



MICHELLE LUJAN GRISHAM
Governor

PATRICK M. ALLEN
Cabinet Secretary

Date: January 16, 2024

To: Mr. Tom Trujillo, Executive Director

Provider: Family Options, LLC
Address: 188 Frontage Road 2142
State/Zip: Las Vegas, New Mexico 87701

E-mail Address: tomjt78@gmail.com

CC: Sharon Gonzales, CEO
E-Mail Address: sharon_lisag@hotmail.com

CC: Geri Herrera, CFO
E-mail Address: crashndash@hotmail.com

Region: Northeast
Routine Survey: April 24 – May 5, 2023
Verification Survey: November 27 – December 8, 2023

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: Supported Living, Family Living, Customized In-Home Supports, Customized Community Supports, and Community Integrated Employment Services

Survey Type: Verification

Team Leader: Elizabeth Vigil, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Team Members: Kaitlyn Taylor, BSW, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Mr. Trujillo,

The Division of Health Improvement/Quality Management Bureau has completed a Verification survey of the services identified above. The purpose of the survey was to determine compliance with your Plan of Correction submitted to DHI regarding the *Routine Survey on November 27 – December 8, 2023*.

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

**NMDOH-DIVISION OF HEALTH IMPROVEMENT
QUALITY MANAGEMENT BUREAU**

5300 HOMESTEAD ROAD NE, SUITE 300-3223, ALBUQUERQUE, NEW MEXICO
87110 (505) 470-4797 • FAX: (505) 222-8661 • <http://nmhealth.org/about/dhi>

QMB Report of Findings – Family Options, LLC – Northeast – November 27 – December 8, 2023

Survey Report #: Q.24.2.DDW.53336356.2.VER.01.24.016

The following tags are identified as Condition of Participation Level:

- Tag # 1A22 Agency Personnel Competency (**Repeat Findings**)
- Tag # 1A15.2 Administrative Case File: Healthcare Documentation (Therap and Required Plans) (**New/Repeat Findings**)

The following tags are identified as Standard Level:

- Tag # 1A20 Direct Support Professional Training (**Repeat Findings**)
- Tag # 1A09 Medication Delivery Routine Medication Administration (**New/Repeat Findings**)
- Tag # 1A09.1 Medication Delivery PRN Medication Administration (**New Findings**)

However, due to the 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**
5300 Homestead NE, New Mexico 87110
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 contact the Plan of Correction Coordinator, [Monica Valdez](mailto:Monica.Valdez@doh.nm.gov) at 505-273-1930 or email at: MonicaE.Valdez@doh.nm.gov 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,

Elizabeth Vigil

Elizabeth Vigil
Team Lead/Healthcare Surveyor
Division of Health Improvement
Quality Management Bureau

Survey Process Employed:

Administrative Review Start Date:	November 27, 2023
Contact:	<u>Family Options, LLC</u> Tom Trujillo, Executive Director
	<u>DOH/DHI/QMB</u> Elizabeth Vigil, Team Lead/Healthcare Surveyor
On-site Entrance Conference Date:	<i>Entrance conference was waived by provider</i>
Exit Conference Date:	December 8, 2023
Present:	<u>Family Options, LLC</u> Sharon Gonzales, CEO Tom Trujillo, Executive Director
	<u>DOH/DHI/QMB</u> Elizabeth Vigil, Team Lead/Healthcare Surveyor Sally Karingada, BS, Healthcare Surveyor Supervisor Kaitlyn Taylor, BSA, Healthcare Surveyor
	<u>DDSD - NE Regional Office</u> Kim Hamstra, DDSD Social Community Service Coordinator
Administrative Locations Visited:	0 (<i>Administrative portion of survey completed remotely</i>)
Total Sample Size:	13
	6 - Supported Living 4 - Family Living 3 - Customized In-Home Supports 13 - Customized Community Supports 3 - Community Integrated Employment
Persons Served Records Reviewed	13
Direct Support Professional Interviewed during Routine Survey	12
Direct Support Professional Records Reviewed	45 (<i>Note: One DSP performs dual roles as House Supervisor, One DSP performs dule roles as a Service Coordinator</i>)
Service Coordinator Records Reviewed	2 (<i>One Service Coordinator performs dule roles as a DSP</i>)
Nurse Interview completed during Routine Survey	1
Administrative Processes and Records Reviewed:	
	<ul style="list-style-type: none">• Medicaid Billing/Reimbursement Records for all Services Provided• Accreditation Records• Oversight of Individual Funds• Individual Medical and Program Case Files, including, but not limited to:<ul style="list-style-type: none">° Individual Service Plans

