</p> <ul style="list-style-type: none"> • Individual #4 - TSS not found for the following <i>Live Outcome Statement / Action Steps:</i> <ul style="list-style-type: none"> ➢ "...will choose what store to go shopping and what self-care product to buy." • TSS not found for the following <i>Fun Outcome / Action Steps:</i> <ul style="list-style-type: none"> ➢ "...will choose what place in the community to participate." • Individual #5 - TSS not found for the following <i>Live Outcome Statement / Action Steps:</i> <ul style="list-style-type: none"> ➢ "...will create visual nutritional guide to follow while shopping." 	<p>New/Repeat Findings:</p> <p>Based on record review, the Agency did not maintain a complete and confidential case file in the residence for 2 of 5 Individuals receiving Supported Living Services.</p> <p>Per on the Plan of Correction approved on 5/11/2018, "Remaining items have been located or researched and sent to the residential location."</p> <p>Behavior Crisis Intervention Plan:</p> <ul style="list-style-type: none"> • Not Found (#6) <i>Note: Agency indicated this plan is not required. However, the revised Individual Specific Training section of the ISP was not provided during the desk audit Verification Survey completed on July 30 – August 17, 2018 to verify the plan is no longer required.</i> <p>Comprehensive Aspiration Risk Management Plan:</p> <ul style="list-style-type: none"> • Not Current (#9)

j. Documentation and data collection related to ISP implementation;
 k. Medicaid card;
 l. Salud membership card or Medicare card as applicable; and
 m. A Do Not Resuscitate (DNR) document and/or Advanced Directives as applicable.

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.

H. Readily accessible electronic records are accessible, including those stored through the Therap web-based system.

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

CHAPTER 6. VIII. COMMUNITY LIVING SERVICE PROVIDER AGENCY REQUIREMENTS

A. Residence Case File: For individuals receiving Supported Living or Family Living, the Agency shall maintain in the individual’s home a complete and current confidential case file for each individual. For individuals receiving Independent Living Services, rather than maintaining this file at the individual’s home, the complete and current confidential case file for each individual shall be maintained at the agency’s administrative site. Each file shall include the following:
 (1) Complete and current ISP and all supplemental plans specific to the individual;
 (2) Complete and current Health Assessment Tool;
 (3) Current emergency contact information, which includes the individual’s address, telephone number, names and telephone numbers of residential Community Living Support providers, relatives, or

- *TSS not found for the following Fun Outcome / Action Steps:*
 - “...will greet a person appropriately.”
- *Individual #6 - TSS not found for the following Live Outcome Statement / Action Steps:*
 - “...with physical assistance will dress.”
 - “...will be ready for the day.”

Positive Behavioral Plan:

- Not Current (#9)

Behavior Crisis Intervention Plan:

- Not Found (#6)
- Not Current (#9)

Physical Therapy Plan:

- Not Found (#8)

Healthcare Passport:

- Not Found (#6)
- Not Current (#4)

Comprehensive Aspiration Risk Management Plan:

- Not Current (#6, 9)

Health Care Plans:

- Falls (#2)
- Reflux (#8)
- Seizures (#2)

Medical Emergency Response Plans:

- Seizures (#2)
- Falls (#2)

<p>guardian or conservator, primary care physician's name(s) and telephone number(s), pharmacy name, address and telephone number and dentist name, address and telephone number, and health plan;</p> <p>(4) Up-to-date progress notes, signed and dated by the person making the note for at least the past month (older notes may be transferred to the agency office);</p> <p>(5) Data collected to document ISP Action Plan implementation</p> <p>(6) Progress notes written by direct care staff and by nurses regarding individual health status and physical conditions including action taken in response to identified changes in condition for at least the past month;</p> <p>(7) Physician's or qualified health care providers written orders;</p> <p>(8) Progress notes documenting implementation of a physician's or qualified health care provider's order(s);</p> <p>(9) Medication Administration Record (MAR) for the past three (3) months which includes:</p> <p>(a) The name of the individual;</p> <p>(b) A transcription of the healthcare practitioner's prescription including the brand and generic name of the medication;</p> <p>(c) Diagnosis for which the medication is prescribed;</p> <p>(d) Dosage, frequency and method/route of delivery;</p> <p>(e) Times and dates of delivery;</p> <p>(f) Initials of person administering or assisting with medication; and</p> <p>(g) An explanation of any medication irregularity, allergic reaction or adverse effect.</p> <p>(h) For PRN medication an explanation for the use of the PRN must include:</p> <p>(i) Observable signs/symptoms or circumstances in which the medication is to be used, and</p> <p>(ii) Documentation of the effectiveness/result of the PRN delivered.</p> <p>(i) A MAR is not required for individuals participating in Independent Living Services who self-administer their own medication. However, when medication administration is provided as part of the Independent</p>		
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Living Service a MAR must be maintained at the individual's home and an updated copy must be placed in the agency file on a weekly basis.

(10) Record of visits to healthcare practitioners including any treatment provided at the visit and a record of all diagnostic testing for the current ISP year; and

(11) Medical History to include: demographic data, current and past medical diagnoses including the cause (if known) of the developmental disability and any psychiatric diagnosis, allergies (food, environmental, medications), status of routine adult health care screenings, immunizations, hospital discharge summaries for past twelve (12) months, past medical history including hospitalizations, surgeries, injuries, family history and current physical exam.

Tag # LS17 / 6L17 Requirements (Community Living Reports)	Standard Level Deficiency	Standard Level Deficiency
<p>7.26.5.17 DEVELOPMENT OF THE INDIVIDUAL SERVICE PLAN (ISP) - DISSEMINATION OF THE ISP, DOCUMENTATION AND COMPLIANCE: C. Objective quantifiable data reporting progress or lack of progress towards stated outcomes, and action plans shall be maintained in the individual's records at each provider agency implementing the ISP. Provider agencies shall use this data to evaluate the effectiveness of services provided. Provider agencies shall submit to the case manager data reports and individual progress summaries quarterly, or more frequently, as decided by the IDT. These reports shall be included in the individual's case management record, and used by the team to determine the ongoing effectiveness of the supports and services being provided. Determination of effectiveness shall result in timely modification of supports and services as needed.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013; 6/15/2015</p> <p>CHAPTER 11 (FL) 3. Agency Requirements: E. Living Supports- Family Living Service Provider Agency Reporting Requirements: 1. Semi-Annual Reports: Family Living Provider must submit written semi-annual status reports to the individual's Case Manager and other IDT Members no later than one hundred ninety (190) calendar days after the ISP effective date. When reports are developed in any other language than English, it is the responsibility of the provider to translate the reports into English. The semi-annual reports must contain the following written documentation: a. Name of individual and date on each page; b. Timely completion of relevant activities from ISP Action Plans;</p>	<p>Based on record review, the Agency did not complete written status reports for 2 of 9 individuals receiving Living Services.</p> <p>Review of the Agency individual case files revealed the following items were not found, and/or incomplete:</p> <p>Supported Living Semi-Annual Reports:</p> <ul style="list-style-type: none"> • Individual #2 - None found for 12/2016 - 3/2017 and 6/2017 – 12/2017. <i>(Term of ISP 6/27/2016 - 6/26/2017 and 6/27/2017 - 6/26/2018. ISP meeting held 3/16/2017).</i> • Individual #9 - None found for 9/2016 - 3/2017 and 3/2017 - 6/2017. <i>(Term of ISP 9/28/2016 - 9/27/2017. ISP meeting held 7/6/2017).</i> 	<p>Repeat Findings:</p> <p>Based on record review, the Agency did not complete written status reports for 2 of 5 individuals receiving Living Services.</p> <p>Review of the Agency individual case files revealed the following items were not found, and/or incomplete:</p> <p>Supported Living Semi-Annual Reports:</p> <ul style="list-style-type: none"> • Individual #2 - None found for 6/2017 – 12/2017. <i>(Term of ISP 6/27/2016 - 6/26/2017 and 6/27/2017 - 6/26/2018).</i> • Individual #9 - None found for 9/2016 - 3/2017 and 3/2017 - 6/2017. <i>(Term of ISP 9/28/2016 - 9/27/2017. ISP meeting held 7/6/2017).</i>

