NEW MEXICO
Department of Health
Division of Health Improvement

MICHELLE LUJAN GRISHAM
Governor

PATRICK M. ALLEN
Cabinet Secretary

Date:	July 31, 2023
To:	Claudia Olivarria, Executive Director / Co-Owner
Provider: Address: State/Zip:	Aspire Developmental Services, L.L.C 500 N. Main Street Suite 912 Roswell, New Mexico 88201
E-mail Address:	colivarria@aspireds.org
CC: E-mail Address:	Shanin Arp, DSP / Quality Assurance / Human Resources Director sarp@aspireds.org
CC: E-mail Address:	Geraldine Melendez, Program Director gmelendez@aspireds.org
Region: Survey Date: Verification Survey:	Southeast October 24 – November 7, 2022 July 5 – 14, 2023
Program Surveyed:	Developmental Disabilities Waiver
Service Surveyed:	Supported Living, Family Living, Intensive Medical Living; Customized In-Home Supports; Customized Community Supports, and Community Integrated Employment Services
Survey Type:	Verification
Team Leader:	Verna Newman-Sikes, AA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau
Team Members:	William Easom, MPA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Ms. Claudia Olivarria;

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 24 – November 7, 2022*.

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 # 1A20 Direct Support Personnel Training ***(Repeat Findings)***
- Tag # 1A37 Individual Specific Training ***(Repeat Finding)***
- Tag # 1A08.2 Administrative Case File: Healthcare Requirements & Follow-up ***(Repeat Findings)***
- Tag # 1A09.1 Medication Delivery PRN Medication Administration ***(New / Repeat Findings)***
- Tag # 1A09.1.0 Medication Delivery PRN Medication Administration ***(New / Repeat Findings)***
- Tag # 1A31.2 Human Right Committee Composition ***(New / Repeat Finding)***

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 using the format at the end of this report within 10 business days of receipt of this letter to the parties below:

1. **Quality Management Bureau, Monica Valdez, Plan of Correction Coordinator**
   MonicaE.Valdez@doh.nm.gov

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

Please submit documents electronically within 3 business days of the POC being approved according to the following: If the documents do not contain protected Health information (PHI) then you may submit your documents electronically scanned and attached to the POC Coordinator at Monicae.valdez@doh.nm.gov . If documents contain PHI **do not** submit PHI directly to the State email account. *You may submit PHI **only** when **replying** to a **secure** email received from the State email account*. When possible, please submit requested documentation using a "zipped/compressed" file to reduce file size. You may also submit documents via S-Comm (Therap), or another electronic format, i.e. flash drive.

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

Please contact the Plan of Correction Coordinator, Monica Valdez at 505-273-1930 or Monicae.valdez@doh.nm.gov if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,

Verna Newman-Sikes, AA

Verna Newman-Sikes, AA
Team Lead/Healthcare Surveyor
Division of Health Improvement
Quality Management Bureau

Survey Process Employed:

Administrative Review Start Date:	July 5, 2023
Contact:	**Aspire Developmental Services, L.L.C** Claudia Olivarria, Executive Director / Co-Owner **DOH/DHI/QMB** Verna Newman-Sikes, AA, Team Lead/Healthcare Surveyor
On-site Entrance Conference Date:	*Entrance conference was waived by provider*
Exit Conference Date:	July 14, 2023
Present:	**Aspire Developmental Services, L.L.C** Claudia Olivarria, Executive Director / Co-Owner Shanin Arp, Quality Assurance / Human Resources Jennifer Daniel, Nurse / Director of Nursing / Co-Owner Geraldine Melendez, Program Director **DOH/DHI/QMB** Verna Newman-Sikes, AA, Team Lead/Healthcare Surveyor Amanda Castaneda-Holguin, MPA, Healthcare Surveyor Supervisor William Eason, MPA, Healthcare Surveyor **DDSD - SE Regional Office** Eugene Vigil, Inclusion Coordinator **DDSD - Metro Regional Office** Anthony Bonarrigo, Social Community Service Coordinator
Administrative Locations Visited:	0 (Administrative portion of survey completed remotely)
Total Sample Size:	21 2 – *Former Jackson Class Members* 19 - Non-*Jackson* Class Members 6 - Supported Living 9 - Family Living 3 - Intensive Medical Living Supports 3 - Customized In-Home Supports 12 - Customized Community Supports 7- Community Integrated Employment
Persons Served Records Reviewed	21
Direct Support Professional Records Reviewed	124
Direct Support Professional Interviewed during Routine Survey	24
Substitute Care/Respite Personnel Records Reviewed	18
Service Coordinator Records Reviewed	2

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
    - Medical Emergency Response Plans
    - Medication Administration Records
    - Physician Orders
    - Therapy Evaluations and Plans
    - Healthcare Documentation Regarding Appointments and Required Follow-Up
    - Other Required Health Information
- Internal Incident Management Reports and System Process / General Events Reports
- Personnel Files, including nursing and subcontracted staff
- Staff Training Records, Including Competency Interviews with Staff
- Agency Policy and Procedure Manual
- Caregiver Criminal History Screening Records
- Consolidated Online Registry/Employee Abuse Registry
- Human Rights Committee Notes and Meeting Minutes
- Quality Assurance / Improvement Plan

