



MICHELLE LUJAN GRISHAM  
Governor

PATRICK M. ALLEN  
Cabinet Secretary

Date: September 7, 2023

To: Eleanor Sanchez, Director of Finance

Provider: Progressive Residential Services of New Mexico, Inc.  
Address: 1100 S. Main Street, Suite A  
State/Zip: Las Cruces, New Mexico 88005

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

CC: Erika Hom, Interim Director  
E-mail Address: [eHom@prs-nm.org](mailto:eHom@prs-nm.org)

CC: Dianna Nelson, COO  
E-mail Address: [dnelson@prs-nm.org](mailto:dnelson@prs-nm.org)

Region: Southwest  
Routine Survey: October 11 - 21, 2022  
Verification Survey: August 7 - 18, 2023  
Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: Supported Living, Customized In-Home Supports, and Customized Community Supports

Survey Type: Verification

Team Leader: Marie Passaglia, BA, Healthcare Surveyor Advanced, Division of Health Improvement/Quality Management Bureau

Team Members: Monica Valdez, BS, Plan of Correction Coordinator, Healthcare Surveyor Advanced, Division of Health Improvement/Quality Management Bureau

Dear Ms. 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 October 11 - 21, 2022*.

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

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

The following tags are identified as Condition of Participation Level:

- Tag # 1A09.1 Medication Delivery PRN Medication Administration (**New / Repeat Finding**)
- Tag # 1A15.2 Administrative Case File: Healthcare Documentation (Therap and Required Plans) (**Repeat Finding**)

**DIVISION OF HEALTH IMPROVEMENT**

5300 Homestead Rd NE, Suite 303-3223 • Albuquerque, New Mexico • 87110

(505) 470-4797 • FAX: (505) 222-8661 • <https://nmhealth.org/about/dhi>

QMB Report of Findings – Progressive Residential Services of New Mexico, Inc. – Southwest – August 7 – 18, 2023

Survey Report #: Q.24.1.DDW.D4244.3.VER.01.23.250

The following tags are identified as Standard Level:

- Tag # 1A09 Medication Delivery Routine Medication Administration (**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 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](mailto: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 Monica Valdez at 505-273-1930 if you have questions about the Report of Findings or Plan of Correction. Thank you for your cooperation and for the work you perform.

Sincerely,

*Marie Passaglia, BA*

Marie Passaglia, BA  
Team Lead/Healthcare Surveyor, Advanced  
Division of Health Improvement  
Quality Management Bureau

**Survey Process Employed:**

Administrative Review Start Date: August 7, 2023

Contact: **Progressive Residential Services of New Mexico, Inc.**  
Eleanor Sanchez, Director of Finance

**DOH/DHI/QMB**  
Marie Passaglia, BA, Team Lead/Healthcare Surveyor Advanced

On-site Entrance Conference Date: Agency waived entrance conference

Exit Conference Date: August 18, 2023

Present: **Progressive Residential Services of New Mexico, Inc.**  
Eleanor Sanchez, Director of Finance  
Dianna Nelson, COO  
Erika Hom, Interim Program Director  
Anna O'Connell, RN  
Melissa Guzman, Medical Assistant  
Manny Hernandez, Program Liaison  
Cindy Deming, DSP / Service Coordinator  
Patricia Guerrero, Training Coordinator

**DOH/DHI/QMB**  
Marie Passaglia, BA, Team Lead/Healthcare Surveyor Advanced  
Monica Valdez, BS, Plan of Correction Coordinator, Healthcare Surveyor Advanced  
Jamie Pond, BS, QMB Staff Manager

**DDSD - SW Regional Office**  
Jacqueline Marquez, Social & Community Services Coordinator  
Jose Gonzales, Social & Community Services Coordinator

Administrative Locations Visited: 0 (*Administrative portion of survey completed remotely*)

Total Sample Size: 9  
1 - *Former Jackson Class Member*  
8 - *Non-Jackson Class Members*  
  
7 - *Supported Living*  
2 - *Customized In-Home Supports*  
6 - *Customized Community Supports*

Persons Served Records Reviewed 9

Direct Support Professional Records Reviewed 76 (*Note: Three DSP perform dual roles as Service Coordinators*)

Direct Support Professional Interviewed During Routine Survey 9

Service Coordinator Records Reviewed 5 (*Note: Three Service Coordinators perform dual roles as DSP*)

Nurse Interview completed during Routine Survey 1

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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 DDS 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 (DDS), 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 Professional Training
- **1A22** - Agency Personnel Competency

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- **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](mailto: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.

