



Alfredo Vigil, MD
Secretary

DEPARTMENT OF

Building a Healthy New Mexico!

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Deputy Secretary

Karen Armitage, MD
Chief Medical Officer

Date: June 16, 2009

To: McDonald Avery, Executive Director
Provider: Coyote Canyon Rehabilitation Center Inc.
Address: P.O. Box 158
State/Zip: Brimhall, New Mexico, 87310

CC: Mr. Wilmer Benally, Board Chair
Address: 901 East Buena Vista
State/Zip: Gallup, New Mexico 87301

E-mail Address: mavery@ccrcnm.org

Region: Northwest
Survey Date: April 13 - 16, 2009
Program Surveyed: Developmental Disabilities Waiver
Service Surveyed: Community Living (Supported Living) & Community Inclusion (Adult Habilitation, Community Access & Supported Employment)
Survey Type: Routine
Team Leader: Tony Fragua, BFA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau
Team Members: Florie Alire, RN, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau & Cyndi Nielsen, MSN, RN, ONC, CCM, Clinical Liaison, Division Of Health Improvement/Quality Management Bureau
Survey #: Q09.04.D2167.NW.001.RTN.01

Dear Mr. Avery,

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 granting your agency a "SUB-STANDARD" certification 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.

DHI Quality Review Survey Report – Coyote Canyon Rehabilitation Center, Inc. - Northwest Region – April 13 - 16 2009

Report #: Q09.04.D2167.NW.001.RTN.01

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:

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

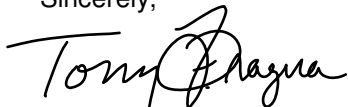
A request for an IRF will not delay the implementation of your Plan of Correction which must be completed within 45 working days. Providers may not appeal the nature or interpretation of the standard or regulation, the team composition, sampling methodology or the Scope and Severity of the finding.

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 505-841-5825, if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,



Tony Fragua
Team Lead/Healthcare Surveyor
Division of Health Improvement

Survey Process Employed:

Entrance Conference Date: April 13, 2009

Present: **Coyote Canyon Rehabilitation Center, Inc.**
Jefferson Kee, Program Director
Jonathan Avery, Community Living Manager

DOH/DHI/QMB

Tony Fragua, BFA, Team Lead/Healthcare Surveyor
Florie Alire, RN, Healthcare Surveyor

Exit Conference Date: April 16, 2009

Present: **Coyote Canyon Rehabilitation Center, Inc.**
MacDonald Avery, Executive Director
Jefferson Kee, Program Director
Virginia Cometsevah, RN
Lucille McCabe, Day Habilitation Manager
Adrianna Sandoval, Health Manager
Orlinda Charleston, Employment Services Manager
William B. Howard, Staff Development Trainer
Yvette Sandoval, Quality Assurance & Compliance Officer
Angelee James, Human Resource Manager
Marques Johnson, Community Living Instructor
Tonia Halona-Plummer, Internal Case Manager

DOH/DHI/QMB

Tony Fragua, BFA, Team Lead/Healthcare Surveyor
Florie Alire, RN, Healthcare Surveyor

DDSD - NW Regional Office

Shirl Lee Roper-Hardman, Social/Community Service Coordinator via telephone

Homes Visited

Number: 8

Administrative Locations Visited Number: 1

Total Sample Size Number: 10
0- Jackson Class Members
10 - Non-Jackson Class Members
10 - Supported Living

7 - Adult Habilitation
3 - Supported Employment
9 - Community Access

Persons Served Interviewed Number: 4 (2 Individuals responded non-verbally with facial expressions and gestures.)