CC: Distribution List: DOH - Division of Health Improvement
DOH - Developmental Disabilities Supports Division
DOH - Office of Internal Audit
HSD - Medical Assistance Division

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 <u>Living Care Arrangements and Community Inclusion</u> are as follows:

<u>Service Domain: Service Plan: ISP Implementation -</u> *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)

<u>Service Domain: Qualified Providers -</u> *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 Professional 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 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@doh.nm.gov 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: **Aspire Developmental Services, LLC - Southeast Region**
Program: Developmental Disabilities Waiver
Service: Supported Living, Family Living, Intensive Medical Living; Customized In-Home Supports; Customized Community Supports, and Community Integrated Employment Services
Survey Type: Verification
Routine Survey: **October 24 – November 7, 2022**
Verification Survey: **July 5 – 14, 2023**

Standard of Care	Routine Survey Deficiencies October 24 – November 7, 2022	Verification Survey New and Repeat Deficiencies July 5 – 14, 2023
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 Professional Training	**Condition of Participation Level Deficiency**	**Standard Level Deficiency**
Developmental Disabilities Waiver Service Standards Eff 11/1/2021 **Chapter 17 Training Requirements: 17.1 Training Requirements for Direct Support Professional and Direct Support Supervisors:** Direct Support Professional (DSP) and Direct Support Supervisors (DSS) include staff and contractors from agencies providing the following services: Supported Living, Family Living, CIHS, IMLS, CCS, CIE and Crisis Supports. 1. DSP/DSS must successfully complete within 30 calendar days of hire and prior to working alone with a person in service: a. Complete IST requirements in accordance with the specifications described in the ISP of each person supported and as outlined in Chapter 17.9 Individual Specific Training below. b. Complete DDSD training in standards precautions located in the New Mexico Waiver Training Hub. c. Complete and maintain certification in First Aid and CPR. The training materials shall meet OSHA requirements/guidelines. d. Complete relevant training in accordance with OSHA requirements (if job involves exposure to hazardous chemicals). e. Become certified in a DDSD-approved system of crisis prevention and intervention (e.g., MANDT, Handle with Care, Crisis Prevention and Intervention (CPI)) before using Emergency Physical Restraint (EPR). Agency	After an analysis of the evidence it has been determined there is a significant potential for a negative outcome to occur. Based on record review, the Agency did not ensure Orientation and Training requirements were met for 68 of 127 Direct Support Professional, Direct Support Supervisory Personnel and / or Service Coordinators. Review of Agency training records found no evidence of the following required DOH/DDSD trainings being completed: **First Aid:** • Not Found (#501, 502, 505, 506, 507, 510, 511, 514, 527, 543, 544, 546, 550, 551, 556, 559, 563, 564, 566, 568, 573, 582, 583, 588, 590, 592, 597, 609, 614, 617, 630, 631, 635, 638, 645, 646, 648, 663) • Expired (#621, 625) **CPR:** • Not Found (#502, 505, 506, 507, 510, 511, 527, 543, 544, 546, 550, 551, 556, 559, 563, 564, 566, 568, 573, 582, 583, 588, 590, 592, 597, 630, 631, 635, 638, 646, 648, 663) • Expired (#621, 625)	**Repeat Findings:** Based on record review, the Agency did not ensure Orientation and Training requirements were met for 3 of 125 Direct Support Professional, Direct Support Supervisory Personnel and / or Service Coordinators. Review of Agency training records found no evidence of the following required DOH/DDSD trainings being completed: **First Aid:** • Not Found (#544, 635, 663) **CPR:** • Not Found (#544, 635, 663)

DSP and DSS shall maintain certification in a DDSD-approved system if any person they support has a BCIP that includes the use of EPR. f. Complete and maintain certification in a DDSD-approved Assistance with Medication Delivery (AWMD) course if required to assist with medication delivery. g. Complete DDSD training regarding the HIPAA located in the New Mexico Waiver Training Hub. **17.1.13 Training Requirements for Service Coordinators (SC):** Service Coordinators (SCs) refer to staff at agencies providing the following services: Supported Living, Family Living, Customized In-home Supports, Intensive Medical Living, Customized Community Supports, Community Integrated Employment, and Crisis Supports. 1. A SC must successfully complete within 30 calendar days of hire and prior to working alone with a person in service: a. Complete IST requirements in accordance with the specifications described in the ISP of each person supported, and as outlined in the Chapter 17.10 Individual-Specific Training below. b. Complete DDSD training in standard precautions located in the New Mexico Waiver Training Hub. c. Complete and maintain certification in First Aid and CPR. The training materials shall meet OSHA requirements/guidelines. d. Complete relevant training in accordance with OSHA requirements (if job involves exposure to hazardous chemicals). e. Become certified in a DDSD-approved system of crisis prevention and intervention (e.g., MANDT, Handle with Care, CPI) before using emergency physical restraint. Agency SC shall maintain certification in a DDSD-approved system if a person they support has a Behavioral Crisis Intervention Plan that	**Assisting with Medication Delivery:** • Not Found (#501 504, 506, 514, 517, 518, 539, 549, 550, 555, 556, 559, 560, 561, 563, 564, 565, 566, 573, 578, 583, 590, 597, 608, 609, 611, 612, 622, 627, 629, 630, 631, 635, 636, 638, 643, 645, 647) • Expired (#502, 507, 523, 530, 534, 554, 576, 588, 589, 598, 607, 641, 663)	

includes the use of emergency physical restraint. f. Complete and maintain certification in AWMD if required to assist with medications. g. Complete DDSD training regarding HIPAA located in the New Mexico Waiver Training Hub.		