## 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:** Supported Living, Customized In-Home Supports, Customized Community Supports  
**Survey Type:** Verification  
**Routine Survey:** October 11 - 21, 2022  
**Verification Survey:** August 7 - 18, 2023

Standard of Care	Routine Survey Deficiencies October 11 - 21, 2022	Verification Survey New and Repeat Deficiencies August 7 - 18, 2023
<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.		
Tag # 1A09 Medication Delivery Routine Medication Administration	Condition of Participation Level Deficiency	Standard Level Deficiency
<p>Developmental Disabilities Waiver Service Standards Eff 11/1/2021</p> <p><b>Chapter 10 Living Care Arrangements (LCA): 10.3.5 Medication Assessment and Delivery:</b> Living Supports Provider Agencies must support and comply with:</p> <ol style="list-style-type: none"> <li>the processes identified in the DDS AWMD training;</li> <li>the nursing and DSP functions identified in the Chapter 13.3 Adult Nursing Services;</li> <li>all Board of Pharmacy regulations as noted in Chapter 16.5 Board of Pharmacy; and</li> <li>documentation requirements in a Medication Administration Record (MAR) as described in Chapter 20 20.6 Medication Administration Record (MAR)</li> </ol> <p><b>Chapter 20 Provider Documentation and Client Records: 20.6 Medication Administration Record (MAR):</b> Administration of medications apply to all provider agencies of the following services: living supports, customized community supports, community integrated employment, intensive medical living supports.</p> <ol style="list-style-type: none"> <li>Primary and secondary provider agencies are to utilize the Medication Administration Record (MAR) online in Therap.</li> <li>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.</li> </ol>	<p>After an analysis of the evidence, it has been determined there is a significant potential for a negative outcome to occur.</p> <p>Medication Administration Records (MAR) were reviewed for the months of August, September, and October 2022.</p> <p>Based on record review, 4 of 9 individuals had Medication Administration Records (MAR), which contained missing medications entries and/or other errors:</p> <p>Individual #5 October 2022 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> <li>Atorvastatin Calcium 20 mg (1 time daily) - Blank 10/12 (8:00 PM)</li> <li>Divalproex Sodium ER 250 mg ER 24 h (2 times daily) – Blank 10/12 (8:00 PM)</li> <li>Famotidine 20 mg (2 times daily) – Blank 10/6, 7 (8:00 PM)</li> <li>Fluoxetine HCL 20 mg (1 time daily) – Blank 10/9,10 (8:00 AM)</li> </ul>	<p><b>New / Repeat Finding:</b></p> <p>After an analysis of the evidence, it has been determined there is a significant potential for a negative outcome to occur.</p> <p>Medication Administration Records (MAR) were reviewed for the month of August 2023.</p> <p>Based on record review, 1 of 9 individuals had Medication Administration Records (MAR), which contained missing medications entries and/or other errors:</p> <p>Individual #8 August 2023 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> <li>Calcium 600/1500 mg (1 time daily) Blank 7/31 (8:00 AM)</li> <li>Divalproex Sodium 125mg (Depakote sprinkle) (2 times daily) Blank 7/31 (8:00 AM)</li> <li>Eucerin Cream (2 times daily) Blank 7/31 (8:00 AM)</li> </ul>