- c. Progress towards desired outcomes in the ISP accomplished during the past six months;
- d. Significant changes in routine or staffing;
- e. Unusual or significant life events, including significant change of health condition;
- f. Data reports as determined by IDT members; and
- g. Signature of the agency staff responsible for preparing the reports.

**CHAPTER 12 (SL) 3. Agency Requirements:
E. Living Supports- Supported Living Service
Provider Agency Reporting Requirements:**

1. Semi-Annual Reports: Supported Living providers must submit written semi-annual status reports to the individual's Case Manager and other IDT Members no later than one hundred ninety (190) calendar days after the ISP effective date. When reports are developed in any other language than English, it is the responsibility of the provider to translate the reports into English. The semi-annual reports must contain the following written documentation:

- a. Name of individual and date on each page;
- b. Timely completion of relevant activities from ISP Action Plans;
- c. Progress towards desired outcomes in the ISP accomplished during the past six (6) months;
- d. Significant changes in routine or staffing;
- e. Unusual or significant life events, including significant change of health condition;
- f. Data reports as determined by IDT members; and
- g. Signature of the agency staff responsible for preparing the reports.

**CHAPTER 13 (IMLS) 3. Agency Requirements: F.
Quality Assurance/Quality Improvement (QA/QI)
Program:**

4. Intensive Medical Living Services providers shall submit a written semi-annual (non-nursing) status

report to the individual's case manager and other IDT members no later than the one hundred ninetieth (190th) day following ISP effective date. These semi-annual status reports shall contain at least the following information:

- a. Status of completion of ISP Action Plans and associated support plans and/or WDSI;
- b. Progress towards desired outcomes;
- c. Significant changes in routine or staffing;
- d. Unusual or significant life events; and
- e. Data reports as determined by the IDT members;

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

CHAPTER 6. VIII. COMMUNITY LIVING SERVICE PROVIDER AGENCY REQUIREMENTS

D. Community Living Service Provider Agency Reporting Requirements: **All Community Living Support providers shall submit written quarterly status reports to the individual's Case Manager and other IDT Members no later than fourteen (14) days following the end of each ISP quarter. The quarterly reports shall contain the following written documentation:**

- (1) Timely completion of relevant activities from ISP Action Plans
- (2) Progress towards desired outcomes in the ISP accomplished during the quarter;
- (3) Significant changes in routine or staffing;
- (4) Unusual or significant life events;
- (5) Updates on health status, including medication and durable medical equipment needs identified during the quarter; and
- (6) Data reports as determined by IDT members.

Standard of Care	Routine Survey Deficiencies October 6 – 13, 2017	Verification Survey New and Repeat Deficiencies July 30 – August 17, 2018
<i>Service Domain: Qualified Providers - The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.</i>		
Tag # 1A22 Agency Personnel Competency	Condition of Participation 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) for each individual serviced.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013; 6/15/2015</p> <p>CHAPTER 5 (CIES) 3. Agency Requirements 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. 3. Ensure direct service personnel receives Individual Specific Training as outlined in each individual ISP, including aspects of support plans (healthcare and behavioral) or WDSI that pertain to the employment environment.</p> <p>CHAPTER 6 (CCS) 3. Agency Requirements F. Meet all training requirements as follows: 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>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 interview, the Agency did not ensure training competencies were met for 6 of 13 Direct Support Personnel.</p> <p>When DSP were asked if they received training on the Individual’s Individual Service Plan and what the plan covered, the following was reported:</p> <ul style="list-style-type: none"> DSP #517 stated, “Help with hygiene and communicating with family and friends.” According to the Individual Service Plan Residential Staff are responsible for implementing the following outcomes: “...will research accessible pools” and “...will visit pools.” (Individual #8) <p>When DSP were asked if the individual had a Behavioral Crisis Intervention Plan and if so, what the plan covered, the following was reported:</p> <ul style="list-style-type: none"> DSP #504 stated, “It states there is no need for one.” According to the Individual Specific Training Section of the ISP, the individual has Behavioral Crisis Intervention Plan. (Individual #6) <p>When DSP were asked if the Individual had a Speech Therapy Plan and if so, what the plan covered, the following was reported:</p>	<p>New Finding:</p> <p>Based on the Agency’s Plan of Correction approved on 5/11/2018, “A monthly check of 30 day, 90 day, 1 year trainings and annual recertification is done by the agency trainer.”</p> <p>No evidence of monthly checks was provided during the Verification Survey completed on July 30 – August 17, 2018.</p>

CHAPTER 7 (CIHS) 3. Agency Requirements 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 DDSD Policy T-003: Training Requirements for Direct Service Agency Staff Policy. 3. Staff shall complete individual specific training requirements in accordance with the specifications described in the ISP of each individual served; and 4. Staff that assists the individual with medication (e.g., setting up medication, or reminders) must have completed Assisting with Medication Delivery (AWMD) Training.

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.

