

Date: February 28, 2020

To: Eleanor Sanchez, Director  
Provider: Progressive Residential Services of New Mexico, Inc.  
Address: 1100 S. Main St Suite A  
City, State, Zip: Las Cruces, New Mexico 88005

E-mail Address: [esanchez@prs-nm.org](mailto:esanchez@prs-nm.org)

CC: Dianna Nelson, Chief Operations Officer  
E-Mail Address: [dnelson@a-choices.com](mailto:dnelson@a-choices.com)

Region: Southwest  
Routine Survey: September 27 - October 2, 2019  
Verification Survey: February 19 - 21, 2020

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: **2018:** Supported Living, Customized Community Supports

Survey Type: Verification

Team Leader: Beverly Estrada, ADN, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Team Member: Monica de Herrera-Pardo, LSW, MSCJ, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Eleanor Sanchez;

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 September 27 - October 2, 2019*.

**Determination of Compliance:**

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

**Compliance:** This determination is based on your agency's compliance with Condition of Participation level and Standard level requirements. Deficiencies found only affect a small percentage of the Individuals on the survey sample (*refer to Attachment D for details*). The attached QMB Report of Findings indicates Standard Level deficiencies identified and requires implementation of a Plan of Correction.

The following tags are identified as Standard Level:

- Tag # 1A31.2 Human Rights Committee Composition (***Repeat Finding***)

**DIVISION OF HEALTH IMPROVEMENT**  
5301 Central Avenue NE, Suite 400 • Albuquerque, New Mexico • 87108  
(505) 222-8623 • FAX: (505) 222-8661 • <https://nmhealth.org/about/dhi/>



QMB Report of Findings – Progressive Residential Services of New Mexico, Inc. – Southwest – February 19 – 21, 2020

Survey Report #: Q.20.3.DDW.D4244.3.VER.01.20.059

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

**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**  
**MonicaE.Valdez@state.nm.us**
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 505-273-1930, if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,

*Beverly Estrada, ADN*

Beverly Estrada, ADN  
Team Lead/Healthcare Surveyor  
Division of Health Improvement  
Quality Management Bureau

## Survey Process Employed:

|  |   |
|--|---|
| Administrative Review Start Date:                          | February 19, 2020   |
| Contact:   | <b><u>Progressive Residential Services of New Mexico, Inc.</u></b><br>Eleanor Sanchez, Director<br><br><b><u>DOH/DHI/QMB</u></b><br>Beverly Estrada, ADN, Team Lead/Healthcare Surveyor   |
| On-site Entrance Conference Date:                          | February 20, 2020   |
| Present:   | <b><u>Progressive Residential Services of New Mexico, Inc.</u></b><br>Eleanor Sanchez, Director<br>Michelle Chavez, Registered Nurse / State Medical Administrator<br>Andrew Ling, Compliance & Quality Improvement Specialist<br>Dianna Nelson, Chief Operations Officer<br><br><b><u>DOH/DHI/QMB</u></b><br>Beverly Estrada, ADN, Team Lead/Healthcare Surveyor<br>Monica deHerrera-Pardo, LBSW, MCJ, Healthcare Surveyor   |
| Exit Conference Date:                                      | February 21, 2020   |
| Present:   | <b><u>Progressive Residential Services of New Mexico, Inc.</u></b><br>Eleanor Sanchez, Director<br>Michelle Chavez, Registered Nurse / State Medical Administrator<br>Andrew Ling, Compliance & Quality Improvement Specialist<br>Dianna Nelson, Chief Operations Officer<br>Abigail Bernal, Office Manager<br><br><b><u>DOH/DHI/QMB</u></b><br>Beverly Estrada, ADN, Team Lead/Healthcare Surveyor<br>Monica deHerrera-Pardo, LBSW, MCJ, Healthcare Surveyor<br>Amanda Castaneda-Holguin, MPA, Healthcare Surveyor Supervisor<br>(via phone)<br><br><b><u>DDSD - SW Regional Office</u></b><br>Glenda Baker, Registered Nurse<br>Jaime Lopez, Social & Community Coordinator |
| Administrative Locations Visited                           | 1   |
| Total Sample Size  | 5<br><br>1 - <i>Jackson</i> Class Member<br>4 - Non- <i>Jackson</i> Class Members<br><br>5 - Supported Living<br>5 - Customized Community Support   |
| Persons Served Records Reviewed                            | 5   |
| Direct Support Personnel Interviewed during Routine Survey | 9   |

