Date:	August 19, 2019
To:	Hector Johnson, State Director Kathryn Conticelli, Executive Director
Provider:	Community Options, Inc.
Address:	2720 San Pedro NE
City, State, Zip:	Albuquerque, New Mexico 87110
E-mail Address:	Hector.Johnson@comop.org; Kathryn.Conticelli@comop.org
Region:	Northeast & Metro
Routine Survey:	November 21 - 30, 2018
Verification Survey:	July 23 – 25, 2019
Program Surveyed:	Developmental Disabilities Waiver
Service Surveyed:	***2018:*** Supported Living, Family Living, Community Integrated Employment Services
Survey Type:	Verification
Team Leader:	Lora Norby, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau
Team Member:	Elisa Alford, MSW, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Ms. Conticelli & Mr. Johnson;

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 November 21 – 30, 2019.*

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

Partial Compliance with Standard Level Tags and Conditions of Participation Level Tags: This determination is based on noncompliance with one to five (1 – 5) Condition of Participation Level Tags *(refer to Attachment D for details)*. The attached QMB Report of Findings indicates Standard Level and Condition of Participation Level deficiencies identified and requires completion and implementation of a Plan of Correction.

The following tags are identified as Condition of Participation Level:

- Tag # 1A09 Medication Delivery - Routine Medication Administration

The following tags are identified as Standard Level:

- Tag # 1A43.1 General Events Reporting - Individual Reporting

However, due to the new/repeat 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;
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**
   5301 Central Ave. NE Suite 400, New Mexico 87108

1. **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 Monica Valdez at 505-273-1930 if you have questions about the Report of Findings or Plan of Correction. Thank you for your cooperation and for the work you perform.

Sincerely,

Lora Norby

Lora Norby
Team Lead/Healthcare Surveyor
Division of Health Improvement
Quality Management Bureau

Survey Process Employed:

Administrative Review Start Date:	July 23, 2019
Contact:	**Community Options, Inc.** Kathryn Conticelli, Executive Director **DOH/DHI/QMB** Lora Norby, Team Lead/Healthcare Surveyor
On-site Entrance Conference Date:	July 24, 2019
Present:	**Community Options, Inc.** Hector Johnson, State Director Kathryn Conticelli, Executive Director Kassy Kitchens, RN Angie Chavez, Associate Executive Director Naomi Olivas, Direct Support Professional Linda Price, State Quality Assurance **DOH/DHI/QMB** Lora Norby, Team Lead/Healthcare Surveyor Elisa Alford, MSW, Healthcare Surveyor
Exit Conference Date:	July 25, 2019
Present:	**Community Options, Inc.** Hector Johnson, State Director Kathryn Conticelli, Executive Director Angie Chavez, Associate Executive Director Naomi Olivas, Direct Support Professional Linda Price, State Quality Assurance Dennis Mirabal, Quality Assurance Coordinator **DOH/DHI/QMB** Lora Norby, Team Lead/Healthcare Surveyor Elisa Alford, MSW, Healthcare Surveyor **DDSD – Metro Regional Office** Fleur Pahl, Social and Community Service Coordinator
Administrative Locations Visited	1
Total Sample Size	11 1 - *Jackson* Class Members 10 - Non-*Jackson* Class Members 7 - Supported Living 1 - Family Living 9 - Customized Community Supports 4 - Community Integrated Employment Services
Persons Served Records Reviewed	11
Direct Support Personnel Interviewed during	5

Routine Survey

Direct Support Personnel Records Reviewed	46
Service Coordinator Records Reviewed	1
Administrative Interviews completed during Routine Survey	1

Administrative Processes and Records Reviewed:

- Medicaid Billing/Reimbursement Records for all Services Provided
- Accreditation Records
- Oversight of Individual Funds
- Individual Medical and Program Case Files, including, but not limited to:
    - Individual Service Plans
    - Progress on Identified Outcomes
    - Healthcare Plans
    - Medication Administration Records
    - Medical Emergency Response Plans
    - Therapy Evaluations and Plans
    - Healthcare Documentation Regarding Appointments and Required Follow-Up
    - Other Required Health Information
- Internal Incident Management Reports and System Process / General Events Reports
- Personnel Files, including nursing and subcontracted staff
- Staff Training Records, Including Competency Interviews with Staff
- Agency Policy and Procedure Manual
- Caregiver Criminal History Screening Records
- Consolidated Online Registry/Employee Abuse Registry
- Human Rights Committee Notes and Meeting Minutes
- Evacuation Drills of Residences and Service Locations
- Quality Assurance / Improvement Plan

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

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 other state and federal regulations. For the purpose of the LCA / CI survey the CMS waiver assurances have been grouped into four (4) Service Domains: Plan of Care (ISP Implementation); 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 Assurance 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 during the on-site survey process and as reported in the QMB Report of Findings. All areas reviewed by QMB have been agreed to by DDSD and DHI/QMB and are reflective of CMS requirements. 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.

