

Date: March 2, 2010

To: Jim Copeland, Executive Director
Provider: Alta Mira Specialized Family Services, Inc.
Address: 1605 Carlisle NE
State/Zip: Albuquerque, New Mexico 87110

E-mail Address: jcopeland@altamiranm.org

CC: Annie Grubelnik, Board Chair
Address: 8418 Cherry Hills Road, NE
State/Zip: Albuquerque, New Mexico 87111

Region: Metro
Survey Date: January 11 – 14, 2010
Program Surveyed: Developmental Disabilities Waiver
Service Surveyed: Community Living (Family Living)
Survey Type: Routine
Team Leader: Nadine Romero, LBSW, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Team Members: Cynthia Nielsen, MSN, RN, ONC, CCM, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Florie Alire, RN, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Maurice Gonzales, BS, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Stephanie Martinez de Berenger, MBA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Tony Fragua, BFA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau & Crystal Lopez-Beck, BA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau.

Dear Mr. Copeland,

The Division of Health Improvement/Quality Management Bureau has completed a quality review survey of the services identified above. The purpose of the survey was to determine compliance with federal and state standards; to assure the health, safety, and welfare of individuals receiving services through the Developmental Disabilities Waiver; and to identify opportunities for improvement.

Quality Management Approval Rating:

The Division of Health Improvement/Quality Management Bureau is issuing your agency a “SUB-STANDARD” rating for significant non-compliance with DDSD Standards and regulations; additionally your agency is being referred to the Internal Review Committee for consideration of remedies and possible sanctions.

Plan of Correction:

The attached Report of Findings identifies deficiencies found during your agency’s survey. You are required to complete and implement a Plan of Correction (POC). Please submit your agency’s Plan of Correction (POC) in the



“Assuring safety and quality of care in New Mexico’s health facilities and community-based programs.”

David Rodriguez, Division Director • Division of Health Improvement

Quality Management Bureau • 5301 Central Ave. NE Suite 400 • Albuquerque, New Mexico 87108
(505) 222-8623 • FAX: (505) 222-8661 • <http://dhi.health.state.nm.us>

space on the two right columns of the Report of Findings. See attachment A for additional guidance in completing the POC. The response is due to the parties below within 10 working days of the receipt of this letter:

1. Quality Management Bureau, Attention: Plan of Correction Coordinator
5301 Central Ave. NE Suite 400 Albuquerque, NM 87108
2. Developmental Disabilities Supports Division Regional Office for region of service surveyed.

Upon notification from QMB that your Plan of Correction has been approved, you must implement all remedies and corrective actions within 45 working days. If your plan of correction is denied, you must resubmit a revised plan ASAP for approval. All remedies must still be completed within 45 working days of the original submission.

Failure to submit, complete or implement your POC within the required time frames will result in the imposition of a \$200 per day Civil Monetary Penalty until it is received, completed and/or implemented.

Request for Informal Reconsideration of Findings (IRF):

If you disagree with a determination of noncompliance (finding) you have 10 working days upon receipt of this notice to request an IRF. Submit your request for an IRF in writing to:

QMB Deputy Bureau Chief
5301 Central Ave NE Suite #400
Albuquerque, NM 87108
Attention: IRF request

A request for an IRF will not delay the implementation of your Plan of Correction which must be completed within 45 working days. Providers may not appeal the nature or interpretation of the standard or regulation, the team composition, sampling methodology or the Scope and Severity of the finding.

If the IRF approves the change or removal of a finding, you will be advised of any changes.

This IRF process is separate and apart from the Informal Dispute Resolution (IDR) and Fair Hearing Process for Sanctions from DOH.

Please call the Team Leader at 505-670-6290, if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,



Nadine Romero, LBSW
Team Lead/Healthcare Surveyor
Division of Health Improvement
Quality Management Bureau

Survey Process Employed:

Entrance Conference Date: January 11, 2010

Present: **Alta Mira Specialized Family Services, Inc.**
Jim Copeland, Executive Director
Kari Jo Miller, Program Manager

Healthcare Surveyor **DOH/DHI/QMB**
Nadine Romero, LBSW Team Lead/Healthcare Surveyor
Florie Alire, RN, Healthcare Surveyor
Cynthia Nielsen, MSN, RN, ONC, CCM, Healthcare Surveyor
Stephanie Martinez de Berenger, MBA, Healthcare Surveyor
Maurice Gonzales, BS, Healthcare Surveyor

DDSD – Metro Region
Angie Helewicz, Behavior Liaison

Exit Conference Date: January 14, 2010

Present: **Alta Mira Specialized Family Services, Inc.**
Jim Copeland, Executive Director
Kari Jo Miller, Program Manager
Teresa Williamson, Service Coordinator
Gerrit Krusemark, Service Coordinator
Nica Marez, RN
Catherine Nelson, Service Coordinator
Anne Cameron, RN
Theresa Ortiz, Service Coordinator
Chris Griffin, Service Coordinator
Anna Chimelenko, HR

DOH/DHI/QMB
Nadine Romero, LBSW, Team Lead/Healthcare Surveyor
Cynthia Nielsen, MSN, RN, ONC, CCM, Healthcare Surveyor
Florie Alire, RN, Healthcare Surveyor
Maurice Gonzales, BS, Healthcare Surveyor
Stephanie Martinez de Berenger, MBA, Healthcare Surveyor

DDSD – Metro Region
Angie Helewicz, Behavior Liaison

Homes Visited	Number:	12
Administrative Locations Visited	Number:	1
Total Sample Size	Number:	20 20 - Non-Jackson Class Members 20 - Family Living
Persons Served Interviewed	Number:	19
Persons Served Observed	Number:	1 (1 Individual did not respond to Surveyor questions)
Records Reviewed (Persons Served)	Number:	20
Administrative Files Reviewed		<ul style="list-style-type: none">• Billing Records• Medical Records• Incident Management Records• Personnel Files

- Training Records
- Agency Policy and Procedure
- Caregiver Criminal History Screening Records
- Employee Abuse Registry
- Human Rights Notes and/or Meeting Minutes
- Nursing personnel files
- Evacuation Drills
- Quality Improvement/Quality Assurance Plan

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

Provider Instructions for Completing the QMB Plan of Correction (POC) Process

- After a QMB Quality Review, your Survey Report will be sent to you via certified mail. You may request that it also be sent to you electronically by calling George Perrault, Plan of Correction Coordinator at 505-222-8647.
- Within 10 business days of the date you received your survey report, you must develop and send your Plan of Correction response to the QMB office. (Providers who do not pick up their mail will be referred to the Internal Review Committee [IRC]).
- For each Deficiency in your Survey Report, include specific information about HOW you will correct each Deficiency, WHO will fix each Deficiency (“Responsible Party”), and by WHEN (“Date Due”).
- Your POC must not only address HOW, WHO and WHEN each Deficiency will be corrected, but must also address overall systemic issues to prevent the Deficiency from reoccurring, i.e., Quality Assurance (QA). Your description of your QA must include specifics about your self-auditing processes, such as HOW OFTEN you will self-audit, WHO will do it, and WHAT FORMS will be used.
- Corrective actions should be incorporated into your agency’s Quality Assurance/Quality Improvement policies and procedures.
- You may send your POC response electronically to George.Perrault@state.nm.us, by fax (505-222-8661), or by postal mail.
- Do not send supporting documentation to QMB until after your POC has been approved by QMB.
- QMB will notify you if your POC has been “Approved” or “Denied”.
- Whether your POC is “Approved” or “Denied”, you have a maximum of 45 business days to correct all survey Deficiencies from the date of receipt of your Survey Report. If your POC is “Denied” it must be revised and resubmitted ASAP, as the 45 working day limit is in effect. Providers whose revised POC is denied will be referred to the IRC.
- The POC must be completed on the official QMB Survey Report and Plan of Correction Form, unless approved in advance by the POC Coordinator.
- The following Deficiencies must be corrected within the deadlines below (after receipt of your Survey Report):
 - CCHS and EAR: 10 working days
 - Medication errors: 10 working days
 - IMS system/training: 20 working days
 - ISP related documentation: 30 working days
 - DDSD Training 45 working days
- If you have questions about the POC process, call the QMB POC Coordinator, George Perrault at 505-222-8647 for assistance.
- For Technical Assistance (TA) in developing or implementing your POC, contact your local DDSD Regional Office.
- Once your POC has been approved by QMB, the POC may not be altered or the dates changed.
- Requests for an extension or modification of your POC (post approval) must be made in writing and submitted to the POC Coordinator at QMB, and are approved on a case-by-case basis.
- When submitting supporting documentation, organize your documents by Tag #s, and annotate or label each document using Individual #s.
- Do not submit original documents, hard copies or scanned and electronically submitted copies are fine. Originals must be maintained in the agency/client file(s) as per DDSD Standards.
- Failure to submit, complete or implement your POC within the required timeframes will result in a referral to the IRC and the possible imposition of a \$200 per day Civil Monetary Penalty until it is received, completed and/or implemented.

QMB Scope and Severity Matrix of survey results

Each deficiency in your Report of Findings is scored on a Scope and Severity Scale. The culmination of each deficiency's Scope and Severity is used to determine degree of compliance to standards and regulations and level of QMB Certification.

			SCOPE		
			Isolated 01% - 15%	Pattern 16% - 79%	Widespread 80% - 100%
SEVERITY	High Impact	Immediate Jeopardy to individual health and or safety	J.	K.	L.
		Actual harm	G.	H.	I.
	Medium Impact	No Actual Harm Potential for more than minimal harm	D.	E.	F. (3 or more)
		D. (2 or less)	F. (no conditions of participation)		
	Low Impact	No Actual Harm Minimal potential for harm.	A.	B.	C.

Scope and Severity Definitions:

Key to Scope scale:

Isolated:

A deficiency that is limited to 1% to 15% of the sample, usually impacting no more than one or two individuals in the sample.

Pattern:

A deficiency that impacts a number or group of individuals from 16% to 79% of the sample is defined as a pattern finding. Pattern findings suggest the need for system wide corrective actions.

Widespread:

A deficiency that impacts most or all (80% to 100%) of the individuals in the sample is defined as widespread or pervasive. Widespread findings suggest the need for system wide corrective actions as well as the need to implement a Continuous Quality Improvement process to improve or build infrastructure. Widespread findings must be referred to the Internal Review Committee for review and possible actions or sanctions.

Key to Severity scale:

Low Impact Severity: (Blue)

Low level findings have no or minimal potential for harm to an individual. Providers that have no findings above a "C" level may receive a "Quality" Certification approval rating from QMB.