Tag # 1A37 Individual Specific Training	Condition of Participation Level Deficiency	Standard Level Deficiency
Developmental Disabilities Waiver Service Standards Eff 11/1/2021 **Chapter 17 Training Requirements: 17.1 Training Requirements for Direct Support Professional and Direct Support Supervisors:** Direct Support Professional (DSP) and Direct Support Supervisors (DSS) include staff and contractors from agencies providing the following services: Supported Living, Family Living, CIHS, IMLS, CCS, CIE and Crisis Supports. 1. DSP/DSS must successfully complete within 30 calendar days of hire and prior to working alone with a person in service: a. Complete IST requirements in accordance with the specifications described in the ISP of each person supported and as outlined in Chapter 17.9 Individual Specific Training below. b. Complete DDSD training in standards precautions located in the New Mexico Waiver Training Hub. c. Complete and maintain certification in First Aid and CPR. The training materials shall meet OSHA requirements/guidelines. d. Complete relevant training in accordance with OSHA requirements (if job involves exposure to hazardous chemicals). e. Become certified in a DDSD-approved system of crisis prevention and intervention (e.g., MANDT, Handle with Care, Crisis Prevention and Intervention (CPI)) before using Emergency Physical Restraint (EPR). Agency DSP and DSS shall maintain certification in a DDSD-approved system if any person they support has a BCIP that includes the use of EPR. f. Complete and maintain certification in a DDSD-approved Assistance with Medication Delivery (AWMD) course if required to assist with medication delivery. g. Complete DDSD training regarding the HIPAA located in the New Mexico Waiver Training Hub.	After an analysis of the evidence it has been determined there is a significant potential for a negative outcome to occur. Based on record review, the Agency did not ensure that Individual Specific Training requirements were met for 41 of 127 Agency Personnel. Review of personnel records found no evidence of the following: **Direct Support Professional (DSP):** • Individual Specific Training (#501, 502, 506, 511, 514, 517, 518, 539, 544, 547, 549, 550, 554, 555, 556, 559, 560, 563, 564, 565, 566, 573, 576, 581, 583, 592, 597, 601, 608, 611, 612, 614, 631, 635, 636, 638, 641, 647, 648, 663, 664)	**Repeat Finding:** Based on record review, the Agency did not ensure that Individual Specific Training requirements were met for 1 of 125 Agency Personnel. Review of personnel records found no evidence of the following: **Direct Support Professional (DSP):** Individual Specific Training (#663)

17.1.13 Training Requirements for Service Coordinators (SC): Service Coordinators (SCs) refer to staff at agencies providing the following services: Supported Living, Family Living, Customized In-home Supports, Intensive Medical Living, Customized Community Supports, Community Integrated Employment, and Crisis Supports. 2. A SC must successfully complete within 30 calendar days of hire and prior to working alone with a person in service: a. Complete IST requirements in accordance with the specifications described in the ISP of each person supported, and as outlined in the Chapter 17.10 Individual-Specific Training below. b. Complete DDSD training in standard precautions located in the New Mexico Waiver Training Hub. c. Complete and maintain certification in First Aid and CPR. The training materials shall meet OSHA requirements/guidelines. d. Complete relevant training in accordance with OSHA requirements (if job involves exposure to hazardous chemicals). e. Become certified in a DDSD-approved system of crisis prevention and intervention (e.g., MANDT, Handle with Care, CPI) before using emergency physical restraint. Agency SC shall maintain certification in a DDSD-approved system if a person they support has a Behavioral Crisis Intervention Plan that includes the use of emergency physical restraint. f. Complete and maintain certification in AWMD if required to assist with medications. g. Complete DDSD training regarding HIPAA located in the New Mexico Waiver Training Hub.		