Each deficiency in your Report of Findings has been predetermined to be a Standard Level Deficiency, a Condition of Participation Level Deficiency, if below 85% compliance or a non-negotiable Condition of Participation Level Deficiency. Your Agency's overall Compliance Determination is based on a Scope and Severity Scale which takes into account the number of Standard and Condition Level Tags cited as well as the percentage of Individuals affected in the sample.

Conditions of Participation (CoPs)

CoPs are based on the Centers for Medicare and Medicaid Services, Home and Community-Based Waiver required assurances, in addition to the New Mexico Developmental Disability Waiver (DDW) Service Standards. The Division of Health Improvement (DHI), in conjunction with the Developmental Disability Support Division (DDSD), has identified certain deficiencies that have the potential to be a Condition of Participation Level, if the tag falls below 85% compliance based on the number of people affected. Additionally, there are what are called non-negotiable Conditions of Participation, regardless if one person or multiple people are affected. In this context, a CoP is defined as an essential / fundamental regulation or standard, which when out of compliance directly affects the health and welfare of the Individuals served. If no deficiencies within a Tag are at the level of a CoP, it is cited as a Standard Level Deficiency.

Service Domains and CoPs for Living Care Arrangements and Community Inclusion are as follows:

Service Domain: Service Plan: ISP Implementation - *Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan.*

Potential Condition of Participation Level Tags, if compliance is below 85%:

- **1A08.3 –** Administrative Case File: Individual Service Plan / ISP Components
- **1A32 –** Administrative Case File: Individual Service Plan Implementation
- **LS14 –** Residential Service Delivery Site Case File (ISP and Healthcare Requirements)
- **IS14 –** CCS / CIES Service Delivery Site Case File (ISP and Healthcare Requirements)

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.*

Potential Condition of Participation Level Tags, if compliance is below 85%:

- **1A20 -** Direct Support Personnel Training

- **1A22 -** Agency Personnel Competency
- **1A37 –** Individual Specific Training

Non-Negotiable Condition of Participation Level Tags (one or more Individuals are cited):
- **1A25.1 –** Caregiver Criminal History Screening
- **1A26.1 –** Consolidated On-line Registry Employee Abuse Registry

Service Domain: Health, Welfare and Safety - *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.*

Potential Condition of Participation Level Tags, if compliance is below 85%:
- **1A08.2 –** Administrative Case File: Healthcare Requirements & Follow-up
- **1A09 –** Medication Delivery Routine Medication Administration
- **1A09.1 –** Medication Delivery PRN Medication Administration
- **1A15.2 –** Administrative Case File: Healthcare Documentation (Therap and Required Plans)

Non-Negotiable Condition of Participation Level Tags (one or more Individuals are cited):
- **1A05 –** General Requirements / Agency Policy and Procedure Requirements
- **1A07 –** Social Security Income (SSI) Payments
- **1A09.2 –** Medication Delivery Nurse Approval for PRN Medication
- **1A15 –** Healthcare Coordination - Nurse Availability / Knowledge
- **1A31 –** Client Rights/Human Rights
- **LS25.1 –** Residential Reqts. (Physical Environment - Supported Living / Family Living / Intensive Medical Living)

Attachment C

Guidelines for the Provider
Informal Reconsideration of Finding (IRF) Process

Introduction:
Throughout the QMB Survey process, surveyors are openly communicating with providers. Open communication means surveyors have clarified issues and/or requested missing information before completing the review through the use of the signed/dated "Document Request," or "Administrative Needs," etc. forms. Regardless, there may still be instances where the provider disagrees with a specific finding. Providers may use the following process to informally dispute a finding.