Medium Impact Severity: (Tan)

Medium level findings have a potential for harm to an individual. Providers that have no findings above a "F" level and/or no more than two F level findings and no F level Conditions of Participation may receive a "Merit" Certification approval rating from QMB.

High Impact Severity: (Green or Yellow)

High level findings are when harm to an individual has occurred. Providers that have no findings above "I" level may only receive a "Standard" Approval rating from QMB and will be referred to the IRC.

High Impact Severity: (Yellow)

"J, K, and L" Level findings:

This is a finding of Immediate Jeopardy. If a provider is found to have "I" level findings or higher, with an outcome of Immediate Jeopardy, including repeat findings or Conditions of Participation they will be referred to the Internal Review Committee.

The QMB Approval Rating

The QMB approval rating is the provider incentive to encourage quality service and correlates the review outcome with the QMB review frequency and its recommendation to DDS to determine the length of the provider agreement. The "Approval rating" is based on the Scope and Severity of the review findings. There are five levels of "Approval" that a provider may receive. They are:

"Quality" Approval Rating:

The QMB DD Manager will review the Report of Findings and determine if the provider qualifies for a "Quality" Rating. To qualify for a QMB "Quality" rating of approval and a three (3) year QMB review cycle and provider agreement recommendation, the provider must not have any findings that are a condition of participation and no findings of "F" level or higher on the Scope and Severity Matrix with no more than three (3) D or E level findings.

"Merit" Approval Rating:

The QMB DD Manager will review the Report of Findings and determine if the provider qualifies for a "Merit" Rating. To qualify for a QMB "Merit" rating of approval and a two (2) year QMB review cycle and provider agreement recommendation, the provider must not have more than three (3) findings that are a condition of participation and no more than three (3) "F" level findings with no findings of a "G" level or higher on the Scope and Severity Matrix and no more than six (6) D or E level findings.

"Standard" Approval Rating:

The QMB DD Manager will review the Report of Findings and determine if the provider qualifies for a "Standard" Rating. To qualify for a QMB "Standard" rating of approval and a one (1) year QMB review cycle and provider agreement recommendation, the provider must not have more than six (6) findings that are a condition of participation and no more than six (6) "F" level findings with no findings of a "G" level or higher on the Scope and Severity Matrix and no more than six (6) D or E level findings.

"Sub-Standard" Approval Rating:

The QMB DD Manager will review the Report of Findings and determine if the provider has "Sub-standard" performance. To qualify for a QMB "Sub-Standard" rating of approval and a three to six month QMB review cycle, with a referral to the Internal Review Committee and provider agreement recommendation, the provider may have any of the following findings:

- seven (7) or more findings that are a condition of participation
- seven (7) or more "F" level findings
- any findings of a "G" level or higher
- nine (9) or more D or E level findings

A referral to the IRC is required for any "Sub-standard" rating. Depending upon the egregious nature of the findings the IRC shall take appropriate sanction actions up to and including contract termination.

"Provisional" Approval Rating:

New DD service providers may qualify for a QMB "Provisional" Approval Rating upon successfully completing their initial QMB Quality Survey.

The QMB DD Manager will review the Report of Findings and determine if the provider has achieved at least a standard rating of approval. If successful, the provider may receive a one (1) year contract extension. QMB will notify the DDS Contract unit of the "Provisional" approval rating.

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

Introduction:

Throughout the process, surveyors are openly communicating with providers. Open communication means that surveyors have clarified issues and/or requested missing information before completing the review. Regardless, there may still be instances where the provider disagrees with a specific finding.

To informally dispute a finding the provider must request in writing an Informal Reconsideration of the Finding (IRF) to the QMB Deputy Bureau Chief **within 10 working days** of receipt of the final report.

The written request for an IRF **must be completed on the QMB Request for Informal Reconsideration of Finding Form** (available on the QMB website: <http://dhi.health.state.nm.us/qmb>) and must specify in detail the request for reconsideration and why the finding is inaccurate. **The IRF request must include all supporting documentation or evidence that was not previously reviewed during the survey process.**

The following limitations apply to the IRF process:

- The request for an IRF and all supporting evidence must be received in 10 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 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 Scope and Severity of a finding.
- 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 QMB Quality Approval Rating and the length of their DDSD provider contract.

A Provider forfeits the right to an IRF if the request is not made within 10 working days of receiving the report and does not include all supporting documentation or evidence to show compliance with the standards and regulations.

QMB has 30 working days to complete the review and notify the provider of the decision. The request will be reviewed by the IRF committee. 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 successfully reconsidered, it will be noted and will be removed or modified from the report. 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.

Administrative Review Process:

If a Provider desires to challenge the decision of the IRF committee they may request an Administrative Review by the DHI and DDSD Director. The Request must be made in writing to the QMB Bureau Chief and received within 5 days of notification from the IRF decision.

Regarding IRC Sanctions:

The Informal Reconsideration of the Finding process is a separate process specific to QMB Survey Findings and should not be confused with any process associated with IRC Sanctions.

If a Provider desires to Dispute or Appeal an IRC Sanction that is a separate and different process. Providers may choose the Informal Dispute Resolution Process or the Formal Medicaid Fair Hearing Process to dispute or appeal IRC sanctions, please refer to the DOH Sanction policy and section 39 of the provider contract agreement.

Agency: Alta Mira Specialized Family Services, Inc. - Metro Region
Program: Developmental Disabilities Waiver
Service: Community Living (Family Living)
Monitoring Type: Routine Survey
Date of Survey: January 11 – 14, 2010

Statute	Deficiency	Agency Plan of Correction and Responsible Party	Date Due
Tag # 1A08 Agency Case File	Scope and Severity Rating: B		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS: The objective of these standards is to establish Provider Agency policy, procedure and reporting requirements for DD Medicaid Waiver program. These requirements apply to all such Provider Agency staff, whether directly employed or subcontracting with the Provider Agency. Additional Provider Agency requirements and personnel qualifications may be applicable for specific service standards.</p> <p>D. Provider Agency Case File for the Individual: All Provider Agencies shall maintain at the administrative office a confidential case file for each individual. Case records belong to the individual receiving services and copies shall be provided to the receiving agency whenever an individual changes providers. The record must also be made available for review when requested by DOH, HSD or federal government representatives for oversight purposes. The individual's case file shall include the following requirements:</p> <p>(1) Emergency contact information, including the individual's address, telephone number, names and telephone numbers of relatives, or guardian or conservator, physician's name(s) and telephone number(s), pharmacy name, address and telephone number, and health plan if appropriate;</p> <p>(2) The individual's complete and current ISP, with all supplemental plans specific to the individual,</p>	<p>Based on record review, the Agency failed to maintain at the administrative office a confidential case file for 12 of 20 individuals.</p> <p>Review of the Agency individual case files revealed the following items were not found, incomplete, and/or not current:</p> <ul style="list-style-type: none"> • Current Emergency & Personal Identification Information <ul style="list-style-type: none"> ◦ Did not contain Pharmacy Information (#1, 2, 4, 7, 19 & 20) • Addendum A (# 3 & 14) • Positive Behavioral Plan (#8) • Positive Behavioral Crisis Plan (#16) • Speech Therapy Plan (#13 & 17) • Occupational Therapy Plan (#13 & 20) • Physical Therapy Plan (#17 & 20) 		

<p>and the most current completed Health Assessment Tool (HAT);</p> <p>(3) Progress notes and other service delivery documentation;</p> <p>(4) Crisis Prevention/Intervention Plans, if there are any for the individual;</p> <p>(5) A medical history, which shall include at least demographic data, current and past medical diagnoses including the cause (if known) of the developmental disability, psychiatric diagnoses, allergies (food, environmental, medications), immunizations, and most recent physical exam;</p> <p>(6) When applicable, transition plans completed for individuals at the time of discharge from Fort Stanton Hospital or Los Lunas Hospital and Training School; and</p> <p>(7) Case records belong to the individual receiving services and copies shall be provided to the individual upon request.</p> <p>(8) The receiving Provider Agency shall be provided at a minimum the following records whenever an individual changes provider agencies:</p> <ul style="list-style-type: none"> (a) Complete file for the past 12 months; (b) ISP and quarterly reports from the current and prior ISP year; (c) Intake information from original admission to services; and (d) When applicable, the Individual Transition Plan at the time of discharge from Los Lunas Hospital and Training School or Ft. Stanton Hospital. 			
---	--	--	--

Tag # 1A08 Agency Case File - Progress Notes	Scope & Severity Rating: C		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS: The objective of these standards is to establish Provider Agency policy, procedure and reporting requirements for DD Medicaid Waiver program. These requirements apply to all such Provider Agency staff, whether directly employed or subcontracting with the Provider Agency. Additional Provider Agency requirements and personnel qualifications may be applicable for specific service standards.</p> <p>D. Provider Agency Case File for the Individual: All Provider Agencies shall maintain at the administrative office a confidential case file for each individual. Case records belong to the individual receiving services and copies shall be provided to the receiving agency whenever an individual changes providers. The record must also be made available for review when requested by DOH, HSD or federal government representatives for oversight purposes. The individual's case file shall include the following requirements:</p> <p>(3) Progress notes and other service delivery documentation;</p>	<p>Based on record review, the Agency failed to maintain progress notes and other service delivery documentation for 20 of 20 Individuals.</p> <p>Family Living Progress Notes/Daily Contact Logs</p> <ul style="list-style-type: none"> • Individual #1 - None found for September, October & November 2009. • Individual #2 - None found for September, October & November 2009. • Individual #3 - None found for September, October & November 2009. • Individual #4 - None found for September, October & November 2009. • Individual #5 - None found for September, October & November 2009. • Individual #6 - None found for September, October & November 2009. • Individual #7 - None found for September, October & November 2009. • Individual #8 - None found for September, October & November 2009. • Individual #9 - None found for September, October & November 2009. • Individual #10 - None found for September, October & November 2009. • Individual #11 - None found for September, October & November 2009. 		