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<p>3. Family Living Providers may opt not to use MARs if they are the <b>sole</b> 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.</p> <p>4. Provider Agencies must configure and use the MAR when assisting with medication.</p> <p>5. Provider Agencies Continually communicating any changes about medications and treatments between Provider Agencies to assure health and safety.</p> <p>6. Provider agencies must include the following on the MAR:</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Documentation of all time limited or discontinued medications or treatments.</li> <li>The initials of the person administering or assisting with medication delivery.</li> <li>Documentation of refused, missed, or held medications or treatments.</li> <li>Documentation of any allergic reaction that occurred due to medication or treatments.</li> <li>For PRN medications or treatments including all physician approved over the counter medications and herbal or other supplements: <ol style="list-style-type: none"> <li>instructions for the use of the PRN medication or treatment which must include observable signs/symptoms or circumstances in which the medication or</li> </ol> </li> </ol>	<ul style="list-style-type: none"> <li>• Loratadine 10 mg (1 time daily) – Blank 10/10 (8:00 AM)</li> <li>• Melatonin 3 mg (1 time daily) – Blank 10/12 (9:30 PM)</li> <li>• One Daily Multi-Vitamin (1 time daily) – Blank 10/10 (8:00 AM)</li> <li>• OS Calcium Vit D#3 500 mg (1250mg) (3 times daily) – Blank 10/3, 4, 10, 11, 12, 13 (12:00 PM), 10/10 (8:00 AM); 10/12 (8:00 PM)</li> <li>• Stool Softener-Stimulant Lax 8.6-50 mg (1 time daily) – Blank 10/12 (8:00 PM)</li> <li>• Trazodone HCL 100 mg (1 time daily) – Blank 10/12 (9:30 PM)</li> <li>• Insulin Glargine-YFGN 100 unit/ml 3ml (1 time daily) – Blank 10/12 (8:00 PM)</li> <li>• Admelog Solostar 100 unit/ml Insulin (3 times daily) – Blank 10/1 – 12 (7:00 AM, 12:00 PM, and 6:00 PM)</li> <li>• Metamucil Sugar Free 3 Gram/5.8gm (1 time daily) – Blank 10/10 (8:00 AM)</li> <li>• Polyethylene Glycol 3350 17 gram (1 time daily) – Blank 10/10 (8:00 AM)</li> <li>• Xaretto 20mg (1 time daily) – Blank 10/12 (6:00 PM)</li> </ul> <p>As indicated by the Medication Administration Records the individual is to take Insulin Glargine-YFGN 100 unit, Inject 7 units subcutaneously every night (1 time daily). According to the Physician's Orders, Insulin Glargine-YFGN 100 unit – Inject 8 units subcutaneously 1 time daily.</p>	<ul style="list-style-type: none"> <li>• Fish Oil Omega-3 360-1200mg (2 times daily) Blank 7/31 (8:00 AM)</li> <li>• Flovent HFA 220 mcg (2 times daily) Blank 7/31 (8:00 AM)</li> <li>• Fluticasone Propionate 50mcg (1 time daily) Blank 7/5, 31 (8:00 AM)</li> <li>• Levothyroxine Sodium 75mcg (1 times daily) Blank 7/31 (6:00 AM)</li> <li>• Lithium Carbonate 300mg (2 times daily) Blank 7/31 (8:00 AM)</li> <li>• Polyethylene Glycol (MiraLAX) powder 3350-17g (1 time daily) Blank 7/31 (8:00 AM)</li> <li>• Sertraline HCL (Zoloft) 25mg (1 time daily) Blank 7/27, 31 (8:00 AM)</li> <li>• Vitamin D3 (1,000 unit) 25mcg (1 time daily) Blank 7/31 (8:00 AM)</li> </ul>
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<p>treatment is to be used and the number of doses that may be used in a 24-hour period;</p> <p>ii. clear follow-up detailed documentation that the DSP contacted the agency nurse prior to assisting with the medication or treatment; and</p> <p>iii. documentation of the effectiveness of the PRN medication or treatment.</p> <p><b>NMAC 16.19.11.8 MINIMUM STANDARDS:</b>  <b>A. MINIMUM STANDARDS FOR THE DISTRIBUTION, STORAGE, HANDLING AND RECORD KEEPING OF DRUGS:</b>  (d) The facility shall have a Medication Administration Record (MAR) documenting medication administered to residents, <b>including over-the-counter medications.</b> This documentation shall include:</p> <ul style="list-style-type: none"> <li>(i) Name of resident;</li> <li>(ii) Date given;</li> <li>(iii) Drug product name;</li> <li>(iv) Dosage and form;</li> <li>(v) Strength of drug;</li> <li>(vi) Route of administration;</li> <li>(vii) How often medication is to be taken;</li> <li>(viii) Time taken and staff initials;</li> <li>(ix) Dates when the medication is discontinued or changed;</li> <li>(x) The name and initials of all staff administering medications.</li> </ul> <p><b>Model Custodial Procedure Manual</b>  <b>D. Administration of Drugs</b>  Unless otherwise stated by practitioner, patients will not be allowed to administer their own medications.  Document the practitioner’s order authorizing the self-administration of medications.</p> <p>All PRN (As needed) medications shall have complete detail instructions regarding the administering of the medication. This shall include:</p> <ul style="list-style-type: none"> <li>➤ symptoms that indicate the use of the medication,</li> </ul>	<p>Medication Administration Record and Physician’s Orders do not match.</p> <p>Individual #6  September 2022  Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> <li>• Gemfibrozil 600 mg (2 times daily) – Blank 9/4 (8:00 PM)</li> </ul> <p>Individual #7  August 2022  No Physician’s Orders were found for medications listed on the Medication Administration Records for the following medications:</p> <ul style="list-style-type: none"> <li>• Mix Cream w/ Olive oil or Vaseline</li> </ul> <p>September 2022  No Physician’s Orders were found for medications listed on the Medication Administration Records for the following medications:</p> <ul style="list-style-type: none"> <li>• Mix Cream w/ Olive oil or Vaseline</li> </ul> <p>Individual #8  October 2022  Physician’s Orders indicated the following medication were to be given. The following Medications were not documented on the Medication Administration Records:</p> <ul style="list-style-type: none"> <li>• Fluticasone Propionate Nasal Spray 50 mcg (2 times daily)</li> </ul>	
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- exact dosage to be used, and
- the exact amount to be used in a 24-hour period.