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- 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
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
- **1A37** – Individual Specific Training

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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: [Microsoft Word - IRF-QMB-Form.doc \(nmhealth.org\)](#)
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.

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: Family Options, LLC - Northeast Region
Program: Developmental Disabilities Waiver
Service: Supported Living, Family Living, Customized In-Home Supports; Customized Community Supports, and Community Integrated Employment Services
Survey Type: Verification
Routine Survey: April 24 – May 5, 2023
Verification Survey: November 27 – December 8, 2023

Standard of Care	Routine Survey Deficiencies April 24 – May 5, 2023	Verification Survey New and Repeat Deficiencies November 27 – December 8, 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: <ol style="list-style-type: none"> 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. Complete DDSD training in standards precautions located in the New Mexico Waiver Training Hub. Complete and maintain certification in First Aid and CPR. The training materials shall meet OSHA requirements/guidelines. Complete relevant training in accordance with OSHA requirements (if job involves exposure to hazardous chemicals). 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 	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 29 of 42 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: <ul style="list-style-type: none"> Not Found (#500, 501, 502, 503, 505, 506, 510, 512, 514, 515, 516, 517, 518, 519, 522, 523, 525, 526, 529, 530, 531, 532, 533, 535, 536, 538, 539, 540) CPR: <ul style="list-style-type: none"> Not Found (#500, 501, 512, 517, 523, 535) Assisting with Medication Delivery: <ul style="list-style-type: none"> Not Found (#512) Expired (#504, 506, 514, 516, 522, 529, 530, 533, 536, 538) 	Repeat Findings: Based on record review, the Agency did not ensure Orientation and Training requirements were met for 6 of 46 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: Assisting with Medication Delivery: <ul style="list-style-type: none"> Expired (#504, 506, 529, 533, 536, 538)

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<p>shall maintain certification in a DDSD-approved system if any person they support has a BCIP that includes the use of EPR.</p> <ul style="list-style-type: none"> 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. <p>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.</p> <ol style="list-style-type: none"> 1. A SC must successfully complete within 30 calendar days of hire and prior to working alone with a person in service: <ul style="list-style-type: none"> 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. 		
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Tag # 1A22 Agency Personnel Competency	Condition of Participation Level Deficiency	Condition of Participation Level Deficiency
<p>Developmental Disabilities Waiver Service Standards Eff 11/1/2021</p> <p>Chapter 17 Training Requirements</p> <p>17.9 Individual-Specific Training Requirements:</p> <p>The following are elements of IST: defined standards of performance, curriculum tailored to teach skills and knowledge necessary to meet those standards of performance, and formal examination or demonstration to verify standards of performance, using the established DDSD training levels of awareness, knowledge, and skill. Reaching an awareness level may be accomplished by reading plans or other information. The trainee is cognizant of information related to a person's specific condition. Verbal or written recall of basic information or knowing where to access the information can verify awareness. Reaching a knowledge level may take the form of observing a plan in action, reading a plan more thoroughly, or having a plan described by the author or their designee. Verbal or written recall or demonstration may verify this level of competence. Reaching a skill level involves being trained by a therapist, nurse, designated or experienced designated trainer. The trainer shall demonstrate the techniques according to the plan. The trainer must observe and provide feedback to the trainee as they implement the techniques. This should be repeated until competence is demonstrated. Demonstration of skill or observed implementation of the techniques or strategies verifies skill level competence. Trainees should be observed on more than one occasion to ensure appropriate techniques are maintained and to provide additional coaching/feedback. Individuals shall receive services from competent and qualified Provider Agency personnel who must successfully complete IST requirements in accordance with the specifications described in the ISP of each person supported.</p> <p>1. IST must be arranged and conducted at least annually. IST includes training on the ISP Desired Outcomes, Action Plans, Teaching and</p>	<p>After an analysis of the evidence it has been determined there is a significant potential for a negative outcome to occur.</p> <p>Based on interview, the Agency did not ensure training competencies were met for 8 of 14 Direct Support Professionals.</p> <p>When DSP were asked, what State Agency do you report suspected Abuse, Neglect or Exploitation to, the following was reported:</p> <ul style="list-style-type: none"> • DSP #515 stated, "I have that on my notes over there. The state." Staff was not able to identify the State Agency as Division of Health Improvement. • DSP #504 stated, "I have the number in my phone and all over the place." Staff was not able to identify the State Agency as Division of Health Improvement. • DSP #517 stated, "SKY under 18 and over 18 that is who you call." Staff was not able to identify the State Agency as Division of Health Improvement. <p>When DSP were asked to give examples of Abuse, Neglect and Exploitation, the following was reported:</p> <ul style="list-style-type: none"> • DSP #515 stated, "I don't know what that is." DSP's response with regards to exploitation. • DSP #540 stated, "When you go and say something about the individual you are not supposed to. Like HIPAA, seeing something that is private, and you tell someone." DSP's response with regards to exploitation. <p>When DSP were asked, if the Individual had Positive Behavioral Supports Plan (PBSP), If</p>	<p>Repeat Findings:</p> <p>After an analysis of the evidence it has been determined there is a significant potential for a negative outcome to occur.</p> <p>Based on interview, the Agency did not ensure training competencies were met for 3 of 12 Direct Support Professionals.</p> <p>Per the Plan of Correction approved on 9/14/2023, DSP #504, 515 and 517 "will be retrained on 8/7/2023." The Agency did not complete the approved Plan of Correction as required, as evidence provided indicated the training for DSP's #504, 515 and 517 was completed during the verification survey on 12/04/2023.</p>