- DSP #596 stated, "No." According to the Individual Specific Training Section of the ISP the Individual requires a Speech Therapy Plan. (Individual #3)
- DSP #508 stated, "I don't think so, I've never seen one." According to the Individual Specific Training Section of the ISP, the Individual requires a Speech Therapy Plan. (Individual #5)

When DSP were asked if the Individual had an Occupational Therapy Plan and if so, what the plan covered, the following was reported:

- DSP #517 stated, "No, not that I know of." According to the Individual Specific Training Section of the ISP, the Individual requires an Occupational Therapy Plan. (Individual #8)

When DSP were asked if the Individual had a Physical Therapy Plan and if so, what the plan covered, the following was reported:

- DSP #517 stated, "No, she doesn't." According to the Individual Specific Training Section of the ISP, the Individual requires a Physical Therapy Plan. (Individual #8)

When DSP were asked if the Individual had Health Care Plans and if so, what the plan(s) covered, the following was reported:

- DSP #560 stated, "Aspiration, Anaphylactic Shock, Seizures, Respiratory, Falls, Poor Vision, Antipsychotic Medication." As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual also requires a Health Care Plan for Risk of Dehydration. (Individual #9)

B. Individual specific training must be arranged and conducted, including training on the Individual Service Plan outcomes, actions steps and strategies and associated support plans (e.g. health care plans, MERP, PBSP and BCIP etc), information about the individual's preferences with regard to privacy, communication style, and routines. Individual specific training for therapy related WDSI, Healthcare Plans, MERPs, CARMP, PBSP, and BCIP must occur at least annually and more often if plans change or if monitoring finds incorrect implementation. Family Living providers must notify the relevant support plan author whenever a new DSP is assigned to work with an individual, and therefore needs to receive training, or when an existing DSP requires a refresher. The individual should be present for and involved in individual specific training whenever possible.

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 DDS 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.

B Individual specific training must be arranged and conducted, including training on the ISP Outcomes, actions steps and strategies, associated support plans (e.g. health care plans, MERP, PBSP and

- DSP #570 stated, "Bruising and Rashes, History of Pain, Aspiration Risk, Hypertension, Oral Hygiene and Imbalanced Calorie Intake." As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual also requires Health Care Plans for Reflux, Constipation Management, Colonized/Infected with Multi Drug and Health issues that prevent desired level of participation. (Individual #10)

When DSP were asked if the Individual had a Medical Emergency Response Plans and if so, what the plan(s) covered, the following was reported:

- DSP #504 stated, "I don't believe she has any." As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual requires a Medical Emergency Response Plan for Falls. (Individual #4)
- DSP #570 stated, "Aspiration Risk." As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual requires Medical Emergency Response Plans for Cardiac Circulatory Condition and Colonized/Infected with Multidrug. (Individual #10)

When DSP were asked if the Individual had any allergies that could be potentially life threatening, the following was reported:

- DSP #596 stated, "Seasonal allergies." As indicated by Electronic Comprehensive Assessment Tool the individual is allergic to mushrooms. (Individual #3)

When DSP were asked if the Individual had a Seizure Disorder, and if so, had they received training, the following was reported:

BCIP, etc), and information about the individual's preferences with regard to privacy, communication style, and routines. Individual specific training for therapy related WDSI, Healthcare Plans, MERP, CARMP, PBSP, and BCIP must occur at least annually and more often if plans change or if monitoring finds incorrect implementation. Supported Living providers must notify the relevant support plan author whenever a new DSP is assigned to work with an individual, and therefore needs to receive training, or when an existing DSP requires a refresher. The individual should be present for and involved in individual specific training whenever possible.

CHAPTER 13 (IMLS) R. 2. Service Requirements. Staff Qualifications 2. DSP Qualifications.

E. Complete training requirements as specified in the DDSD Policy T-003: Training Requirements for Direct Service Agency Staff - effective March 1, 2007. 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;

- DSP #504 stated, "Honestly I don't remember being trained on her seizures." As indicated by the Individual Specific Training section of the ISP Day staff are required to receive training from agency. (Individual #6)

During interview DSP were asked if the Individual had any assistive device or adaptive equipment and was it in functioning order.

- DSP #517 reported the Individual uses Glasses, C-Pap and Oxygen at night. Surveyor observed the following in individuals room: Hospital bed, walker, commode, shower chair and grab bars. (Individual #8)

Tag # 1A36 Service Coordination Requirements	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>K. In addition to the applicable requirements described in policy statements B – I (above), direct support staff, direct support supervisors, and internal service coordinators shall complete DDSD-approved core curriculum training. Attachments A and B to this policy identify the specific competency requirements for the following levels of core curriculum training:</p> <ol style="list-style-type: none"> 1. Introductory Level – must be completed within thirty (30) days of assignment to his/her position with the agency. 2. Orientation – must be completed within ninety (90) days of assignment to his/her position with the agency. 3. Level I – must be completed within one (1) year of assignment to his/her position with the agency. <p>NMAC 7.26.5.7 “service coordinator”: the community provider staff member, sometimes called the program manager or the internal case manager, who supervises, implements and monitors the service plan within the community service provider agency</p> <p>NMAC 7.26.5.11 (b) service coordinator: the service coordinators of the community provider agencies shall assure that appropriate staff develop strategies specific to their responsibilities in the ISP; the service coordinators shall assure the action plans and strategies are implemented consistent with the provisions of the ISP, and shall report to the case manager on ISP implementation and the individual’s progress on action plans within their agencies; for persons funded solely by state general funds, the service coordinator shall assume all the duties of the independent case manager described within these</p>	<p>Based on record review, the Agency did not ensure that Orientation and Training requirements were met for 2 of 4 Service Coordinators.</p> <p>Review of Service Coordinators training records found no evidence of the following required DOH/DDSD trainings being completed:</p> <p>Pre-Service Part One:</p> <ul style="list-style-type: none"> • Not Found (#602) <p><i>Note: Pre-Service Part One for DSP #602 removed by IRF 6/1/2018.</i></p> <p>Pre-Service Part Two:</p> <ul style="list-style-type: none"> • Not Found (#602) <p><i>Note: Pre-Service Part Two for DSP #602 removed by IRF 6/1/2018.</i></p> <p>ISP Person-Centered Planning (2-Day):</p> <ul style="list-style-type: none"> • Not Found (#602) <p><i>Note: ISP Person-Centered Planning (2-Day) for DSP #602 removed by IRF 6/1/2018.</i></p> <p>Promoting Effective Teamwork:</p> <ul style="list-style-type: none"> • Not Found (#601, 602) <p><i>Note: Promoting Effective Teamwork for DSP #601 and 602 upheld by IRF 6/1/2018.</i></p> <p>ISP Critique:</p> <ul style="list-style-type: none"> • Not Found (#601, 602) <p><i>Note: ISP Critique for DSP #601 and 602 upheld by IRF 6/1/2018.</i></p>	<p>New Finding:</p> <p>Based on the Agency’s Plan of Correction approved on 5/11/2018, “A monthly check of 30 day, 90 day, 1 year trainings and annual recertification is done by the agency trainer.”</p> <p>No evidence of monthly checks was provided during the Verification Survey completed on July 30 – August 17, 2018.</p>

regulations; if there are two or more “key” community service provider agencies with two or more service coordinator staff, the IDT shall designate which service coordinator shall assume the duties of the case manager; the criteria to guide the IDTs selection are set forth as follows:

- (i) the designated service coordinator shall have the skills necessary to carry out the duties and responsibilities of the case manager as defined in these regulations;
- (ii) the designated service coordinator shall have the time and interest to fulfill the functions of the case manager as defined in these regulations;
- (iii) the designated service coordinator shall be familiar with and understand community service delivery and supports;
- (iv) the designated service coordinator shall know the individual or be willing to become familiar and develop a relationship with the individual being served;

Tag # 1A37 Individual Specific 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) for each individual serviced.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013; 6/15/2015</p> <p>CHAPTER 5 (CIES) 3. Agency Requirements 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. 3. Ensure direct service personnel receives Individual Specific Training as outlined in each individual ISP, including aspects of support plans (healthcare and behavioral) or WDSI that pertain to the employment environment.</p> <p>CHAPTER 6 (CCS) 3. Agency Requirements F. Meet all training requirements as follows: 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 C. Training Requirements: The Provider Agency must report required personnel training status to the DDSD Statewide Training Database as specified in</p>	<p>Based on record review, the Agency did not ensure that Individual Specific Training requirements were met for 5 of 101 Agency Personnel.</p> <p>Review of personnel records found no evidence of the following:</p> <p>Direct Support Personnel (DSP):</p> <ul style="list-style-type: none"> Individual Specific Training (#506, 538, 565, 583, 589) <p><i>Note: Individual Specific Training for DSP #506, 538, 565, 583 and 589 upheld by IRF 6/1/2018.</i></p>	<p>New/Repeat Findings:</p> <p>Based on record review, the Agency did not ensure that Individual Specific Training requirements were met for 2 of 79 Agency Personnel.</p> <p>Review of personnel records found no evidence of the following:</p> <p>Direct Support Personnel (DSP):</p> <ul style="list-style-type: none"> Individual Specific Training (#506, 589) <p>Based on the Agency’s Plan of Correction approved on 5/11/2018, “A monthly check of 30 day, 90 day, 1 year trainings and annual recertification is done by the agency trainer.”</p> <p>No evidence of monthly checks was provided during the Verification Survey completed on July 30 – August 17, 2018.</p>

the DDS Policy T-001: Reporting and Documentation of DDS Training Requirements Policy. The Provider Agency must ensure that the personnel support staff have completed training as specified in the DDS Policy T-003: Training Requirements for Direct Service Agency Staff Policy. 3. Staff shall complete individual specific training requirements in accordance with the specifications described in the ISP of each individual served; and 4. Staff that assists the individual with medication (e.g., setting up medication, or reminders) must have completed Assisting with Medication Delivery (AWMD) Training.

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 DDS Statewide Training Database as specified in DDS Policy T-001: Reporting and Documentation for DDS Training Requirements.

B. Individual specific training must be arranged and conducted, including training on the Individual Service Plan outcomes, actions steps and strategies and associated support plans (e.g. health care plans, MERP, PBSP and BCIP etc), information about the

individual's preferences with regard to privacy, communication style, and routines. Individual specific training for therapy related WDSI, Healthcare Plans, MERPs, CARMP, PBSP, and BCIP must occur at least annually and more often if plans change or if monitoring finds incorrect implementation. Family Living providers must notify the relevant support plan author whenever a new DSP is assigned to work with an individual, and therefore needs to receive training, or when an existing DSP requires a refresher. The individual should be present for and involved in individual specific training whenever possible.

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 DDSD Statewide Training Database as specified in DDSD Policy T-001: Reporting and Documentation for DDSD Training Requirements.

B Individual specific training must be arranged and conducted, including training on the ISP Outcomes, actions steps and strategies, associated support plans (e.g. health care plans, MERP, PBSP and BCIP, etc), and information about the individual's preferences with regard to privacy, communication style, and routines. Individual specific training for therapy related WDSI, Healthcare Plans, MERP, CARMP, PBSP, and BCIP must occur at least

annually and more often if plans change or if monitoring finds incorrect implementation. Supported Living providers must notify the relevant support plan author whenever a new DSP is assigned to work with an individual, and therefore needs to receive training, or when an existing DSP requires a refresher. The individual should be present for and involved in individual specific training whenever possible.

CHAPTER 13 (IMLS) R. 2. Service Requirements. Staff Qualifications 2. DSP Qualifications.

E. Complete training requirements as specified in the DDSD Policy T-003: Training Requirements for Direct Service Agency Staff - effective March 1, 2007. 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;

Standard of Care	Routine Survey Deficiencies October 6 – 13, 2017	Verification Survey New and Repeat Deficiencies July 30 – August 17, 2018
<i>Service Domain: Health and Welfare - The state, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.</i>		
Tag # 1A03.1 CQI System - Implementation	Standard Level Deficiency	Standard Level Deficiency
<p>STATE OF NEW MEXICO DEPARTMENT OF HEALTH DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION PROVIDER AGREEMENT: ARTICLE 17. PROGRAM EVALUATIONS</p> <p>d. PROVIDER shall have a Quality Management and Improvement Plan in accordance with the current MF Waiver Standards and/or the DD Waiver Standards specified by the DEPARTMENT. The Quality Management and Improvement Plan for DD Waiver Providers must describe how the PROVIDER will determine that each waiver assurance and requirement is met. The applicable assurances and requirements are: (1) level of care determination; (2) service plan; (3) qualified providers; (4) health and welfare; (5) administrative authority; and, (6) financial accountability. For each waiver assurance, this description must include:</p> <p>i. Activities or processes related to discovery, i.e., monitoring and recording the findings. Descriptions of monitoring/oversight activities that occur at the individual and provider level of service delivery. These monitoring activities provide a foundation for Quality Management by generating information that can be aggregated and analyzed to measure the overall system performance;</p> <p>ii. The entities or individuals responsible for conducting the discovery/monitoring processes;</p>	<p>Based on record review, interview and observation, the Agency had not fully implemented their Continuous Quality Management System as required by standard.</p> <p>Multiple Deficiencies Including CoPs</p> <ul style="list-style-type: none"> Review of the findings identified during the on-site survey (October 6 – 13, 2017) and as reflected in this report of findings, the Agency had multiple deficiencies noted, including Conditions of Participation out of compliance, which indicates the CQI plan provided by the Agency was not being used to successfully identify and improve systems within the agency. 	<p>New Finding:</p> <p>Based on the Agency's Plan of Correction approved on 5/11/2018, "Strategies for improvement will be incorporated in the agency QA/QI policy and reviewed annually."</p> <p>The revised CQI plan was not provided during the Verification Survey completed on July 30 – August 17, 2018.</p>

<p>iii. The types of information used to measure performance; and,</p> <p>iv. The frequency with which performance is measured.</p> <p>NMAC 7.1.14.8 INCIDENT MANAGEMENT SYSTEM REPORTING REQUIREMENTS FOR COMMUNITY-BASED SERVICE PROVIDERS:</p> <p>F. Quality assurance/quality improvement program for community-based service providers: F. Quality assurance/quality improvement program for community-based service providers: The community-based service provider shall establish and implement a quality improvement program for reviewing alleged complaints and incidents of abuse, neglect, or exploitation against them as a provider after the division's investigation is complete. The incident management program shall include written documentation of corrective actions taken. The community-based service provider shall take all reasonable steps to prevent further incidents. The community-based service provider shall provide the following internal monitoring and facilitating quality improvement program:</p> <p>(1) community-based service providers shall have current abuse, neglect, and exploitation management policy and procedures in place that comply with the department's requirements;</p> <p>(2) community-based service providers providing intellectual and developmental disabilities services must have a designated incident management coordinator in place; and</p> <p>(3) community-based service providers providing intellectual and developmental disabilities services</p>		
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must have an incident management committee to identify any deficiencies, trends, patterns, or concerns as well as opportunities for quality improvement, address internal and external incident reports for the purpose of examining internal root causes, and to take action on identified issues.

Tag # 1A06 On-Call Requirements	Standard Level Deficiency	Standard Level Deficiency
<p>STATE OF NEW MEXICO DEPARTMENT OF HEALTH DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION PROVIDER AGREEMENT ARTICLE 14. STANDARDS FOR SERVICES AND LICENSING</p> <p>a. The PROVIDER agrees to provide services as set forth in the Scope of Service, in accordance with all applicable regulations and standards including the current DD Waiver Service Standards and MF Waiver Service Standards.</p> <p>ARTICLE 39. POLICIES AND REGULATIONS Provider Agreements and amendments reference and incorporate laws, regulations, policies, procedures, directives, and contract provisions not only of DOH, but of HSD...</p> <p>PROVIDER APPLICATION NEW MEXICO DEPARTMENT OF HEALTH DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION COMMUNITY PROGRAMS BUREAU Effective 10/1/2012 Revised 3/2014 Section V DDW Program Descriptions 2. DD Waiver Policy and Procedures (coversheet and page numbers required)</p> <p>d. To ensure the health and safety of individuals receiving services, as required in the DDS Service Standards, please provide your agency's</p> <p>i. Emergency and on-call procedures;</p> <p>3. Additional Program Descriptions for DD Waiver Adult Nursing Services (coversheet and page numbers required)</p> <p>a. Describe your agency's arrangements for on-call nursing coverage to comply with PRN aspects of the DDS Medication Assessment and Delivery Policy and Procedure as well as response to individuals changing condition/unanticipated health related events;</p>	<p>Based on interview, the Agency did not ensure Agency Personnel were aware of the Agency's On-Call Policy and Procedures for 1 of 13 Agency Personnel.</p> <p>When DSP were asked if the agency had an on-call procedure, the following was reported:</p> <ul style="list-style-type: none"> DSP #525 stated, "No one calls me back if after hours, no one answers after hours." (Individual #10) <p><i>(Note: During the on-site visit on 10/13/2017 at 4:00 pm for Individual #8 the survey team attempted to call the on-call number. When the surveyor called the number, on-call did not connect to voice mail.)</i></p>	<p>New Finding:</p> <p>Based on the Agency's Plan of Correction approved on 5/11/2018, "A monthly review of barriers to reaching the Nurses or the staff are done by agency administrators."</p> <p>No evidence of monthly reviews was provided during the Verification Survey completed on July 30 – August 17, 2018.</p>

Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013; 6/15/2015

Chapter 11 (FL) 2. Service Requirement I. Health Care Requirements for Family Living: 9. Family Living Provider Agencies are required to be an Adult Nursing provider and have a Registered Nurse (RN) licensed by the State of New Mexico on staff and residing in New Mexico or bordering towns see: Adult Nursing requirements. The agency nurse may be an employee or a sub-contractor. b. On-call nursing services: An on-call nurse must be available to surrogate or host families DSP for medication oversight. It is expected that no single nurse carry the full burden of on-call duties for the agency.

Chapter 12 (SL) 2. Service Requirements L. Training Requirements. 6. Nursing Requirements and Roles: d. On-call nursing services: An on-call nurse must be available to DSP during the periods when a nurse is not present. The on-call nurse must be able to make an on-site visit when information provided by DSP over the phone indicate, in the nurse's professional judgment, a need for a face to face assessment to determine appropriate action. An LPN taking on-call must have access to their RN supervisor by phone during their on-call shift in case consultation is required. It is expected that no single nurse carry the full burden of on-call duties for the agency and that nurses be appropriately compensated for taking their turn covering on-call shifts.

Tag # 1A08.2 Healthcare Requirements	Condition of Participation 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</p> <p>III. Requirement Amendments(s) or Clarifications:</p> <p>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>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; 6/15/2015</p> <p>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 DDSD 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</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 provide documentation of annual physical examinations and/or other examinations as specified by a licensed physician for 6 of 10 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:</p> <ul style="list-style-type: none"> • Dental Exam <ul style="list-style-type: none"> ◦ Individual #1 - As indicated by collateral documentation reviewed, the exam was scheduled on 12/22/2016. No evidence of exam results found. (Note: Exam scheduled for 10/18/2017). • Vision Exam <ul style="list-style-type: none"> ◦ Individual #1 - As indicated by collateral documentation reviewed, exam was completed on 3/25/2014. Follow-up was to be completed in 2 years. No evidence of follow-up found. (Note: Exam scheduled for 11/6/2017). • Auditory Exam <ul style="list-style-type: none"> ◦ Individual #1 - As indicated by collateral documentation reviewed, exam was completed on 9/19/2014. Follow-up was to be completed in 3 years. No evidence of follow-up found. (Note: Exam scheduled for 12/19/2017). 	<p>Repeat Findings:</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 6 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:</p> <ul style="list-style-type: none"> • Vision Exam <ul style="list-style-type: none"> ◦ Individual #1 - As indicated by collateral documentation reviewed, exam was completed on 3/25/2014. Follow-up was to be completed in 2 years. Exam was scheduled for 11/6/2017. No evidence of exam was found. <p>Community Living Services / Community Inclusion Services (Individuals Receiving Multiple Services):</p> <ul style="list-style-type: none"> • Auditory Exam <ul style="list-style-type: none"> ◦ Individual #2 - As indicated by collateral documentation reviewed, exam was scheduled for 6/15/2017. No evidence of exam results found.

for individuals are required to comply with the DDS Individual Case File Matrix policy.

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.

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.

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 DDS Individual Case File Matrix policy.

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)...

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

- **Colonoscopy**

- Individual #1 - As indicated by collateral documentation reviewed, exam was recommended on 4/6/2017. No evidence of exam results found.

- **Neurology Evaluation**

- Individual #1 - As indicated by collateral documentation reviewed, exam was scheduled on 10/11/2016. No evidence of exam results.

- **Podiatry Exam**

- Individual #1 - As indicated by collateral documentation reviewed, a Podiatry exam was scheduled for 1/19/2017. No evidence of exam results were found.

- **Psychiatry Consultation**

- Individual #1 - As indicated by collateral documentation reviewed, a Psychiatric Consultation was completed on 9/21/2016. Follow-up was to be completed in 6 months. No evidence of follow-up found. (*Note: Consultation scheduled for 10/20/2017*).

- **Skin Cancer Screening**

- Individual #1 - As indicated by collateral documentation reviewed, screening was recommended. No evidence of screening results.

Community Living Services / Community Inclusion Services (Individuals Receiving Multiple Services):

- **Annual Physical (#3, 9)**

- **Vision Exam**

for oversight purposes. The individual's case file shall include the following requirements:

(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;

CHAPTER 6. VI. GENERAL REQUIREMENTS FOR COMMUNITY LIVING

G. Health Care Requirements for Community Living Services.

(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.

(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.

(3) For each individual receiving Community Living Services, the provider agency shall ensure and document the following:

(a) Provision of health care oversight consistent with these Standards as detailed in Chapter One section III E: Healthcare Documentation by Nurses For

- Individual #3 - As indicated by the DDSD file matrix Vision Exams are to be conducted every other year. No evidence of exam was found.

- **Auditory Exam**

- Individual #2 - As indicated by collateral documentation reviewed, exam was scheduled for 6/15/2017. No evidence of exam results found.

- Individual #9 - As indicated by collateral documentation reviewed, exam was completed on 5/8/2014. Follow-up was to be completed in 2 years. No evidence of follow-up found.

- **Blood Levels**

- Individual #2 - As indicated by collateral documentation reviewed, lab work was completed on 7/21/2017. Follow-up was to be completed on 8/3/2017. No evidence of follow-up found.

- **Office Visit**

- Individual #4 - As indicated by collateral documentation reviewed, an office visit was completed on 6/9/2017 for Insomnia. Follow-up was to be completed on 8/21/2017. No evidence of follow-up found.

- **Podiatry Exam**

- Individual #9 - As indicated by collateral documentation reviewed, a Podiatry exam was completed on 5/16/2014. Follow-up was to be completed in 1 year. No evidence of follow-up found.

- **Psychiatric Exam**

- Individual #2 - As indicated by collateral documentation reviewed, a Psychiatric exam

<p>Community Living Services, Community Inclusion Services and Private Duty Nursing Services.</p> <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> <p>(a) The individual has a primary licensed physician;</p> <p>(b) The individual receives an annual physical examination and other examinations as specified by a licensed physician;</p> <p>(c) The individual receives annual dental check-ups and other check-ups as specified by a licensed dentist;</p> <p>(d) The individual receives eye examinations as specified by a licensed optometrist or ophthalmologist; and</p> <p>(e) Agency activities that occur as follow-up to medical appointments (e.g. treatment, visits to specialists, changes in medication or daily routine).</p>	<p>was completed on 6/20/2017. Follow-up was to be completed in 3 weeks. No evidence of follow-up found.</p> <ul style="list-style-type: none"> • Urology Exam <ul style="list-style-type: none"> ◦ Individual #10 - As indicated by collateral documentation reviewed, an Urology appointment was scheduled for 8/18/2017. No evidence of appointment results found. 	
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Tag # 1A15.2 and IS09 / 5I09 Healthcare Documentation	Standard Level Deficiency	Standard Level Deficiency
<p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013; 6/15/2015</p> <p>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) 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 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>I. Health Care Requirements for Family Living: 5. A nurse employed or contracted by the Family Living</p>	<p>Based on record review, the Agency did not maintain a complete and confidential case file at the administrative office for 4 of 10 individuals.</p> <p>Review of the Agency individual case files revealed the following items were not found, incomplete, and/or not current:</p> <p>Comprehensive Aspiration Risk Management Plan:</p> <ul style="list-style-type: none"> • Not Current (#9) <p>Quarterly Nursing Review of HCP/Medical Emergency Response Plans:</p> <ul style="list-style-type: none"> • None found for 12/2016 - 2/2017 (#7) <p>Semi-Annual Nursing Review of HCP/Medical Emergency Response Plans:</p> <ul style="list-style-type: none"> • None found for 12/2016 - 3/2017 (<i>Term of ISP 6/27/2016 - 6/26/2017</i>) (<i>ISP meeting held 3/16/2017</i>). (#2) <p>Special Health Care Needs:</p> <ul style="list-style-type: none"> • <i>Nutritional Plan</i> <ul style="list-style-type: none"> ◦ Individual #7 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of plan found. <p>Health Care Plans</p> <ul style="list-style-type: none"> • <i>GERD</i> <ul style="list-style-type: none"> ◦ Individual #8 - According to Electronic Comprehensive Health Assessment Tool the individual is required to have a plan. No evidence of a plan found. 	<p>Repeat Findings:</p> <p>Based on record review, the Agency did not maintain a complete and confidential case file at the administrative office for 2 of 6 individuals.</p> <p>Review of the Agency individual case files revealed the following items were not found, incomplete, and/or not current:</p> <p>Quarterly Nursing Review of HCP/Medical Emergency Response Plans:</p> <ul style="list-style-type: none"> • None found for 12/2016 - 2/2017 (#7) <p>Semi-Annual Nursing Review of HCP/Medical Emergency Response Plans:</p> <ul style="list-style-type: none"> • None found for 1/2017 - 3/2017 – Report covered 12/2016. (<i>Term of ISP 6/27/2016 - 6/26/2017</i>) (<i>ISP meeting held 3/16/2017</i>). (#2) <p>Special Health Care Needs:</p> <ul style="list-style-type: none"> • <i>Nutritional Plan</i> <ul style="list-style-type: none"> ◦ Individual #7 - As indicated by the IST section of ISP the individual is required to have a plan. No evidence of plan found.

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.

- 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.
- 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.
- 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.
- d. Other nursing assessments conducted to determine current health status or to evaluate a change in clinical condition must be 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

<p>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 DDS 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 DDS Individual Case File Matrix policy.</p> <p>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 professional according to the DDS 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>		
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<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 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). 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. 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>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</p>		
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Parameters tool; for e-CHAT a printed copy of the current e-CHAT summary report shall suffice;

F. Annual physical exams and annual dental exams (not applicable for short term stays);

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);

H. Audiology/hearing exam as applicable (Not applicable for short term stays; See Medicaid policy 8.324.6 for applicable requirements);

I. All other evaluations called for in the ISP for which the Services provider is responsible to arrange;

J. Medical screening, tests and lab results (for short term stays, only those which occur during the period of the stay);

L. Record of medical and dental appointments, including any treatment provided (for short term stays, only those appointments that occur during the stay);

O. Semi-annual ISP progress reports and MERP reviews (not applicable for short term stays);

P. Quarterly nursing summary reports (not applicable for short term stays);

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.

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.

**Department of Health Developmental Disabilities
Supports Division Policy. Medical Emergency
Response Plan Policy MERP-001 eff.8/1/2010**

F. The MERP shall be written in clear, jargon free language and include at a minimum the following information:

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 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

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

**CHAPTER 5 IV. COMMUNITY INCLUSION SERVICES PROVIDER AGENCY REQUIREMENTS
B. IDT Coordination**

(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.