Tag # 1A09.1 Medication Delivery PRN Medication Administration	Condition of Participation Level Deficiency	Condition of Participation Level Deficiency
<p>Developmental Disabilities Waiver Service Standards Eff 11/1/2021</p> <p><b>Chapter 10 Living Care Arrangements (LCA):</b>  <b>10.3.5 Medication Assessment and Delivery:</b>  Living Supports Provider Agencies must support and comply with:</p> <ol style="list-style-type: none"> <li>1. the processes identified in the DDSD AWMD training;</li> <li>2. the nursing and DSP functions identified in the Chapter 13.3 Adult Nursing Services;</li> <li>3. all Board of Pharmacy regulations as noted in Chapter 16.5 Board of Pharmacy; and</li> <li>4. documentation requirements in a Medication Administration Record (MAR) as described in Chapter 20 20.6 Medication Administration Record (MAR)</li> </ol> <p><b>Chapter 20 Provider Documentation and Client Records: 20.6 Medication Administration Record (MAR):</b> Administration of medications apply to all provider agencies of the following services: living supports, customized community supports, community integrated employment, intensive medical living supports.</p> <ol style="list-style-type: none"> <li>1. Primary and secondary provider agencies are to utilize the Medication Administration Record (MAR) online in Therap.</li> <li>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.</li> <li>3. Family Living Providers may opt not to use MARs if they are the <b>sole</b> 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.</li> <li>4. Provider Agencies must configure and use the MAR when assisting with medication.</li> <li>5. Provider Agencies Continually communicating any changes about medications and treatments</li> </ol>	<p>After an analysis of the evidence, it has been determined there is a significant potential for a negative outcome to occur.</p> <p>Medication Administration Records (MAR) were reviewed for the months of August 2022, September 2022 and October 2022.</p> <p>Based on record review, 5 of 9 individuals had PRN Medication Administration Records (MAR), which contained missing elements as required by standard:</p> <p>Individual #5  August 2022  As indicated by the Medication Administration Records the individual is to take Tussin Sugar Free (Guaifenesin) 10ml up to every 6 hours as needed, not to exceed 6 doses in 24 hours period (PRN). According to the Physician's Orders, Guaifenesin 10 ml is to be taken every 4 hours as needed, not to exceed 40ml / 24 hours. Medication Administration Record and Physician's Orders do not match.</p> <p>No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:</p> <ul style="list-style-type: none"> <li>• Bismatrol 262 mg/ml (PRN)</li> <li>• Hydrocortisone 1% cream (PRN)</li> <li>• Aloe Vera Gel (PRN)</li> <li>• Antacid 200 mg calcium (PRN)</li> <li>• Milk of Magnesia 400 mg/5ml Oral Suspension (PRN)</li> <li>• Remedy Calazime 3.5-0.269-16.5% paste (PRN)</li> </ul>	<p><b>New / Repeat Finding:</b></p> <p>After an analysis of the evidence, it has been determined there is a significant potential for a negative outcome to occur.</p> <p>Medication Administration Records (MAR) were reviewed for the month of August 2023.</p> <p>Based on record review, 2 of 9 individuals had PRN Medication Administration Records (MAR), which contained missing elements as required by standard:</p> <p>Individual #8  August 2023  As indicated by the Medication Administration Records the individual is to take Triamcinolone Acetonide (Kenalog) 0.1%g "Apply topically to affected area(s) (both hands) up to twice daily as needed." According to the Physician's Orders, Triamcinolone Acetonide (Kenalog) 0.1% "1 application Externally Twice a day 10 days". Medication Administration Record and Physician's Orders do not match.</p> <p>Individual #10  August 2023  No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:</p> <ul style="list-style-type: none"> <li>• MiraLAX Powder (Polyethylene Glycol) strength: 3350/17g (PRN)</li> </ul>

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<p>between Provider Agencies to assure health and safety.</p> <p>6. Provider agencies must include the following on the MAR:</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>c. Documentation of all time limited or discontinued medications or treatments.</li> <li>d. The initials of the person administering or assisting with medication delivery.</li> <li>e. Documentation of refused, missed, or held medications or treatments.</li> <li>f. Documentation of any allergic reaction that occurred due to medication or treatments.</li> <li>g. For PRN medications or treatments including all physician approved over the counter medications and herbal or other supplements: <ol style="list-style-type: none"> <li>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;</li> <li>ii. clear follow-up detailed documentation that the DSP contacted the agency nurse prior to assisting with the medication or treatment; and</li> <li>iii. documentation of the effectiveness of the PRN medication or treatment.</li> </ol> </li> </ol> <p><b>NMAC 16.19.11.8 MINIMUM STANDARDS:</b></p>	<p>September 2022</p> <p>As indicated by the Medication Administration Records the individual is to take Tylenol (Acetaminophen) 325mg, Take 2 (650mg) every 6 hours as needed, not to exceed 3GM/24 hours (PRN). According to the Physician's Orders, Tylenol (Acetaminophen) 325mg, take 1-2 every 8 hours as needed, not to exceed 6 in 24 hours. Medication Administration Record and Physician's Orders do not match.</p> <p>As indicated by the Medication Administration Records the individual is to take Anti-Diarrheal 2mg 2 tablets after 3<sup>rd</sup> episode of loose stools (PRN). According to the Physician's Orders, Imodium (Loperamide) 2mg, take 2 capsules after first loose bowel movement. Medication Administration Record and Physician's Orders do not match.</p> <p>As indicated by the Medication Administration Records the individual is to take Banophen (Diphenhydramine) 25mg, 1 capsule every 4-6 hours as needed, not to exceed 6 caps/24 hours (PRN). According to the Physician's Orders, Benadryl (Diphenhydramine) 25mg 1-2 tablets every 4-6 hours as needed, not to exceed 8 tablets in 24 hours. Medication Administration Record and Physician's Orders do not match.</p> <p>No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:</p> <ul style="list-style-type: none"> <li>• Bismatrol 262 mg/ml (PRN)</li> <li>• Hydrocortisone 1% cream (PRN)</li> <li>• Aloe Vera Gel (PRN)</li> <li>• Antacid 200 mg Calcium (500 mg) (PRN)</li> </ul>	
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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.