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<p>Support Strategies, and information about the person's preferences regarding privacy, communication style, and routines. More frequent training may be necessary if the annual ISP changes before the year ends.</p> <ol style="list-style-type: none"> 2. IST for therapy-related Written Direct Support Instructions (WDSI), Healthcare Plans (HCPs), Medical Emergency Response Plan (MERPs), Comprehensive Aspiration Risk Management Plans (CARMPs), Positive Behavior Supports Assessment (PBSA), Positive Behavior Supports Plans (PBSPs), and Behavior Crisis Intervention Plans (BCIPs), PRN Psychotropic Medication Plans (PPMPs), and Risk Management Plans (RMPs) must occur at least annually and more often if plans change, or if monitoring by the plan author or agency finds problems with implementation, when new DSP or CM are assigned to work with a person, or when an existing DSP or CM requires a refresher. 3. The competency level of the training is based on the IST section of the ISP. 4. The person should be present for and involved in IST whenever possible. 5. Provider Agencies are responsible for tracking of IST requirements. 6. Provider Agencies must arrange and ensure that DSP's and CIE's are trained on the contents of the plans in accordance with timelines indicated in the Individual-Specific Training Requirements: Support Plans section of the ISP and notify the plan authors when new DSP are hired to arrange for trainings. 7. If a therapist, BSC, nurse, or other author of a plan, healthcare or otherwise, chooses to designate a trainer, that person is still responsible for providing the curriculum to the designated trainer. The author of the plan is also responsible for ensuring the designated trainer is verifying competency in alignment with their curriculum, doing periodic quality assurance checks with their designated trainer, and re-certifying the designated trainer at least annually 	<p>have they had been trained on the PBSP and what does the plan cover, the following was reported:</p> <ul style="list-style-type: none"> • DSP #500 stated, "Yes, I don't think I have been trained in it because I haven't been trained in it." According to the Individual Specific Training Section of the ISP, the Individual requires a Positive Behavioral Supports Plan. (Individual #2) • DSP #511 stated, "I believe so yes. No, I wasn't trained in it." According to the Individual Specific Training Section of the ISP, the Individual requires a Positive Behavioral Supports Plan. (Individual #2) • DSP #515 stated, "Yes, but I have not really been trained." According to the Individual Specific Training Section of the ISP, the Individual requires a Positive Behavioral Supports Plan. (Individual #5) • DSP #538 stated, "Yes. I have read the plan, but I haven't been trained on it." According to the Individual Specific Training Section of the ISP, the Individual requires a Positive Behavioral Supports Plan. (Individual #12) <p>When DSP were asked, if the Individual's had Health Care Plans, where could they be located and if they had been trained, the following was reported:</p> <ul style="list-style-type: none"> • DSP #531 stated, "No." As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual requires Health Care Plans for Body Mass Index and Hygiene. (Individual #13) <p>When DSP were asked, if the Individual had any food and / or medication allergies that could be potentially life threatening, the following was reported:</p>	
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<p>and/or when there is a change to a person's plan.</p>	<ul style="list-style-type: none"> DSP #511 stated, "I don't believe so, no. The nutrition plan says he just doesn't like milk." As indicated by the Health Passport, the individual is allergic to Penicillin. (Individual #2) DSP #500 stated, "I know she has allergies. I honestly don't know where to find it." As indicated by the Health Passport the individual is allergic to Doxycycline Hyclate, frozen bananas, and strawberries. <p>When DSP were asked, if the Individual had Diabetes, as well as a series of questions specific to the DSP's knowledge of the Diabetes, the following was reported:</p> <ul style="list-style-type: none"> DSP #540 stated, "No." As indicated by the Individual Specific Training section of the ISP DSP, requires training on Diabetes. (Individual #10) <p>When DSP were asked, if they assisted the Individual with medications and if they had completed the Assisting with Medication Delivery (AWMD) training, the following was reported:</p> <ul style="list-style-type: none"> DSP #504 stated, "Yes." When asked if they assisted the individual with medications and stated "No." when asked if they had completed the Assisting with Medication Delivery training. (Individual #7) 	
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Standard of Care	Routine Survey Deficiencies April 24 – May 5, 2023	Verification Survey New and Repeat Deficiencies November 27 – December 8, 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 # 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>Chapter 10 Living Care Arrangements (LCA): 10.3.5 Medication Assessment and Delivery: Living Supports Provider Agencies must support and comply with:</p> <ol style="list-style-type: none"> the processes identified in the DDSD AWMD training; the nursing and DSP functions identified in the Chapter 13.3 Adult Nursing Services; all Board of Pharmacy regulations as noted in Chapter 16.5 Board of Pharmacy; and documentation requirements in a Medication Administration Record (MAR) as described in Chapter 20 20.6 Medication Administration Record (MAR) <p>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.</p> <ol style="list-style-type: none"> Primary and secondary provider agencies are to utilize the Medication Administration Record (MAR) online in Therap. 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. 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. 	<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 January, February and March 2023.</p> <p>Based on record review, 4 of 8 individuals had Medication Administration Records (MAR), which contained missing medications entries and/or other errors:</p> <p>Individual #2 April 2023 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"> Lactulose 20 gm/30 ml solution (2 times daily) <p>Individual #8 March 2023 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> Depakote ER 500mg (1 time daily) – Blank 3/30 (9:00 PM) Oxybutynin CL ER 5mg (2 times daily) – Blank 3/30 (9:00 PM) <p>Individual #13 March 2023 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p>	<p>New/Repeat Findings:</p> <p>Medication Administration Record (MAR) was reviewed for the month of October 2023.</p> <p>Based on record review, 1 of 8 individuals had Medication Administration Records (MAR), which contained missing medications entries and/or other errors:</p> <p>Individual #2 October 2023 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:</p> <ul style="list-style-type: none"> Abilify 20 mg Cogentin (Benztropine) 0.5 mg Fosamax/Alendronate Sodium Lortadine 10 mg

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<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"> 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: <ol style="list-style-type: none"> 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 	<ul style="list-style-type: none"> • Artificial Tears, 0.5 - 0.6 % (2 times daily) – Blank 3/31 (8:00 AM and 8:00 PM) <p>Individual #14 February 2023</p> <p>Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Flonase Allergy RLF 50 mcg (1 time daily) – Blank 2/22 (5:00 PM) <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"> • Calcium 600+ Vit D 400 <p>March 2023</p> <p>Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Flonase Allergy RLF 50 mcg (1 time daily) – Blank 3/28, 31 (5:00 PM) <p>April 2023</p> <p>Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Flonase Allergy RLF 50 mcg (1 time daily) – Blank 4/2 (5:00 PM) 	
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<p>iii. documentation of the effectiveness of the PRN medication or treatment.</p> <p>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:</p> <ul style="list-style-type: none"> (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. <p>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.</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"> ➤ 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. 		
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Tag # 1A09.1 Medication Delivery PRN Medication Administration	N/A	Standard Level Deficiency
<p>Developmental Disabilities Waiver Service Standards Eff 11/1/2021</p> <p>Chapter 10 Living Care Arrangements (LCA): 10.3.5 Medication Assessment and Delivery: Living Supports Provider Agencies must support and comply with:</p> <ol style="list-style-type: none"> 1. the processes identified in the DDS 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) <p>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.</p> <ol style="list-style-type: none"> 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 		<p>New Findings:</p> <p>Medication Administration Record (MAR) was reviewed for the month of October 2023.</p> <p>Based on record review, 1 of 8 individuals had Medication Administration Records (MAR), which contained missing medications entries and/or other errors:</p> <p>Individual #2 October 2023</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"> • Dulcolax 5 mg (Bisacodyl) Gental Lax (PRN)