Instructions:
1. The Informal Reconsideration of the Finding (IRF) request must be received in writing to the QMB Deputy Bureau Chief **within 10 business days** of receipt of the final Report of Findings (*Note: No extensions are granted for the IRF)*.
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.

Attachment D

QMB Determinations of Compliance

Compliance:

The QMB determination of *Compliance* indicates that a provider has either no deficiencies found during a survey or that no deficiencies at the Condition of Participation Level were found. 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*, the provider must have received no Conditions of Participation Level Deficiencies and have a minimal number of Individuals on the sample affected by the findings indicated in the Standards Level Tags.

Partial-Compliance with Standard Level Tags:

The QMB determination of *Partial-Compliance with Standard Level Tags* indicates that a provider is in compliance with all Condition of Participation Level deficiencies but is out of compliance with a certain percentage of Standard Level deficiencies. This partial-compliance, if not corrected, may result in a negative outcome or the potential for more than minimal harm to individuals' health and safety. There are two ways to receive a determination of Partial Compliance with Standard Level Tags:

1. Your Report of Findings includes 16 or fewer Standards Level Tags with between 75% and 100% of the survey sample affected in any tag.

2. Your Report of Findings includes 17 or more Standard Level Tags with between 50% to 74% of the survey sample affected in any tag.

Partial-Compliance with Standard Level Tags and Condition of Participation Level Tags:

The QMB determination of *Partial-Compliance with Standard Level Tags and Condition of Participation Level Tags* indicates that a provider is out of compliance with one to five (1 – 5) Condition of Participation Level Tags. 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.

Non-Compliance:

The QMB determination of *Non-Compliance* indicates a provider is significantly out of compliance with both Standard Level deficiencies and Conditions of Participation level deficiencies. 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. There are three ways an agency can receive a determination of Non-Compliance:

1. Your Report of Findings includes 17 or more total Tags with 0 to 5 Condition of Participation Level Tags with 75% to 100% of the survey sample affected in any Condition of Participation Level tag.

2. Your Report of Findings includes any amount of Standard Level Tags with 6 or more Condition of Participation Level Tags.

Compliance Determination	Weighting						
	LOW		MEDIUM			HIGH	
Total Tags:	up to 16	17 or more	up to 16	17 or more	Any Amount	17 or more	Any Amount
	and	and	and	and	And/or	and	And/or
COP Level Tags:	0 COP	0 COP	0 COP	0 COP	1 to 5 COP	0 to 5 CoPs	6 or more COP
	and	and	and	and		and	
Sample Affected:	0 to 74%	0 to 49%	75 to 100%	50 to 74%		75 to 100%	
"Non-Compliance"						**17 or more** Total Tags with **75 to 100%** of the Individuals in the sample cited in any CoP Level tag.	**Any Amount** of Standard Level Tags and **6 or more** Conditions of Participation Level Tags.
"Partial Compliance with Standard Level tags and Condition of Participation Level Tags"					**Any Amount** Standard Level Tags, plus **1 to 5** Conditions of Participation Level tags.		
"Partial Compliance with Standard Level tags"			**up to 16** Standard Level Tags with **75 to 100%** of the individuals in the sample cited in any tag.	**17 or more** Standard Level Tags with **50 to 74%** of the individuals in the sample cited any tag.			
"Compliance"	**Up to 16** Standard Level Tags with **0 to 74%** of the individuals in the sample cited in any tag.	**17 or more** Standard Level Tags with **0 to 49%** of the individuals in the sample cited in any tag.					

Agency: **Community Options, Inc. – Metro and Northeast Regions**
Program: Developmental Disabilities Waiver
Service: ***2018:*** Supported Living, Family Living, Customized Community Supports, Community Integrated Employment Services
Survey Type: Verification
Routine Survey: **November 21 - 30, 2018**
Verification Survey: **July 23 – 25, 2019**

Standard of Care	Routine Survey Deficiencies November 21 – 30, 2018	Verification Survey New and Repeat Deficiencies July 23 – 25, 2019
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 # 1A43.1 General Events Reporting - Individual Reporting	**Standard Level Deficiency**	**Standard Level Deficiency**
Developmental Disabilities (DD) Waiver Service Standards 2/26/2018; Re-Issue: 12/28/2018; Eff 1/1/2019 **Chapter 19: Provider Reporting Requirements: 19.2 General Events Reporting (GER):** The purpose of General Events Reporting (GER) is to report, track and analyze events, which pose a risk to adults in the DD Waiver program, but do not meet criteria for ANE or other reportable incidents as defined by the IMB. Analysis of GER is intended to identify emerging patterns so that preventative action can be taken at the individual, Provider Agency, regional and statewide level. On a quarterly and annual basis, DDSD analyzes GER data at the provider, regional and statewide levels to identify any patterns that warrant intervention. Provider Agency use of GER in Therap is required as follows: 1. DD Waiver Provider Agencies approved to provide Customized In- Home Supports, Family Living, IMLS, Supported Living, Customized Community Supports, Community Integrated Employment, Adult Nursing and Case Management must use GER in the Therap system. 2. DD Waiver Provider Agencies referenced above are responsible for entering specified information into the GER section of the secure website operated under contract by Therap according to the GER Reporting Requirements in Appendix B GER Requirements. 3. At the Provider Agency's discretion additional	Based on record review, the Agency did not follow the General Events Reporting requirements as indicated by the policy for 1 of 12 individuals. **The following General Events Reporting records contained evidence that indicated the General Events Report was not entered and / or approved within 2 business days:** **Individual #5** • General Events Report (GER) indicates on 11/12/2017 the "Individual has a medium pressure sore in her right butt cheek she was found like this on Sunday morning at 7am unknown reason." (Neglect). GER was pending approval.	**New / Repeat Finding**: Based on record review, the Agency did not follow the General Events Reporting requirements as indicated by the policy for 4 of 11 individuals. **The following General Events Reporting records contained evidence that indicated the General Events Report was not entered and / or approved within 2 business days and / or entered within 30 days for medication errors:** **Individual #1** • General Events Report (GER) indicates on 12/18/2018 the Individual's Medication was unavailable. (Medication Error). GER was pending approval. **Individual #6** • General Events Report (GER) indicates on 12/12/2018 the Individual's Medication was not documented on MAR. (Medication Error). GER was pending approval. • General Events Report (GER) indicates on 12/1/2018 the Individual's Medication was not documented on MAR. (Medication error). GER was approved on 1/3/2019.

events, which are not required by DDSD, may also be tracked within the GER section of Therap. 4. GER does not replace a Provider Agency's obligations to report ANE or other reportable incidents as described in Chapter 18: Incident Management System. 5. GER does not replace a Provider Agency's obligations related to healthcare coordination, modifications to the ISP, or any other risk management and QI activities. **Appendix B GER Requirements**: DDSD is pleased to introduce the revised General Events Reporting (GER), requirements. There are two important changes related to medication error reporting: 1. Effective immediately, DDSD requires ALL medication errors be entered into Therap GER with the exception of those required to be reported to Division of Health Improvement-Incident Management Bureau. 2. No alternative methods for reporting are permitted. **The following events need to be reported in the Therap GER:** - Emergency Room/Urgent Care/Emergency Medical Services - Falls Without Injury - Injury (including Falls, Choking, Skin Breakdown and Infection) - Law Enforcement Use - Medication Errors - Medication Documentation Errors - Missing Person/Elopement - Out of Home Placement- Medical: Hospitalization, Long Term Care, Skilled Nursing or Rehabilitation Facility Admission - PRN Psychotropic Medication - Restraint Related to Behavior - Suicide Attempt or Threat Entry Guidance: Provider Agencies must complete the following sections of the GER with detailed information: profile information, event information, other event information, general information, notification, actions taken or planned, and the review follow up comments section. Please attach any pertinent external		**Individual #8** • General Events Report (GER) indicates on 5/2/2019 the Individual had received a cut on the wrist. (Injury). GER was approved on 5/17/2019. • General Events Report (GER) indicates on 2/13/2019 the Individual had abdominal pain and was taken to the E.R. (Hospital). GER was approved on 2/27/2019. • General Events Report (GER) indicates on 2/11/2019 the Individual had abdominal pain and was taken to the E.R. (Hospital). GER was approved on 2/27/2019. **Individual #12** • General Events Report (GER) indicates on 7/10/2019 the Individual was given a PRN Psychotropic medication. (PRN Psychotropic Use). GER was approved on 7/15/2019. • General Events Report (GER) indicates on 2/14/2019 (8:00 AM) the Individual was given a PRN Psychotropic medication. (PRN Psychotropic Use). GER was approved on 7/23/2019. • General Events Report (GER) indicates on 2/14/2019 (3:00 PM) the Individual was given a PRN Psychotropic medication. (PRN Psychotropic Use). GER was approved on 7/23/2019. • General Events Report (GER) indicates on 2/5/2019 a wound on the Individual's arm was swollen and bloody and the Individual was taken to Urgent Care. (Hospital). GER was approved on 7/23/2019.