Persons Served Observed Number: 6 (4 Individuals did not want to be interviewed, 2 Individuals were not present during the on-site survey)

Records Reviewed (Persons Served) Number: 10

Administrative Files Reviewed

- 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

**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.
- 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

DHI Quality Review Survey Report – Coyote Canyon Rehabilitation Center, Inc. - Northwest Region – April 13 - 16 2009

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: Coyote Canyon Rehabilitation Center, Inc -Northwest Region
Program: Developmental Disabilities Waiver
Service: Community Living (Supported Living) & Community Inclusion (Community Access, Supported Employment & Adult Habilitation)
Monitoring Type: Routine
Date of Survey: April 13 - 16, 2009

| Statute | Deficiency | Agency Plan of Correction and Responsible Party | Date Due |
|--|--|---|----------|
| Tag # 1A03 CQI System | Scope and Severity Rating: C | | |
| <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 I. PROVIDER AGENCY ENROLLMENT PROCESS</p> <p>I. Continuous Quality Management System: Prior to approval or renewal of a DD Waiver Provider Agreement, the Provider Agency is required to submit in writing the current Continuous Quality Improvement Plan to the DOH for approval. In addition, on an annual basis DD Waiver Provider Agencies shall develop or update and implement the Continuous Quality Improvement Plan. The CQI Plan shall be used to 1) discover strengths and challenges of the provider agency, as well as strengths, and barriers individuals experience in receiving the quality, quantity, and meaningfulness of services that he or she desires; 2) build on strengths and remediate individual and provider level issues to improve the provider's service provision over time. At a minimum the CQI Plan shall address how the agency will collect, analyze, act on data and evaluate results related to:</p> <p>(1) Individual access to needed services and supports;</p> <p>(2) Effectiveness and timeliness of implementation of Individualized Service Plans;</p> <p>(3) Trends in achievement of individual outcomes in the Individual Service Plans;</p> <p>(4) Trends in medication and medical incidents leading to adverse health events;</p> | <p>Based on record review, the Agency failed to update and implement their Continuous Quality Management System on an annual basis.</p> <p>The Agency's Continuous Quality Improvement Plan provided during the on-site survey (April 13 - 16, 2009) was not dated. No evidence was found indicating when the document had been implemented</p> <p>Review of the Agency's CQI Quarterly Narrative reports did not utilize specific Trending Data for the following areas:</p> <p>(1) Individual access to needed services and supports;</p> <p>(2) Effectiveness and timeliness of implementation of Individualized Service Plans;</p> <p>(3) Trends in achievement of individual outcomes in the Individual Service Plans;</p> <p>(4) Trends in medication and medical incidents leading to adverse health events;</p> <p>(5) Trends in the adequacy of planning and coordination of healthcare supports at both supervisory and direct support levels;</p> <p>(6) Quality and completeness documentation; and</p> <p>(7) Trends in individual and guardian satisfaction.</p> | | |