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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> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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. <p>NMAC 16.19.11.8 MINIMUM STANDARDS:</p>		
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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.

Tag # 1A15.2 Administrative Case File: Healthcare Documentation (Therap and Required Plans)	Condition of Participation Level Deficiency	Standard Level Deficiency
<p>Developmental Disabilities Waiver Service Standards Eff 11/1/2021</p> <p>Chapter 3: Safeguards: 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/.</p> <p>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</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 5 of 13 individuals.</p> <p>Review of the administrative individual case files revealed the following items were not found, incomplete, and/or not current:</p> <p>Healthcare Passport:</p> <ul style="list-style-type: none"> • Did not contain Name of Physician (#5) • Did not contain Guardianship/Healthcare Decision Maker (#5) • Did not contain Emergency Contact Information (#6) <p>Electronic Comprehensive Health Assessment Tool (eCHAT):</p> <ul style="list-style-type: none"> • Not Found (#5) • Not approved within 3-days of being completed (#6, 11) <p>eCHAT Summary:</p> <ul style="list-style-type: none"> • Not Found (#10, 11, 12) 	<p>New/Repeat Findings:</p> <p>Based on record review, the Agency did not maintain the required documentation in the Individuals Agency Record as required by standard for 1 of 13 individuals.</p> <p>Review of the administrative individual case files revealed the following items were not found, incomplete, and/or not current:</p> <p>eCHAT Summary:</p> <ul style="list-style-type: none"> • Not Found (#11)

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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"> 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). <p>Chapter 10 Living Care Arrangements: Supported Living Requirements: 10.4.1.5.1 Monitoring and Supervision: Supported Living Provider Agencies must: Ensure and document the following:</p> <ul style="list-style-type: none"> a. The person has a Primary Care Practitioner. b. The person receives an annual physical examination and other examinations as recommended by a Primary Care Practitioner or specialist. c. The person receives annual dental check-ups and other check-ups as recommended by a licensed dentist. d. The person receives a hearing test as recommended by a licensed audiologist. e. The person receives eye examinations as recommended by a licensed optometrist or ophthalmologist. <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>		
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Chapter 20: Provider Documentation and Client Records: 20.2 Client Records 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.
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 April 24 – May 5, 2023	Verification Survey New and Repeat Deficiencies November 27 – December 8, 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	Completed
Tag # 1A08.1 Administrative and Residential Case File: Progress Notes	Standard Level Deficiency	Completed
Tag # 1A08.3 Administrative Case File: Individual Service Plan / ISP Components	Standard Level Deficiency	Completed
Tag # 1A32 Administrative Case File: Individual Service Plan Implementation	Condition of Participation Level Deficiency	Completed
Tag # 1A32.1 Administrative Case File: Individual Service Plan Implementation (Not Completed at Frequency)	Standard Level Deficiency	Completed
Tag # 1A32.2 Individual Service Plan Implementation (Residential Implementation)	Standard Level Deficiency	Completed
Tag # 1A38 Living Care Arrangement / Community Inclusion Reporting Requirements	Standard Level Deficiency	Completed
Tag # LS14 Residential Service Delivery Site Case File (ISP and Healthcare Requirements)	Condition of Participation Level Deficiency	Completed
Tag # LS14.1 Residential Service Delivery Site Case File (Other Req. Documentation)	Standard Level Deficiency	Completed
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 # 1A26.1 Employee Abuse Registry	Standard Level Deficiency	Completed
Tag # 1A37 Individual Specific Training	Standard Level Deficiency	Completed
Tag # 1A43.1 General Events Reporting: Individual Reporting	Standard Level Deficiency	Completed
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	Completed
Tag # 1A09.0 Medication Delivery Routine Medication Administration	Standard Level Deficiency	Completed
Tag # 1A09.1.0 Medication Delivery PRN Medication Administration	Standard Level Deficiency	Completed
Tag # 1A09.2 Medication Delivery Nurse Approval for PRN Medication	Condition of Participation Level Deficiency	Completed