documents such as discharge summary, medical consultation form, etc. Provider Agencies must enter and approve GERs within 2 business days with the exception of Medication Errors which must be entered into GER on at least a monthly basis.		• General Events Report (GER) indicates on 2/4/2019 the Individual had a wound on arm and was taken to Urgent Care. (Hospital). GER was approved on 7/23/2019. • General Events Report (GER) indicates on 1/8/2019 the Individual was taken by police to UNM for evaluation and self-sustained injuries. (Law Enforcement). GER was approved on 1/22/2019. • General Events Report (GER) indicates on 1/8/2019 the Individual was restrained after assaulting staff and injuring self. (Restraint Related to Behavior). GER was approved on 7/23/2019.

Standard of Care	Routine Survey Deficiencies November 21 – 30, 2018	Verification Survey New and Repeat Deficiencies July 23 –25, 2019
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	**Condition of Participation Level Deficiency**	**Condition of Participation Level Deficiency**
Developmental Disabilities (DD) Waiver Service Standards 2/26/2018; Re-Issue: 12/28/2018; Eff 1/1/2019 **Chapter 20: Provider Documentation and Client Records 20.6 Medication Administration Record (MAR):** A current Medication Administration Record (MAR) must be maintained in all settings where medications or treatments are delivered. Family Living Providers may opt not to use MARs if they are the sole provider who supports the person with medications or treatments. However, if there are services provided by unrelated DSP, ANS for Medication Oversight must be budgeted, and a MAR must be created and used by the DSP. Primary and Secondary Provider Agencies are responsible for: 1. Creating and maintaining either an electronic or paper MAR in their service setting. Provider Agencies may use the MAR in Therap, but are not mandated to do so. 2. Continually communicating any changes about medications and treatments between Provider Agencies to assure health and safety. 7. Including the following on the MAR: a. The name of the person, a transcription of the physician's or licensed health care provider's orders including the brand and generic names for all ordered routine and PRN medications or treatments, and the diagnoses for which the medications or treatments are prescribed; b. The prescribed dosage, frequency and method or route of administration; times and dates of administration for all ordered routine or PRN prescriptions or treatments; over the counter (OTC) or "comfort" medications or treatments and all self-	After an analysis of the evidence it has been determined there is a significant potential for a negative outcome to occur. Medication Administration Records (MAR) were reviewed for the months of June and July 2019. Based on record review, 6 of 12 individuals had Medication Administration Records (MAR), which contained missing medications entries and/or other errors: Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: Individual #1 October 2018 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Aloe Vista 43% Protective (2 times daily) - Blank 10/6, 19 (6:00 AM and 6:00 PM). • Clonazepam 1mg tab (1 time daily) - Blank 10/29 - 31 (12:00 PM). • Lorazepam 1mg tab (2 times daily) - Blank 10/24 - 26 (12:00 PM) Blank 10/29 - 31 (7:00AM and 12:00 PM). • Magnesium Gluconate (1 time daily) - Blank 10/16 - 18, 22 - 26, 29 - 31 (12:00 PM).	**New / Repeat Finding:** After an analysis of the evidence it has been determined there is a significant potential for a negative outcome to occur. Medication Administration Records (MAR) were reviewed for the months of June and July 2019. Based on record review, 2 of 11 individuals had Medication Administration Records (MAR), which contained missing medications entries and/or other errors: Individual #1 June 2019 Medication Administration Records indicated the following medication were to be given. According to the MAR the following Medications were not available in the home on 6/8, 9, 2019: • Clozapine 100mg tab (3 1/2 tabs daily at bedtime). Individual #11 July 2019 Medication Administration Records indicated the following medication were to be given. According to the MAR the following Medications were not available in the home on 7/3 – 8, 2019: • Triamcinolone 0.1% Cream (Apply 2 times daily at 12:00 PM and 8:00 PM).

