



SUSANA MARTINEZ, GOVERNOR

CATHERINE D. TORRES, M.D., CABINET SECRETARY

Date: July 19, 2012

To: Patsy Tarin, Finance Manager/Team Leader

Provider: Campo Behavioral Health
Address: 424 N. Mesilla Street
State/Zip: Las Cruces, New Mexico 88005

E-mail Address: PTarin@campobh.com

Board Chair: Dr. Daniel Brandt
E-Mail Address: dbrandt@campobh.com

Region: Southwest
Routine Survey: November 14 – 17, 2011
Verification Survey: July 18 – 19, 2012
Program Surveyed: Developmental Disabilities Waiver
Service Surveyed: Living Supports (Supported Living) & Inclusion Supports (Adult Habilitation)
Survey Type: Verification
Team Leader: Valerie V. Valdez, M.S., Healthcare Program Manager, Division of Health Improvement/Quality Management Bureau

Dear Ms. Tarin and Dr. Brandt;

The Division of Health Improvement/Quality Management Bureau has completed a verification survey of the services identified above. The purpose of the survey was to determine compliance with your Plan of Correction submitted to DHI regarding the Routine Survey on *November 14 – 17, 2011*. The Division of Health Improvement, Quality Management Bureau has determined your agency is in:

Compliance with Conditions of Participation

However, due to the new/repeat deficiencies your report of findings will be referred to the Internal Review Committee (IRC) for further action and potential sanctions. You will be contacted by the IRC for instructions on how to proceed. Please call the QMB Deputy Chief at 505-699-0714, if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,

Valerie V. Valdez, M.S.

Valerie V. Valdez, M.S.
Healthcare Program Manager/Team Lead
Division of Health Improvement
Quality Management Bureau



DIVISION OF HEALTH IMPROVEMENT • QUALITY MANAGEMENT BUREAU
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QMB Report of Findings – Campo Behavioral Health – Southwest Region – July 18 – 19, 2012

Survey Report #: Q.13.1.DDW.D1001.3.001.VS.1.201

Survey Process Employed:

Entrance Conference Date:	July 18, 2012
Present:	<u>Campo Behavioral Health</u> Patsy Tarin, Finance Manager/Team Leader <u>DOH/DHI/QMB</u> Valerie V. Valdez, M.S., Healthcare Program Manager/Team Lead
Exit Conference Date:	July 19, 2012
Present:	<u>Campo Behavioral Health</u> Patsy Tarin, Finance Manager/Team Leader (Met and discussed finding with her on 7/18/2012) Randy De La O, Trainer <u>DOH/DHI/QMB</u> Valerie V. Valdez, M.S., Healthcare Program Manager/Team Lead
Total Homes Visited	Number: 7
❖ Supported Homes Visited	Number: 7
Administrative Locations Visited	Number: 1
Total Sample Size	Number: 10 0 - Jackson Class Members 10 - Non-Jackson Class Members 10 - Supported Living 10 - Adult Habilitation
Persons Served Records Reviewed	Number: 10
Direct Support Personnel Records Reviewed	Number: 100
Service Coordinator Records Reviewed	Number: 1
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• Evacuation Drills• Quality Assurance / Improvement Plan• QMB Routine Survey Plan of Correction

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

QMB Determinations of Compliance

- “Compliance with Conditions of Participation”
The QMB determination of “Compliance with Conditions of Participation,” indicates that a provider is in compliance with all ‘Conditions of Participation,’ (CoP) but may have standard level deficiencies (deficiencies which are not at the condition level) out of compliance. The agency has obtained a level of compliance such that there is a minimal potential for harm to individuals’ health and safety. To qualify for a determination of Compliance with Conditions of Participation, the provider must be in compliance with *all* Conditions of Participation.
- “Partial-Compliance with Conditions of Participation”
The QMB determination of “Partial-Compliance with Conditions of Participation” indicates that a provider is out of compliance with one (1) to three (3) ‘Conditions of Participation.’ This partial-compliance, if not corrected, may result in a serious negative outcome or the potential for more than minimal harm to individuals’ health and safety. The Agency may also have standard level deficiencies (deficiencies which are not at the condition level).

Providers receiving a repeat determination of ‘Partial-Compliance’ for repeat deficiencies of CoPs may be referred by the Quality Management Bureau to the Internal Review Committee (IRC) for consideration of remedies and possible actions.