Standard of Care	Routine Survey Deficiencies October 24 – November 7, 2022	Verification Survey New and Repeat Deficiencies July 5 – 14, 2023
Service Domain: Health and Welfare – *The state, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.*		
Tag #1A08.2 Administrative Case File: Healthcare Requirements & Follow-up	**Condition of Participation Level Deficiency**	**Standard Level Deficiency**
Developmental Disabilities Waiver Service Standards Eff 11/1/2021 **Chapter 3 Safeguards: 3.1 Decisions about Health Care or Other Treatment: Decision Consultation and Team Justification Process:** There are a variety of approaches and available resources to support decision making when desired by the person. The decision consultation and team justification processes assist participants and their health care decision makers to document their decisions. It is important for provider agencies to communicate with guardians to share with the Interdisciplinary Team (IDT) Members any medical, behavioral, or psychiatric information as part of an individual's routine medical or psychiatric care. For current forms and resources please refer to the DOH Website: https://nmhealth.org/about/ddsd/. **3.1.1 Decision Consultation Process (DCP):** Health decisions are the sole domain of waiver participants, their guardians or healthcare decision makers. Participants and their healthcare decision makers can confidently make decisions that are compatible with their personal and cultural values. Provider Agencies and Interdisciplinary Teams (IDTs) are required to support the informed decision making of waiver participants by supporting access to medical consultation, information, and other available resources according to the following: 1. The Decision Consultation Process (DCP) is documented on the Decision Consultation and Team Justification Form (DC/TJF) and is used for health related issues when a person or their guardian/healthcare decision maker has concerns, needs more information about these types of issues or has decided not to follow all or part of a healthcare-related order, recommendation, or suggestion. This includes, but is not limited to:	After an analysis of the evidence it has been determined there is a significant potential for a negative outcome to occur. 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 16 of 25 individuals receiving Living Care Arrangements and Community Inclusion. Review of the administrative individual case files revealed the following items were not found, incomplete, and/or not current: ***Living Care Arrangements / Community Inclusion (Individuals Receiving Multiple Services):*** **Annual Physical *(LCA Only)*:** • Not Found (#5, 13, 16, 17, 23, 25) **Annual Physical** • Not Found (#8, 11, 14, 18, 20, 26) **Annual Dental Exam:** • Individual #10 - As indicated by collateral documentation reviewed, exam was completed on 4/27/2017. Follow-up was to be completed in 6 months. No evidence of follow-up found. • Individual #15 - As indicated by collateral documentation reviewed, the exam was not found. Per the DDSD file matrix, Dental Exams are to be conducted annually. **Blood Levels:**	**Repeat Findings:** 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 21 individuals receiving Living Care Arrangements and Community Inclusion. Review of the administrative individual case files revealed the following items were not found, incomplete, and/or not current: ***Living Care Arrangements / Community Inclusion (Individuals Receiving Multiple Services):*** **Annual Physical *(LCA Only)*:** • Not Found (#5) **ENT:** • Individual #1 - As indicated by Family Medicine appointment on 11/20/2021, an ENT referral was made during the appointment. No evidence of follow-up was found.

a. medical orders or recommendations from the Primary Care Practitioner, Specialists or other licensed medical or healthcare practitioners such as a Nurse Practitioner (NP or CNP), Physician Assistant (PA) or Dentist; b. clinical recommendations made by registered/licensed clinicians who are either members of the IDT (e.g., nurses, therapists, dieticians, BSCs or PRS Risk Evaluator) or clinicians who have performed evaluations such as a video-fluoroscopy; c. health related recommendations or suggestions from oversight activities such as the Individual Quality Review (IQR); and d. recommendations made by a licensed professional through a Healthcare Plan (HCP), including a Comprehensive Aspiration Risk Management Plan (CARMP), a Medical Emergency Response Plan (MERP) or another plan such as a Risk Management Plan (RMP) or a Behavior Crisis Intervention Plan (BCIP). **Chapter 20 Provider Documentation and Client Records: 20.2 Client Record Requirements:** All DD Waiver Provider Agencies are required to create and maintain individual client records. The contents of client records vary depending on the unique needs of the person receiving services and the resultant information produced. The extent of documentation required for individual client records per service type depends on the location of the file, the type of service being provided, and the information necessary. DD Waiver Provider Agencies are required to adhere to the following: 1. Client records must contain all documents essential to the service being provided and essential to ensuring the health and safety of the person during the provision of the service. 2. Provider Agencies must have readily accessible records in home and community settings in paper or electronic form. Secure access to electronic records through the Therap web-based system using computers or mobile devices are acceptable.	• Individual #1 - As indicated by collateral documentation reviewed, lab work was ordered on 12/13/2021. No evidence of lab results were found. **Emergency Medicine:** • Individual #4 - As indicated by collateral documentation reviewed, the exam was completed on 5/25/2022. No evidence of exam results was found. **ENT:** • Individual #1 - As indicated by Family Medicine appointment on 11/20/2021, an ENT referral was made during the appointment. No evidence of follow-up was found.	

3. Provider Agencies are responsible for ensuring that all plans created by nurses, RDs, therapists or BSCs are present in all settings. 4. Provider Agencies must maintain records of all documents produced by agency personnel or contractors on behalf of each person, including any routine notes or data, annual assessments, semi-annual reports, evidence of training provided/received, progress notes, and any other interactions for which billing is generated. 5. Each Provider Agency is responsible for maintaining the daily or other contact notes documenting the nature and frequency of service delivery, as well as data tracking only for the services provided by their agency. 6. The current Client File Matrix found in Appendix A Client File details the minimum requirements for records to be stored in agency office files, the delivery site, or with DSP while providing services in the community. 7. All records pertaining to JCMs must be retained permanently and must be made available to DDSD upon request, upon the termination or expiration of a provider agreement, or upon provider withdrawal from services. **20.5.4 Health Passport and Physician Consultation Form:** All Primary and Secondary Provider Agencies must use the *Health Passport* and *Physician Consultation* form generated from an e-CHAT in the Therap system. This standardized document contains individual, physician and emergency contact information, a complete list of current medical diagnoses, health and safety risk factors, allergies, and information regarding insurance, guardianship, and advance directives. The *Health Passport* also includes a standardized form to use at medical appointments called the *Physician Consultation* form. The *Physician Consultation* form contains a list of all current medications. Requirements for the *Health Passport* and *Physician Consultation* form are: 1. The Case Manager and Primary and Secondary Provider Agencies must communicate critical information to each other and will keep all		

