

New Mexico DOH / DHI / QMB: RESIDENTIAL Observation Survey Tool

Standard of Care Questions	(Tag #) Surveyor Notes / Deficiency Description	MET	NOT MET	NA
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Agency/Region: Surveyor:	Date/Time
Individual Name and Identifier:	Residence Shared with (Initials & Identifier):

Location of Observation (Address):

In Person Observation: **Video Observation:**

Services (Circle those that apply to Individual):

- **2021 Living Care Arrangement:** **Supported Living – Family Living - Intensive Medical Living Supports**

Surveyor Instruction: During your observation document what is seen and heard. If suspected ANE is observed or reported, you must report to DHI/IMB immediately. Items are applicable to SL, FL, IMLS sites, unless otherwise noted. After the Residential observation is completed, review the tool with DSP for any deficiencies. When applicable, give DSP opportunity to locate any items not found. Once this process is complete have DSP sign last page of document.

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Health and Safety				
Is there a battery operated or electric smoke detector or a sprinkler system present in the residence? (the smoke detector and carbon monoxide detector can be a combined unit)	Tag #LS25			
Is there a carbon monoxide detector present in the residence? (the smoke detector and carbon monoxide detector can be a combined unit)	Tag #LS25			
Is a fire extinguisher present in the residence?	Tag #LS25			
Is a general first aid kit present in the residence?	Tag #LS25			
Is the number for poison control within line of site of the telephone?	Tag #LS25			
Does the water temperature <u>not exceed 110°</u> ?	Tag #LS25			
<p>Surveyor Instruction: This is applicable to SL, FL & IMLS. You must document the Location Checked: (i.e. bath, kitchen) _____</p> <p>Anyone with a history of being unsafe in or around water while bathing, grooming, etc. or with a history of at least one scalding incident will have a regulated temperature control valve or device installed in the home</p>				

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<p>Does the residence have internet access? Are Individuals served able to access the internet?</p> <p>Surveyor Instruction: <i>If the home does not have internet access, prior to marking this not met, you will need to verify with the Agency Admin staff there is not an exception from the respective DDS regional office.</i></p>	<p>Tag #LS25</p>			
Policies and Procedures				
<p>Is there a Current Custodial Drug Permit from the NM Board of Pharmacy, with the current address in the residence?</p> <p>Surveyor Instruction: <i>Required for residential homes where there are two or more in-house residents, not related to the operator, and which maintains custody of the residents' drugs.</i></p>	<p>Tag #1A33.1</p> <p>Expiration Date: _____</p>			
General Observation				
<p>Does the Individual have free use of all common space in their residence, respecting other's privacy, personal possessions and individual interests?</p>	<p>Tag #LS25</p>			
<p>Do Individuals have access to food at any time or with a HRC review when food has a potential to be a danger?</p>	<p>Tag #LS25</p>			
<p>1. Is the required assistive technology or adaptive equipment located in the home?</p> <p>2. Is it in working order?</p> <p>Surveyor Instruction: <i>Using the IDF, AT Inventory, ISP, CARMP, therapy reports, etc. determine what is required in each location where by the person receives services. Dependent on the environment that you are in determine if the equipment is in working order. If broken, or not working describe what is found. This is met if Assistive technology and adaptive equipment is present and working. This cannot be met if item is not found or not working.</i></p>	<p>Tag #1A39</p> <p>List is not all inclusive:</p> <ul style="list-style-type: none"> <input type="checkbox"/> glasses <input type="checkbox"/> hearing aid <input type="checkbox"/> wheelchair <input type="checkbox"/> hospital bed <input type="checkbox"/> grab bars <input type="checkbox"/> cane/walker <input type="checkbox"/> modified utensils <input type="checkbox"/> VOCA <input type="checkbox"/> buttons/switches <input type="checkbox"/> DME: i.e. O2 tanks, nebulizer, CPAP <input type="checkbox"/> Hoyer <input type="checkbox"/> List Other Found: _____ 			

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<p>Are medication stored as required in the residence:</p> <ul style="list-style-type: none"> • Separate compartments are kept for each Individual in the home; • Expired Medications are kept separate; • Medication taken by mouth, are kept separate from other forms (<i>Can be stored in same container, but must be bagged separately</i>); • Refrigerated Medication are in a locked compartment; • Medication no longer in use, is kept in a separate place; • Unwanted medication is kept in a separate place <p>Surveyor Instruction: <i>Only applicable to SL, IMLS and FL if FLP is surrogate FLP. Must observe medication is stored correctly as indicated above. Make note of any deficiencies found including name and dosage of med.</i></p>	<p>Tag #1A33</p>			
<p>During the on-site visit, did surveyors observe any physical environment conditions which were not safe for Individuals receiving Supported Living, Family Living or Intensive Medical Living?</p> <p>Surveyor Instruction: <i>Any items identified as unsafe for the residence require a detailed description of what was found and require an ANE report for environmental hazard. Must document date, time and what was observed.</i></p>	<p>Tag #LS25.1 (CoP)</p>			
<p>Additional Notes:</p>				
<p>Residential DSP: <i>I affirm the above deficiencies found by the QMB Survey Team, items 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:</i></p> <p>Date: _____ Time: _____</p> <p>DSP Name (Print and Signature) and Title: _____</p> <p>Surveyor Initials: _____</p>				

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*****COMPLETE THIS SECTION OF THE TOOL IF THE INDIVIDUAL RECEIVES CUSTOMIZED COMMUNITY SUPPORTS*****

Location of Observation:

Services (Circle those that apply to Individual):

- **2021 Community Inclusion: Customized Community Supports; Community Integrated Employment Services**

Surveyor Instruction: During your observation document what is seen and heard. If suspected ANE is observed or reported, you must report to DHI/IMB immediately. Items are applicable to CI sites, unless otherwise noted. After the CI Observation is completed, review the tool with DSP for any deficiencies. When applicable give DSP opportunity to locate any items not found. Once this process is complete have DSP sign last page of document.

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Community Inclusion Site Observation				
Is there an individualized schedule that can be modified easily based on individual needs, preferences and circumstances and that outline planned activities per day, week and month including date, time, location and cost of the activity?	Tag #IS04			
Is the Individual engaging in specific activities needed to successfully implement the person's ISP?	Tag #5I02			
During your observation is the Individual involved in skill building activities to support the person's Desired Outcomes, as appropriate?	Tag #5I02			
Is there a secure place for the person to store personal belongings?	Tag #5I02			
1. Is the required assistive technology or adaptive equipment located at the CI site? 2. Is it in working order? Surveyor Instruction: Using the IDF, AT Inventory, ISP, CARMP, therapy reports, etc. determine what is required in each location where by the person receives services. Dependent on the environment that you are in determine if the equipment is in working order. If broken, or not working describe what is found. This is met if Assistive technology and adaptive equipment is present and working. This cannot be met if item is not found or not working.	Tag #1A39 List is not all inclusive: <input type="checkbox"/> glasses <input type="checkbox"/> hearing aid <input type="checkbox"/> wheelchair <input type="checkbox"/> grab bars <input type="checkbox"/> cane/walker <input type="checkbox"/> modified utensils <input type="checkbox"/> VOCA <input type="checkbox"/> buttons/switches <input type="checkbox"/> Hoyer <input type="checkbox"/> List Other Found: _____			

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Additional Notes:				
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Community Inclusion DSP:

Date: _____ *Time:* _____

DSP Name (Print and Signature) and Title:

Surveyor Initials: