



Alfredo Vigil, MD
Secretary

DEPARTMENT OF

Building a Healthy New Mexico!

Bill Richardson, Governor

Katrina Hotrum
Deputy Secretary

Duffy Rodriguez
Deputy Secretary

Jessica Sutin
Deputy Secretary

Karen Armitage, MD
Chief Medical Officer

Date: April 28, 2009

To: Elaine Solimon, Executive Director
Provider: ARCA
Address: 16300 Lomas Blvd. NE
State/Zip: Albuquerque, New Mexico

CC: Doug Cox, President, Board of Directors
Address: 1402 Colombia NE
State/Zip: Albuquerque, New Mexico 87106

E-mail Address: esolimon@arc-a.org

Region: Metro
Survey Date: March 30 - April 3, 2009
Program Surveyed: Developmental Disabilities Waiver
Service Surveyed: Community Living (Supported Living, Independent Living & Family Living) & Community Inclusion (Adult Habilitation & Supported Employment)

Survey Type: Routine
Team Leader: Marti Madrid, LBSW, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Team Members: Cynthia Nielsen, MS, RN, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Florie Alire, RN, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Stephanie Berenger, MPA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Barbara Czinger, LISW, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Crystal Lopez, BS, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; & Tony Fragua, BFA Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Survey #: Q09.03.D0085.METRO.001.RTN.01

Dear Ms. Solimon:

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 is pleased to grant your agency a "MERIT" certification for compliance with DDSD Standards and regulations.

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 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:

DHI Quality Review Survey Report – ARCA Metro Region - March 30 – April 3, 2009

Report #: Q09.03.D0085.METRO.001.RTN.01

1. Quality Management Bureau, Attention: Plan of Correction Coordinator
5301 Central Ave. NE Suite 900 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 #900
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 505-841-5831 if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,



Marti Madrid, LBSW
Team Lead/Healthcare Surveyor
Division of Health Improvement
Quality Management Bureau

Survey Process Employed:

Entrance Conference Date: March 30, 2009

Present:

ARCA

Edward Kaul, Community Services Director
Renee Archer, Administrative Coordinator
Elaine Solimon, Executive Director

DO/DHI/QMB

Marti Madrid, LBSW, Team Lead/Healthcare Surveyor
Barbara Czinger, LISW, Healthcare Surveyor
Stephanie Martinez de Berenger, MPA, Healthcare Surveyor
Cynthia Nielsen, MSN, RN, Healthcare Surveyor
Florie Alire, RN, Healthcare Surveyor

Exit Conference Date: April 3, 2009

Present:

ARCA

Edward J. Kaul, Community Services Director
Sharon Hannah, Case Record Manager
Mahalah Stromquist, Supported Living Division Director
Naomi Serna-Olander, Human Resources Coordinator
Judith Parsons, Human Resources Director
Liza Grazier, Assistant Division Director Family Based Services
Doreen Salazar, Quality Manager
Rene Archer, Administrative Coordinator
Elaine Solimon, Executive Director
Marcy Manning, Supported Living Division Director
Merry Murphy, Division Director, Independent Living/ACES
Lauren DeCarlo, Nursing Services Manager

DOH/DHI/QMB

Marti Madrid, LBSW, Team Lead/Healthcare Surveyor
Cynthia Nielsen RN, MSN, Healthcare Surveyor
Stephanie Martinez de Berenger, MPA, Healthcare Surveyor

Homes Visited

Number: 16

Administrative Locations Visited

Number: 2

Total Sample Size

Number: 29
27 - Non Jackson
2 - Jackson Class Members
13 - Supported Living
5 - Family Living
6 - Independent Living
11 - Adult Habilitation
7 - Supported Employment

Persons Served Interviewed

Number: 18

Persons Served Observed

Number: 11 (Individuals did not respond to questions asked by the surveyors)

Records Reviewed (Persons Served)

Number: 29

Administrative Files Reviewed

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- 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

Attachment A

DHI Quality Review Survey Report – ARCA Metro Region - March 30 – April 3, 2009

Report #: Q09.03.D0085.METRO.001.RTN.01

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 505-222-8624.
- 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 (505-841-5815), 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 505-222-8624 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.

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- 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.

Attachment B

QMB Scope and Severity Matrix of survey results

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Report #: Q09.03.D0085.METRO.001.RTN.01

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.

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) 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: ARCA - Metro Region
Program: Developmental Disabilities Waiver
Service: Community Living (Supported Living, Family Living & Independent Living) & Community Inclusion (Supported Employment & Adult Habilitation)
Monitoring Type: Routine
Date of Survey: March 30 – April 3, 2009

Statute	Deficiency	Agency Plan of Correction and Responsible Party	Date Due
<p>Tag # 1A09 Medication Delivery (MAR)</p> <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 DDS 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 DDS Medication Assessment and Delivery Policy, Medication Administration Records (MAR) shall be maintained and include:</p> <p>(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</p>	<p>Scope and Severity Rating: D</p> <p>Medication Administration records (MAR) were reviewed for the months of October, November and December, 2008.</p> <p>Based on record review, 1 of 29 individuals had Medication Administration Records, which contained missing medications entries and/or other errors:</p> <p>Individual # 16 October 2008 During the on site survey on 3/30/09, surveyors requested the MARs for October 2008. As of April 3, 2009 the MARs were not provided.</p> <p>November 2008 During the on site survey on 3/30/09 surveyors requested the MARs for November 2008. As of April 3, 2009 the MARs were not provided.</p>		

<p>medication is prescribed;</p> <p>(b) Prescribed dosage, frequency and method/route of administration, times and dates of administration;</p> <p>(c) Initials of the individual administering or assisting with the medication;</p> <p>(d) Explanation of any medication irregularity;</p> <p>(e) Documentation of any allergic reaction or adverse medication effect; and</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>			
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Tag # 1A09 Medication Delivery - PRN	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 DDSO 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 DDSO 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 For PRN medication, an explanation for the use of the PRN medication shall 	<p>Based on record review, the Agency failed to maintain PRN Medication Administration Records which contained all elements required by standard for 1 of 29 Individuals.</p> <p>Individual # 25 November 2008</p> <p>Medication Administration Records did not contain the circumstance in which the medication is to be given:</p> <ul style="list-style-type: none"> Codeine Sulfate 30 mg (PRN) Valium 5 mg (PRN) <p>No symptoms noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> Diazepam 5mg – PRN – 11/1 (Given 2 times); 11/2 (Given 4 times); 11/3 (Given 4 times); 11/4 (Given 3 times); 11/5 (Given 2 times) & 11/6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29 & 30 (Given 4 times daily). Hydrocodone 1 apap 5/325mg - PRN - 11/1, 2, 3, 4, 5, 6, 7 & 8 (Given 1 time daily). <p>No effectiveness noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> Diazepam 5mg – PRN – 11/1 (Given 2 times); 11/2 (Given 4 times); 11/3 (Given 4 times); 11/4 (Given 3 times); 11/5 (Given 2 times) & 11/6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29 & 30 (Given 4 times daily). Hydrocodone 1 apap 5/325mg - PRN - 11/1, 2, 3, 4, 5, 6, 7 & 8 (Given 1 time daily). 		

<p>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; 	<p>No time taken indicated on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Diazepam 5mg – PRN – 11/1 (Given 2 times); 11/2 (Given 4 times); 11/3 (Given 4 times); 11/4 (Given 3 times); 11/5 (Given 2 times) & 11/6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29 & 30 (Given 4 times daily). • Hydrocodone 1 apap 5/325mg - PRN - 11/1, 2, 3, 4, 5, 6, 7 & 8 (Given 1 time daily). <p>No nurses approval noted on the on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Diazepam 5mg – PRN – 11/1 (Given 2 times); 11/2 (Given 4 times); 11/3 (Given 4 times); 11/4 (Given 3 times); 11/5 (Given 2 times) & 11/6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29 & 30 (Given 4 times daily). • Hydrocodone 1 apap 5/325mg - PRN - 11/1, 2, 3, 4, 5, 6, 7 & 8 (Given 1 time daily). <p>Medication Administration Records did not contain a signature page that designates the full name that corresponds to each initial used to document administered or assisted delivery of each dose for the following medications:</p> <ul style="list-style-type: none"> • Diazepam 5mg – PRN • Hydrocodone 1 apap 5/325mg - PRN <p>December 2008 No symptoms noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Codeine Sulfate 30mg – PRN – 12/4 (Given 1 time); 12/5 (Given 6 times); 12/6 (Given 5 		
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<p>(x) The name and initials of all staff 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>times); 12/7 & 8 (Given 3 times daily); 12/9, 10 & 11 (Given 5 times daily); 12/12 & 13 (Given 6 times daily); 12/14 & 15 (Given 5 times daily); 12/16 (Given 6 times); 12/17 (Given 5 times); 12/18, 19 & 20 (Given 4 times daily); 12/21 (Given 5 times); 12/22 (Given 6 times); 12/23 (Given 4 times); 12/24 (Given 5 times); 12/25 (Given 6 times); 12/26 (Given 4 times); 12/27 (Given 3 times); 12/28, 29 & 30 (Given 5 times daily) & 12/31 (Given 3 times)</p> <ul style="list-style-type: none"> • Diazepam 5mg - PRN - 12/1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21 & 22 (Given 4 times daily); 12/23 (Given 3 times) & 12/31 (Given 1 time). <p>No effectiveness noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Codeine Sulfate 30mg – PRN – 12/4 (Given 1 time); 12/5 (Given 6 times); 12/6 (Given 5 times); 12/7 & 8 (Given 3 times daily); 12/9, 10 & 11 (Given 5 times daily); 12/12 & 13 (Given 6 times daily); 12/14 & 15 (Given 5 times daily); 12/16 (Given 6 times); 12/17 (Given 5 times); 12/18, 19 & 20 (Given 4 times daily); 12/21 (Given 5 times); 12/22 (Given 6 times); 12/23 (Given 4 times); 12/24 (Given 5 times); 12/25 (Given 6 times); 12/26 (Given 4 times); 12/27 (Given 3 times); 12/28, 29 & 30 (Given 5 times daily) & 12/31 (Given 3 times) • Diazepam 5mg - PRN - 12/1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21 & 22 (Given 4 times daily); 12/23 (Given 3 times) & 12/31 (Given 1 time). <p>No time taken indicated on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Codeine Sulfate 30mg – PRN – 12/4 (Given 		
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	<p>1 time); 12/5 (Given 6 times); 12/6 (Given 5 times); 12/7 & 8 (Given 3 times daily); 12/9, 10 & 11 (Given 5 times daily); 12/12 & 13 (Given 6 times daily); 12/14 & 15 (Given 5 times daily); 12/16 (Given 6 times); 12/17 (Given 5 times); 12/18, 19 & 20 (Given 4 times daily); 12/21 (Given 5 times); 12/22 (Given 6 times); 12/23 (Given 4 times); 12/24 (Given 5 times); 12/25 (Given 6 times); 12/26 (Given 4 times); 12/27 (Given 3 times); 12/28, 29 & 30 (Given 5 times daily) & 12/31 (Given 3 times)</p> <ul style="list-style-type: none"> • Diazepam 5mg - PRN - 12/1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21 & 22 (Given 4 times daily); 12/23 (Given 3 times) & 12/31 (Given 1 time). <p>No nurses approval noted on the on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Codeine Sulfate 30mg – PRN – 12/4 (Given 1 time); 12/5 (Given 6 times); 12/6 (Given 5 times); 12/7 & 8 (Given 3 times daily); 12/9, 10 & 11 (Given 5 times daily); 12/12 & 13 (Given 6 times daily); 12/14 & 15 (Given 5 times daily); 12/16 (Given 6 times); 12/17 (Given 5 times); 12/18, 19 & 20 (Given 4 times daily); 12/21 (Given 5 times); 12/22 (Given 6 times); 12/23 (Given 4 times); 12/24 (Given 5 times); 12/25 (Given 6 times); 12/26 (Given 4 times); 12/27 (Given 3 times); 12/28, 29 & 30 (Given 5 times daily) & 12/31 (Given 3 times) • Diazepam 5mg - PRN - 12/1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21 & 22 (Given 4 times daily); 12/23 (Given 3 times) & 12/31 (Given 1 time). <p>Medication Administration Records did not contain a signature page that designates the full name that corresponds to each initial used</p>		
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	<p>to document administered or assisted delivery of each dose for the following medications:</p> <ul style="list-style-type: none">• Codeine Sulfate 30mg – PRN• Diazepam 5mg - PRN		
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Tag # 1A20 DSP Training Documents	Scope and Severity Rating: E		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 IV. GENERAL REQUIREMENTS FOR PROVIDER AGENCY SERVICE 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>Based on record review, the Agency failed to ensure that Orientation and Training requirements were met for 15 of 73 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"> • First Aid (DSP #38, 51, 55, 66, 71, 72, 77, 78 & 90) • CPR (DSP # 38, 51, 55, 66, 71, 72, 77, 78 & 90) • Assisting With Medications (DSP # 71, 72, 87 & 98) • Person-Centered Planning (1-Day) (DSP #110) • Basic Health/Orientation (DSP #110) • Rights & Advocacy (DSP #72 ,75, 89 & 110) • Level 1 Health (DSP #57, 66, 72 , 75, 89 & 110) • Teaching & Support Strategies (DSP #57, 89 & 110) • Positive Behavior Supports Strategies (DSP #75, 89 & 110) • Participatory Communication & Choice Making (DSP #57, 72, 75, 89 & 110) 		

Tag # 1A22 Staff Competence	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>F. Qualifications for Direct Service Personnel: The following employment qualifications and competency requirements are applicable to all Direct Service Personnel employed by a Provider Agency:</p> <p>(1) Direct service personnel shall be eighteen (18) years or older. Exception: Adult Habilitation can employ direct care personnel under the age of eighteen 18 years, but the employee shall work directly under a supervisor, who is physically present at all times;</p> <p>(2) Direct service personnel shall have the ability to read and carry out the requirements in an ISP;</p> <p>(3) Direct service personnel shall be available to communicate in the language that is functionally required by the individual or in the use of any specific augmentative communication system utilized by the individual;</p> <p>(4) Direct service personnel shall meet the qualifications specified by DDS in the Policy Governing the Training Requirements for Direct Support Staff and Internal Service Coordinators, Serving Individuals with</p>	<p>Based on interview, the Agency failed to ensure that training competencies were met for 1 of 34 Direct Service Personnel.</p> <p>When DSP were asked, if the individual had diabetes and to describe the signs of high blood sugar and what to do, the following was reported:</p> <ul style="list-style-type: none"> • DSP #40 "I don't know." (Per ISP the individual has a diagnosis of Diabetes). (Individual # 3) 		

<p>Developmental Disabilities; and</p> <p>(5) Direct service Provider Agencies of Respite Services, Substitute Care, Personal Support Services, Nutritional Counseling, Therapists and Nursing shall demonstrate basic knowledge of developmental disabilities and have training or demonstrable qualifications related to the role he or she is performing and complete individual specific training as required in the ISP for each individual he or she support.</p> <p>(6) Report required personnel training status to the DDSD Statewide Training Database as specified in DDSD policies as related to training requirements as follows:</p> <p>(a) Initial comprehensive personnel status report (name, date of hire, Social Security number category) on all required personnel to be submitted to DDSD Statewide Training Database within the first ninety (90) calendar days of providing services;</p> <p>(b) Staff who do not wish to use his or her Social Security Number may request an alternative tracking number; and</p> <p>(c) Quarterly personnel update reports sent to DDSD Statewide Training Database to reflect new hires, terminations, inter-provider Agency position changes, and name changes.</p>			
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Tag # 1A25 (CoP) CCHS	Scope and Severity Rating: D		
<p>NMAC 7.1.9.9 A. Prohibition on Employment: A care provider shall not hire or continue the employment or contractual services of any applicant, caregiver or hospital caregiver for whom the care provider has received notice of a disqualifying conviction, except as provided in Subsection B of this section.</p> <p>NMAC 7.1.9.11 DISQUALIFYING CONVICTIONS. The following felony convictions disqualify an applicant, caregiver or hospital caregiver from employment or contractual services with a care provider: A. homicide; B. trafficking, or trafficking in controlled substances; C. kidnapping, false imprisonment, aggravated assault or aggravated battery; D. rape, criminal sexual penetration, criminal sexual contact, incest, indecent exposure, or other related felony sexual offenses; E. crimes involving adult abuse, neglect or financial exploitation; F. crimes involving child abuse or neglect; G. crimes involving robbery, larceny, extortion, burglary, fraud, forgery, embezzlement, credit card fraud, or receiving stolen property; or H. an attempt, solicitation, or conspiracy involving any of the felonies in this subsection.</p> <p>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.</p>	<p>Based on record review, the Agency failed to maintain documentation indicating no "disqualifying convictions" or documentation of the timely submission of pertinent application information to the Caregiver Criminal History Screening Program was on file for 2 of 79 Agency Personnel.</p> <p>The following Agency Personnel Files contained no evidence of Caregiver Criminal History Screenings:</p> <ul style="list-style-type: none"> • #106 – Date of Hire 5/8/2002 <p>The following Agency Personnel Files contained Caregiver Criminal History Screenings, which were not specific to the Agency:</p> <ul style="list-style-type: none"> • # 118 - Date of Hire 2/20/2001 		