required sections of Therap updated in order to have a current and thorough *Health Passport* and *Physician Consultation* Form available at all times. Required sections of Therap include the IDF, Diagnoses, and Medication History. 2. The Primary and Secondary Provider Agencies must ensure that a current copy of the *Health Passport* and *Physician Consultation* forms are printed and available at all service delivery sites. Both forms must be reprinted and placed at all service delivery sites each time the e-CHAT is updated for any reason and whenever there is a change to contact information contained in the IDF. 3. Primary and Secondary Provider Agencies must assure that the current *Health Passport* and *Physician Consultation* form accompany each person when taken by the provider to a medical appointment, urgent care, emergency room, or are admitted to a hospital or nursing home. (If the person is taken by a family member or guardian, the *Health Passport* and *Physician Consultation* form must be provided to them.) 4. The Physician Consultation form must be reviewed, and any orders or changes must be noted and processed as needed by the provider within 24 hours. 5. Provider Agencies must document that the *Health Passport* and *Physician Consultation* form and Advanced Healthcare Directives were delivered to the treating healthcare professional by one of the following means: a. document delivery using the *Appointments Results* section in *Therap Health Tracking Appointments*; and b. scan the signed *Physician Consultation Form* and any provided follow-up documentation into Therap after the person returns from the healthcare visit. **Chapter 13 Nursing Services: 13.2.3 General Requirements Related to Orders, Implementation, and Oversight** 1. Each person has a licensed primary care practitioner and receives an annual physical		

examination, dental care and specialized medical/behavioral care as needed. PPN communicate with providers regarding the person as needed. 2. Orders from licensed healthcare providers are implemented promptly and carried out until discontinued. a. The nurse will contact the ordering or on call practitioner as soon as possible, or within three business days, if the order cannot be implemented due to the person's or guardian's refusal or due to other issues delaying implementation of the order. The nurse must clearly document the issues and all attempts to resolve the problems with all involved parties. b. Based on prudent nursing practice, if a nurse determines to hold a practitioner's order, they are required to immediately document the circumstances and rationale for this decision and to notify the ordering or on call practitioner as soon as possible, but no later than the next business day. c. If the person resides with their biological family, and there are no nursing services budgeted, the family is responsible for implementation or follow up on all orders from all providers. Refer to Chapter 13.3 Adult Nursing Services.		

Tag # 1A09.1 Medication Delivery PRN Medication Administration	Condition of Participation Level Deficiency	Standard Level Deficiency
Developmental Disabilities Waiver Service Standards Eff 11/1/2021 **Chapter 10 Living Care Arrangements (LCA): 10.3.5 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 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 20.6 Medication Administration Record (MAR) **Chapter 20 Provider Documentation and Client Records: 20.6 Medication Administration Record (MAR):** Administration of medications apply to all provider agencies of the following services: living supports, customized community supports, community integrated employment, intensive medical living supports. 1. Primary and secondary provider agencies are to utilize the Medication Administration Record (MAR) online in Therap. 2. Providers have until November 1, 2022, to have a current Electronic Medication Administration Record online in Therap in all settings where medications or treatments are delivered. 3. Family Living Providers may opt not to use MARs if they are the **sole** provider who supports the person and are related by affinity or consanguinity. However, if there are services provided by unrelated DSP, ANS for Medication Oversight must be budgeted, a MAR online in Therap must be created and used by the DSP. 4. Provider Agencies must configure and use the MAR when assisting with medication. 5. Provider Agencies Continually communicating any changes about medications and treatments	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 August, September and October 2022. Based on record review, 2 of 9 individuals had PRN Medication Administration Records (MAR), which contained missing elements as required by standard: Individual #4 August 2022 No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications: • Ibuprofen 800 mg (PRN) September 2022 No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications: • Ibuprofen 600 mg (PRN) • Ibuprofen 800 mg (PRN) Individual #7 August 2022 No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications: • Vicks vapor rub 4.7–1.2- .6% (PRN) September 2022 No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications: • Vicks vapor rub 4.7–1.2- .6% (PRN)	**New / Repeat Findings:** Medication Administration Records (MAR) were reviewed for the month of June 2023. Based on record review, 1 of 9 individuals had PRN Medication Administration Records (MAR), which contained missing elements as required by standard: Individual #24 June 2023 No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications: • Benadryl Children's 12.5 mg/5 ml (PRN) • Acetaminophen 650 mg (PRN) • Corona Ointment (PRN) • Mylanta Maximum Strength Liquid 400–400/40 mg/5 ml (PRN) • Ibuprofen 100 mg/5 ml Suspension (PRN)