- “Non-Compliant with Conditions of Participation”:
The QMB determination of “Non-Compliance with Conditions of Participation,” indicates a provider is significantly out of compliance with Conditions of Participation and/or has:
 - Four (4) Conditions of Participation out of compliance.
 - Multiple findings of widespread non-compliance with any standard or regulation with a significant potential for more than minimal harm.
 - Any finding of actual harm or Immediate Jeopardy.The Agency may also have standard level deficiencies (deficiencies which are not at the condition level).

Providers receiving a repeat determination of ‘Non-Compliance’ will be referred by Quality Management Bureau to the Internal Review Committee (IRC) for consideration of remedies and possible actions.

Attachment C

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

Introduction:

Throughout the QMB Survey process, surveyors are openly communicating with providers. Open communication means surveyors have clarified issues and/or requested missing information before completing the review through the use of the signed/dated “Document Request,” or “administrative Needs,” etc. forms. Regardless, there may still be instances where the provider disagrees with a specific finding. Providers may use the following process to informally dispute a finding.

Instructions:

1. The Informal Reconsideration of the Finding (IRF) request must be in writing to the QMB Deputy Bureau Chief **within 10 business days** of receipt of the final Report of Findings.
2. 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>
3. The written request for an IRF must specify in detail the request for reconsideration and why the finding is inaccurate.
4. The IRF request must include all supporting documentation or evidence.
5. If you have questions about the IRC process, email the IRF Chairperson, Scott Good at scott.good@state.nm.us for assistance.

The following limitations apply to the IRF process:

- The request for an IRF and all supporting evidence must be received within 10 business 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 or requested 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 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 DHI/QMB determination of compliance or the length of their DDSD provider contract.

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

The IRF Committee will review the request, 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 removed or modified, it will be noted and removed or modified from the Report of Findings. 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.

Agency: Campo Behavioral Health - Southwest Region
Program: Developmental Disabilities Waiver
Service: Living Supports (Supported Living) & Inclusion Supports (Adult Habilitation)
Monitoring Type: Verification Survey
Routine Survey: November 14 – 17, 2011
Verification Survey: July 18 – 19, 2012

Standard of Care	November 14 – 17, 2011 Deficiencies	July 18 – 19, 2012 Deficiencies Verification Survey – New and Repeat Deficiencies
<p>CMS Assurance – Qualified Providers – <i>The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.</i></p>		
<p>Tag # 1A26 Consolidated On-line Registry/Employee Abuse Registry</p>	<p>Condition of Participation Level Deficiency</p>	<p>Standard Level Deficiency</p>
<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</p>	<p>After an analysis of the evidence it has been determined there is a significant potential for a negative outcome to occur.</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 27 of 107 Agency Personnel.</p> <p>The following Agency personnel records contained no evidence of the Employee Abuse Registry being completed:</p> <p>Direct Support Personnel (DSP):</p> <ul style="list-style-type: none"> • #47 – Date of hire 10/11/2011 • #57 – Date of hire 6/15/2011 • #66 – Date of hire 8/3/2011 	<p>New & Repeat Findings:</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 3 of 101 Agency Personnel.</p> <p>The following Agency Personnel records contained evidence that indicated the Employee Abuse Registry was completed after hire:</p> <p>Direct Support Personnel (DSP):</p> <ul style="list-style-type: none"> • #152 – Date of hire 6/1/2012, completed 6/4/2012. • #172 – Date of hire 6/5/2012, completed 6/13/2012. • #175 – Date of hire 11/14/2011, completed 11/21/2011.

