

New Mexico DOH / DHI / QMB: RESIDENTIAL Individual Record Review Survey Tool

Standard of Care (TAG)	Surveyor Notes	MET	NOT MET	NA
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Agency/Region: _____

Surveyor: _____ **Date/Time** _____

Individual Name and Identifier: _____

Surveyor Instruction: You must identify which case file review you are completing:
 • **2021 Living Care Arrangements:** Supported Living – Family Living - Intensive Medical LS

Surveyor Instruction: Item(s) which are required in THERAP system, must be in Therap and will be accessed via Therap, unless specified to be a printed copy. Other items that are required, may be accessed via the Agency's electronic system or hardcopy file.

Standard of Care Questions	(Tag #) Surveyor Notes / Deficiency Description	MET	NOT MET	NA
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ISP Requirements

<p>Annual ISP</p> <p><u>Surveyor Instruction:</u> You are to ensure the Individual has a current ISP. For this to be met, there must be a current and complete ISP.</p>	<p>Tag #LS14 (CoP) Residential service delivery site</p> <p>Term of ISP: _____</p> <p>ISP Meeting Date: _____</p>			
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<p>Teaching & Support Strategies (TSS)</p> <p><u>Surveyor Instruction:</u> You are to look for required TSS which are only those applicable to the agency being surveyed. You will review the ISP "action plan for desired outcome in the" section and look to determine if the box is checked under strategies / WDSIs needed. If checked "yes" this indicates a TSS is required. Surveyors must document the outcome area and the Action Plans which require Teaching & Support Strategies. If the box is checked "yes" and there is no separate TSS document, then this cannot be met and a potential CoP.</p>	<p>Tag #LS14 (CoP) Residential service delivery site</p>			
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Therapy Plans				
<p>Positive Behavior Support Plan</p> <p><i>Date(s) of Plan:</i></p> <p>Surveyor Instruction: <i>If the individual receives BSC services, you must ensure the plan at the service delivery site is current for the ISP year and is developed by the BSC provider listed on the budget. If PBSP is current this would be met. If service is not received by the Individual mark N/A.</i></p>	<p><i>Tag #LS14.1 Residential service delivery site</i></p>			
<p>Behavior Crisis Intervention Plan <i>(Note: this may not always be required, it is based on PBSP)</i></p> <p><i>Date(s) of Plan:</i></p> <p>Surveyor Instruction: <i>If the individual receives BSC services, you must ensure the PBSP requires a BCIP. If BCIP is required it must be located at the service delivery site. The BCIP must be current for the ISP year. If the BCIP is current this would be met. If service is not received by the Individual mark N/A.</i></p>	<p><i>Tag #LS14.1 Residential service delivery site</i></p>			
Health Related Documentation				
<p>Health Passport</p> <p>Surveyor Instruction: <i>All Primary and Secondary Provider Agencies must use the Health Passport 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 must be reprinted and placed at all service delivery sites each time the e-CHAT is updated for any reason and whenever there is a change to contact information contained in the IDF. This would be met if there is a current printed copy in the file. If there is no current printed copy this cannot not met.</i></p>	<p><i>Tag #LS14 (CoP) Residential service delivery site</i></p>			

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<p>Comprehensive Aspiration Risk Management Plan (CARMP)</p> <p>Date of CARMP: _____</p> <p>Surveyor Instruction: <i>The Primary Provider Agency ensures that a current, intact CARMP and Aspiration MERP are readily available to staff/DSP in all service delivery sites. For this to be met a current CARMP must be found in the file or in Therap if required for the Individual.</i></p>	<p><i>Tag #LS14 (CoP) Residential service delivery site</i></p>			
<p>Health Care Plans (HCP)</p> <p>Surveyor Instruction: <i>The Primary Provider Agency nurse (PPN) is required to create HCPs that address all the areas identified as required in the most current e-CHAT summary report which is indicated by "R" in the HCP column. At the nurse's sole discretion, based on prudent nursing practice, HCPs may be combined where clinically appropriate. The nurse should use nursing judgment to determine whether to also include HCPs for any of the areas indicated by "C" on the e-CHAT summary report. The nurse may also create other HCPs that the nurse determines are warranted. For this to be met, there must be current HCPs in place as required by the eCHAT and / or IST section of the ISP.</i></p>	<p><i>Tag #LS14 (CoP) Residential service delivery site</i></p> <p><i>Required per IST:</i></p> <p><i>Required per e-CHAT:</i></p>			
<p>Medical Emergency Response Plans (MERP)</p> <p>Surveyor Instruction: <i>The agency nurse is required to develop a Medical Emergency Response Plan (MERP) for all conditions automatically triggered and marked with an "R" in the e-CHAT summary report. MERPs are required for persons who have one or more <u>conditions or illnesses that present a likely potential to become a life-threatening situation</u>. The MERP cannot be combined with or replace the HCP. For this to be met, there must be current MERPs in place as required by the eCHAT and / or IST section of the ISP.</i></p>	<p><i>Tag #LS14 (CoP) Residential service delivery site</i></p> <p><i>Required per IST:</i></p> <p><i>Required per e-CHAT:</i></p>			