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| <p>(5) Trends in the adequacy of planning and coordination of healthcare supports at both supervisory and direct support levels;</p> <p>(6) Quality and completeness documentation; and</p> <p>(7) Trends in individual and guardian satisfaction.</p> <p>7.1.13.9 INCIDENT MANAGEMENT SYSTEM REPORTING REQUIREMENTS FOR COMMUNITY BASED SERVICE PROVIDERS:</p> <p>E. Quality Improvement System for Community Based Service Providers: The community based service provider shall establish and implement a quality improvement system for reviewing alleged complaints and incidents. The incident management system shall include written documentation of corrective actions taken. The community based service provider shall maintain documented evidence that all alleged violations are thoroughly investigated, and shall take all reasonable steps to prevent further incidents. The community based service provider shall provide the following internal monitoring and facilitating quality improvement system:</p> <p>(1) community based service providers funded through the long-term services division to provide waiver services shall have current incident management policy and procedures in place, which comply with the department's current requirements;</p> <p>(2) community based service providers providing developmental disabilities services must have a designated incident management coordinator in place;</p> <p>(4) community based service providers providing developmental disabilities services must have an incident management committee to address internal and external incident reports for the purpose of looking at internal root causes and to take action on identified trends or issues.</p> | <p>Review of Agency policies and procedures additionally found the Agency is not completing incident management trending as required.</p> <p>The following evidence was found:</p> <p>According to Coyote Canyon Rehabilitation Center Incident Management Committee Policy: (IMC) will address internal and external Incident Reports for the purpose of looking at internal causes, identify trends, and to recommend action for improvement.</p> <p>b. To insure appropriate immediate health and safety follow-up actions the IMC shall meet weekly and review the following;</p> <ul style="list-style-type: none"> -Internal and external Incident reports -Determine the cause of each incident. -Identify the trends in critical incidents. <p>When #112 was asked if the Agency had established policies and procedures regarding incident management, the following was reported:</p> <p>#112 stated, "...has not been done on a consistent basis, in regards to training and implementing Incident management policies."</p> <p>When asked to explain the Agency's P&P regarding incident management the following was reported:</p> <p>#112 stated, "Over sight of all reportable incidents are not being trended."</p> | | |
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| Tag # 1A05 (CoP) General Requirements | Scope and Severity Rating: F | | |
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| <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>A. General Requirements:</p> <p>(2) The Provider Agency is required to develop and implement written policies and procedures that maintain and protect the physical and mental health of individuals and which comply with all DDS policies and procedures and all relevant New Mexico State statutes, rules and standards. These policies and procedures shall be reviewed at least every three years and updated as needed.</p> <p>Department of Health Developmental Disabilities Supports Division (DDSD) Policy Number: M-001 Policy Title: Medication Assessment and Delivery Policy Eff Date: November 1, 2006</p> <p>F. PRN Medication</p> <ol style="list-style-type: none"> PRN medications may be self-administered by individuals receiving Independent Living services. PCP orders for PRN medications in all other living settings shall clearly indicate the circumstances in which they are to be used, the number of doses that may be given in a 24-hour period and indicate under what circumstances the PCP is to be notified. Prior to self-administration, self-administration | <p>Based on record review and interview, the Agency failed to develop and implement written policies and procedures to protect the physical/mental health of individuals that complies with all DDS policies and procedures.</p> <p>Review of the CCRC, Inc. Medication Policy section of PRN Medication Use: CCRC, Inc. will use PRN (as needed) medication for comfort measures, to treat symptoms of common cold, and other minor ailments.</p> <p>General Provisions: Must be documented in the PRN/MAR: Date, Time, Person assisting with medication, reason for use, outcome, date & time of verbal authorization from agency nurse.</p> <p>The guidelines for PRN medication use fail to mention contacting agency nurse prior to administering PRN medication. Per DDS Medication Assessment & Delivery Policy 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.</p> <p>When DSP were asked if they knew what steps to take before assisting an individual with a PRN medication the following was reported:</p> <ul style="list-style-type: none"> DSP #69 stated, "I Call Elise." Elise is a Health Technician and not a nurse. | | |

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).

| Tag # 1A08 Agency Case File | Scope and Severity Rating: B | | |
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| <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> <ol style="list-style-type: none"> (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; (2) The individual's complete and current ISP, with all supplemental plans specific to the individual, and the most current completed Health Assessment Tool (HAT); (3) Progress notes and other service delivery documentation; (4) Crisis Prevention/Intervention Plans, if there are any for the individual; (5) A medical history, which shall include at least demographic data, current and past medical diagnoses including the cause (if known) of | <p>Based on record review, the Agency failed to maintain at the administrative office a confidential case file for 5 of 10 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 the Pharmacy Information (#4, 6 and 7) • Speech Therapy Plan (#6) • Physical Therapy Plan (#2 & 5) | | |