- Milk of Magnesia 400 mg/5ml Oral Suspension (PRN)
- Remedy Calazime 3.5-0.269 - 16.5% (PRN)

Individual #7  
August 2022

As indicated by the Medication Administration Records the individual is to take Acetaminophen 325mg 2 tablets every 6 hours as needed, not to exceed 3GM/24 hours (PRN). According to the Physician's Orders, Tylenol (Acetaminophen) 325mg take 1-2 tablets every 8 hours as needed, not to exceed 6 tablets in 24 hours. Medication Administration Record and Physician's Orders do not match.

As indicated by the Medication Administration Records the individual is to take Banophen (Diphenhydramine) 25mg, 1 capsule every 4-6 hours as needed, not to exceed 6 caps/24 hours (PRN). According to the Physician's Orders, Benadryl (Diphenhydramine) 25mg 1-2 tablets every 4-6 hours as needed, not to exceed 8 tablets in 24 hours. Medication Administration Record and Physician's Orders do not match.

As indicated by the Medication Administration Records the individual is to take Guaifenesin 100/5ml - 10 ml every 6 hours as needed, not to exceed 40ml/24 hours (PRN). According to the Physician's Orders, Robitussin DM (Guaifenesin) 10ml, take 10 ml every 4 hours as need. Not to exceed 6 doses in 24 hours. Medication Administration Record and Physician's Orders do not match.

As indicated by the Medication Administration Records the individual is to take Ibuprofen 200 mg 2 tablets (400mg) every 8 hours as needed, not to exceed 3 doses/24 hours (PRN). According to the Physician's Orders, Ibuprofen (Motrin) 200 mg 1-2 tablets every 4-6 hours as needed, not to exceed



12 tablets in 24 hours. Medication Administration Record and Physician's Orders do not match.

As indicated by the Medication Administration Records the individual is to take Loperamide 2mg 2 tablets after 3<sup>rd</sup> episode of loose stools (PRN). According to the Physician's Orders, Imodium (Loperamide) 2mg, take 2 capsules after first loose bowel movement. Medication Administration Record and Physician's Orders do not match.

No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:

- Aloe Vera gel (PRN)
- Bismatrol 262 mg/15 ml (PRN)
- Hydrocortisone 1% cream
- Polyethylene Glycol 3350 17 gram (PRN)
- Remedy Calazime 3.5-0.2-69-16.5% paste (PRN)

September 2022

As indicated by the Medication Administration Records the individual is to take Acetaminophen 325mg 2 tablets every 6 hours as needed, not to exceed 3GM/24 hours (PRN). According to the Physician's Orders, Tylenol (Acetaminophen) 325mg take 1-2 tablets every 8 hours as needed, not to exceed 6 tablets in 24 hours. Medication Administration Record and Physician's Orders do not match.

As indicated by the Medication Administration Records the individual is to take Banophen (Diphenhydramine) 25mg, 1 capsule every 4-6 hours as needed, not to exceed 6 caps/24 hours (PRN). According to the Physician's Orders, Benadryl (Diphenhydramine) 25mg 1-2 tablets every 4-6 hours as needed, not to exceed 8

	<p>tablets in 24 hours. Medication Administration Record and Physician's Orders do not match.</p> <p>As indicated by the Medication Administration Records the individual is to take Guaifenesin 100/5ml - 10 ml every 6 hours as needed, not to exceed 40ml/24 hours (PRN). According to the Physician's Orders, Robitussin DM (Guaifenesin) 10ml, take 10 ml every 4 hours as need. Not to exceed 6 doses in 24 hours. Medication Administration Record and Physician's Orders do not match.</p> <p>As indicated by the Medication Administration Records the individual is to take Ibuprofen 200 mg 2 tablets (400mg) every 8 hours as needed, not to exceed 3 doses/24 hours (PRN). According to the Physician's Orders, Ibuprofen (Motrin) 200 mg 1-2 tablets every 4-6 hours as needed, not to exceed 12 tablets in 24 hours. Medication Administration Record and Physician's Orders do not match.</p> <p>As indicated by the Medication Administration Records the individual is to take Loperamide 2mg 2 tablets after 3<sup>rd</sup> episode of loose stools (PRN). According to the Physician's Orders, Imodium (Loperamide) 2mg, take 2 capsules after first loose bowel movement. Medication Administration Record and Physician's Orders do not match.</p> <p>No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:</p> <ul style="list-style-type: none"> <li>• Aloe Vera gel (PRN)</li> <li>• Bismatrol 262 mg/15 ml (PRN)</li> <li>• Hydrocortisone 1% cream</li> <li>• Polyethylene Glycol 3350 17 gram (PRN)</li> </ul>	
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- Remedy Calazime 3.5-0.2-69-16.5% paste (PRN)

Individual #8  
August 2022

As indicated by the Medication Administration Records the individual is to take Acetaminophen 325mg 2 tablets every 6 hours as needed (PRN). According to the Physician's Orders, Acetaminophen 325mg 1 - 2 tablets is to be taken every 8 hours as needed. Medication Administration Record and Physician's Orders do not match.