- | | | | |
|--|--|--|--|
| | <ul style="list-style-type: none">• Individual #12 - None found for September, October & November 2009.• Individual #13 - None found for September, October & November 2009.• Individual #14 - None found for September, October & November 2009.• Individual #15 - None found for September, October & November 2009.• Individual #16- None found for September, October & November 2009.• Individual #17 - None found for September, October & November 2009.• Individual #18 - None found for September, October & November 2009.• Individual #19 - None found for September, October & November 2009.• Individual #20 - None found for September, October & November 2009. | | |
|--|--|--|--|

Tag # 1A09 Medication Delivery (MAR) - Routine Medication	Scope and Severity Rating: E	
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS: The objective of these standards is to establish Provider Agency policy, procedure and reporting requirements for DD Medicaid Waiver program. These requirements apply to all such Provider Agency staff, whether directly employed or subcontracting with the Provider Agency. Additional Provider Agency requirements and personnel qualifications may be applicable for specific service standards.</p> <p>E. Medication Delivery: Provider Agencies that provide Community Living, Community Inclusion or Private Duty Nursing services shall have written policies and procedures regarding medication(s) delivery and tracking and reporting of medication errors in accordance with DDSD Medication Assessment and Delivery Policy and Procedures, the Board of Nursing Rules and Board of Pharmacy standards and regulations.</p> <p>(2) When required by the DDSD Medication Assessment and Delivery Policy, Medication Administration Records (MAR) shall be maintained and include:</p> <ul style="list-style-type: none"> (a) The name of the individual, a transcription of the physician's written or licensed health care provider's prescription including the brand and generic name of the medication, diagnosis for which the medication is prescribed; (b) Prescribed dosage, frequency and method/route of administration, times and dates of administration; (c) Initials of the individual administering or assisting with the medication; (d) Explanation of any medication irregularity; (e) Documentation of any allergic reaction or adverse medication effect; and 	<p>Medication Administration Records (MAR) were reviewed for the months of September, October, November 2009.</p> <p>Based on record review, 10 of 20 individuals had Medication Administration Records, which contained missing medications entries and/or other errors:</p> <p>Individual #1 November 2009 During on-site survey (January 11 - 14, 2010) Physician Orders were requested. As of 1/14/10, Physician Orders had not been provided.</p> <p>Individual #3 September 2009 As indicated by the Medication Administration Records the individual is to take Valproic 5cc (3 times daily). According to the Physician's Orders, Valproic is to be taken 2 times daily. Medication Administration Record & Physician's Orders do not match.</p> <p>As indicated by the Medication Administration Records the individual is to take Calcium Carbinatate 3cc (2 times daily). According to the Physician's Orders individual is to take, Calcium Carbinatate 7.5cc (2 times daily). Medication Administration Record & Physician's Orders do not match.</p> <p>October 2009 As indicated by the Medication Administration Records the individual is to take Valproic 5cc (3 times daily). According to the Physician's Orders, Valproic is to be taken 2 times daily. Medication Administration Record & Physician's Orders do not match.</p> <p>As indicated by the Medication Administration</p>	

<p>(f) For PRN medication, an explanation for the use of the PRN medication shall include observable signs/symptoms or circumstances in which the medication is to be used, and documentation of effectiveness of PRN medication administered.</p> <p>(3) The Provider Agency shall also maintain a signature page that designates the full name that corresponds to each initial used to document administered or assisted delivery of each dose;</p> <p>(4) MARs are not required for individuals participating in Independent Living who self-administer their own medications;</p> <p>(5) Information from the prescribing pharmacy regarding medications shall be kept in the home and community inclusion service locations and shall include the expected desired outcomes of administering the medication, signs and symptoms of adverse events and interactions with other medications;</p> <p>NMAC 16.19.11.8 MINIMUM STANDARDS: A. MINIMUM STANDARDS FOR THE DISTRIBUTION, STORAGE, HANDLING AND RECORD KEEPING OF DRUGS:</p> <p>(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 	<p>Records the individual is to take Calcium Carbinate 3cc (2 times daily). According to the Physician's Orders individual is to take, Calcium Carbinate 7.5cc (2 times daily). Medication Administration Record & Physician's Orders do not match.</p> <p>Individual #4 November 2009 During on-site survey (January 11 – 14, 2010) Physician Orders were requested. As of 1/14/20. Physician Orders had not been provided.</p> <ul style="list-style-type: none"> • Warfarin (5mg) <p>Medication Administration Records did not contain the frequency of medication to be given:</p> <ul style="list-style-type: none"> • Warfarin (5 mg) <p>Individual #7 September 2009 Medication Administration Record did not contain the specific time the medication should be given, for the following medications:</p> <ul style="list-style-type: none"> • Prilosec 20 mg (1 time daily) • Cephalexin 500 mg (3 time daily) <p>October 2009 Medication Administration Record did not contain the specific time(s) the medication should be given, for the following medications:</p> <ul style="list-style-type: none"> • Prilosec 20 mg (1 time daily) <p>November 2009 Medication Administration Record did not contain the specific time the medication should be given, for the following medications:</p> <ul style="list-style-type: none"> • Prilosec 20 mg (1 time daily) <p>Individual #8 September 2009 Medication Administration Record did not contain</p>		
--	--	--	--

<p>administering medications.</p> <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. 	<p>the specific time(s) the medication should be given, for the following medications:</p> <ul style="list-style-type: none"> • Fluticasone 16 GM (2 times daily) <p>October 2009 Medication Administration Record did not contain the specific time(s) the medication should be given, for the following medications:</p> <ul style="list-style-type: none"> • Fluticasone 16 GM (2 times daily) <p>November 2009 Medication Administration Record did not contain the specific time(s) the medication should be given, for the following medications:</p> <ul style="list-style-type: none"> • Fluticasone 16 GM (2 times daily) <p>Individual #9 September 2009 During on-site survey (January 11 – 14, 2010) Physician Orders were requested. As of 1/14/10 Physician Orders had not been provided.</p> <ul style="list-style-type: none"> • Gabapentin 100 mg (2 times at daily) <p>October 2009 During on-site survey (January 11 – 14, 2010) Physician Orders were requested. As of 1/14/10 Physician Orders had not been provided.</p> <ul style="list-style-type: none"> • Gabapentin 100 mg (2 times at daily) <p>November 2009 During on-site survey (January 11 – 14, 2010) Physician Orders were requested. As of 1/14/10 Physician Orders had not been provided.</p> <ul style="list-style-type: none"> • Gabapentin 100 mg (2 times at daily) <p>Individual #14 September 2009 Medication Administration Records do not indicate whether the following medications are Routine or PRN medications and do not include required information as per standard:</p> <ul style="list-style-type: none"> • Miralax (1 cap full) 		
---	--	--	--

	<ul style="list-style-type: none"> • Acetaminophen (500 mg) <p>October 2009 Medication Administration Records did not contain the frequency of medication to be given:</p> <ul style="list-style-type: none"> • Omeprazole (1 capsule) • Miralax (1 cap full) • Acetaminophen (500 mg) <p>Individual #15 October 2009 Medication Administration Records did not contain the frequency of medication to be given:</p> <ul style="list-style-type: none"> • Invega (3 mg) <p>November 2009 Medication Administration Records did not contain the frequency of medication to be given:</p> <ul style="list-style-type: none"> • Levothyroxine (25 mcg) • Aircept (5 mg) • Simvastatine (10 mg) • Espomsalt (2 cups) • Aspirin (81 mg) • Invega (3mg) <p>Individual #16 September 2009 Medication Administration Records did not contain the frequency of medication to be given:</p> <ul style="list-style-type: none"> • Furosemide (40 mg) • Potassium (20 mcg) • Aceon (2 mg) • Lamictal (150 mg) • Fish Oil (1000 mg) • Lantus Insulin (33 units) • Humalog (5-16 units) • Multi-Vitamins (1 tablet) • Calcium Citrate (2 tablets) 		
--	---	--	--

	<ul style="list-style-type: none"> • Abilify (5mg) • Tylenol (500 mg) <p>October 2009 During on-site survey Medication Administration Records were requested for 2009. As of January 15, 2010, Medication Administration Records had not been provided.</p> <p>November 2009 Medication Administration Records did not contain the frequency of medication to be given:</p> <ul style="list-style-type: none"> • Furosemide 40 mg • Potassium 20 mcg • Aceon 2 mg • Lamictal 150 mg • Fish Oil 1000 mg • Lantus Insulin 33 units • Humalog 5 - 16 units • Multi-Vitamins 1 tablet • Calcium Citrate 2 tablets • Abilify 5mg • Tylenol(500 mg) <p>Individual # 18 September 2009 Medication Administration Records did not contain the frequency of medication to be given:</p> <ul style="list-style-type: none"> • Phenobarbital 20 mg • Phenobarbital 25 mg <p>October 2009 Medication Administration Records did not contain the frequency of medication to be given:</p> <ul style="list-style-type: none"> • Phenobarbital 20 mg • Phenobarbital 25 mg <p>November 2009 Medication Administration Records did not</p>		
--	---	--	--

	<p>contain the frequency of medication to be given:</p> <ul style="list-style-type: none">• Phenobarbital 20 mg• Phenobarbital 25 mg		
--	---	--	--

Tag # 1A09 Medication Delivery - PRN Medication	Scope and Severity Rating: D		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS: The objective of these standards is to establish Provider Agency policy, procedure and reporting requirements for DD Medicaid Waiver program. These requirements apply to all such Provider Agency staff, whether directly employed or subcontracting with the Provider Agency. Additional Provider Agency requirements and personnel qualifications may be applicable for specific service standards.</p> <p>E. Medication Delivery: Provider Agencies that provide Community Living, Community Inclusion or Private Duty Nursing services shall have written policies and procedures regarding medication(s) delivery and tracking and reporting of medication errors in accordance with DDSD Medication Assessment and Delivery Policy and Procedures, the Board of Nursing Rules and Board of Pharmacy standards and regulations.</p> <p>(2) When required by the DDSD Medication Assessment and Delivery Policy, Medication Administration Records (MAR) shall be maintained and include:</p> <ol style="list-style-type: none"> The name of the individual, a transcription of the physician's written or licensed health care provider's prescription including the brand and generic name of the medication, diagnosis for which the medication is prescribed; Prescribed dosage, frequency and method/route of administration, times and dates of administration; Initials of the individual administering or assisting with the medication; Explanation of any medication irregularity; Documentation of any allergic reaction or adverse medication effect; and 	<p>Based on record review, the Agency failed to maintain PRN Medication Administration Records which contained all elements required by standard for 1 of 20 Individuals.</p> <p>Individual #2 September 2009 Medication Administration Record did not contain the following information: the effectiveness that indicate the results of the medication</p> <ul style="list-style-type: none"> • Miralax 17 grams (PRN) • Loratadine 10 mg (PRN) • Naproxin 2.50 mg (PRN) <p>October 2009 Medication Administration Record did not contain the following information: the effectiveness that indicate the results of the medication</p> <ul style="list-style-type: none"> • Miralax 17 grams (PRN) • Loratadine 10 mg (PRN) • Naproxin 2.50 mg (PRN) <p>November 2009 Medication Administration Record did not contain the following information: the effectiveness that indicate the results of the medication</p> <ul style="list-style-type: none"> • Miralax 17 grams (PRN) • Loratadine 10 mg (PRN) • Naproxin 2.50 mg (PRN) 		

<p>(f) For PRN medication, an explanation for the use of the PRN medication shall include observable signs/symptoms or circumstances in which the medication is to be used, and documentation of effectiveness of PRN medication administered.</p> <p>(3) The Provider Agency shall also maintain a signature page that designates the full name that corresponds to each initial used to document administered or assisted delivery of each dose;</p> <p>(4) MARs are not required for individuals participating in Independent Living who self-administer their own medications;</p> <p>(5) Information from the prescribing pharmacy regarding medications shall be kept in the home and community inclusion service locations and shall include the expected desired outcomes of administering the medication, signs and symptoms of adverse events and interactions with other medications;</p> <p>NMAC 16.19.11.8 MINIMUM STANDARDS: A. MINIMUM STANDARDS FOR THE DISTRIBUTION, STORAGE, HANDLING AND RECORD KEEPING OF DRUGS:</p> <p>(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.

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.

Department of Health

Developmental Disabilities Supports Division (DDSD) Medication Assessment and Delivery Policy - Eff. November 1, 2006

F. PRN Medication

3. Prior to self-administration, self-administration with physical assist or assisting with delivery of PRN medications, the direct support staff must contact the agency nurse to describe observed symptoms and thus assure that the PRN medication is being used according to instructions given by the ordering PCP. In cases of fever, respiratory distress (including coughing), severe pain, vomiting, diarrhea, change in responsiveness/level of consciousness, the nurse must strongly consider the need to conduct a face-to-face assessment to assure that the PRN does not mask a condition better treated by seeking medical attention. This does not apply to home based/family living settings where the provider is related by affinity or by consanguinity to the individual.

4. The agency nurse shall review the utilization of PRN medications routinely. Frequent or escalating use of PRN medications must be reported to the PCP and discussed by the Interdisciplinary for changes to the overall support plan (see Section H of this policy).

H. Agency Nurse Monitoring

1. Regardless of the level of assistance with medication delivery that is required by the individual or the route through which the medication is delivered, the agency nurses must monitor the individual's response to the effects of their routine and PRN medications. The frequency and type of monitoring must be based on the nurse's assessment of the individual and consideration of the individual's diagnoses, health status, stability, utilization of PRN medications and level of support required by the individual's condition and the skill level and needs of the direct care staff. Nursing monitoring should be based on prudent nursing practice and should support the safety and independence of the individual in the community setting. The health care plan shall reflect the planned monitoring of the individual's response to medication.

Department of Health Developmental Disabilities Supports Division (DDSD) - Procedure Title: Medication Assessment and Delivery Procedure Eff Date: November 1, 2006

C. 3. Prior to delivery of the PRN, direct support staff must contact the agency nurse to describe observed symptoms and thus assure that the PRN is being used according to instructions given by the ordering PCP. In cases of fever, respiratory distress (including coughing), severe pain, vomiting, diarrhea, change in responsiveness/level of consciousness, the nurse must strongly consider the need to conduct a face-to-face assessment to assure that the PRN does not mask a condition better treated by seeking medical attention.

(References: Psychotropic Medication Use Policy, Section D, page 5 Use of PRN Psychotropic Medications; and, Human Rights Committee Requirements Policy, Section B, page 4 Interventions Requiring Review and Approval – Use of PRN Medications).

a. Document conversation with nurse including all reported signs and symptoms, advice given and action taken by staff.

4. Document on the MAR each time a PRN medication is used and describe its effect on the individual (e.g., temperature down, vomiting lessened, anxiety increased, the condition is the same, improved, or worsened, etc.).

Tag # 1A11 (CoP) Transportation P&P & Training	Scope and Severity Rating: F	
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS: The objective of these standards is to establish Provider Agency policy, procedure and reporting requirements for DD Medicaid Waiver program. These requirements apply to all such Provider Agency staff, whether directly employed or subcontracting with the Provider Agency. Additional Provider Agency requirements and personnel qualifications may be applicable for specific service standards.</p> <p>G. Transportation: Provider agencies that provide Community Living, Community Inclusion or Non-Medical Transportation services shall have a written policy and procedures regarding the safe transportation of individuals in the community, which comply with New Mexico regulations governing the operation of motor vehicles to transport individuals, and which are consistent with DDS guidelines issued July 1, 1999 titled "Client Transportation Safety". The policy and procedures must address at least the following topics:</p> <ol style="list-style-type: none"> (1) Drivers' requirements, (2) Individual safety, including safe locations for boarding and disembarking passengers, appropriate responses to hazardous weather and other adverse driving conditions, (3) Vehicle maintenance and safety inspections, (4) Staff training regarding the safe operation of the vehicle, assisting passengers and safe lifting procedures, (5) Emergency Plans, including vehicle evacuation techniques, (6) Documentation, and (7) Accident Procedures. <p>Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) Policy</p>	<p>Based on record review the Agency failed to have a written policies and procedures regarding the safe transportation of individuals in the community, which comply with New Mexico regulations governing the operation of motor vehicles to transport individuals.</p> <p>Review of Agency's policies and procedures found no evidence of the Agency's transportation policy & procedure.</p> <p>When #173 was asked if the Agency had a policy regarding the safe transportation of individuals, the following was reported:</p> <p>#173 stated, "No, However, New Mexico Mutual would be providing defensive driving for staff.</p> <p>Based on record review the Agency failed to provide staff training regarding the safe operation of the vehicle, assisting passengers and safe lifting procedures for 117 of 126 Direct Service Personnel.</p> <p>No documented evidence was found of the following required training:</p> <ul style="list-style-type: none"> • Transportation (DSP #40, 41, 42, 43, 44, 46, 48, 49, 50, 51, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 84, 85, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 140, 141, 142, 143, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163 & 164). 	

Training Requirements for Direct Service Agency Staff Policy **Eff Date:** March 1, 2007

II. POLICY STATEMENTS:

I. Staff providing direct services shall complete safety training within the first thirty (30) days of employment and before working alone with an individual receiving services. The training shall address at least the following:

1. Operating a fire extinguisher
2. Proper lifting procedures
3. General vehicle safety precautions (e.g., pre-trip inspection, removing keys from the ignition when not in the driver's seat)
4. Assisting passengers with cognitive and/or physical impairments (e.g., general guidelines for supporting individuals who may be unaware of safety issues involving traffic or those who require physical assistance to enter/exit a vehicle)
5. Operating wheelchair lifts (if applicable to the staff's role)
6. Wheelchair tie-down procedures (if applicable to the staff's role)
7. Emergency and evacuation procedures (e.g., roadside emergency, fire emergency)

Tag # 1A20 DSP Training Documents	Scope and Severity Rating: D	
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 IV. GENERAL REQUIREMENTS FOR PROVIDER AGENCY SERVICE</p> <p>PERSONNEL: The objective of this section is to establish personnel standards for DD Medicaid Waiver Provider Agencies for the following services: Community Living Supports, Community Inclusion Services, Respite, Substitute Care and Personal Support Companion Services. These standards apply to all personnel who provide services, whether directly employed or subcontracting with the Provider Agency. Additional personnel requirements and qualifications may be applicable for specific service standards.</p> <p>C. Orientation and Training Requirements: Orientation and training for direct support staff and his or her supervisors shall comply with the DDSD/DOH Policy Governing the Training Requirements for Direct Support Staff and Internal Service Coordinators Serving Individuals with Developmental Disabilities to include the following:</p> <p>(1) Each new employee shall receive appropriate orientation, including but not limited to, all policies relating to fire prevention, accident prevention, incident management and reporting, and emergency procedures; and</p> <p>(2) Individual-specific training for each individual under his or her direct care, as described in the individual service plan, prior to working alone with the individual.</p> <p>Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) Policy - Policy Title: Training Requirements for Direct Service Agency Staff Policy - Eff. March 1, 2007 - II. POLICY STATEMENTS:</p> <p>A. Individuals shall receive services from competent and qualified staff.</p> <p>B. Staff shall complete individual-specific (formerly known as "Addendum B") training requirements in</p>	<p>Based on record review, the Agency failed to ensure that Orientation and Training requirements were met for 14 of 126 Direct Service Personnel.</p> <p>Review of Direct Service Personnel training records found no evidence of the following required DOH/DDSD trainings and certification being completed:</p> <ul style="list-style-type: none"> • Pre- Service (DSP #137 &160) • Basic Health/Orientation (DSP #111 &160) • Person-Centered Planning (1-Day) (DSP # 96 &160) • First Aid (DSP # 84) • CPR (DSP #75 & 84) • Assisting With Medication Delivery (DSP #83 & 89) • Rights & Advocacy (DSP #75 &160) • Level 1 Health (DSP #65, 68 &120) • Teaching & Support Strategies (DSP #68, 75 & 160) • Positive Behavior Supports Strategies (DSP #75, 142 & 160) • Participatory Communication & Choice Making (DSP #130, 143 & 160) 	

accordance with the specifications described in the individual service plan (ISP) of each individual served.

C. Staff shall complete training on DOH-approved incident reporting procedures in accordance with 7 NMAC 1.13.

D. Staff providing direct services shall complete training in universal precautions on an annual basis. The training materials shall meet Occupational Safety and Health Administration (OSHA) requirements.

E. Staff providing direct services shall maintain certification in first aid and CPR. The training materials shall meet OSHA requirements/guidelines.

F. Staff who may be exposed to hazardous chemicals shall complete relevant training in accordance with OSHA requirements.

G. Staff shall be certified in a DDS-approved behavioral intervention system (e.g., Mandt, CPI) before using physical restraint techniques. Staff members providing direct services shall maintain certification in a DDS-approved behavioral intervention system if an individual they support has a behavioral crisis plan that includes the use of physical restraint techniques.

H. Staff shall complete and maintain certification in a DDS-approved medication course in accordance with the DDS Medication Delivery Policy M-001.

I. Staff providing direct services shall complete safety training within the first thirty (30) days of employment and before working alone with an individual receiving services.

Tag # 1A26 (CoP) COR / EAR	Scope and Severity Rating: D		
<p>NMAC 7.1.12.8 REGISTRY ESTABLISHED; PROVIDER INQUIRY REQUIRED: Upon the effective date of this rule, the department has established and maintains an accurate and complete electronic registry that contains the name, date of birth, address, social security number, and other appropriate identifying information of all persons who, while employed by a provider, have been determined by the department, as a result of an investigation of a complaint, to have engaged in a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider. Additions and updates to the registry shall be posted no later than two (2) business days following receipt. Only department staff designated by the custodian may access, maintain and update the data in the registry.</p> <p>A. Provider requirement to inquire of registry. A provider, prior to employing or contracting with an employee, shall inquire of the registry whether the individual under consideration for employment or contracting is listed on the registry.</p> <p>B. Prohibited employment. A provider may not employ or contract with an individual to be an employee if the individual is listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider.</p> <p>D. Documentation of inquiry to registry. The provider shall maintain documentation in the employee's personnel or employment records that evidences the fact that the provider made an inquiry to the registry concerning that employee prior to employment. Such documentation must include evidence, based on the response to such inquiry received from the custodian by the provider, that the employee was not listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation.</p>	<p>Based on record review, the Agency failed to maintain documentation in the employee's personnel records that evidenced inquiry to the Employee Abuse Registry prior to employment for 5 of 133 Agency Personnel.</p> <p>The following Agency personnel records contained NO evidence of the Employee Abuse Registry being completed:</p> <ul style="list-style-type: none"> • #44 – Date of Hire 10/23/07 • #58 – Date of Hire 2/13/09 • #132 – Date of Hire 11/01/08 • #133 – Date of Hire 8/29/06 • #150 – Date of Hire 4/1/09 		

E. **Documentation for other staff.** With respect to all employed or contracted individuals providing direct care who are licensed health care professionals or certified nurse aides, the provider shall maintain documentation reflecting the individual's current licensure as a health care professional or current certification as a nurse aide.

F. **Consequences of noncompliance.** The department or other governmental agency having regulatory enforcement authority over a provider may sanction a provider in accordance with applicable law if the provider fails to make an appropriate and timely inquiry of the registry, or fails to maintain evidence of such inquiry, in connection with the hiring or contracting of an employee; or for employing or contracting any person to work as an employee who is listed on the registry. Such sanctions may include a directed plan of correction, civil monetary penalty not to exceed five thousand dollars (\$5000) per instance, or termination or non-renewal of any contract with the department or other governmental agency.

Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007

Chapter 1.IV. General Provider Requirements.

D. Criminal History Screening: All personnel shall be screened by the Provider Agency in regard to the employee's qualifications, references, and employment history, prior to employment. All Provider Agencies shall comply with the Criminal Records Screening for Caregivers 7.1.12 NMAC and Employee Abuse Registry 7.1.12 NMAC as required by the Department of Health, Division of Health Improvement.

Tag # 1A28 (CoP) Incident Mgt. System - Personnel Training	Scope & Severity Rating: D		
<p>NMAC 7.1.13.10 INCIDENT MANAGEMENT SYSTEM REQUIREMENTS:</p> <p>A. General: All licensed health care facilities and community based service providers shall establish and maintain an incident management system, which emphasizes the principles of prevention and staff involvement. The licensed health care facility or community based service provider shall ensure that the incident management system policies and procedures requires all employees to be competently trained to respond to, report, and document incidents in a timely and accurate manner.</p> <p>D. Training Documentation: All licensed health care facilities and community based service providers shall prepare training documentation for each employee to include a signed statement indicating the date, time, and place they received their incident management reporting instruction. The licensed health care facility and community based service provider shall maintain documentation of an employee's training for a period of at least twelve (12) months, or six (6) months after termination of an employee's employment. Training curricula shall be kept on the provider premises and made available on request by the department. Training documentation shall be made available immediately upon a division representative's request. Failure to provide employee training documentation shall subject the licensed health care facility or community based service provider to the penalties provided for in this rule.</p> <p>Policy Title: Training Requirements for Direct Service Agency Staff Policy - Eff. March 1, 2007</p> <p>II. POLICY STATEMENTS:</p> <p>A. Individuals shall receive services from competent and qualified staff.</p> <p>C. Staff shall complete training on DOH-approved incident reporting procedures in accordance with 7 NMAC 1.13.</p>	<p>Based on record review the Agency failed to provide documentation verifying completion of Incident Management Training for 4 or 133 Agency Personnel.</p> <ul style="list-style-type: none"> • Incident Management Training (Abuse, Neglect & Misappropriation of Consumers' Property) (#110, 113, 115 &130) 		

Tag # 1A29 Complaints / Grievances - Acknowledgement	Scope and Severity Rating: C		
<p>NMAC 7.26.3.6 A. These regulations set out rights that the department expects all providers of services to individuals with developmental disabilities to respect. These regulations are intended to complement the department's Client Complaint Procedures (7 NMAC 26.4) [now 7.26.4 NMAC].</p> <p>NMAC 7.26.3.13 Client Complaint Procedure Available. A complainant may initiate a complaint as provided in the client complaint procedure to resolve complaints alleging that a service provider has violated a client's rights as described in Section 10 [now 7.26.3.10 NMAC]. The department will enforce remedies for substantiated complaints of violation of a client's rights as provided in client complaint procedure. [09/12/94; 01/15/97; Recompiled 10/31/01]</p> <p>NMAC 7.26.4.13 Complaint Process: A. (2). The service provider's complaint or grievance procedure shall provide, at a minimum, that: (a) the client is notified of the service provider's complaint or grievance procedure</p>	<p>Based on record review, the Agency failed to provide documentation, the complaint procedure had been made available to individuals or their legal guardians for 20 of 20 individuals.</p> <ul style="list-style-type: none"> Grievance/Complaint Procedure Acknowledgement (#1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19 & 20) 		

Tag # 1A31 (CoP) Client Rights/Human Rights	Scope and Severity Rating: D		
<p>7.26.3.11 RESTRICTIONS OR LIMITATION OF CLIENT'S RIGHTS:</p> <p>A. A service provider shall not restrict or limit a client's rights except:</p> <p>(1) where the restriction or limitation is allowed in an emergency and is necessary to prevent imminent risk of physical harm to the client or another person; or</p> <p>(2) where the interdisciplinary team has determined that the client's limited capacity to exercise the right threatens his or her physical safety; or</p> <p>(3) as provided for in Section 10.1.14 [now Subsection N of 7.26.3.10 NMAC].</p> <p>B. Any emergency intervention to prevent physical harm shall be reasonable to prevent harm, shall be the least restrictive intervention necessary to meet the emergency, shall be allowed no longer than necessary and shall be subject to interdisciplinary team (IDT) review. The IDT upon completion of its review may refer its findings to the office of quality assurance. The emergency intervention may be subject to review by the service provider's behavioral support committee or human rights committee in accordance with the behavioral support policies or other department regulation or policy.</p> <p>C. The service provider may adopt reasonable program policies of general applicability to clients served by that service provider that do not violate client rights. [09/12/94; 01/15/97; Recompiled 10/31/01]</p> <p>Long Term Services Division Policy Title: Human Rights Committee Requirements Eff Date: March 1, 2003 - IV. POLICY STATEMENT -</p> <p>Human Rights Committees are required for residential service provider agencies. The purpose of these committees with respect to the provision of Behavior Supports is to review and monitor the implementation of certain Behavior Support Plans. Human Rights Committees may not approve any of</p>	<p>Based on record review, the Agency failed to ensure the rights of Individuals was not restricted or limited for 1 of 20 Individuals.</p> <p>A review of Agency Individual files indicated 1 of 20 Individuals required Human Rights Committee Approval for restrictions.</p> <p>No documentation was found regarding Human Rights Approval for the following:</p> <ul style="list-style-type: none"> • Physical Restraint (gate in kitchen) - (Individual # 14) 		

the interventions specifically prohibited in the following policies:

- Aversive Intervention Prohibitions
- Psychotropic Medications Use
- Behavioral Support Service Provision.

A Human Rights Committee may also serve other agency functions as appropriate, such as the review of internal policies on sexuality and incident management follow-up.

A. HUMAN RIGHTS COMMITTEE ROLE IN BEHAVIOR SUPPORTS

Only those Behavior Support Plans with an aversive intervention included as part of the plan or associated Crisis Intervention Plan need to be reviewed prior to implementation. Plans not containing aversive interventions do not require Human Rights Committee review or approval.

2. The Human Rights Committee will determine and adopt a written policy stating the frequency and purpose of meetings. Behavior Support Plans approved by the Human Rights Committee will be reviewed at least quarterly.

3. Records, including minutes of all meetings will be retained at the agency with primary responsibility for implementation for at least five years from the completion of each individual's Individual Service Plan.

Department of Health Developmental Disabilities Supports Division (DDSD) - Procedure Title: Medication Assessment and Delivery Procedure
Eff Date: November 1, 2006

B. 1. e. If the PRN medication is to be used in response to psychiatric and/or behavioral symptoms in addition to the above requirements, obtain current written consent from the individual, guardian or surrogate health decision maker and submit for review by the agency's Human Rights Committee (References: Psychotropic Medication Use Policy, Section D, page 5 Use of PRN Psychotropic Medications; and, Human Rights Committee Requirements Policy, Section B, page 4...Review and Approval – Use of PRN Medications).