Tag # 1A27 (CoP) - Late/Failure/Duty to Report	Scope and Severity Rating: E		
<p>7.1.13.9 INCIDENT MANAGEMENT SYSTEM REPORTING REQUIREMENTS FOR COMMUNITY BASED SERVICE PROVIDERS:</p> <p>A. Duty To Report:</p> <p>(1) All community based service providers shall immediately report abuse, neglect or misappropriation of property to the adult protective services division.</p> <p>(2) All community based service providers shall report to the division within twenty four (24) hours : abuse, neglect, or misappropriation of property, unexpected and natural/expected deaths; and other reportable incidents to include: 7.1.13 NMAC 4</p> <p>(a) an environmental hazardous condition, which creates an immediate threat to life or health; or</p> <p>(b) admission to a hospital or psychiatric facility or the provision of emergency services that results in medical care which is unanticipated or unscheduled for the consumer and which would not routinely be provided by a community based service provider.</p> <p>(3) All community based service providers shall ensure that the reporter with direct knowledge of an incident has immediate access to the division incident report form to allow the reporter to respond to, report, and document incidents in a timely and accurate manner.</p> <p>B. Notification: (1) Incident Reporting: Any consumer, employee, family member or legal guardian may report an incident independently or through the community based service provider to the division by telephone call, written correspondence or other forms of communication utilizing the division's incident report form. The incident report form and instructions for the completion and filing are available at the division's website, http://dhi.health.state.nm.us/elibrary/ironline/ir.php or may be obtained from the department by calling the toll free number.</p>	<p>Based on the Incident Management Bureau's Late and Failure Reports, the Agency failed to report suspected abuse, neglect, or misappropriation of property, unexpected and natural/expected deaths; or other reportable incidents to the Division of Health Improvement for 9 of 37 individuals.</p> <p>Individual #20</p> <ul style="list-style-type: none"> • Incident date 8/16/2008. Allegation was abuse and neglect. Report received 8/21/2008. Late Reporting. Report from IMB reported incident "Confirmed Neglect." <p>Individual #30</p> <ul style="list-style-type: none"> • Incident date 10/26/2008. Allegation was neglect. Report received 10/29/2008. Late Reporting. Report from IMB reported incident "Confirmed Neglect." <p>Individual #31</p> <ul style="list-style-type: none"> • Incident date 10/26/2008. Allegation was neglect. Report received 10/29/2008. Late Reporting. Report from IMB reported incident "Confirmed Neglect." <p>Individual #32</p> <ul style="list-style-type: none"> • Incident date 10/26/2008. Allegation was neglect. Report received 10/29/2008. Late Reporting. Report from IMB reported incident "Confirmed Neglect." <p>Individual #33</p> <ul style="list-style-type: none"> • Incident date 10/26/2008. Allegation was neglect. Report received 10/29/2008. Late Reporting. Report from IMB reported incident "Confirmed Neglect." <p>Individual #34</p> <ul style="list-style-type: none"> • Incident date 10/26/2008. Allegation was 		

	<p>neglect. Report received 10/29/2008. Late Reporting. Report from IMB reported incident "Confirmed Neglect."</p> <p>Individual #35</p> <ul style="list-style-type: none"> • Incident date 10/26/2008. Allegation was neglect. Report received 10/29/2008. Late Reporting. Report from IMB reported incident "Confirmed Neglect." <p>Individual #36</p> <ul style="list-style-type: none"> • Incident date 10/26/2008. Allegation was neglect. Report received 10/29/2008. Late Reporting. Report from IMB reported incident "Confirmed Neglect." <p>Individual #37</p> <ul style="list-style-type: none"> • Incident date 2/10/2009. Allegation was abuse. Report received 2/17/2009. Late Reporting. Report from IMB reported incident "Confirmed Abuse." 		
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Tag # 1A28 (CoP) Incident Mgt. System	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>Based on record review, the Agency failed to provide documentation verifying completion of Incident Management Training for 1 of 79 Agency Personnel.</p> <ul style="list-style-type: none"> • Abuse, Neglect & Exploitation Incident Management Training (#65) 		

Tag # 5144 AH Reimbursement	Scope and Severity Rating: A		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 5 XVI. REIMBURSEMENT</p> <p>A. Billable Unit. A billable unit for Adult Habilitation Services is in 15-minute increments hour. The rate is based on the individual's level of care.</p> <p>B. Billable Activities</p> <p>(1) The Community Inclusion Provider Agency can bill for those activities listed and described on the ISP and within the Scope of Service. Partial units are allowable. Billable units are face-to-face, except that Adult Habilitation services may be non- face-to-face under the following conditions: (a) Time that is non face-to-face is documented separately and clearly identified as to the nature of the activity; and(b) Non face-to-face hours do not exceed 5% of the monthly billable hours.</p> <p>(2) Adult Habilitation Services can be provided with any other services, insofar as the services are not reported for the same hours on the same day, except that Therapy Services and Case Management may be provided and billed for the same hours</p>	<p>Based on record review, the Agency failed to provide written or electronic documentation as evidence for each unit billed for Adult Habilitation Services for 1 of 11 individuals.</p> <p>Individual # 1</p> <ul style="list-style-type: none"> December 2008. Agency billed 37 units of Adult Habilitation. No documentation found to justify billing. 		