selected herbal or vitamin therapy; c. Documentation of all time limited or discontinued medications or treatments; d. The initials of the individual administering or assisting with the medication delivery and a signature page or electronic record that designates the full name corresponding to the initials; e. Documentation of refused, missed, or held medications or treatments; f. Documentation of any allergic reaction that occurred due to medication or treatments; and g. For PRN medications or treatments: i. instructions for the use of the PRN medication or treatment which must include observable signs/symptoms or circumstances in which the medication or treatment is to be used and the number of doses that may be used in a 24-hour period; ii. clear documentation that the DSP contacted the agency nurse prior to assisting with the medication or treatment, unless the DSP is a Family Living Provider related by affinity of consanguinity; and iii. documentation of the effectiveness of the PRN medication or treatment. **Chapter 10 Living Care Arrangements** 10.3.4 Medication Assessment and Delivery: Living Supports Provider Agencies must support and comply with: 1. the processes identified in the DDSD AWMD training; 2. the nursing and DSP functions identified in the Chapter 13.3 Part 2- Adult Nursing Services; 3. all Board of Pharmacy regulations as noted in Chapter 16.5 Board of Pharmacy; and 4. documentation requirements in a Medication Administration Record (MAR) as described in Chapter 20.6 Medication Administration Record (MAR).	November 2018 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Clonazepam 1mg (2 times daily) - Blank 11/1, 2, 5, 6, 7 (12 PM). • Doxycycline Hyclate 100mg (every 12 hours) - Blank 11/21 (8 AM). • Fish Oil EC 1,200MG (3 times daily) - Blank 11/12, 13, 15 (12 PM). • Lorazepam 1mg (2 times daily) - Blank 11/1, 2, 5, 6, 7, 8, 9 (12 PM). • Magnesium Gluconate 27.5/500mg (3 times daily) - Blank 11/2 - 15 (7 AM) and 11/1 - 5, 7, 8 - 11, 13, 15, 19 (12 PM) and 11/2 - 13 (7 PM). • Quetiapine 300mg (1 time daily) - Blank 11/12, 13 (12 PM). • Vitamin C 250mg (2 times daily) - Blank 11/5 - 13 (7 AM and 7 PM). • Warfarin 7.5mg (.5 tab Mondays and 1.5 tabs Tues - Sunday) - 11/5 gave full tab and should have had .5 tab and Blank 11/12. Individual #4 October 2018 As indicated by the Medication Administration Records the individual is to take Miralax 17 gm 2 times daily. According to the Physician's Orders, Miralax 17 gm is to be taken 2 times daily, as needed. Medication Administration Record and Physician's Orders do not match.	

	As indicated by the Medication Administration Records the individual is to take Omeprazole 2mg 10ml (2 times daily). According to the Physician's Orders, Omeprazole 20mg is to be (taken 2 times daily). Medication Administration Record and Physician's Orders do not match. Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Alavert 10mg tab (1 time daily) - Blank 10/2 (8 AM) • Methscopolamine Brom 2.5mg tab (3 times daily) - Blank 10/6, 7 (8 AM, 4PM, 8PM) • Methscopolamine Bromide (2 times daily) - Blank 11/25 (4PM and 8PM) • Simethicone Liquid (2 times daily) - Blank 10/2, 23 (8 AM) • Therapeutic MV1 15ml Liquid (1 time daily) - Blank 10/2, 19, 23 Individual #5 November 2018 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Levetiracetam 100mg (2 times daily) - Blank 11/18 (X AM or PM) Individual #6 October 2018 As indicated by the Medication Administration Records the individual is to take Diazepam 5mg tab 1 time daily for Muscle Spasms. According to the Physician's Orders, Diazepam 5mg tab is to be	

	taken every 12 hours as needed for Anxiety. Medication Administration Record and Physician's Orders do not match. Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Diazepam 5mg tab (1 time daily) - Blank 10/26 (8 AM). Individual #11 October 2018 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Carbamazepine 200mg tab (3 times daily) - Blank 10/31 (4:00 PM). Individual #12 October 2018 As indicated by the Medication Administration Records the individual is to take Calcium 500mg tab 1 tab 2 hours before meals daily. According to the Physician's Orders, Calcium 500mg tab is to be taken 1 time daily. Medication Administration Record and Physician's Orders do not match. Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Benztropine Mes 1 mg (2 times daily) - Blank 10/25 (8:00 AM). November 2018 Medication Administration Records indicated the following medication were to be given. The following Medications were not found in the home during the site-visit on 11/26/2018: • Vitamin D3 400mg Soft Gel (1 time daily)	