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Progress Notes & Data Tracking

<p>Living Care Arrangements (SL, FL, IMLS): Progress Notes/Daily Contact Logs:</p> <p><u>Surveyor Instruction:</u> You must review LCA daily notes for the current month of your visit (1st day of the month to the day prior to your visit). This cannot be met if there is no documentation found for the period reviewed or if documentation found is completed in advance, e.g. you conduct a visit on the 5th of the month, yet documentation has already been completed for the entire month.</p>	<p><i>Tag #1A08.1</i> <i>List dates if any are not found</i></p>			
<p>Living Care Arrangements: Data Collection/Data Tracking: (i.e. Outcomes/Action Steps Implementation Tracking)</p> <p><u>Surveyor Instruction:</u> You are to review data tracking for the current month of your visit to determine if outcomes / action steps are being completed as called for in the ISP. This includes:</p> <ol style="list-style-type: none"> 1. frequency of outcome and action step being completed as called for in the ISP 2. Presence of outcome / action step data, i.e. documentation 3. Agency outcomes / action steps match the current ISP 4. There are outcomes for life area for which the individual receives services funded by the DDW <p>This is not met if data tracking is not completed at frequency, not completed, blank document or Outcome / Action Steps do not match current ISP. Surveyors are to determine the frequency at which the outcome is to be completed. You will document from the 1st day of the month to the Friday prior to your visits to determine if they are completed at required frequency (e.g. action step frequency is 1 time weekly, your visit is completed on a Wednesday).</p>	<p><i>Tag #1A32.2 Residential service delivery site</i></p> <p><i>List specific outcome/action plan which is not met and list time frame if any are not found / Must document frequency if not completed as required.</i></p>			

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Medication Administration Record & Observation

<p>Medication Administration Records: ROUTINE MEDICATIONS</p> <p><u>Surveyor Instruction:</u> You are to review the current month (from 1st day of month to date of visit). You are to determine if the MAR is being completed correctly and if all requirements are in place.</p> <p><i>Findings in this area are considered standard level (1A09.0)</i></p> <ul style="list-style-type: none"> • The name of the person • Diagnoses for which the medications or treatments are prescribed • Dosage • Frequency • 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 • The initials of the person administering or assisting with medication delivery <p><i>Findings below are a potential CoP level finding and will be cited in (1A09):</i></p> <ul style="list-style-type: none"> • MAR contains missing entries • MAR and Physician Orders do not match • Physician Orders indicate med is to be given, med is not on MAR • No physician orders were found for medication listed in MAR • Med is to be given, yet not documented on MAR 	<p><i>Tag #1A09 (CoP) / 1A09.0</i></p> <p><i>Include specific details, including dates, time, medication name, dosage, etc., for any deficiencies noted.</i></p>			
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<p>Medication Administration Records: PRN MEDICATIONS</p> <p>Surveyor Instruction: You are to review the current month (from 1st day of month to date of visit). You are to determine if the MAR is being completed correctly and if all requirements are in place.</p> <p>Findings in this area are considered standard level (1A09.1.0),</p> <p>For PRN medications or treatments including all physician approved over the counter medications and herbal or other supplements:</p> <ul style="list-style-type: none"> instructions for the use of the PRN medication or treatment which must include observable signs/symptoms circumstances in which the medication or treatment is to be used the number of doses that may be used in a 24-hour period documentation that the DSP contacted the agency nurse prior to assisting with the medication or treatment documentation of the effectiveness of the PRN medication or treatment <p>Findings below are a potential CoP level finding and will be cited in (1A09.1):</p> <ul style="list-style-type: none"> MAR and Physician Orders do not match; Physician Orders indicate med is to be given, med is not on MAR; No physician orders were found for medication listed in MAR; 	<p>Tag #1A09.1 (CoP) / 1A09.1.0 Include specific details, including dates, time, medication name, dosage, etc., for any deficiencies noted.</p>			
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<p>Medication Administration Records – Nurse Approval for PRN MEDICATIONS</p> <p>Surveyor Instruction: You are to review the current month (1st day of month to date of visit). You are to determine if the PRN medication which was assisted with had a nurse approval for individuals in SL or FL with a non-related FLP. If no documentation of prior authorization is found for medication given this cannot be met. Surveyor must document medication name, date and time if no authorization is found.</p>	<p>Tag #1A09.2 (CoP) Include specific details, including dates, time, medication name, dosage, etc., for any deficiencies noted.</p>			
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I affirm that missing documents requested by the QMB Survey Team were not located in the home or could not be found by myself when asked to produce them during the on-site home visit on:

Date: _____ **Time:** _____

DSP Name (Print and Signature) and Title: _____