NEW MEXICO
Department of Health
Division of Health Improvement

MICHELLE LUJAN GRISHAM
Governor

PATRICK M. ALLEN
Cabinet Secretary

Date:	February 1, 2024
To:	Jannette Benjamin, Program Director
Provider:	Great Livin', LLC
Address:	2901 Juan Tabo NE, Suite 208
State/Zip:	Albuquerque, New Mexico 87112
E-mail Address:	jbenjamin@greatlivin.com
CC:	Matt Poel, Owner matt@greatlivin.com
Region:	Metro
Routine Survey:	June 20 - 30, 2023
Verification Survey:	January 2 - 12, 2024
Program Surveyed:	Developmental Disabilities Waiver
Service Surveyed:	Supported Living and Customized Community Supports
Survey Type:	Verification
Team Leader:	Elizabeth Vigil, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau
Team Members:	Jessica Maestas, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Ms. Benjamin,

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* June 20 - 30, 2023.

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

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

The following tags are identified as Standard Level:

- Tag # 1A32.1 Administrative Case File: Individual Service Plan Implementation *(Not Completed at Frequency)* ***(New / Repeat Findings)***
- Tag # 1A22 Agency Personnel Competency ***(Repeat Findings)***

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**
   5300 Homestead NE, New Mexico 87110
   MonicaE.Valdez@state.nm.us

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

Failure to submit your POC within the allotted 10 business days may result in the imposition of a $200 per day Civil Monetary Penalty until it is received, completed and/or implemented.

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

Sincerely,

Elizabeth Vigil

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

Survey Process Employed:

Administrative Review Start Date:	January 2, 2024
Contact:	**Great Livin', LLC** Jeanette Benjamin, Program Director **DOH/DHI/QMB** Elizabeth Vigil, Team Lead/Healthcare Surveyor
Entrance Conference Date:	*(Note: Entrance meeting was waived by provider)*
Exit Conference Date:	January 12, 2024
Present:	**Great Livin', LLC** Jannette Benjamin, Program Director Victor Addi, Quality Assurance Manager Lori Fierro, Intermediate Care Facility Director Christopher Laughlin, Human Resources and Training Manager **DOH/DHI/QMB** Elizabeth Vigil, Team Lead/Healthcare Surveyor Wolf Krusemark, BFA, Healthcare Surveyor Supervisor Jessica Maestas, Healthcare Surveyor **DDSD - Metro Regional Office** Alicia Otolo, Social and Community Service Coordinator
Administrative Locations Visited:	0 (*Administrative portion of survey completed remotely*)
Total Sample Size:	5 5 - Supported Living 5 - Customized Community Supports
Persons Served Records Reviewed	5
Direct Support Professional Interviewed during Routine Survey	9
Direct Support Professional Records Reviewed	54
Service Coordinator Records Reviewed	3
Administrative Interview completed during Routine Survey	1
Nurse Interview completed during Routine Survey	1

Administrative Processes and Records Reviewed:

- Medicaid Billing/Reimbursement Records for all Services Provided
- Accreditation Records
- Oversight of Individual Funds
- Individual Medical and Program Case Files, including, but not limited to:
    - Individual Service Plans

    - Progress on Identified Outcomes
    - Healthcare Plans
    - 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 DDSD and DHI/QMB and are reflective of CMS requirements. All deficiencies (non-compliance with standards and regulations) are identified and cited as either a Standard level deficiency or a Condition of Participation level deficiency in the QMB Reports of Findings. All deficiencies require corrective action when non-compliance is identified.

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

Conditions of Participation (CoPs)

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

Service Domains and CoPs for <u>Living Care Arrangements and Community Inclusion</u> are as follows:

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

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

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

<u>Service Domain: Qualified Providers -</u> *The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.*

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

- **1A20 -** Direct Support Professional Training
- **1A22 -** Agency Personnel Competency

- **1A37 –** Individual Specific Training

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

Service Domain: Health, Welfare and Safety - *The State, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.*

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

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

Attachment C

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

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

Instructions:
1. The Informal Reconsideration of the Finding (IRF) request must be received in writing to the QMB Bureau Chief **within 10 business days** of receipt of the final Report of Findings **(*Note: No extensions are granted for the IRF)*.**
2. The written request for an IRF *must* be completed on the QMB Request for Informal Reconsideration of Finding form available on the QMB website: 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.

Attachment D

QMB Determinations of Compliance

Compliance:

The QMB determination of *Compliance* indicates that a provider has either no deficiencies found during a survey or that no deficiencies at the Condition of Participation Level were found. The agency has obtained a level of compliance such that there is a minimal potential for harm to individuals' health and safety. To qualify for a determination of *Compliance*, the provider must have received no Conditions of Participation Level Deficiencies and have a minimal number of Individuals on the sample affected by the findings indicated in the Standards Level Tags.

Partial-Compliance with Standard Level Tags:

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

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

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

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

The QMB determination of *Partial-Compliance with Standard Level Tags and Condition of Participation Level Tags* indicates that a provider is out of compliance with one to five (1 – 5) Condition of Participation Level Tags. This partial-compliance, if not corrected, may result in a serious negative outcome or the potential for more than minimal harm to individuals' health and safety.

Non-Compliance:

The QMB determination of *Non-Compliance* indicates a provider is significantly out of compliance with both Standard Level deficiencies and Conditions of Participation level deficiencies. This non-compliance, if not corrected, may result in a serious negative outcome or the potential for more than minimal harm to individuals' health and safety. There are three ways an agency can receive a determination of Non-Compliance:

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

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

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

Agency: **Great Livin', LLC - Metro Region**
Program: Developmental Disabilities Waiver
Service: Supported Living and Customized Community Supports
Survey Type: Verification
Routine Survey: **June 20 - 30, 2023**
Verification Survey: **January 2 - 12, 2024**

Standard of Care	Routine Survey Deficiencies June 20 - 30, 2023	Verification Survey Deficiencies January 2 - 12, 2024
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 # 1A32.1 Administrative Case File: Individual Service Plan Implementation *(Not Completed at Frequency)*	**Standard Level Deficiency**	**Standard Level Deficiency**
NMAC 7.26.5.16.C and D Development of the ISP. Implementation of the ISP. The ISP shall be implemented according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcomes and action plan. C. The IDT shall review and discuss information and recommendations with the individual, with the goal of supporting the individual in attaining desired outcomes. The IDT develops an ISP based upon the individual's personal vision statement, strengths, needs, interests and preferences. The ISP is a dynamic document, revised periodically, as needed, and amended to reflect progress towards personal goals and achievements consistent with the individual's future vision. This regulation is consistent with standards established for individual plan development as set forth by the commission on the accreditation of rehabilitation facilities (CARF) and/or other program accreditation approved and adopted by the developmental disabilities division and the department of health. It is the policy of the developmental disabilities division (DDD), that to the extent permitted by funding, each individual receive supports and services that will assist and encourage independence and productivity in the community and attempt to prevent regression or loss of current capabilities. Services and supports include specialized and/or generic services, training, education and/or treatment as determined by the IDT and documented in the ISP.	Based on administrative record review, the Agency did not implement the ISP according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcomes and action plan for 2 of 7 individuals. As indicated by Individuals ISP the following was found with regards to the implementation of ISP Outcomes: **Customized In-Home Supports Data Collection / Data Tracking/Progress with regards to ISP Outcomes**: Individual #7 • According to the Live Outcome; Action Step for "… will practice heating an item he wants to snack on by putting it in a microwave safe dish putting in the numbers on the microwave" is to be completed 1 time per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 4/2023 - 5/2023. **Customized Community Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes**: Individual #2	**New / Repeat Findings:** Based on administrative record review, the Agency did not implement the ISP according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcomes and action plan for 2 of 5 individuals. As indicated by Individuals ISP the following was found with regards to the implementation of ISP Outcomes: **Customized Community Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes**: Individual #2 • According to the Fun Outcome; Action Step for "… will plan and organize a jewelry class" is to be completed 1 time per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 11/2023. Individual #6 • According to the Fun Outcome; Action Step for "… will participate in the chosen activity, with minimal behavior instances" is to be completed 3 times per week. Evidence found indicated it was not being