Tag # 1A31 Client Rights/Human Rights	Standard Level Deficiency	Standard Level Deficiency
<p>7.26.3.11 RESTRICTIONS OR LIMITATION OF CLIENT'S RIGHTS:</p> <p>A. A service provider shall not restrict or limit a client's rights except:</p> <p>(1) where the restriction or limitation is allowed in an emergency and is necessary to prevent imminent risk of physical harm to the client or another person; or</p> <p>(2) where the interdisciplinary team has determined that the client's limited capacity to exercise the right threatens his or her physical safety; or</p> <p>(3) as provided for in Section 10.1.14 [now Subsection N of 7.26.3.10 NMAC].</p> <p>B. Any emergency intervention to prevent physical harm shall be reasonable to prevent harm, shall be the least restrictive intervention necessary to meet the emergency, shall be allowed no longer than necessary and shall be subject to interdisciplinary team (IDT) review. The IDT upon completion of its review may refer its findings to the office of quality assurance. The emergency intervention may be subject to review by the service provider's behavioral support committee or human rights committee in accordance with the behavioral support policies or other department regulation or policy.</p> <p>C. The service provider may adopt reasonable program policies of general applicability to clients served by that service provider that do not violate client rights. [09/12/94; 01/15/97; Recompiled 10/31/01]</p> <p>Long Term Services Division Policy Title: Human Rights Committee Requirements Eff Date: March 1, 2003</p> <p>IV. POLICY STATEMENT - Human Rights Committees are required for residential service provider agencies. The purpose of these committees with respect to the provision of Behavior Supports is to review and monitor the implementation of certain Behavior Support Plans. Human Rights Committees may not approve any of the interventions specifically prohibited in the following policies:</p> <ul style="list-style-type: none"> • Aversive Intervention Prohibitions 	<p>Based on record review, the Agency did not ensure the rights of Individuals was not restricted or limited for 1 of 10 Individuals.</p> <p>A review of Agency Individual files indicated Human Rights Committee Approval was required for restrictions.</p> <p>No documentation was found regarding Human Rights Approval:</p> <ul style="list-style-type: none"> • Per Positive Behavior Support Plan and Positive Behavior Crisis Plan; Lock on pantry door; All chemicals for cleaning and laundry locked; All yard tools and items that can be used as a weapon are to be removed from yard and garage; There should be no glass such as lightbulbs in bedroom or bathroom; Per ISP; Access to food; Access to healthy snacks only; 24 hour awake supervision; 1:1 supervision in community; Phone privileges-needs assistance; Caffeine -none; Needs to be supervised in public restrooms. No evidence found of Human Rights Committee approval. (Individual #10) • Psychotropic Medications to control behaviors. No evidence found of Human Rights Committee approval. (Individual #10) <p>No current Human Rights Approval was found for the following:</p> <ul style="list-style-type: none"> • Physical Restraint (Unspecified) Last review was dated 2/27/2017. (Individual #10) • Sharps Locked / Removed - (Individual #10) Last review was dated 2/27/2017. (Individual #10) 	<p>New Finding:</p> <p>Based on the Agency's Plan of Correction approved on 5/11/2018, "100% PBSP and restraints are reviewed by HRC for use of restrictions, PRN, changes in the plan once every quarter or as needed. Remaining plans are also check for no changes at some interval."</p> <p>No evidence of quarterly reviews being completed for 100% of Positive Behavior Support Plans was provided during the Verification Survey completed on July 30 – August 17, 2018.</p>

- Psychotropic Medications Use
- Behavioral Support Service Provision.

A Human Rights Committee may also serve other agency functions as appropriate, such as the review of internal policies on sexuality and incident management follow-up.

A. HUMAN RIGHTS COMMITTEE ROLE IN BEHAVIOR SUPPORTS

Only those Behavior Support Plans with an aversive intervention included as part of the plan or associated Crisis Intervention Plan need to be reviewed prior to implementation. Plans not containing aversive interventions do not require Human Rights Committee review or approval.

2. The Human Rights Committee will determine and adopt a written policy stating the frequency and purpose of meetings. Behavior Support Plans approved by the Human Rights Committee will be reviewed at least quarterly.

3. Records, including minutes of all meetings will be retained at the agency with primary responsibility for implementation for at least five years from the completion of each individual's Individual Service Plan.

Department of Health Developmental Disabilities Supports Division (DDSD) - Procedure Title: Medication Assessment and Delivery Procedure Eff Date: November 1, 2006

B. 1. e. If the PRN medication is to be used in response to psychiatric and/or behavioral symptoms in addition to the above requirements, obtain current written consent from the individual, guardian or surrogate health decision maker and submit for review by the agency's Human Rights Committee (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).

Tag # LS25 / 6L25 Residential Health and Safety (SL/FL)	Standard Level Deficiency	Standard Level Deficiency
<p>Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013; 6/15/2015</p> <p>CHAPTER 11 (FL) Living Supports – Family Living Agency Requirements G. Residence Requirements for Living Supports- Family Living Services: 1.</p> <p>Family Living Services providers must assure that each individual's residence is maintained to be clean, safe and comfortable and accommodates the individuals' daily living, social and leisure activities. In addition, the residence must:</p> <ul style="list-style-type: none"> a. Maintain basic utilities, i.e., gas, power, water and telephone; b. Provide environmental accommodations and assistive technology devices in the residence including modifications to the bathroom (i.e., shower chairs, grab bars, walk in shower, raised toilets, etc.) based on the unique needs of the individual in consultation with the IDT; c. Have a battery operated or electric smoke detectors, carbon monoxide detectors, fire extinguisher, or a sprinkler system; d. Have a general-purpose first aid kit; e. Allow at a maximum of two (2) individuals to share, with mutual consent, a bedroom and each individual has the right to have his or her own bed; f. Have accessible written documentation of actual evacuation drills occurring at least three (3) times a year; g. Have accessible written procedures for the safe storage of all medications with dispensing instructions for each individual that are consistent with the Assisting with Medication Delivery training or each individual's ISP; and h. Have accessible written procedures for emergency placement and relocation of individuals in the event of an emergency evacuation that makes the residence unsuitable for occupancy. The emergency evacuation procedures must address, but are not limited to, fire, chemical and/or hazardous waste spills, and flooding. 	<p>Based on observation, the Agency did not ensure that each individuals' residence met all requirements within the standard for 8 of 8 Supported Living residences.</p> <p>Review of the residential records and observation of the residence revealed the following items were not found, not functioning or incomplete:</p> <p>Supported Living Requirements:</p> <ul style="list-style-type: none"> • Battery operated or electric smoke detectors, heat sensors, fire extinguisher or a sprinkler system installed in the residence (#5, 9) • Water temperature in home does not exceed safe temperature (110⁰ F) <ul style="list-style-type: none"> • Water temperature in home measured 138.5⁰ F (#2) • Water temperature in home measured 116.6⁰ F (#6, 7) • Water temperature in home measured 119.8⁰ F (#8) • Water temperature in home measured 112.8⁰ F (#9) • General-purpose first aid kit (#4) • Accessible written procedures for emergency evacuation e.g. fire and weather-related threats (#2, 5, 9, 10) • Accessible written procedures for the safe storage of all medications with dispensing instructions for 	<p>Repeat Findings:</p> <p>Based on observation, the Agency did not ensure that each individuals' residence met all requirements within the standard for 4 of 4 Supported Living residences.</p> <p>Review of the residential records revealed the following items were not found, not functioning or incomplete:</p> <ul style="list-style-type: none"> • Accessible written procedures for the safe storage of all medications with dispensing instructions for each individual that are consistent with the Assisting with Medication Administration training or each individual's ISP (#2, 5, 6, 7, 9)