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| <p>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> <p>(a) Complete file for the past 12 months;</p> <p>(b) ISP and quarterly reports from the current and prior ISP year;</p> <p>(c) Intake information from original admission to services; and</p> <p>(d) When applicable, the Individual Transition Plan at the time of discharge from Los Lunas Hospital and Training School or Ft. Stanton Hospital.</p> | | | |
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| Tag # 1A08 Agency Case File - Progress Notes | Scope & 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>(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 4 of 10 Individuals.</p> <p>Current Supported Living Progress Notes</p> <ul style="list-style-type: none"> • Individual #3 – None found for December 6, 7, 13, 14, 20, 21, 27 & 28, 2008. • Individual #8 – None found for February 2, 3, 4, 5, 6 & 17, 2009 <p>Current Adult Habilitation Progress Notes</p> <ul style="list-style-type: none"> • Individual #1 – None found for February 2009. • Individual #8 – None found for December 2008 through February 2009. <p>Current Community Access Progress Notes</p> <ul style="list-style-type: none"> • Individual #7 – None found for January 2009 through February 2009. • Individual #8 - None found for January 2009. <p>Current Supported Employment Progress Notes</p> <ul style="list-style-type: none"> • Individual #7 – None found for December 2008 through January 2009 • Individual #8 –None found for December 2008 through February 2009 | | |

| Tag # 1A09 Medication Delivery (MAR) | 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>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 For PRN medication, an explanation for the use of the PRN medication shall include | <p>Medication Administration Records (MAR) were reviewed for the months of December 2008, January, February and April 2009.</p> <p>Based on record review, 9 of 9 individuals had Medication Administration Records, which contained missing medications entries and/or other errors:</p> <p>Individual #1 December 2008 Medication Administration Records did not contain the route of administration for the following medications:</p> <ul style="list-style-type: none"> Multivitamin (1 time daily) <p>January 2009 Medication Administration Records did not contain the route of administration for the following medications:</p> <ul style="list-style-type: none"> Multivitamin (1 time daily) <p>February 2009 Medication Administration Records did not contain the route of administration for the following medications:</p> <ul style="list-style-type: none"> Multivitamin (1 time daily) <p>Individual #2 December 2008 Medication Administration Records did not contain the route of administration for the following medications:</p> <ul style="list-style-type: none"> Multivitamin (1 time daily) Docusate Sodium 100mg (1 time daily) Calcium Carb 600mg (1 time daily) <p>January 2009 Medication Administration Records did not contain the route of administration for the following medications:</p> <ul style="list-style-type: none"> Multivitamin (1 time daily) | | |