--	--	--	--

--	--	--	--

--	--	--	--

Tag # 1A32 (CoP) ISP Implementation	Scope and Severity Rating: F		
<p>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.</p> <p>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.</p> <p>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]</p>	<p>Based on record review, the Agency failed to 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 20 of 20 individuals.</p> <p>Per Individuals ISP the following was found with regards to the implementation of ISP Outcomes:</p> <p>Family Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #1</p> <ul style="list-style-type: none"> • None found for September 2009 – November 2009 <p>Individual #2</p> <ul style="list-style-type: none"> • None found for September 2009 – November 2009 <p>Individual #3</p> <ul style="list-style-type: none"> • None found for September 2009 – November 2009 <p>Individual #4</p> <ul style="list-style-type: none"> • None found for September 2009 – November 2009 <p>Individual #5</p> <ul style="list-style-type: none"> • None found for September 2009 – November 2009 <p>Individual #6</p> <ul style="list-style-type: none"> • None found for September 2009 – November 2009 <p>Individual #7</p> <ul style="list-style-type: none"> • None found for September 2009 – November 2009 		

	<p>Individual #8</p> <ul style="list-style-type: none"> • None found for September 2009 – November 2009 <p>Individual #9</p> <ul style="list-style-type: none"> • None found for September 2009 – November 2009 <p>Individual #10</p> <ul style="list-style-type: none"> • None found for September 2009 – November 2009 <p>Individual #11</p> <ul style="list-style-type: none"> • None found for September 2009 – November 2009 <p>Individual #12</p> <ul style="list-style-type: none"> • None found for September 2009 – November 2009 <p>Individual #13</p> <ul style="list-style-type: none"> • None found for September 2009 – November 2009 <p>Individual #14</p> <ul style="list-style-type: none"> • None found for September 2009 – November 2009 <p>Individual #15</p> <ul style="list-style-type: none"> • None found for September 2009 – November 2009 <p>Individual #16</p> <ul style="list-style-type: none"> • None found for September 2009 – November 2009 <p>Individual #17</p> <ul style="list-style-type: none"> • None found for September 2009 – November 2009 <p>Individual #18</p> <ul style="list-style-type: none"> • None found for September 2009 – November 2009 		
--	---	--	--

	<p>2009</p> <p>Individual #19</p> <ul style="list-style-type: none">• None found for September 2009 – November 2009 <p>Individual #20</p> <ul style="list-style-type: none">• None found for September 2009 – November 2009		
--	---	--	--

Tag # 1A37 Individual Specific Training	Scope and Severity Rating: D		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 IV. GENERAL REQUIREMENTS FOR PROVIDER AGENCY SERVICE</p> <p>PERSONNEL: The objective of this section is to establish personnel standards for DD Medicaid Waiver Provider Agencies for the following services: Community Living Supports, Community Inclusion Services, Respite, Substitute Care and Personal Support Companion Services. These standards apply to all personnel who provide services, whether directly employed or subcontracting with the Provider Agency. Additional personnel requirements and qualifications may be applicable for specific service standards.</p> <p>C. Orientation and Training Requirements: Orientation and training for direct support staff and his or her supervisors shall comply with the DDS/DOH Policy Governing the Training Requirements for Direct Support Staff and Internal Service Coordinators Serving Individuals with Developmental Disabilities to include the following:</p> <p>(2) Individual-specific training for each individual under his or her direct care, as described in the individual service plan, prior to working alone with the individual.</p> <p>Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) Policy - Policy Title: Training Requirements for Direct Service Agency Staff Policy - Eff. March 1, 2007 - II. POLICY STATEMENTS:</p> <p>A. Individuals shall receive services from competent and qualified staff.</p> <p>B. Staff shall complete individual-specific (formerly known as "Addendum B") training requirements in accordance with the specifications described in the individual service plan (ISP) of each individual served.</p>	<p>Based on record review, the Agency failed to ensure that Individual Specific Training requirements were met for 6 of 133 Agency Personnel.</p> <p>Review of personnel records found no evidence of the following:</p> <ul style="list-style-type: none"> • Individual Specific Training (#102, 124, 126, 144, 148,& 154) 		

Tag # 6L06 (CoP) - FL Requirements	Scope and Severity Rating: F		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 6. III. REQUIREMENTS UNIQUE TO FAMILY LIVING SERVICES - B. Home Studies.</p> <p>The Family Living Services Provider Agency shall complete all DDS requirements for approval of each direct support provider, including completion of an approved home study and training prior to placement. After the initial home study, an updated home study shall be completed annually. The home study must also be updated each time there is a change in family composition or when the family moves to a new home. The content and procedures used by the Provider Agency to conduct home studies shall be approved by DDS.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1. I. PROVIDER AGENCY ENROLLMENT PROCESS - D. Scope of DDS Agreement</p> <p>(4) Provider Agencies must have prior written approval of the Department of Health to subcontract any service other than Respite;</p> <p>NMAC 8.314.5.10 - DEVELOPMENTAL DISABILITIES HOME AND COMMUNITY-BASED SERVICES WAIVER - ELIGIBLE PROVIDERS:</p> <p>I. Qualifications for community living service providers: There are three types of community living services: Family living, supported living and independent living. Community living providers must meet all qualifications set forth by the DOH/DDS, DDW definitions and service standards.</p> <p>(1) Family living service providers for adults must meet the qualifications for staff required by the DOH/DDS, DDW service definitions and standards. The direct care provider employed by or subcontracting with the provider agency must be approved through a home study completed prior to</p>	<p>Based on record review, the Agency failed complete all DDS requirements for approval of each direct support provider for 18 of 20 individuals.</p> <p>The following was not found, not current and/or incomplete:</p> <ul style="list-style-type: none"> • Current Family Living Contract (#1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 12, 13, 14, 15, 17, 18, 19 & 20) 		

provision of services and conducted at subsequent intervals required of the provider agency. All family living sub-contracts must be approved by the DOH/DDSD.

Tag # 6L13 (CoP) - CL Healthcare Reqts.	Scope and Severity Rating: E	
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 6. VI. GENERAL REQUIREMENTS FOR COMMUNITY LIVING</p> <p>G. Health Care Requirements for Community Living Services.</p> <p>(1) The Community Living Service providers shall ensure completion of a HAT for each individual receiving this service. The HAT shall be completed 2 weeks prior to the annual ISP meeting and submitted to the Case Manager and all other IDT Members. A revised HAT is required to also be submitted whenever the individual's health status changes significantly. For individuals who are newly allocated to the DD Waiver program, the HAT may be completed within 2 weeks following the initial ISP meeting and submitted with any strategies and support plans indicated in the ISP, or within 72 hours following admission into direct services, which ever comes first.</p> <p>(2) Each individual will have a Health Care Coordinator, designated by the IDT. When the individual's HAT score is 4, 5 or 6 the Health Care Coordinator shall be an IDT member, other than the individual. The Health Care Coordinator shall oversee and monitor health care services for the individual in accordance with these standards. In circumstances where no IDT member voluntarily accepts designation as the health care coordinator, the community living provider shall assign a staff member to this role.</p> <p>(3) For each individual receiving Community Living Services, the provider agency shall ensure and document the following:</p> <p>(a) Provision of health care oversight consistent with these Standards as detailed in Chapter One section III E: Healthcare Documentation by Nurses For Community Living Services, Community Inclusion Services and Private Duty Nursing Services.</p> <p>b) That each individual with a score of 4, 5, or 6</p>	<p>Based on record review, the Agency failed to provide documentation of annual physical examinations and/or other examinations as specified by a licensed physician for 5 of 20 individuals receiving Community Living Services.</p> <ul style="list-style-type: none"> • Annual Physical (#1 & 4) • Dental Exam <ul style="list-style-type: none"> ◦ Individual # 2 - As indicated by the documentation reviewed, exam was completed on 4/08/08. Follow-up was to be completed in 12 months. No evidence of follow-up found. Individual # 3 – As indicated by the documentation reviewed, exam was completed on 7/08. Follow-up was to be completed in 6 months. No evidence of follow-up found. • Review of Psychotropic Medication <ul style="list-style-type: none"> ◦ Individual #16 is to have a medication review every 6-months. No evidence was found for the following time frame to indicate they were completed 6/2009 - 12/2009. • Abnormal Involuntary Movement Screening <ul style="list-style-type: none"> ◦ None found 06/2009 to 12/2009 for Abilify (#16). 	

<p>on the HAT, has a Health Care Plan developed by a licensed nurse.</p> <p>(c) That an individual with chronic condition(s) with the potential to exacerbate into a life threatening condition, has Crisis Prevention/ Intervention Plan(s) developed by a licensed nurse or other appropriate professional for each such condition.</p> <p>(4) That an average of 3 hours of documented nutritional counseling is available annually, if recommended by the IDT.</p> <p>(5) That the physical property and grounds are free of hazards to the individual's health and safety.</p> <p>(6) In addition, for each individual receiving Supported Living or Family Living Services, the provider shall verify and document the following:</p> <p>(a) The individual has a primary licensed physician;</p> <p>(b) The individual receives an annual physical examination and other examinations as specified by a licensed physician;</p> <p>(c) The individual receives annual dental check-ups and other check-ups as specified by a licensed dentist;</p> <p>(d) The individual receives eye examinations as specified by a licensed optometrist or ophthalmologist; and</p> <p>(e) Agency activities that occur as follow-up to medical appointments (e.g. treatment, visits to specialists, changes in medication or daily routine).</p>			
--	--	--	--

Tag # 6L14 Residential Case File	Scope and Severity Rating: F	
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 6. VIII. COMMUNITY LIVING SERVICE PROVIDER AGENCY REQUIREMENTS</p> <p>A. Residence Case File: For individuals receiving Supported Living or Family Living, the Agency shall maintain in the individual's home a complete and current confidential case file for each individual. For individuals receiving Independent Living Services, rather than maintaining this file at the individual's home, the complete and current confidential case file for each individual shall be maintained at the agency's administrative site. Each file shall include the following:</p> <p>(1) Complete and current ISP and all supplemental plans specific to the individual;</p> <p>(2) Complete and current Health Assessment Tool;</p> <p>(3) Current emergency contact information, which includes the individual's address, telephone number, names and telephone numbers of residential Community Living Support providers, relatives, or guardian or conservator, primary care physician's name(s) and telephone number(s), pharmacy name, address and telephone number and dentist name, address and telephone number, and health plan;</p> <p>(4) Up-to-date progress notes, signed and dated by the person making the note for at least the past month (older notes may be transferred to the agency office);</p> <p>(5) Data collected to document ISP Action Plan implementation</p> <p>(6) Progress notes written by direct care staff and by nurses regarding individual health status and physical conditions including action taken in response to identified changes in condition for at least the past month;</p> <p>(7) Physician's or qualified health care providers written orders;</p> <p>(8) Progress notes documenting implementation of</p>	<p>Based on record review, the Agency failed to maintain a complete and confidential case file in the residence for 20 of 20 Individuals receiving Family Living Services.</p> <p>The following was not found, incomplete and/or not current:</p> <ul style="list-style-type: none"> • Current Emergency & Personal Identification Information <ul style="list-style-type: none"> ◦ Did not contain Pharmacy Information (#1, 2, 3, 7, 8 & 20) • Annual ISP (#2 & 17) • ISP Signature Page (#2, 9, 11, 14, 15, 16, 17 & 19) • Addendum A (#1, 2, 3, 9, 10, 11, 17 & 19) • Individual Specific Training (#2, 9, 11, 15, 17 & 19) • Positive Behavioral Plan (#2 & 11) • Positive Behavioral Crisis Plan (#2, 11 & 16) • Speech Therapy Plan (#2 & 9) • Occupational Therapy Plan (#9 & 15) • Physical Therapy Plan (#1, 4, 9, 15 & 20) • Special Health Care Needs <ul style="list-style-type: none"> ◦ Meal Time Plan (#3 & 18) • Crisis Plan <ul style="list-style-type: none"> ◦ Seizures (#3) ◦ Aspiration (#3) ◦ Hypoxia (#10) 	

<p>a physician's or qualified health care provider's order(s);</p> <p>(9) Medication Administration Record (MAR) for the past three (3) months which includes:</p> <ul style="list-style-type: none"> (a) The name of the individual; (b) A transcription of the healthcare practitioners prescription including the brand and generic name of the medication; (c) Diagnosis for which the medication is prescribed; (d) Dosage, frequency and method/route of delivery; (e) Times and dates of delivery; (f) Initials of person administering or assisting with medication; and (g) An explanation of any medication irregularity, allergic reaction or adverse effect. (h) For PRN medication an explanation for the use of the PRN must include: <ul style="list-style-type: none"> (i) Observable signs/symptoms or circumstances in which the medication is to be used, and (ii) Documentation of the effectiveness/result of the PRN delivered. (i) A MAR is not required for individuals participating in Independent Living Services who self-administer their own medication. However, when medication administration is provided as part of the Independent Living Service a MAR must be maintained at the individual's home and an updated copy must be placed in the agency file on a weekly basis. <p>(10) Record of visits to healthcare practitioners including any treatment provided at the visit and a record of all diagnostic testing for the current ISP year; and</p> <p>(11) Medical History to include: demographic data, current and past medical diagnoses including the cause (if known) of the developmental disability and any psychiatric diagnosis, allergies (food, environmental, medications), status of routine adult health care screenings, immunizations, hospital</p>	<ul style="list-style-type: none"> • Progress Notes/Daily Contacts Logs: <ul style="list-style-type: none"> ◦ Individual #1 - None found for January 1 through January 12, 2010 ◦ Individual #2 - None found for January 1 through January 13, 2010 ◦ Individual #3 - None found for January 1 through January 13, 2010 ◦ Individual #4 - None found for January 1 through January 12, 2010 ◦ Individual #5 - None found for January 1 through January 13, 2010 ◦ Individual #6 - None found for January 1 through January 13, 2010 ◦ Individual #7 - None found for January 1 through January 14, 2010 ◦ Individual #8 - None found for January 1 through January 14, 2010 ◦ Individual #9 - None found for January 1 through January 12, 2010 ◦ Individual #10 - None found for January 1 through January 13, 2010 ◦ Individual #11 - None found for January 1 through January 14, 2010 ◦ Individual #12 - None found for January 1 through January 14, 2010 ◦ Individual #13 - None found for January 1 through January 12, 2010 ◦ Individual #14 - None found for January 1 		
--	--	--	--

discharge summaries for past twelve (12) months, past medical history including hospitalizations, surgeries, injuries, family history and current physical exam.

- Individual #15 - None found for January 1 through January 13, 2010
- Individual #16 - None found for January 1 through January 12, 2010.
- Individual #17 - None found for January 1 through January 11, 2010
- Individual #18 - None found for January 1 through January 14, 2010
- Individual #19 - None found for January 1 through January 12, 2010
- Individual #20 - None found for January 1 through January 11, 2010
- **Progress Notes written by DSP and/or Nurses regarding Health Status:**
 - Individual #1 - None found for January 1 through January 12, 2010
 - Individual #2 - None found for January 1 through January 13, 2010
 - Individual #8 - None found for January 1 through January 14, 2010
 - Individual #9 - None found for January 1 through January 12, 2010
 - Individual #10 - None found for January 1 through January 13, 2010
 - Individual #19 - None found for January 1 through January 12, 2010
- **Health Care Providers Written Orders (# 2, 7 & 20)**

- | | | | |
|--|--|--|--|
| | <ul style="list-style-type: none">• Record of visits of healthcare practitioners (#2) | | |
|--|--|--|--|

Tag # 6L17 Reporting Requirements (Community Living Quarterly Reports)	Scope and Severity Rating: A		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 6. VIII. COMMUNITY LIVING SERVICE PROVIDER AGENCY REQUIREMENTS</p> <p>D. Community Living Service Provider Agency Reporting Requirements: All Community Living Support providers shall submit written quarterly status reports to the individual's Case Manager and other IDT Members no later than fourteen (14) days following the end of each ISP quarter. The quarterly reports shall contain the following written documentation:</p> <ol style="list-style-type: none"> (1) Timely completion of relevant activities from ISP Action Plans (2) Progress towards desired outcomes in the ISP accomplished during the quarter; (3) Significant changes in routine or staffing; (4) Unusual or significant life events; (5) Updates on health status, including medication and durable medical equipment needs identified during the quarter; and (6) Data reports as determined by IDT members. 	<p>Based on record review, the Agency failed to complete written quarterly status reports for 1 of 20 individuals receiving Community Living Services.</p> <p>Family Living Quarterly Reports:</p> <ul style="list-style-type: none"> • Individual #19 - None found for 9/2009 – 12/2009 		

Tag # 6L25 (CoP) Residential Health & Safety (Supported Living & Family Living)	Scope and Severity Rating: E		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 6. VIII. COMMUNITY LIVING SERVICE PROVIDER AGENCY REQUIREMENTS</p> <p>L. Residence Requirements for Family Living Services and Supported Living Services</p> <p>(1) Supported Living Services and Family Living Services providers shall assure that each individual's residence has:</p> <ul style="list-style-type: none"> (a) Battery operated or electric smoke detectors, heat sensors, or a sprinkler system installed in the residence; (b) General-purpose first aid kit; (c) When applicable due to an individual's health status, a blood borne pathogens kit; (d) Accessible written procedures for emergency evacuation e.g. fire and weather-related threats; (e) Accessible telephone numbers of poison control centers located within the line of sight of the telephone; (f) Accessible written documentation of actual evacuation drills occurring at least three (3) times a year. For Supported Living evacuation drills shall occur at least once a year during each shift; (g) Accessible written procedures for the safe storage of all medications with dispensing instructions for each individual that are consistent with the Assisting with Medication Administration training or each individual's ISP; and (h) Accessible written procedures for emergency placement and relocation of individuals in the event of an emergency evacuation that makes the residence unsuitable for occupancy. The emergency evacuation procedures shall address, but are not limited to, fire, chemical and/or hazardous waste spills, and flooding. 	<p>Based on observation, the Agency failed to ensure that each individual's residence met all requirements within the standard for 9 of 12 Family Living residences.</p> <p>The following items were not found, not functioning or incomplete:</p> <p>Family Living Requirements:</p> <ul style="list-style-type: none"> • General-purpose first aid kit (#2 & 3) • Accessible written documentation of actual evacuation drills occurring at least three (3) times a year. For Supported Living evacuation drills shall occur at least once a year during each shift (#17) • Accessible written procedures for the safe storage of all medications with dispensing instructions for each individual that are consistent with the Assisting with Medication Administration training or each individual's ISP (#9 & 17) • Accessible written procedures for emergency placement and relocation of individuals in the event of an emergency evacuation that makes the residence unsuitable for occupancy. The emergency evacuation procedures shall address, but are not limited to, fire, chemical and/or hazardous waste spills, and flooding (#1, 4, 7, 8, 9, 13, 14, 15, 17 & 19) <p>Note: The following Individuals share a residence: 1 & 14; 2 & 3; 7 & 8.</p>		

Tag # 6L27 FL Reimbursement	Scope and Severity Rating: C	
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 6. IX. REIMBURSEMENT FOR COMMUNITY LIVING SERVICES</p> <p>B. Reimbursement for Family Living Services</p> <p>(1) Billable Unit: The billable unit for Family Living Services is a daily rate for each individual in the residence. A maximum of 340 days (billable units) are allowed per ISP year.</p> <p>(2) Billable Activities shall include:</p> <p>(a) Direct support provided to an individual in the residence any portion of the day;</p> <p>(b) Direct support provided to an individual by the Family Living Services direct support or substitute care provider away from the residence (e.g., in the community); and</p> <p>(c) Any other activities provided in accordance with the Scope of Services.</p> <p>(3) Non-Billable Activities shall include:</p> <p>(a) The Family Living Services Provider Agency may not bill the for room and board;</p> <p>(b) Personal care, nutritional counseling and nursing supports may not be billed as separate services for an individual receiving Family Living Services; and</p> <p>(c) Family Living services may not be billed for the same time period as Respite.</p> <p>(d) The Family Living Services Provider Agency may not bill on days when an individual is hospitalized or in an institutional care setting. For this purpose a day is counted from one midnight to the following midnight.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007 - Chapter 6 - COMMUNITY LIVING SERVICES</p> <p>III. REQUIREMENTS UNIQUE TO FAMILY LIVING SERVICES</p> <p>C. Service Limitations. Family Living Services</p>	<p>Based on record review, the Agency failed to provide written or electronic documentation as evidence for each unit billed for Family Living Services for 20 of 20 individuals.</p> <p>Individual #1 November 2009</p> <ul style="list-style-type: none"> The Agency billed 17 units of Family Living from 11/14/09 through 11/30/09. No documentation found to justify billing. <p>Individual #2 September 2009</p> <ul style="list-style-type: none"> The Agency billed 30 units of Family Living from 9/1/09 through 9/30/09. No documentation found to justify billing. <p>October 2009</p> <ul style="list-style-type: none"> The Agency billed 6 units of Family Living from October 1, 2009 through October 31, 2009. No documentation found to justify billing. <p>November 2009</p> <ul style="list-style-type: none"> The Agency billed 30 units of Family Living from 11/1/09 through 11/30/09. No documentation found to justify billing. <p>Individual #3 September 2009</p> <ul style="list-style-type: none"> The Agency billed 30 units of Family Living from 9/1/2009 through 9/30/09. No documentation found to justify billing. <p>October 2009</p> <ul style="list-style-type: none"> The Agency billed 31 units of Family Living from 10/1/09 through 10/31/09. No documentation found to justify billing. <p>November 2009</p> <ul style="list-style-type: none"> The Agency billed 30 units of Family Living from 11/1/09 through 11/30/09. No documentation 	

cannot be provided in conjunction with any other Community Living Service, Personal Support Service, Private Duty Nursing, or Nutritional Counseling. In addition, Family Living may not be delivered during the same time as respite; therefore, a specified deduction to the daily rate for Family Living shall be made for each unit of respite received.

Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007 - **DEFINITIONS**
SUBSTITUTE CARE means the provision of family living services by an agency staff or subcontractor during a planned/scheduled or emergency absence of the direct service provider.

RESPITE means a support service to allow the primary caregiver to take a break from care giving responsibilities while maintaining adequate supervision and support to the individual during the absence of the primary caregiver.

found to justify billing.

Individual #4
November 2009

- The Agency billed 17 units of Family Living from 11/14/09 through 11/30/09. No documentation found to justify billing.

Individual #5
September 2009

- The Agency billed 30 units of Family Living from 9/1/09 through 9/30/09. No documentation found to justify billing.

October 2009

- The Agency billed 31 units of Family Living from 10/1/09 through 10/31/09. No documentation found to justify billing.

November 2009

- The Agency billed 30 units of Family Living from 11/1/09 through 11/30/09. No documentation found to justify billing.

Individual # 6
September 2009

- The Agency billed 30 units of Family Living from 9/1/09 through 9/30/09. No documentation found to justify billing.

October 2009

- The Agency billed 31 units of Family Living from 10/1/09 through 10/31/09. No documentation found to justify billing.

November 2009

- The Agency billed 30 units of Family Living from 11/1/09 through 11/30/09. No documentation found to justify billing.

Individual # 7
September 2009

	<ul style="list-style-type: none"> • The Agency billed 30 units of Family Living from 9/1/09 through 9/30/09. No documentation found to justify billing. <p>October 2009</p> <ul style="list-style-type: none"> • The Agency billed 31 units of Family Living from 10/1/09 through 10/31/09. No documentation found to justify billing. <p>November 2009</p> <ul style="list-style-type: none"> • The Agency billed 30 units of Family Living from 11/1/09 through 11/30/09. No documentation found to justify billing. <p>Individual # 8</p> <p>September 2009</p> <ul style="list-style-type: none"> • The Agency billed 30 units of Family Living from 9/1/09 through 9/30/09. No documentation found to justify billing. <p>October 2009</p> <ul style="list-style-type: none"> • The Agency billed 31 units of Family Living from 10/1/09 through 10/31/09. No documentation found to justify billing. <p>November 2009</p> <ul style="list-style-type: none"> • The Agency billed 30 units of Family Living from 11/1/09 through 11/30/09. No documentation found to justify billing. <p>Individual #9</p> <p>September 2009</p> <ul style="list-style-type: none"> • The Agency billed 30 units of Family Living from 9/1/09 through 9/30/09. No documentation found to justify billing. <p>October 2009</p> <ul style="list-style-type: none"> • The Agency billed 31 units of Family Living from 10/1/09 through 10/31/09. No documentation found to justify billing. <p>November 2009</p>		
--	---	--	--

	<ul style="list-style-type: none"> • The Agency billed 30 units of Family Living from 11/1/09 through 11/30/09. No documentation found to justify billing. <p>Individual #10 September 2009</p> <ul style="list-style-type: none"> • The Agency billed 30 units of Family Living from 9/1/09 through 9/30/09. No documentation found to justify billing. <p>October 2009</p> <ul style="list-style-type: none"> • The Agency billed 19 units of Family Living from 10/1/09 through 10/31/09. No documentation found to justify billing. <p>November 2009</p> <ul style="list-style-type: none"> • The Agency billed 30 units of Family Living from 11/1/09 through 11/30/09. No documentation found to justify billing. <p>Individual #11 September 2009</p> <ul style="list-style-type: none"> • The Agency billed 30 units of Family Living from 9/1/09 through 9/30/09. No documentation found to justify billing. <p>October 2009</p> <ul style="list-style-type: none"> • The Agency billed 20 units of Family Living from 10/1/09 through 10/31/09. No documentation found to justify billing. <p>November 2009</p> <ul style="list-style-type: none"> • The Agency billed 16 units of Family Living from 11/1/09 through 11/30/09. No documentation found to justify billing. <p>Individual #12 September 2009</p> <ul style="list-style-type: none"> • The Agency billed 30 units of Family Living from 9/1/09 through 9/30/09. No documentation found to justify billing. 		
--	--	--	--

	<p>October 2009</p> <ul style="list-style-type: none"> • The Agency billed 6 units of Family Living from 10/1/09 through 10/31/09. No documentation found to justify billing. <p>November 2009</p> <ul style="list-style-type: none"> • The Agency billed 30 units of Family Living from 11/1/09 through 11/30/09. No documentation found to justify billing. <p>Individual #13</p> <p>September 2009</p> <ul style="list-style-type: none"> • The Agency billed 30 units of Family Living from 9/1/09 through 9/30/09. No documentation found to justify billing. <p>October 2009</p> <ul style="list-style-type: none"> • The Agency billed 31 units of Family Living from 10/1/09 through 10/31/09. No documentation found to justify billing. <p>November 2009</p> <ul style="list-style-type: none"> • The Agency billed 5 units of Family Living from 11/1/09 through 11/30/09. No documentation found to justify billing. <p>Individual #14</p> <p>September 2009</p> <ul style="list-style-type: none"> • The Agency billed 30 units of Family Living from 9/1/09 through 9/30/09. No documentation found to justify billing. <p>October 2009</p> <ul style="list-style-type: none"> • The Agency billed 31 units of Family Living from 10/1/09 through 10/31/09. No documentation found to justify billing. <p>November 2009</p> <ul style="list-style-type: none"> • The Agency billed 30 units of Family Living from 11/1/09 through 11/30/09. No documentation found to justify billing. 		
--	--	--	--

	<p>Individual #15 September 2009</p> <ul style="list-style-type: none"> • The Agency billed 30 units of Family Living from 9/1/09 through 9/30/09. No documentation found to justify billing. <p>October 2009</p> <ul style="list-style-type: none"> • The Agency billed 31 units of Family Living from 10/1/09 through 10/31/09. No documentation found to justify billing. <p>November 2009</p> <ul style="list-style-type: none"> • The Agency billed 30 units of Family Living from 11/1/09 through 11/30/09. No documentation found to justify billing. <p>Individual #16 September 2009</p> <ul style="list-style-type: none"> • The Agency billed 30 units of Family Living from 9/1/09 through 9/30/09. No documentation found to justify billing. <p>October 2009</p> <ul style="list-style-type: none"> • The Agency billed 31 units of Family Living from 10/1/09 through 10/31/09. No documentation found to justify billing. <p>November 2009</p> <ul style="list-style-type: none"> • The Agency billed 30 units of Family Living from 11/1/09 through 11/30/09. No documentation found to justify billing. <p>Individual #17 September 2009</p> <ul style="list-style-type: none"> • The Agency billed 30 units of Family Living from 9/1/09 through 9/30/09. No documentation found to justify billing. <p>October 2009</p> <ul style="list-style-type: none"> • The Agency billed 31 units of Family Living from 10/1/09 through 10/31/09. No documentation found to justify billing. 		
--	--	--	--

	<p>November 2009</p> <ul style="list-style-type: none"> • The Agency billed 30 units of Family Living from 11/1/09 through 11/30/09. No documentation found to justify billing. <p>Individual #18 September 2009</p> <ul style="list-style-type: none"> • The Agency billed 30 units of Family Living from 9/1/09 through 9/30/09. No documentation found to justify billing. <p>October 2009</p> <ul style="list-style-type: none"> • The Agency billed 21 units of Family Living from 10/1/09 through 10/31/09. No documentation found to justify billing. <p>November 2009</p> <ul style="list-style-type: none"> • The Agency billed 15 units of Family Living from 11/1/09 through 11/30/09. No documentation found to justify billing. <p>Individual #19 September 2009</p> <ul style="list-style-type: none"> • The Agency billed 30 units of Family Living from 9/1/09 through 9/30/09. No documentation found to justify billing. <p>October 2009</p> <ul style="list-style-type: none"> • The Agency billed 31 units of Family Living from 10/1/09 through 10/31/09. No documentation found to justify billing. <p>November 2009</p> <ul style="list-style-type: none"> • The Agency billed 30 units of Family Living from 11/1/09 through 11/30/09. No documentation found to justify billing. <p>Individual #20 September 2009</p> <ul style="list-style-type: none"> • The Agency billed 30 units of Family Living from 9/1/09 through 9/30/09. No documentation found to justify billing. 		
--	---	--	--

	<p>found to justify billing.</p> <p>October 2009</p> <ul style="list-style-type: none">• The Agency billed 31 units of Family Living from 10/1/09 through 10/31/09. No documentation found to justify billing. <p>November 2009</p> <ul style="list-style-type: none">• The Agency billed 30 units of Family Living from 11/1/09 through 11/30/09. No documentation found to justify billing.		
--	---	--	--

Date: March 24, 2010
To: Jim Copeland, Executive Director
Provider: Alta Mira Specialized Family Services, Inc.
Address: 1605 Carlisle NE
State/Zip: Albuquerque, New Mexico 87110

E-mail Address: jcopeland@altamiranm.org

Region: Metro
Survey Date: January 11 – 14, 2010
Program Surveyed: Developmental Disabilities Waiver
Service Surveyed: Community Living (Family Living)
Survey Type: Routine

RE: Request for an Informal Reconsideration of Findings

Dear Mr. Copeland,

Your request for a Reconsideration of Findings was received on March 15, 2010. Your request and the supporting evidence provided have been reviewed. Based on the review of applicable standards and regulations, review of the survey process and the evidence you provided, the following determinations have been made:

Regarding Tag # 1A26

Determination: The IRF committee is modifying the original finding in the report. You are required to complete the remainder of your Plan of Correction as previously indicated. Based on documentation supplied, the deficiency for staff #44 will be removed as the EAR/COR check was conducted prior to the date of hire. Deficiencies for staff #58, 132, 133 and 150 will be upheld due to the date of the EAR/COR verification being done on or after the date of hire. According to NMAC 7.1.12.8.D "...records that evidence the fact that the provider made an inquiry to the registry concerning that employee prior to employment." The scope and severity rating will remain "D."

Regarding Tag # 6L06

Determination: The IRF committee is removing the original finding in the report. Based on documentation supplied, and subsequent conversations with the DDSD Provider Enrollment Unit the situation was clarified and end dates for sub contracts (those between Alta Mira and Family Living Providers) are not required to contain end dates.

This concludes the Informal Reconsideration of Finding process. The IRF process is separate and apart from the Informal Dispute Resolution process or the Medicaid Fair Hearing process when DOH sanctions are imposed on a provider.

Thank you.

Respectfully,

A handwritten signature in black ink, appearing to read 'Scott Good', written in a cursive style.

Scott Good, MRC, CRC
Deputy Bureau Chief/QMB
Informal Reconsideration of Finding Committee Chair

CC:
File
DHI
DDSD