between Provider Agencies to assure health and safety. 6. Provider agencies must include 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 and PRN medications and other treatments; all over the counter (OTC) or "comfort" medications or treatments; all self-selected herbal preparation approved by the prescriber, and/or vitamin therapy approved by prescriber. c. Documentation of all time limited or discontinued medications or treatments. d. The initials of the person administering or assisting with medication delivery. e. Documentation of refused, missed, or held medications or treatments. f. Documentation of any allergic reaction that occurred due to medication or treatments. g. For PRN medications or treatments including all physician approved over the counter medications and herbal or other supplements: 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 follow-up detailed documentation that the DSP contacted the agency nurse prior to assisting with the medication or treatment; and iii. documentation of the effectiveness of the PRN medication or treatment. **NMAC 16.19.11.8 MINIMUM STANDARDS:**		

A. MINIMUM STANDARDS FOR THE DISTRIBUTION, STORAGE, HANDLING AND RECORD KEEPING OF DRUGS: (d) The facility shall have a Medication Administration Record (MAR) documenting medication administered to residents, **including over-the-counter medications.** This documentation shall include: (i) Name of resident; (ii) Date given; (iii) Drug product name; (iv) Dosage and form; (v) Strength of drug; (vi) Route of administration; (vii) How often medication is to be taken; (viii) Time taken and staff initials; (ix) Dates when the medication is discontinued or changed; (x) The name and initials of all staff administering medications. **Model Custodial Procedure Manual** ***D. Administration of Drugs*** Unless otherwise stated by practitioner, patients will not be allowed to administer their own medications. Document the practitioner's order authorizing the self-administration of medications. All PRN (As needed) medications shall have complete detail instructions regarding the administering of the medication. This shall include: ➢ symptoms that indicate the use of the medication, ➢ exact dosage to be used, and ➢ the exact amount to be used in a 24-hour period.		

Tag # 1A09.1.0 Medication Delivery PRN Medication Administration	Standard Level Deficiency	Standard Level Deficiency
Developmental Disabilities Waiver Service Standards Eff 11/1/2021 **Chapter 10 Living Care Arrangements (LCA):** **10.3.5 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 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 20.6 Medication Administration Record (MAR) **Chapter 20 Provider Documentation and Client Records: 20.6 Medication Administration Record (MAR):** Administration of medications apply to all provider agencies of the following services: living supports, customized community supports, community integrated employment, intensive medical living supports. 1. Primary and secondary provider agencies are to utilize the Medication Administration Record (MAR) online in Therap. 2. Providers have until November 1, 2022, to have a current Electronic Medication Administration Record online in Therap in all settings where medications or treatments are delivered. 3. Family Living Providers may opt not to use MARs if they are the **sole** provider who supports the person and are related by affinity or consanguinity. However, if there are services provided by unrelated DSP, ANS for Medication Oversight must be budgeted, a MAR online in Therap must be created and used by the DSP. 4. Provider Agencies must configure and use the MAR when assisting with medication. 5. Provider Agencies Continually communicating any changes about medications and treatments	Medication Administration Records (MAR) were reviewed for the months of August September, and October 2022. Based on record review, 5 of 9 individuals had PRN Medication Administration Records (MAR), which contained missing elements as required by standard: Individual #4 August 2022 No Effectiveness was noted on the Medication Administration Record for the following PRN medication: • Albuterol SUL 2.5 mg/3 ml – PRN – 8/9 (given 1 time) • Hydrocortisone 1% – PRN – 8/25 (given 1 time) • Hydroxyzine HCL 25 mg – PRN – 8/9, 19, 23 (given 1 time) • Ibuprofen 800 mg – PRN – 8/5 (given 1 time) • Pepto-Bismol 525 mg/30 ml – PRN – 8/17, 21 (given 1 time) • Tylenol EX-STR 500 mg – PRN – 8/29 (given 1 time) Medication Administration Records did not contain the number of doses that may be used in a 24-hour period: • Albuterol HFA 90 mcg (PRN) • Albuterol SUL 2.5 mg/3 ml (PRN) • Benadryl 25 mg (PRN) • Epipen 2-Pak 0.3 mg (PRN)	**New / Repeat Findings:** Medication Administration Records (MAR) were reviewed for the month of June 2023. Based on record review, 4 of 9 individuals had PRN Medication Administration Records (MAR), which contained missing elements as required by standard: Individual #6 June 2023 Medication Administration Records did not contain the number of doses that may be used in a 24-hour period: • Polyethylene Glycol 3350 17 gram/dose (PRN) • Trazodone 50 mg (PRN) Individual #19 June 2023 Medication Administration Records did not contain the number of doses that may be used in a 24-hour period: • Ketotifen FUM 0.035% (PRN) Individual #21 June 2023 No Effectiveness was noted on the Medication Administration Record for the following PRN medication: • Triple Antibiotic Cream 3.5 mg-400 unit-5000unit/gram – PRN – 6/6 (given 1 time) Individual #24 June 2023 No Effectiveness was noted on the Medication Administration Record for the following PRN medication:

between Provider Agencies to assure health and safety.