As indicated by the Medication Administration Records the individual is to take Banophen (Diphenhydramine) 25 mg take 1 capsule every 4 – 6 hours as needed, not to exceed 6 caps/24 hours (PRN). According to the Physician's Orders, Benadryl (Diphenhydramine) 25 mg is to be taken every 4 – 6 hours as needed, not to exceed 8 tablets in 24 hours. Medication Administration Record and Physician's Orders do not match.

As indicated by the Medication Administration Records the individual is to take Guaifenesin 100/5ml - 10 ml every 6 hours as needed, not to exceed 40ml/24 hours (PRN). According to the Physician's Orders, Robitussin DM (Guaifenesin) 10ml, take 10 ml by mouth every 4 hours as need. Not to exceed 6 doses in 24 hours. Medication Administration Record and Physician's Orders do not match.

As indicated by the Medication Administration Records the individual is to take Loperamide 2mg capsules after 3<sup>rd</sup> episode of loose stool, then take 1 capsule after each subsequent loose stool as needed (PRN). According to the Physician's Orders, Imodium (Loperamide Hydrochloride) 2mg take 2 tablets after first loose bowel movement and 1 tablet after each subsequent loose bowel

movement as needed. Medication Administration Record and Physician's Orders do not match.

No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:

- Aloe Vera Gel (PRN)
- Bismatrol 262 mg/15 ml (PRN)
- Magnesium Citrate Saline Laxative 1.745 (PRN)
- Remedy Calazime 3.5-0.2-69-16.5% paste (PRN)

September 2022

As indicated by the Medication Administration Records the individual is to take Acetaminophen 325mg 2 tablets every 6 hours as needed (PRN). According to the Physician's Orders, Acetaminophen 325mg 1 - 2 tablets is to be taken every 8 hours as needed. Medication Administration Record and Physician's Orders do not match.

As indicated by the Medication Administration Records the individual is to take Banophen (Diphenhydramine) 25 mg take 1 capsule every 4 – 6 hours as needed, not to exceed 6 caps/24 hours (PRN). According to the Physician's Orders, Benadryl (Diphenhydramine) 25 mg is to be taken every 4 – 6 hours as needed, not to exceed 8 tablets in 24 hours. Medication Administration Record and Physician's Orders do not match.

As indicated by the Medication Administration Records the individual is to take Guaifenesin 100/5ml - 10 ml every 6 hours as needed, not to exceed 40ml/24 hours (PRN). According to the Physician's Orders, Robitussin DM (Guaifenesin) 10ml, take 10 ml by mouth every 4 hours as need. Not to exceed 6 doses in 24 hours. Medication

Administration Record and Physician's Orders do not match.

As indicated by the Medication Administration Records the individual is to take Loperamide 2mg 2 capsules after 3<sup>rd</sup> episode of loose stool, then take 1 capsule after each subsequent loose stool as needed (PRN). According to the Physician's Orders, Imodium (Loperamide Hydrochloride) 2mg take 2 tablets after first loose bowel movement and 1 tablet after each subsequent loose bowel movement as needed. Medication Administration Record and Physician's Orders do not match.

September 2022

No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:

- Aloe Vera Gel (PRN)
- Bismatrol 262 mg/15 ml (PRN)
- Magnesium Citrate Saline Laxative 1.745 (PRN)
- Remedy Calazime 3.5-0.2-69-16.5% paste (PRN)

Individual #9

September 2022

No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications:

- Acetaminophen (Tylenol) 325mg (PRN)
- Aloe Vera Gel (PRN)
- Benadryl (Diphenhydramine) 25mg (PRN)
- Cetirizine (Zyrtec) 10mg (PRN)
- Generic or brand name sunscreen SPF 50 (PRN)

- Guaifenesin (Robitussin) 100/5mg0ml (PRN)
- Hydrocortisone Cream 1% (PRN)
- Ibuprofen (Motrin) 200mg (PRN)
- Imodium (Loperamide Hydrochloride) 2mg (PRN)
- Triple Antibiotic Ointment (Neosporin) (PRN)
- Tums (Calcium Carbonate Antacid Chews) 500mg (PRN)
- Zinc Oxide (Desitin) (PRN)

Individual #10

September 2022

Physician's Orders indicated the following medication were to be given. The following Medications were not documented on the Medication Administration Records:

- Tylenol (Acetaminophen) 325mg (PRN)
- Ibuprofen (Motrin) 200mg (PRN)
- Tums (Calcium Carbonate Antacid Chews) 500mg (PRN)
- Robitussin DM (Guaifenesin) 10ml (PRN)
- Triple Antibiotic Ointment (Neosporin) (PRIN)
- Milk of Magnesium (Magnesium Hydroxide) 30-60ml (PRN)
- Imodium (Loperamide Hydrochloride) 2mg (PRN)
- Cetirizine (Zyrtec) 10mg (PRN)
- Benadryl (Diphenhydramine) 25mg (PRN)

