

Date: March 26, 2010  
To: Mr. Patrick Garrity, Director  
Provider: Ability First, LLC  
Address: P.O. Box 30886  
State/Zip: Albuquerque, New Mexico 87190

E-mail Address: [Ability1st@aol.com](mailto:Ability1st@aol.com)

Region: Metro & Southwest  
Survey Date: March 24 - 25, 2010  
Program Surveyed: Developmental Disabilities Waiver  
Service Surveyed: Community Living (Family Living & Independent Living) & Community Inclusion (Community Access)  
Survey Type: Verification Survey  
Team Leader: Marti Madrid, LBSW, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau  
Team Members: Nadine Romero, LBSW, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Mr. Garrity:

The Division of Health Improvement Quality Management Bureau has completed a Plan of Correction Verification Survey of the services identified above. The purpose of the survey was to determine compliance with your Plan of Correction submitted to DHI/DDSD regarding the routine survey completed July 13 - 16, 2009

**There were no deficiencies noted. This completes your survey process.**

Please call the Team Leader at 505-231-0088 if you have questions about the survey. Thank you for your cooperation and for the work you perform.

Sincerely,

*Marti Madrid, LBSW*

Marti Madrid  
Team Lead/Health Care Surveyor  
Division of Health Improvement  
Quality Management Bureau

CC: Distribution List: DOH - Division of Health Improvement  
DOH - Developmental Disabilities Supports Division  
DOH - Office of Internal Audit  
HSD - Medical Assistance Division



*"Assuring safety and quality of care in New Mexico's health facilities and community-based programs."*

**David Rodriguez, Division Director • Division of Health Improvement**

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DHI Quality Review Survey Report – Ability First, LLC - Metro & SW Region – March 24 - 25, 2010

Survey Report #: Q10.03.24883310.METRO.002.VS.01

DOH - Internal Review Committee