6. Provider agencies must include 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 and PRN medications and other treatments; all over the counter (OTC) or "comfort" medications or treatments; all self-selected herbal preparation approved by the prescriber, and/or vitamin therapy approved by prescriber.
   c. Documentation of all time limited or discontinued medications or treatments.
   d. The initials of the person administering or assisting with medication delivery.
   e. Documentation of refused, missed, or held medications or treatments.
   f. Documentation of any allergic reaction that occurred due to medication or treatments.
   g. For PRN medications or treatments including all physician approved over the counter medications and herbal or other supplements:
      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 follow-up detailed documentation that the DSP contacted the agency nurse prior to assisting with the medication or treatment; and
      iii. documentation of the effectiveness of the PRN medication or treatment.

NMAC 16.19.11.8 MINIMUM STANDARDS:

- Hydrocortisone 1% (PRN)
- Ibuprofen 800 mg (PRN)
- Saline Mist 0.65% (PRN)
- Trazadone 100 mg (PRN)
- Triple Antibiotic Ointment 3.5 mg (PRN)

September 2022

No Effectiveness was noted on the Medication Administration Record for the following PRN medication:

- Ibuprofen 800 mg – PRN – 9/22, 24 (given 1 time)
- Tylenol EX-STR 500 mg – PRN – 9/21 (given 1 time)

Medication Administration Records did not contain the number of doses that may be used in a 24-hour period:

- Albuterol HFA 90 mcg (PRN)
- Albuterol SUL 2.5 mg/3 ml (PRN)
- Benadryl 25 mg (PRN)
- Epipen 2-Pak 0.3 mg (PRN)
- Hydrocortisone 1% (PRN)
- Ibuprofen 600 mg (PRN)
- Ibuprofen 800 mg (PRN)
- Saline Mist 0.65% (PRN)
- Trazadone 100 mg (PRN)
- Triple Antibiotic Ointment 3.5 mg (PRN)
- Benadryl Children's (Diphenhydramine/Benadryl) 12.5 mg/5 ml – PRN – 6/22 (given 1 time)
- Triple Antibiotic Cream 3.5 mg-400 unit-5000unit/gram – PRN – 6/28 (given 1 time)

A. MINIMUM STANDARDS FOR THE DISTRIBUTION, STORAGE, HANDLING AND RECORD KEEPING OF DRUGS: (d) The facility shall have a Medication Administration Record (MAR) documenting medication administered to residents, **including over-the-counter medications.** This documentation shall include: (i) Name of resident; (ii) Date given; (iii) Drug product name; (iv) Dosage and form; (v) Strength of drug; (vi) Route of administration; (vii) How often medication is to be taken; (viii) Time taken and staff initials; (ix) Dates when the medication is discontinued or changed; (x) The name and initials of all staff administering medications. **Model Custodial Procedure Manual** ***D. Administration of Drugs*** Unless otherwise stated by practitioner, patients will not be allowed to administer their own medications. Document the practitioner's order authorizing the self-administration of medications. All PRN (As needed) medications shall have complete detail instructions regarding the administering of the medication. This shall include: ➢ symptoms that indicate the use of the medication, ➢ exact dosage to be used, and ➢ the exact amount to be used in a 24-hour period.	• Tylenol EX-STR 500 mg (PRN) October 2022 No Effectiveness was noted on the Medication Administration Record for the following PRN medication: • Pepto Bismol Suspension – PRN – 10/15 (given 1 time) Medication Administration Records did not contain the number of doses that may be used in a 24-hour period: • Sunscreen (PRN) • Mosquito Repellent (PRN) • Aloe Vera (PRN) • Trazadone 100 mg (PRN) • Pepto-Bismol Suspension (PRN) • Epipen 2-Pak 0.3 mg (PRN) • Albuterol SUL 2.5 mg/3 ml (PRN) • Albuterol HFA 90 mcg (PRN) Individual #6 September 2022 No Effectiveness was noted on the Medication Administration Record for the following PRN medication: • Acetaminophen 160 mg/5 ml Liquid – PRN – 9/28 (given 1 time) Individual #7 August 2022 No Effectiveness was noted on the Medication Administration Record for the following PRN medication: • Acetaminophen 500 mg – PRN – 8/9 , 19, 22, 26, 28,29 (given 1 time); 8/21 (given 2 times)	

	• Diphenhydramine 25 mg – PRN – 8/9, 15, 18, 27, 28 (given 1 time); 8/17 (given 2 times) • Hydrocortisone 1% – PRN – 8/24 (given 1 time) • Milk of Magnesia Suspension - 8/19, 20 (given 1 time) September 2022 No Effectiveness was noted on the Medication Administration Record for the following PRN medication: • Milk of Magnesia Suspension - 8/19, 20 (given 1 time) • Acetaminophen 500 mg – PRN – 9/21 (given 1 time) • Benzonatate 100 mg – PRN – 9/8 (given 1 time) Individual #21 August 2022 No Effectiveness was noted on the Medication Administration Record for the following PRN medication: • Ibuprofen 600 mg – PRN – 8/17, 21 (given 1 time) • Ibuprofen 800 mg – PRN – 8/29 (given 1 time) October 2022 Medication Administration Records did not contain the number of doses that may be used in a 24-hour period: • Milk of Magnesia (PRN) • Mosquito Repellent (PRN) • Sunscreen SPF 50 (PRN) Individual #24 October 2022	