- Generic or Brand Name Sunscreen SPF 50 (PRN)
- Zinc Oxide Ointment (Desitin) (PRN)

Tag # 1A15.2 Administrative Case File: Healthcare Documentation (Therap and Required Plans)	Condition of Participation Level Deficiency	Condition of Participation Level Deficiency
<p>Developmental Disabilities Waiver Service Standards Eff 11/1/2021</p> <p><b>Chapter 3: Safeguards: Decisions about Health Care or Other Treatment: Decision Consultation and Team Justification Process:</b> 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: <a href="https://nmhealth.org/about/ddsd/">https://nmhealth.org/about/ddsd/</a>.</p> <p><b>3.1.1 Decision Consultation Process (DCP):</b> 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</p> <p>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:</p> <p>a. medical orders or recommendations from the Primary Care Practitioner, Specialists or other licensed medical or healthcare practitioners</p>	<p>After an analysis of the evidence, it has been determined there is a significant potential for a negative outcome to occur.</p> <p>Based on record review, the Agency did not maintain the required documentation in the Individuals Agency Record as required by standard for 4 of 10 individual</p> <p>Review of the administrative individual case files revealed the following items were not found, incomplete, and/or not current:</p> <p><b>Healthcare Passport:</b></p> <ul style="list-style-type: none"> <li>• Did not contain Emergency Contact Information (#9, #10)</li> <li>• Did not contain Guardianship/Healthcare Decision Maker (#10)</li> </ul> <p><b>Health Care Plans:</b></p> <p><b>Oral Care / Hygiene:</b></p> <ul style="list-style-type: none"> <li>• Individual #1 – As indicated by the IST section of ISP the individual is required to have a plan. No evidence of a plan found.</li> </ul> <p><b>Polycystic Kidney Disease:</b></p> <ul style="list-style-type: none"> <li>• Individual #1 – As indicated by the IST section of ISP the individual is required to have a plan. No evidence of a plan found.</li> </ul> <p><b>Seizure:</b></p> <ul style="list-style-type: none"> <li>• Individual #6 – Per the Electronic Comprehensive Health Assessment Tool the individual is required to have a plan. No evidence of a plan found.</li> </ul> <p><b>Medical Emergency Response Plans:</b></p> <p><b>Cardiac Condition:</b></p>	<p><b>Repeat Finding:</b></p> <p>After an analysis of the evidence, it has been determined there is a significant potential for a negative outcome to occur.</p> <p>Based on record review, the Agency did not maintain the required documentation in the Individuals Agency Record as required by standard for 2 of 9 individuals.</p> <p>Review of the administrative individual case files revealed the following items were not found, incomplete, and/or not current.</p> <p><b>Healthcare Passport:</b></p> <ul style="list-style-type: none"> <li>• Did not contain Emergency Contact Information (#9, #10)</li> <li>• Did not contain Guardianship/Healthcare Decision Maker (#10)</li> </ul>

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<p>such as a Nurse Practitioner (NP or CNP), Physician Assistant (PA) or Dentist;</p> <ul style="list-style-type: none"> <li>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;</li> <li>c. health related recommendations or suggestions from oversight activities such as the Individual Quality Review (IQR); and</li> <li>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).</li> </ul> <p><b>Chapter 10 Living Care Arrangements: Supported Living Requirements: 10.4.1.5.1 Monitoring and Supervision:</b> Supported Living Provider Agencies must: Ensure and document the following:</p> <ul style="list-style-type: none"> <li>a. The person has a Primary Care Practitioner.</li> <li>b. The person receives an annual physical examination and other examinations as recommended by a Primary Care Practitioner or specialist.</li> <li>c. The person receives annual dental check-ups and other check-ups as recommended by a licensed dentist.</li> <li>d. The person receives a hearing test as recommended by a licensed audiologist.</li> <li>e. The person receives eye examinations as recommended by a licensed optometrist or ophthalmologist.</li> </ul> <p>Agency activities occur as required for follow-up activities to medical appointments (e.g., treatment, visits to specialists, and changes in medication or daily routine).</p> <p><b>Chapter 20: Provider Documentation and Client Records: 20.2 Client Records Requirements:</b> All</p>	<ul style="list-style-type: none"> <li>• Individual #9 – As indicated by the IST section of ISP the individual is required to have a plan. No evidence of a plan found.</li> </ul>	
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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.
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.

#### **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.

**Chapter 13 Nursing Services: 13.1 Overview of The Nurse’s Role in The DD Waiver and Larger Health Care System:**

Routine medical and healthcare services are accessed through the person’s Medicaid State Plan benefits and through Medicare and/or private insurance for persons who have these additional types of insurance coverage. DD Waiver health related services are specifically designed to support the person in the community setting and complement but may not duplicate those medical or health related services provided by the Medicaid State Plan or other insurance systems.

Nurses play a pivotal role in supporting persons and their guardians or legal Health Care Decision makers within the DD Waiver and are a key link with the larger healthcare system in New Mexico. DD Waiver Nurses identify and support the person’s preferences regarding health decisions; support health awareness and self-management of medications and health conditions; assess, plan, monitor and manage health related issues; provide education; and share information among the IDT members including DSP in a variety of settings, and share information with natural supports when requested by individual or guardian. Nurses also respond proactively to chronic and acute health changes and concerns, facilitating access to appropriate healthcare services. This involves communication and coordination both within and

beyond the DD Waiver. DD Waiver nurses must contact and consistently collaborate with the person, guardian, IDT members, Direct Support Professionals and all medical and behavioral providers including Medical Providers or Primary Care Practitioners (physicians, nurse practitioners or physician assistants), Specialists, Dentists, and the Medicaid Managed Care Organization (MCO) Care Coordinators.

**13.2.7 Documentation Requirements for all DD Waiver Nurses**

**13.2.8 Electronic Nursing Assessment and Planning Process**

**13.2.8.1 Medication Administration Assessment Tool (MAAT)**

**13.2.8.2 Aspiration Risk Management Screening Tool (ARST)**

**13.2.8.3 The Electronic Comprehensive Health Assessment Tool (e-CHAT)**

**13.2.9.1 Health Care Plans (HCP)**

**13.2.9.2 Medical Emergency Response Plan (MERP)**

Standard of Care	Routine Survey Deficiencies October 11 - 21, 2022	Verification Survey New and Repeat Deficiencies August 7 – 18, 2023
<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 # 1A08.1 Administrative and Residential Case File: Progress Notes	Standard 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
<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 Professional Training	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A22 Agency Personnel Competency	Standard Level Deficiency	COMPLETE
Tag # 1A25.1 Caregiver Criminal History Screening	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A26 Employee Abuse Registry	Standard Level Deficiency	COMPLETE
Tag # 1A26.1 Employee Abuse Registry	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A37 Individual Specific Training	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A43.1 General Events Reporting: Individual Reporting	Standard Level Deficiency	COMPLETE
<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.		
Tag #1A08.2 Administrative Case File: Healthcare Requirements & Follow-up	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A09.2 Medication Delivery Nurse Approval for PRN Medication	Condition of Participation Level Deficiency	COMPLETE
Tag # 1A29 Complaints / Grievances Acknowledgement	Standard Level Deficiency	COMPLETE

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<b>Tag # 1A31 Client Rights / Human Rights</b>	<b>Condition of Participation Level Deficiency</b>	<b>COMPLETE</b>
<b>Tag # 1A33.1 Board of Pharmacy - License</b>	<b>Standard Level Deficiency</b>	<b>COMPLETE</b>
<b>Tag # LS25 Residential Health &amp; Safety (Supported Living / Family Living / Intensive Medical Living)</b>	<b>Standard Level Deficiency</b>	<b>COMPLETE</b>
<i>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.</i>		
<b>Tag # IS30 Customized Community Supports Reimbursement</b>	<b>Standard Level Deficiency</b>	<b>COMPLETE</b>
<b>Tag #IH32 Customized In-Home Supports Reimbursement</b>	<b>Standard Level Deficiency</b>	<b>COMPLETE</b>

	Verification Survey Plan of Correction, On-going QA/QI and Responsible Party	Completion Date
<p><b>Tag # 1A09 Medication Delivery Routine Medication Administration</b></p>	<p><b>Provider:</b>  State your Plan of Correction for the deficiencies cited in <b>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><b>Provider:</b>  Enter your <b>ongoing</b> Quality Assurance/Quality Improvement processes as it related to <b>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><b>Tag # 1A09.1 Medication Delivery PRN Medication Administration</b></p>	<p><b>Provider:</b>  State your Plan of Correction for the deficiencies cited in <b>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><b>Provider:</b>  Enter your <b>ongoing</b> Quality Assurance/Quality Improvement processes as it related to <b>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><b>Tag # 1A15.2 Administrative Case</b>  <b>File: Healthcare Documentation</b>  <b>(Therap and Required Plans)</b></p>	<p><b>Provider:</b>  <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><b>Provider:</b>  <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>	
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MICHELLE LUJAN GRISHAM  
Governor

PATRICK M. ALLEN  
Cabinet Secretary

Date: November 6, 2023

To: Elena Trail, Director of Operations

Provider: Progressive Residential Services of New Mexico, Inc.  
Address: 1100 S. Main Street, Suite A  
State/Zip: Las Cruces, New Mexico 88005

CC: Eleanor Sanchez, Director of Finance  
E-mail Address: [esanchez@prs-nm.org](mailto:esanchez@prs-nm.org)

CC: Erika Hom, State Medical Administrator  
E-mail Address: [eHom@prs-nm.org](mailto:eHom@prs-nm.org)

CC: Dianna Nelson, COO  
E-mail Address: [dnelson@prs-nm.org](mailto:dnelson@prs-nm.org)

Region: Southwest  
Routine Survey: October 11 - 21, 2022  
Verification Survey: August 7 - 18, 2023  
Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: Supported Living, Customized In-Home Supports, and Customized Community Supports

Survey Type: Verification

Dear Ms. Trail:

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

Q.24.1.DDW.D4244.09.VER.11.23.310