D. The intent is to provide choice and obtain opportunities for individuals to live, work and play with full participation in their communities. The following principles provide direction and purpose in planning for individuals with developmental disabilities. [05/03/94; 01/15/97; Recompiled 10/31/01] Developmental Disabilities Waiver Service Standards Eff 11/1/2021 **Chapter 6 Individual Service Plan (ISP): 6.9** ISP Implementation and Monitoring All DD Waiver Provider Agencies with a signed SFOC are required to provide services as detailed in the ISP. The ISP must be readily accessible to Provider Agencies on the approved budget. (See Section II Chapter 20: Provider Documentation and Client Records) CMs facilitate and maintain communication with the person, their guardian, other IDT members, Provider Agencies, and relevant parties to ensure that the person receives the maximum benefit of their services and that revisions to the ISP are made as needed. All DD Waiver Provider Agencies are required to cooperate with monitoring activities conducted by the CM and the DOH. Provider Agencies are required to respond to issues at the individual level and agency level as described in Section II Chapter 16: Qualified Provider Agencies. **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. 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.	• According to the Fun Outcome; Action Step for "… will participate in an activity of his choice" is to be completed 5 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 4/2023.	completed at the required frequency as indicated in the ISP for 10/2023.

Standard of Care	Routine Survey Deficiencies June 20 - 30, 2023	Verification Survey Deficiencies January 2 - 12, 2024
Service Domain: Qualified Providers – *The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.*		
Tag # 1A22 Agency Personnel Competency	**Condition of Participation Level Deficiency**	**Standard Level Deficiency**
Developmental Disabilities Waiver Service Standards Eff 11/1/2021 **Chapter 17 Training Requirements** **17.9 Individual-Specific Training Requirements:** 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.	After an analysis of the evidence it has been determined there is a significant potential for a negative outcome to occur. Based on interview, the Agency did not ensure training competencies were met for 5 of 10 Direct Support Professional. **When DSP were asked, what State Agency do you report suspected Abuse, Neglect or Exploitation to, the following was reported:** • DSP #500 stated, "I believe it's called B… I forgot the acronym for it but I am sure it is the New Mexico Adult Disabilities. I don't remember but I would go through the process to report the ANE." Staff was not able to identify the State Agency as Division of Health Improvement. **When DSP were asked to give examples of Abuse, Neglect and Exploitation, the following was reported:** • DSP #520 stated, "Exploitation is like something happens and we have to let the managers know what's going on." DSP's response with regards to exploitation. **When DSP were asked, if the Individual had Positive Behavioral Supports Plan (PBSP), If have they had been trained on the PBSP and what does the plan cover, the following was reported:** • DSP #540 stated, "Um, his outcomes, his hobbies, goals, general support, expected behavior." According to the Individual Specific Training Section of the ISP the Individual requires	**Repeat Findings:** Based on record review and interview, the Agency did not ensure training competencies were met for 1 of 9 Direct Support Professional. Per the Plan of Correction approved on 10/18/2023, "Staff #540 was scheduled for trainings and provided with resources to review and practice." No evidence of training was provided to indicate staff had been retrained on the deficient areas for the following: • DSP #540 Positive Behavioral Supports Plan. (Individual #1)