	Medication Administration Records did not contain the number of doses that may be used in a 24-hour period: • Diphenhydramine Strength 12.5 mg/5ml (PRN)	

Tag # 1A31.2 Human Right Committee Composition	Standard Level Deficiency	Standard Level Deficiency
Developmental Disabilities Waiver Service Standards Eff 11/1/2021 **Chapter 3 Safeguards: 3.3 *Human Rights Committee:*** 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 of a severe nature (e.g., a serious, significant, credible threat or act of harm against self, others, or property) . 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 the use of emergency physical restraint or 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. 1. HRC membership must include: a. at least one member with a diagnosis of I/DD; b. a parent or guardian of a person with I/DD; c. a health care services professional (e.g., a physician or nurse); and d. a member from the community at large that is not associated (past or present) with DD Waiver services. 2. Committee members must abide by HIPAA; 3. All committee members will receive training on Abuse, Neglect and Exploitation (ANE) Awareness, 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; 4. HRCs will appoint an HRC chair. Each committee chair shall be appointed to a two-year term. Each	Based on record review and interview, the Agency did not ensure the correct composition of the human rights committee. **Review of Agency's HRC committee found the following were not members of the HRC:** • *at least one member with a diagnosis of I/DD.* • *a parent or guardian of a person with I/DD* **When asked if the Agency had a Human Rights Committee consisting of all required members, the following was reported:** • Agency Personnel #666 was asked if there was a member on the committee with a diagnosis of I/DD. #666 stated, **"**He has sat in a few but not in a while. I honestly can't remember the last time." Surveyor asked if there was a parent or guardian of a person with I/DD on the committee. #666 stated, "No we don't".	**New / Repeat Finding:** Based on record review and interview, the Agency did not ensure the correct composition of the human rights committee. **Review of Agency's HRC committee found the following were not members of the HRC:** • *A Health Care Services Professional Member.*

chair may serve only two consecutive two-year terms at a time; 5. While agencies may have an intra-agency HRC, meeting the HRC requirement by being a part of an interagency committee is also highly encouraged.		

Standard of Care	Routine Survey Deficiencies October 24 – November 7, 2022	Verification Survey New and Repeat Deficiencies July 5 – 14, 2023
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 # 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 Req. 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 # 1A22 Agency Personnel Competency	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A43.1 General Events Reporting: Individual Reporting	**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	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A09.2 Medication Delivery Nurse Approval for PRN Medication	**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 # 1A29 Complaints / Grievances Acknowledgement	**Standard Level Deficiency**	**COMPLETE**

Tag # LS06 Family Living Requirements	**Standard Level Deficiency**	**COMPLETE**
Tag # LS25 Residential Health & Safety (Supported Living / Family Living / Intensive Medical 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 # 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**
Tag #IH32 Customized In-Home Supports Reimbursement	**Standard Level Deficiency**	**COMPLETE**
Tag # IM31 Intensive Medical Living Services Reimbursement	**Standard Level Deficiency**	**COMPLETE**

	Verification Survey Plan of Correction, On-going QA/QI and Responsible Party	Date Due
Tag # 1A20 Direct Support Professional Training	**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 # 1A37 Individual Specific Training	**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 #1A08.2 Administrative Case File: Healthcare Requirements & Follow-up	**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 # 1A09.1 Medication Delivery PRN 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?)*: →	

Tag # 1A09.1.0 Medication Delivery PRN 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?)*: →	
Tag # 1A31.2 Human Right Committee Composition	**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?)*: →	

NEW MEXICO
Department of Health
Division of Health Improvement

MICHELLE LUJAN GRISHAM
Governor

PATRICK M. ALLEN
Cabinet Secretary

Date:	August 28, 2023
To:	Claudia Olivarria, Executive Director / Co-Owner
Provider:	Aspire Developmental Services, L.L.C
Address:	500 N. Main Street Suite 912
State/Zip:	Roswell, New Mexico 88201
E-mail Address:	colivarria@aspireds.org
CC:	Shanin Arp, DSP / Quality Assurance / Human Resources Director
E-mail Address:	sarp@aspireds.org
CC:	Geraldine Melendez, Program Director
E-mail Address:	gmelendez@aspireds.org
Region:	Southeast
Survey Date:	October 24 – November 7, 2022
Verification Survey:	July 5 – 14, 2023
Program Surveyed:	Developmental Disabilities Waiver
Service Surveyed:	Supported Living, Family Living, Intensive Medical Living; Customized In-Home Supports, Customized Community Supports, and Community Integrated Employment Services
Survey Type:	Verification

Dear Ms. Olivarria:

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
Quality Management Bureau/DHI

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