CHAPTER 12 (SL) Living Supports – Supported Living Agency Requirements G. Residence Requirements for Living Supports- Supported Living Services:

1. Supported Living Provider Agencies must assure that each individual's residence is maintained to be clean, safe, and comfortable and accommodates the individual's daily living, social, and leisure activities. In addition, the residence must:

- a. Maintain basic utilities, i.e., gas, power, water, and telephone;
- b. Provide environmental accommodations and assistive technology devices in the residence including modifications to the bathroom (i.e., shower chairs, grab bars, walk in shower, raised toilets, etc.) based on the unique needs of the individual in consultation with the IDT;
- c. Ensure water temperature in home does not exceed safe temperature (110° F);
- d. Have a battery operated or electric smoke detectors and carbon monoxide detectors, fire extinguisher, or a sprinkler system;
- e. Have a general-purpose First Aid kit;
- f. Allow at a maximum of two (2) individuals to share, with mutual consent, a bedroom and each individual has the right to have his or her own bed;
- g. Have accessible written documentation of actual evacuation drills occurring at least three (3) times a year. For Supported Living evacuation drills must occur at least once a year during each shift;
- h. Have accessible written procedures for the safe storage of all medications with dispensing instructions for each individual that are consistent with the Assisting with Medication Delivery training or each individual's ISP; and
- i. Have accessible written procedures for emergency placement and relocation of individuals in the event of an emergency evacuation that makes the residence unsuitable for occupancy. The emergency evacuation procedures must address, but are not limited to, fire, chemical and/or hazardous waste spills, and flooding.

each individual that are consistent with the Assisting with Medication Administration training or each individual's ISP (#2, 3, 4, 5, 6, 7, 8, 9, 10)

- Accessible written procedures for emergency placement and relocation of individuals in the event of an emergency evacuation that makes the residence unsuitable for occupancy. The emergency evacuation procedures shall address, but are not limited to, fire, chemical and/or hazardous waste spills, and flooding (#5, 8, 9, 10)

Note: The following Individuals share a residence:

- #6, 7

**CHAPTER 13 (IMLS) 2. Service Requirements R.
Staff Qualifications: 3. Supervisor Qualifications
And Requirements:**

S Each residence shall include operable safety equipment, including but not limited to, an operable smoke detector or sprinkler system, a carbon monoxide detector if any natural gas appliance or heating is used, fire extinguisher, general purpose first aid kit, written procedures for emergency evacuation due to fire or other emergency and documentation of evacuation drills occurring at least annually during each shift, phone number for poison control within line of site of the telephone, basic utilities, general household appliances, kitchen and dining utensils, adequate food and drink for three meals per day, proper food storage, and cleaning supplies.

T Each residence shall have a blood borne pathogens kit as applicable to the residents' health status, personal protection equipment, and any ordered or required medical supplies shall also be available in the home.

U If not medically contraindicated, and with mutual consent, up to two (2) individuals may share a single bedroom. Each individual shall have their own bed. All bedrooms shall have doors that may be closed for privacy. Individuals have the right to decorate their bedroom in a style of their choosing consistent with safe and sanitary living conditions.

V For residences with more than two (2) residents, there shall be at least two (2) bathrooms. Toilets, tubs/showers used by the individuals shall provide for privacy and be designed or adapted for the safe provision of personal care. Water temperature shall be maintained at a safe level to prevent injury and ensure comfort and shall not exceed one hundred ten (110) degrees.

Standard of Care	Routine Survey Deficiencies October 6 – 13, 2017	Verification Survey New and Repeat Deficiencies July 30 – August 17, 2018
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
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 # 1A20 Direct Support Personnel Training	Standard Level Deficiency	COMPLETE
Tag # 1A25 Caregiver Criminal History Screening	Standard Level Deficiency	COMPLETE
Tag # 1A26 Consolidated On-line Registry/Employee Abuse Registry	Standard Level Deficiency	COMPLETE
Tag # 1A28.1 Incident Mgt. System - Personnel Training	Standard Level Deficiency	COMPLETE
Tag # 1A43.1 General Events Reporting - Individual Approval	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 # 1A09 Medication Delivery - Routine Medication Administration	Standard Level Deficiency	COMPLETE
Tag # 1A09.1 Medication Delivery - PRN Medication Administration	Standard Level Deficiency	COMPLETE
Tag # 1A28.2 Incident Mgt. System - Parent/Guardian Training	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 # 5I44 Adult Habilitation Reimbursement	Standard Level Deficiency	COMPLETE
Tag # IS30 Customized Community Supports Reimbursement	Standard Level Deficiency	COMPLETE
Tag # LS26 / 6L26 Supported Living 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 # 1A08 Agency Case File	<p>Provider: State your Plan of Correction for the deficiencies cited in this tag here (How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?): →</p> <p>Provider: Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here (What is going to be done? How many individuals is this going to effect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?): →</p>	
Tag # 1A32 and LS14/6L14 Individual Service Plan Implementation	<p>Provider: State your Plan of Correction for the deficiencies cited in this tag here (How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?): →</p> <p>Provider: Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here (What is going to be done? How many individuals is this going to effect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?): →</p>	

<p>Tag # LS14/6L14 Residential Case File</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> </p>
<p>Tag # LS17/6L17 Requirements (Community Living Reports)</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> </p>

<p>Tag # 1A06 On-Call Requirements</p>	<p>Provider: State your Plan of Correction for the deficiencies cited in this tag here (How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?): →</p> <p>Provider: Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here (What is going to be done? How many individuals is this going to effect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?): →</p>	
<p>Tag # 1A08.2 Healthcare Requirements</p>	<p>Provider: State your Plan of Correction for the deficiencies cited in this tag here (How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?): →</p> <p>Provider: Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here (What is going to be done? How many individuals is this going to effect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?): →</p>	

Date: November 2, 2018

To: Mrs. Chitra Roy, Executive Director
Provider: Optihealth, Inc.
Address: 4620 Jefferson Lane NE
State/Zip: Albuquerque, New Mexico 87109

E-mail Address: croy@optihealthnm.com

Region: Metro
Routine Survey: October 6 - 13, 2017
Verification Survey: July 30 – August 17, 2018

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: **2012:** Supported Living, Customized Community Supports, Customized In-Home Supports
2007: Supported Living, Adult Habilitation

Survey Type: Verification

Dear Mrs. Chitra Roy;

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.19.1.DDW.D1889.5.VER.09.18.306