1. IST must be arranged and conducted at least annually. IST includes training on the ISP Desired Outcomes, Action Plans, Teaching and 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. 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	a Positive Behavioral Supports Plan. (Individual #1) **When DSP were asked, if the individual requires a physical restraint, such as MANDT, CPI, Handle with Care, and if they were trained, the following was reported:** • DSP #540 stated, "Um, yes CPI." When asked if they had been trained, DSP stated, "Um not that one." (Individual #1) • DSP #540 stated, "Yes." When asked if they had been trained, DSP stated, "No." (Individual #6) **When DSP were asked, if they knew what the Individual's health condition / diagnosis or where the information could be found, the following was reported:** • DSP #520 stated, "He's prediabetic and that's about it, just prediabetic." Per the Health Passport the Individual has a diagnosis of Autistic Disorder, Epilepsy, Hypertension, Seizures, and Type 2 Diabetes. (Individual #6) **When DSP were asked, if the Individual had a Comprehensive Aspiration Risk Management Plan (CARMP) and if they had been trained on the CARMP, the following was reported:** • DSP #520 stated, "No." As indicated by the Aspiration Risk Screening Tool the individual has a Comprehensive Aspiration Risk Management Plan (CARMP). (Individual #1) **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:** • DSP #500 stated, "Yeah, falls, skin and seizures. I think that is it." As indicated by the Electronic Comprehensive Health Assessment Tool, the	

checks with their designated trainer, and re-certifying the designated trainer at least annually and/or when there is a change to a person's plan.	Individual additionally requires Health Care Plans for Body Mass Index, Pain, Respiratory, and Status of Care/Hygiene. (Individual #3) • DSP #520 stated, "No." As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual requires Health Care Plans for Aspiration Risk and Seizures. (Individual #6) • DSP #540 stated, "I am not able to find them." As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual requires Health Care Plans for A1c Levels, Aspiration Risk, Body Mass Index, Endocrine, and Hypoglycemia. (Individual #1) • DSP #540 stated, "I'm not sure." As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual requires Health Care Plans for Aspiration Risk, Endocrine and Seizure. (Individual #6) **When DSP were asked, if the Individual had Medical Emergency Response Plans where could they be located and if they had been trained, the following was reported, the following was reported:** • DSP #500 stated, "Yeah falls, skin and seizures." As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual additionally requires Medical Emergency Response Plans for Aspiration Risk and Respiratory. (Individual #7) • DSP #504 stated, "Seizures and Respiratory." When asked if they had been trained on the Individual's Medical Emergency Response plans DSP stated, "No I haven't." As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual requires Medical Emergency Response Plans for Respiratory and Seizures. (Individual #1)	

	• DSP #520 stated, "No." As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual requires Medical Emergency Response Plans for Aspiration Risk, Endocrine, and Seizures. (Individual #6) • DSP #540 stated, "I am not able to find them." As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual requires Medical Emergency Response Plans for A1c Levels, Aspiration Risk, Endocrine, and Hypoglycemia. (Individual #1) • DSP #540 stated, "I'm not sure." As indicated by the Electronic Comprehensive Health Assessment Tool, the Individual requires Medical Emergency Response Plans for Aspiration Risk, Endocrine, and Seizures. (Individual #6) **When DSP were asked, if the Individual had any food and / or medication allergies that could be potentially life threatening, the following was reported:** • DSP #503 stated, "No allergies." As indicated by healthcare passport the individual is allergic to barbiturates and lithium. (Individual #2) **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:** • DSP #520 stated, "No." Per the Health Care plan for Diabetes Mellitus aka Type II Diabetes, DSP requires training on Diabetes Mellitus aka Type II Diabetes at least annually or as needed with new staff. (Individual #1) • DSP #540 stated, "I believe he is on the line of being diabetic, but no." Per the Health Care plan for Diabetes Mellitus aka Type II Diabetes DSP requires training on Diabetes Mellitus aka Type II	

	Diabetes at least annually or as needed with new staff.. (Individual #6)	