|   |    |
|---|----|
| Direct Support Personnel Records Reviewed                 | 71 |
| Service Coordinator Records Reviewed                      | 2  |
| Administrative Interviews completed during Routine Survey | 1  |
| Nurse Interview 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 Documentation - Nurse Availability
- 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 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, Valerie V. Valdez at [valerie.valdez@state.nm.us](mailto:valerie.valdez@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%   |   |
| <b>“Non-Compliance”</b>  |   |   |   |   |   | 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. |
| <b>“Partial Compliance with Standard Level tags and Condition of Participation Level Tags”</b> |   |   |   |   | Any Amount Standard Level Tags, plus 1 to 5 Conditions of Participation Level tags. |  |   |
| <b>“Partial Compliance with Standard Level tags”</b>   |   |   | 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. |   |  |   |
| <b>“Compliance”</b>  | 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:** Progressive Residential Services of New Mexico, Inc. – Southwest Region  
**Program:** Developmental Disabilities Waiver  
**Service:** 2018: Supported Living and Customized Community Supports  
**Survey Type:** Routine  
**Routine Survey:** September 27 - October 2, 2019  
**Verification Survey:** February 19 – 21, 2020

| Standard of Care   | Routine Survey Deficiencies<br>September 27 – October 2, 2019  | Verification Survey New and Repeat Deficiencies<br>February 19 – 21, 2020  |
|--|--|--|
| <b>Service Domain: Health and Welfare</b> - 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.  |  |  |
| <b>Tag # 1A31.2 Human Right Committee Composition</b>  | <b>Standard Level Deficiency</b>   | <b>Standard Level Deficiency</b>   |
| <p>Developmental Disabilities (DD) Waiver Service Standards 2/26/2018; Re-Issue: 12/28/2018; Eff 1/1/2019</p> <p><b>3.3 Human Rights Committee:</b> Human Rights Committees (HRC) exist to protect the rights and freedoms of all waiver participants through the review of proposed restrictions to a person’s rights based on a documented health and safety concern. HRCs monitor the implementation of certain time-limited restrictive interventions designed to protect a waiver participant and/or the community from harm. An HRC may also serve other functions as appropriate, such as the review of agency policies on sexuality if desired. HRCs are required for all Living Supports (Supported Living, Family Living, Intensive Medical Living Services), Customized Community Supports (CCS) and Community Integrated Employment (CIE) Provider Agencies.</p> <p>1. HRC membership must include:</p> <ol style="list-style-type: none"> <li>at least one member with a diagnosis of I/DD;</li> <li>a parent or guardian of a person with I/DD; or</li> <li>a member from the community at large that is not associated with DD Waiver services.</li> </ol> <p>2. Although not required, members from the health services professions (e.g., a physician or nurse), and those who represent the ethnic and cultural diversity of the community are</p> | <p>Based on record review and interview, the Agency did not ensure the correct composition of the human rights committee.</p> <p><b>Review of Agency’s HRC committee found the following were not members of the HRC:</b></p> <ul style="list-style-type: none"> <li>at least one member with a diagnosis of I/DD;</li> <li>a parent or guardian of a person with I/DD; or</li> <li>a member from the community at large that is not associated with DD Waiver services.</li> </ul> <p><b>When asked if the Agency had an HRC committee, the following was reported:</b></p> <ul style="list-style-type: none"> <li>#577 stated, “They are trying to replace the members that have left but are having a hard time doing so and getting them trained.”</li> </ul> <p><i>(Note: HRC Meeting held on 9/26/2019 did not meet the quorum as required by the DDW Standards 2/26/2018; Re-Issue: 12/28/2018; Eff 1/1/2019, “A Quorum to conduct an HRC meeting is at least three voting members eligible to vote in each situation and at least one must be a community member at large. Per #511 stated, “they have a quorum meeting with</i></p> | <p><b>Repeat Finding:</b></p> <p>Based on record review, the Agency did not ensure the correct composition of the human rights committee.</p> <p><b>Review of Agency’s HRC committee found the following were not members of the HRC:</b></p> <ul style="list-style-type: none"> <li>a parent or guardian of a person with I/DD; or</li> </ul> |