<p>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>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.</p> <p>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</p>	<ul style="list-style-type: none"> • #88 – Date of hire 9/12/2006 • #138 – Date of hire 10/11/2011 • #142 – Date of hire 9/19/2011 • #144 – Date of hire 8/4/2010 <p>Service Coordination Personnel (SC):</p> <ul style="list-style-type: none"> • #145 – Date of hire 2/14/2008 • #146 – Date of hire 7/12/2010 <p>The following Agency Personnel records contained evidence that indicated the Employee Abuse Registry was completed <i>after</i> hire:</p> <p>Direct Support Personnel (DSP):</p> <ul style="list-style-type: none"> • #40 – Date of hire 3/17/2011, completed 4/4/2011. • #51 – Date of hire 9/19/2011, completed 10/18/2011. • #52 – Date of hire 3/31/2011, completed 4/28/2011. • #55 – Date of hire 1/20/2011, completed 1/25/2011. • #58 – Date of hire 10/11/2011, completed 10/18/2011. • #63– Date of hire 3/17/2011, completed 4/4/2011. • #65 – Date of hire 9/19/2011, completed 10/18/2011. 	
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<p>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.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</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>	<ul style="list-style-type: none"> • #83 – Date of hire 3/17/2011, completed 4/4/2011. • #84 – Date of hire 6/23/2011, completed 7/8/2011. • #99 – Date of hire 6/5/2007, completed 7/13/2007. • #101 – Date of hire 6/15/2011, completed 7/8/2011. • #125 – Date of hire 3/17/2011, completed 4/4/2011. • #126 – Date of hire 3/17/2011, completed 4/4/2011. • #127 – Date of hire 7/6/2011, completed 7/22/2011. • #131 – Date of hire 6/23/2011, completed 7/8/2011. • #135 – Date of hire 9/29/2011, completed 10/18/2011. • #136 – Date of hire 9/29/2011, completed 10/18/2011. • #140 – Date of hire 9/13/2011, completed 10/18/2011. 	
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Standard of Care	November 14 – 17, 2012 Deficiencies	July 18 – 19, 2012 Deficiencies Verification Survey – New and Repeat Deficiencies
<p>CMS Assurance – Health and Welfare – <i>The state, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.</i></p>		
Tag # 1A27 Incident Mgt Late & Failure to Report	Standard Level Deficiency	Standard Level Deficiency
<p>7.1.13.9 INCIDENT MANAGEMENT SYSTEM REPORTING REQUIREMENTS FOR COMMUNITY BASED SERVICE PROVIDERS: A. Duty To Report: (1) All community based service providers shall immediately report abuse, neglect or misappropriation of property to the adult protective services division. (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: (a) an environmental hazardous condition, which creates an immediate threat to life or health; or (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. (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>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 17 individuals.</p> <p>Individual #1</p> <ul style="list-style-type: none"> Incident date 4/21/2011. Allegation was Abuse. Incident report was received 6/8/2011. Late Reporting. IMB Late & Failure Report indicated incident of Abuse and Neglect was “Confirmed.” <p>Individual #5</p> <ul style="list-style-type: none"> Incident date 6/19/2011. Allegation was Neglect. Incident report was received 6/22/2011. Failure to Report. IMB Late & Failure Report indicated incident of Neglect was “Confirmed.” Incident date 8/6/2011. Allegation was Neglect. Incident report was received 8/11/2011. Failure to Report. IMB Late & Failure Report indicated incident of Neglect was “Confirmed.” <p>Individual #8</p> <ul style="list-style-type: none"> Incident date 11/13/2010. Allegation was Neglect. Incident report was received 11/17/2010. Late Reporting. IMB Late & Failure Report indicated incident of Neglect was “Confirmed.” 	<p>New & Repeat Findings:</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 1 of 10 individuals.</p> <p>Individual #1</p> <ul style="list-style-type: none"> Incident date 11/25/2011. Allegation was Exploitation. Incident report was received 11/30/2011. Late Reporting. IMB Late & Failure Report indicated incident of Exploitation was “Confirmed.”

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<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>Individual #12</p> <ul style="list-style-type: none"> • Incident date 8/2/2011. Allegation was Neglect. Incident report was received 8/9/2011. Late Reporting. IMB Late & Failure Report indicated incident of Neglect was "Confirmed." <p>Individual #13</p> <ul style="list-style-type: none"> • Incident date 2/8/2011. Allegation was Abuse, Neglect, Emergency Services, Law Enforcement Involvement. Incident report was received 2/10/2011. Failure to Report. IMB Late & Failure Report indicated incident of Neglect was "Confirmed." <p>Individual #14</p> <ul style="list-style-type: none"> • Incident date 6/7/2011. Allegation was Abuse, Exploitation & Law Enforcement Involvement. Incident report was received 6/8/2011. Failure to Report. IMB Late & Failure Report indicated incident of Neglect & Exploitation was "Confirmed." <p>Individual #15</p> <ul style="list-style-type: none"> • Incident date 6/18/2011. Allegation was Abuse. Incident report was received 6/22/2011. Late Reporting. IMB Late & Failure Report indicated incident of Neglect was "Confirmed." <p>Individual #16</p> <ul style="list-style-type: none"> • Incident date 6/19/2011. Allegation was Abuse. Incident report was received 6/23/2011. Late Reporting. IMB Late & Failure Report indicated incident of Neglect was "Confirmed." <p>Individual #17</p> <ul style="list-style-type: none"> • Incident date 6/25/2011. Allegation was Neglect. Incident report was received 7/1/2011. Failure to Report. IMB Late & Failure Report indicated incident of Neglect was "Confirmed." 	
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Standard of Care	November 14 – 17, 2011 Deficiencies	July 18 – 19, 2012 Deficiencies Verification Survey – New and Repeat Deficiencies
Tag # 1A08 Agency Case File	Standard Level Deficiency	Completed
Tag # 1A32 & 6L14 ISP Implementation	<i>Condition of Participation Level Deficiency</i>	Completed
Tag # 5I11 Reporting Requirements (Community Inclusion Quarterly Reports)	Standard Level Deficiency	Completed
Tag # 6L04 Community Living Scope of Service	Standard Level Deficiency	Completed
Tag # 6L14 Residential Case File	Standard Level Deficiency	Completed
Tag # 6L17 Reporting Requirements (Community Living Quarterly Reports)	Standard Level Deficiency	Completed
Tag # 1A11.1 Transportation Training	Standard Level Deficiency	Completed
Tag # 1A20 Direct Support Personnel Training	Standard Level Deficiency	Completed
Tag # 1A22 Agency Personnel Competency	Standard Level Deficiency	Completed
Tag # 1A25 Criminal Caregiver History Screening	<i>Condition of Participation Level Deficiency</i>	Completed
Tag # 1A28.1 Incident Mgt. System - Personnel Training	<i>Condition of Participation Level Deficiency</i>	Completed
Tag # 1A28.2 Incident Mgt. System - Parent/Guardian Training	Standard Level Deficiency	Completed
Tag # 1A37 Individual Specific Training	<i>Condition of Participation Level Deficiency</i>	Completed
Tag # 1A03 CQI System	Standard Level Deficiency	Completed
Tag # 1A05 General Requirements	Standard Level Deficiency	Completed
Tag # 1A09 Medication Delivery (MAR) - Routine Medication	<i>Condition of Participation Level Deficiency</i>	Completed
Tag # 1A09.1 Medication Delivery - PRN Medication	<i>Condition of Participation Level Deficiency</i>	Completed
Tag # 1A09.2 Medication Delivery - PRN Nurse Approval	<i>Condition of Participation Level Deficiency</i>	Completed
Tag # 1A15.2 & 5I09 - Healthcare Documentation	Standard Level Deficiency	Completed

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Tag # 1A27.2 Duty to Report - IRs Filed During On-Site and/or IRs Not Reported by Provider	Standard Level Deficiency	Completed
Tag # 1A29 Complaints / Grievances – Acknowledgement	Standard Level Deficiency	Completed
Tag # 1A31 Client Rights/Human Rights	<i>Condition of Participation Level Deficiency</i>	Completed
Tag # 1A33 Board of Pharmacy - Med Storage	Standard Level Deficiency	Completed
Tag #1A39 Assistive Technology & Adaptive Equipment	Standard Level Deficiency	Completed
Tag # 6L13 Community Living Healthcare Reqts.	Standard Level Deficiency	Completed
Tag # 6L25 Residential Health & Safety (Supported Living & Family Living)	<i>Condition of Participation Level Deficiency</i>	Completed
Tag # 5I44 Adult Habilitation Reimbursement	Standard Level Deficiency	Completed

QMB Report of Findings – Campo Behavioral Health – Southwest Region – July 18 – 19, 2012

Survey Report #: Q.13.1.DDW.D1001.3.001.VER.1.201

Date: February 06, 2013

To: Patsy Tarin, Finance Manager/Team Leader

Provider: Campo Behavioral Health
Address: 424 N. Mesilla Street
State/Zip: Las Cruces, New Mexico 88005

E-mail Address: PTarin@campobh.com

Board Chair: Dr. Daniel Brandt
E-Mail Address: dbrandt@campobh.com

Region: Southwest
Routine Survey: November 14 – 17, 2011
Verification Survey: July 18 – 19, 2012
Program Surveyed: Developmental Disabilities Waiver
Service Surveyed: Living Supports (Supported Living) & Inclusion Supports (Adult Habilitation)
Survey Type: Verification

Dear Ms. Tarin and Dr. Brandt;

You have completed all the requirements per the Internal Review Committee (IRC).

The Plan of Correction process is now complete.

Furthermore, your agency is now determined to be in Compliance with all Conditions of Participation.

To maintain ongoing compliance with standards and regulations, continue to use the Quality Assurance (self-auditing) processes you described in your Plan of Correction.

Consistent use these Quality Assurance processes will enable you to identify and promptly respond to problems, enhance your service delivery, and result in fewer deficiencies cited in future QMB surveys.

Thank you for your cooperation with the Plan of Correction process, for striving to come into compliance with standards and regulations, and for helping to provide the health, safety and personal growth of the people you serve.

Sincerely,


Crystal Lopez-Beck
Plan of Correction Coordinator
Quality Management Bureau/DHI

Q.13.3.DDW.D1001.3.001.VS.09.037