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Tag # 1A29 Complaints / Grievances Acknowledgement	Standard Level Deficiency	Completed
Tag # 1A31 Client Rights / Human Rights	Condition of Participation Level Deficiency	Completed
Tag # LS25 Residential Health & Safety (Supported Living / Family Living / Intensive Medical Living)	Standard Level Deficiency	Completed
<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>		
Tag # IS25 Community Integrated Employment Services	Standard Level Deficiency	Completed
Tag # IS30 Customized Community Supports Reimbursement	Standard Level Deficiency	Completed
Tag # LS27 Family Living Reimbursement	Standard Level Deficiency	Completed
Tag #IH32 Customized In-Home Supports Reimbursement	Standard Level Deficiency	Completed

	Verification Survey Plan of Correction, On-going QA/QI and Responsible Party	Completion Date
Tag # 1A20 Direct Support Professional Training	<p>Provider: State your Plan of Correction for the deficiencies cited in this tag here (How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?): →</p> <p>Provider: Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here (What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?): →</p>	

<p>Tag # 1A22 Agency Personnel Competency</p>	<p>Provider: State your Plan of Correction for the deficiencies cited in this tag here (<i>How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?</i>): →</p> <p>Provider: Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here (<i>What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?</i>): →</p>	
<p>Tag # 1A09 Medication Delivery Routine Medication Administration</p>	<p>Provider: State your Plan of Correction for the deficiencies cited in this tag here (<i>How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?</i>): →</p> <p>Provider: Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here (<i>What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?</i>): →</p>	

<p>Tag # 1A09.1 Medication Delivery PRN Medication Administration</p>	<p>Provider: State your Plan of Correction for the deficiencies cited in this tag here (<i>How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?</i>): →</p> <p>Provider: Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here (<i>What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?</i>): →</p>	
<p>Tag # 1A15.2 Administrative Case File: Healthcare Documentation (Therap and Required Plans)</p>	<p>Provider: State your Plan of Correction for the deficiencies cited in this tag here (<i>How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?</i>): →</p> <p>Provider: Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here (<i>What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?</i>): →</p>	



MICHELLE LUJAN GRISHAM
Governor

PATRICK M. ALLEN
Cabinet Secretary

Date: February 2, 2024
To: Mr. Tom Trujillo, Executive Director
Provider: Family Options, LLC
Address: 188 Frontage Road 2142
State/Zip: Las Vegas, New Mexico 87701
E-mail Address: tomjt78@gmail.com
CC: Sharon Gonzales, CEO
E-Mail Address: sharon_lisag@hotmail.com
CC: Geri Herrera, CFO
E-mail Address: crashndash@hotmail.com
Region: Northeast
Routine Survey: April 24 – May 5, 2023
Verification Survey: November 27 – December 8, 2023

Dear Mr. Trujillo,

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.23.4.DDW.53336356.2.VER.09.24.033

NMDOH - DIVISION OF HEALTH IMPROVEMENT
QUALITY MANAGEMENT BUREAU

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