|  |  |  |
|--|--|--|
| <p>highly encouraged.</p> <ol style="list-style-type: none"> <li>3. Committee members must abide by HIPAA.</li> <li>4. All committee members will receive training on human rights, HRC requirements, and other pertinent DD Waiver Service Standards prior to their voting participation on the HRC. A committee member trained by the Bureau of Behavioral Supports (BBS) may conduct training for other HRC members, with prior approval from BBS.</li> <li>5. HRCs will appoint an HRC chair. Each committee chair shall be appointed to a two-year term. Each chair may serve only two consecutive two-year terms at a time.</li> <li>6. While agencies may have an intra-agency HRC, meeting the HRC requirement by being a part of an interagency committee is also highly encouraged.</li> </ol> | <p><i>three members from the agency to approve the restrictions").</i></p> |  |
|--|--|--|

| Standard of Care   | Routine Survey Deficiencies<br>September 27 – October 2, 2019 | Verification Survey New and Repeat Deficiencies<br>February 19 –21, 2020 |
|--|---|--|
| <b>Service Domain: Service Plans: ISP Implementation</b> - 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 # 1A08.3 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 # IS04 Community Life Engagement   | 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   |
| <b>Service Domain: Qualified Providers</b> - 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   | Standard Level Deficiency                                     | COMPLETE   |
| Tag # 1A25 Caregiver Criminal History Screening  | Standard Level Deficiency                                     | COMPLETE   |
| Tag # 1A25.1 Caregiver Criminal History Screening (CoP)  | 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   |
| Tag # 1A37 Individual Specific Training  | Condition of Participation Level Deficiency                   | COMPLETE   |

|   |  |                 |
|---|--|-----------------|
| <b>Tag # 1A43.1 General Events Reporting - Individual Reporting</b>   | <b>Standard Level Deficiency</b>                   | <b>COMPLETE</b> |
| <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> |  |                 |
| <b>Tag # 1A03 Continuous Quality Improvement System &amp; KPIs</b>  | <b>Standard Level Deficiency</b>                   | <b>COMPLETE</b> |
| <b>Tag # 1A07 Social Security Income (SSI) Payments</b>   | <b>Condition of Participation Level Deficiency</b> | <b>COMPLETE</b> |
| <b>Tag # 1A08.2 Administrative Case File: Healthcare Requirements &amp; Follow-up</b>   | <b>Condition of Participation Level Deficiency</b> | <b>COMPLETE</b> |
| <b>Tag # 1A09 Medication Delivery Routine Medication Administration</b>   | <b>Condition of Participation Level Deficiency</b> | <b>COMPLETE</b> |
| <b>Tag # 1A09.2 Medication Delivery - Nurse Approval for PRN Medication</b>   | <b>Condition of Participation Level Deficiency</b> | <b>COMPLETE</b> |
| <b>Tag # 1A15 Healthcare Documentation - Nurse Availability / Knowledge</b>   | <b>Condition of Participation Level Deficiency</b> | <b>COMPLETE</b> |
| <b>Tag # 1A15.2 Administrative Case File: Healthcare Documentation (Therap and Required Plans)</b>  | <b>Condition of Participation Level Deficiency</b> | <b>COMPLETE</b> |
| <b>Tag # LS25 Residential Health and Safety (Supported Living &amp; Family Living)</b>  | <b>Standard Level Deficiency</b>                   | <b>COMPLETE</b> |

|  | Verification Survey Plan of Correction, On-going QA/QI and Responsible Party  | Date Due   |
|--|---|------------|
| <p><b>Tag # 1A31.2</b><br/> <b>Human Right Committee</b><br/> <b>Composition</b></p> | <p><b>Provider:</b><br/> <b>State your Plan of Correction for the deficiencies cited in this tag here</b> <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>[</p> <p>]</p> <p><b>Provider:</b><br/> <b>Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here</b> <i>(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?):</i> →</p> <p>[</p> <p>]</p> | <p>   </p> |

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Date: March 20, 2020

To: Eleanor Sanchez, Director  
Provider: Progressive Residential Services of New Mexico, Inc.  
Address: 1100 S. Main St Suite A  
City, State, Zip: Las Cruces, New Mexico 88005

E-mail Address: [esanchez@prs-nm.org](mailto:esanchez@prs-nm.org)

CC: Dianna Nelson, Chief Operations Officer  
E-Mail Address: [dnelson@a-choices.com](mailto:dnelson@a-choices.com)

Region: Southwest  
Routine Survey: September 27 - October 2, 2019  
Verification Survey: February 19 - 21, 2020

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: **2018:** Supported Living, Customized Community Supports

Survey Type: Verification

Dear Ms. Sanchez;

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,

*Monica Valdez, BS*

Monica Valdez, BS  
Healthcare Surveyor Advanced/Plan of Correction Coordinator  
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