Standard of Care	Routine Survey Deficiencies June 20 - 30, 2023	Verification Survey New and Repeat Deficiencies January 2 - 12, 2024
Service Domain: Service Plans: ISP Implementation - *Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan.*		
Tag # 1A08 Administrative Case File (Other Required Documents)	**Standard Level Deficiency**	**COMPLETE**
Tag # 1A08.3 Administrative Case File: Individual Service Plan / ISP Components	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A32 Administrative Case File: Individual Service Plan Implementation	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A32.2 Individual Service Plan Implementation (Residential Implementation)	**Standard Level Deficiency**	**COMPLETE**
Tag # 1A38 Living Care Arrangement / Community Inclusion Reporting Requirements	**Standard Level Deficiency**	**COMPLETE**
Tag # IS12 Person Centered Assessment (Community Inclusion)	**Standard Level Deficiency**	**COMPLETE**
Tag # LS14 Residential Service Delivery Site Case File (ISP and Healthcare Requirements)	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # LS14.1 Residential Service Delivery Site Case File (Other Req. Documentation)	**Standard Level Deficiency**	**COMPLETE**
Service Domain: Qualified Providers - *The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.*		
Tag # 1A20 Direct Support Professional Training	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A26 Employee Abuse Registry	**Standard Level Deficiency**	**COMPLETE**
Tag # 1A37 Individual Specific Training	**Standard Level Deficiency**	**COMPLETE**
Tag # 1A43.1 General Events Reporting: Individual Reporting	**Standard Level Deficiency**	**COMPLETE**
Service Domain: Health and Welfare - *The state, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.*		
Tag #1A08.2 Administrative Case File: Healthcare Requirements & Follow-up	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A09 Medication Delivery Routine Medication Administration	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A09.1 Medication Delivery PRN Medication Administration	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A09.1.0 Medication Delivery PRN Medication Administration	**Standard Level Deficiency**	**COMPLETE**
Tag # 1A09.2 Medication Delivery Nurse Approval for PRN Medication	**Condition of Participation Level Deficiency**	**COMPLETE**

Tag # 1A15.2 Administrative Case File: Healthcare Documentation (Therap and Required Plans)	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A29 Complaints / Grievances Acknowledgement	**Standard Level Deficiency**	**COMPLETE**
Tag # LS25 Residential Health & Safety (Supported Living / Family Living / Intensive Medical Living)	**Standard Level Deficiency**	**COMPLETE**
Service Domain: Medicaid Billing/Reimbursement - *State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.*		
Tag # IS30 Customized Community Supports Reimbursement	**Standard Level Deficiency**	**COMPLETE**

	Verification Survey Plan of Correction, On-going QA/QI and Responsible Party	Completion Date
Tag # 1A32.1 Administrative Case File: Individual Service Plan Implementation *(Not Completed at Frequency)*	**Provider:** **State your Plan of Correction for the deficiencies cited in this tag here** *(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?)***: →** **Provider:** **Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here** *(What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?)***: →**	
Tag # 1A22 Agency Personnel Competency	**Provider:** **State your Plan of Correction for the deficiencies cited in this tag here** *(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?)***: →** **Provider:** **Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here** *(What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?)***: →**	

NEW MEXICO
Department of Health
Division of Health Improvement

MICHELLE LUJAN GRISHAM
Governor

PATRICK M. ALLEN
Cabinet Secretary

Date:	February 16, 2024
To:	Jannette Benjamin, Program Director
Provider:	Great Livin', LLC
Address:	2901 Juan Tabo NE, Suite 208
State/Zip:	Albuquerque, New Mexico 87112
E-mail Address:	jbenjamin@greatlivin.com
CC:	Matt Poel, Owner matt@greatlivin.com
Region:	Metro
Routine Survey:	June 20 - 30, 2023
Verification Survey:	January 2 - 12, 2024
Program Surveyed:	Developmental Disabilities Waiver
Service Surveyed:	Supported Living and Customized Community Supports
Survey Type:	Verification

Dear Ms. Benjamin;

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,

Marie Passaglia, BA

Marie Passaglia, BA
Healthcare Surveyor Advanced/Plan of Correction Coordinator
Quality Management Bureau/DHI

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