Standard of Care	Routine Survey Deficiencies November 21 – 30, 2018	Verification Survey New and Repeat Deficiencies July 23 – 25, 2019
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 Administrative Case File (Other Required Documents)	**Standard Level Deficiency**	**COMPLETE**
Tag # 1A08.1 Administrative and Residential Case File: Progress Notes	**Standard Level Deficiency**	**COMPLETE**
Tag # 1A08.3 Administrative Case File: Individual Service Plan/ISP Components	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A32 Administrative Case File: Individual Service Plan Implementation	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A32.1 Administrative Case File: Individual Service Plan Implementation (Not Completed at Frequency)	**Standard Level Deficiency**	**COMPLETE**
Tag # 1A32.2 Individual Service Plan Implementation (Residential Implementation)	**Standard Level Deficiency**	**COMPLETE**
Tag # 1A38 Living Care Arrangement / Community Inclusion Reporting Requirements	**Standard Level Deficiency**	**COMPLETE**
Tag # IS12 Person Centered Assessment (Inclusion Services)	**Standard Level Deficiency**	**COMPLETE**
Tag # LS14 Residential Service Delivery Site Case File (ISP and Healthcare requirements)	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # LS14.1 Residential Service Delivery Site Case File (Other Required Documentation)	**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 # 1A20 Direct Support Personnel Training	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A22 Agency Personnel Competency	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A25.1 Caregiver Criminal History Screening	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A26 Consolidated On-line Registry/Employee Abuse Registry	**Standard Level Deficiency**	**COMPLETE**
Tag # 1A26.1 Consolidated On-line Registry Employee Abuse Registry	**Condition of Participation 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 # 1A07 Social Security Income (SSI) Payments	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A08.2 Administrative Case File: Healthcare Requirements & Follow-up	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A09.0 Medication Delivery Routine Medication Administration	**Standard Level Deficiency**	**COMPLETE**
Tag # 1A15 Healthcare Documentation - Nurse Availability	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A15.2 Administrative Case File: Healthcare Documentation (Therap and Required Plans)	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A31 Client Rights/Human Rights	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A33.1 Board of Pharmacy – License	**Standard Level Deficiency**	**COMPLETE**
Tag # 1A39 Assistive Technology and Adaptive Equipment	**Standard Level Deficiency**	**COMPLETE**
Tag # LS25 Residential Health and Safety (Supported Living & Family Living)	**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 Supported Living Reimbursement	**Standard Level Deficiency**	**COMPLETE**
Tag # LS27 Family Living Reimbursement	**Standard Level Deficiency**	**COMPLETE**

	Verification Survey Plan of Correction	
Tag # 1A43.1 General Events Reporting - Individual Reporting	**Provider:** **State your Plan of Correction for the deficiencies cited in this tag here** *(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?)*: → **Provider:** **Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here** *(What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?)*: →	
Tag # 1A09 Medication Delivery - Routine Medication Administration	**Provider:** **State your Plan of Correction for the deficiencies cited in this tag here** *(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?)*: → **Provider:** **Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here** *(What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?)*: →	

MICHELLE LUJAN GRISHAM
GOVERNOR

NEW MEXICO DEPARTMENT OF HEALTH

KATHYLEEN M. KUNKEL
CABINET SECRETARY

Date: September 9, 2019

To: Hector Johnson, State Director
Kathryn Conticelli, Executive Director

Provider: Community Options, Inc.
Address: 2720 San Pedro NE
City, State, Zip: Albuquerque, New Mexico 87110

E-mail Address: Hector.Johnson@comop.org; Kathryn.Conticelli@comop.org

Region: Northeast & Metro
Routine Survey: November 21 - 30, 2018
Verification Survey: July 23 – 25, 2019

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: ***2018:*** Supported Living, Family Living, Community Integrated Employment Services

Survey Type: Verification

Dear Ms. Conticelli & Mr. Johnson:

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.

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,

Monica Valdez, BS

Monica Valdez, BS
Healthcare Surveyor/Plan of Correction Coordinator
Quality Management Bureau/DHI

Q.20.1.DDW.D3124.2/5.VER.09.19.252