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| <p>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. | <ul style="list-style-type: none"> • Docusate Sodium 100mg (1 time daily) • Calcium Carb 600mg (1 time daily) <p>February 2009 Medication Administration Records did not contain the route of administration for the following medications:</p> <ul style="list-style-type: none"> • Multivitamin (1 time daily) • Docusate Sodium 100mg (1 time daily) • Calcium Carb 600mg (1 time daily) <p>Individual #3 December 2008 Medication Administration Records did not contain the route of administration for the following medications:</p> <ul style="list-style-type: none"> • Multivitamin (1 time daily) • Clonazepam 0.5mg (2 times daily) (8AM & 8PM) • Olanzapine 7.5mg (1 time daily) <p>January 2009 Medication Administration Records did not contain the route of administration for the following medications:</p> <ul style="list-style-type: none"> • Multivitamin (1 time daily) • Clonazepam 0.5mg (2 times daily) (8AM & 8PM) • Olanzapine 7.5mg (1 time daily) <p>February 2009 Medication Administration Records did not contain the route of administration for the following medications:</p> <ul style="list-style-type: none"> • Multivitamin (1 time daily) • Clonazepam 0.5mg (2 times daily) (8AM & 8PM) • Olanzapine 7.5mg (1 time daily) <p>Individual #4 December 2008 Medication Administration Records did not contain the route of administration for the</p> | | |
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| <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>following medications:</p> <ul style="list-style-type: none"> • Reguloid Laxative Powder (1 time daily) • Aspirin 81mg (1 time daily) • Multivitamin (1 time daily) • Calcium 600mg (1 time daily) • Lisinopril 10mg (1 time daily) • Lipitor 10 mg (1 time daily) • Cicopirox cream (1 time daily) <p>January 2009 Medication Administration Records did not contain the route of administration for the following medications:</p> <ul style="list-style-type: none"> • Reguloid Laxative Powder (1 time daily) • Aspirin 81mg (1 time daily) • Multivitamin (1 time daily) • Calcium 600mg (1 time daily) • Lisinopril 10mg (1 time daily) • Lipitor 10 mg (1 time daily) <p>February 2009 Medication Administration Records did not contain the route of administration for the following medications:</p> <ul style="list-style-type: none"> • Reguloid Laxative Powder (1 time daily) • Aspirin 81mg (1 time daily) • Multivitamin (1 time daily) • Calcium 600mg (1 time daily) • Lisinopril 10mg (1 time daily) • Lipitor 10 mg (1 time daily) <p>April 2009 Medication Administration Records did not contain the following medications, No Physician's Orders were found for the following medications:</p> <ul style="list-style-type: none"> • Antacid Chewable (1 time daily) <p>Individual #5 December 2008 Medication Administration Records did not contain the route of administration for the</p> | | |
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| | <p>following medications:</p> <ul style="list-style-type: none"> • Metoclopramide 5mg (3 times daily) <p>January 2009 Medication Administration Records did not contain the route of administration for the following medications:</p> <ul style="list-style-type: none"> • Multivitamin (1 time daily) • Calcium Antacid 500mg (1time daily) • Glipizide 5mg (1time daily) • Prilosec 20mg (1 time daily) • Metoclopramide 5mg (3 times daily) • Gululcosamie Chondroitine 500mg (1 time daily) • Simvastatin 20mg (1 time daily) <p>Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Carteolol 1% Opth. (2 times daily) - Blank-1/6 &13, 2009 (8AM) <p>February 2009</p> <ul style="list-style-type: none"> • Medication Administration Records did not contained route of administration: • Metoclopramide 5mg (3 times daily) • Multivitamin (1 time daily) • Calcium Antacid 500mg (1time daily) • Glipizide 5mg (1time daily) • Prilosec 20mg (1 time daily) • Gululcosamie Chondroitine 500mg (1 time daily) • Simvastatin 20mg (1 time daily) <p>Individual #6 December 2008 Medication Administration Records did not contain the route of administration for the following medications:</p> <ul style="list-style-type: none"> • Multivitamin (1 time daily) • Calcium Antacid 500mg (1 time daily) • Sertraline 25mg (1 time daily) | | |
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| | <ul style="list-style-type: none"> • Oxybutynin 5mg (1 time daily) <p>January 2009 Medication Administration Records did not contain the route of administration for the following medications:</p> <ul style="list-style-type: none"> • Multivitamin (1 time daily) • Calcium Antacid 500mg (1 time daily) • Sertraline 25mg (1 time daily) • Oxybutynin 5mg (1 time daily) <p>February 2009 Medication Administration Records did not contain the route of administration for the following medications:</p> <ul style="list-style-type: none"> • Multivitamin (1 time daily) • Calcium Antacid 500mg (1 time daily) • Sertraline 25mg (1 time daily) • Oxybutynin 5mg (1 time daily) <p>Individual #7 December 2008 Medication Administration Records did not contain the route of administration for the following medications:</p> <ul style="list-style-type: none"> • Carbamazepine 200mg (3 times daily) • Devalproex 250 mg (2 times daily) <p>January 2009 Medication Administration Records did not contain the route of administration for the following medications:</p> <ul style="list-style-type: none"> • Carbamazepine 200mg (3 times daily) • Devalproex 250 mg (2 times daily) <p>February 2008 Medication Administration Records did not contain the route of administration for the following medications:</p> <ul style="list-style-type: none"> • Carbamazepine 200mg (3 times daily) • Devalproex 250 mg (2 times daily) | | |
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| | <p>Individual #8 December 2008 Medication Administration Records did not contain the route of administration for the following medications:</p> <ul style="list-style-type: none"> • Calcium Antacid 500mg (1 time daily) <p>January 2009 Medication Administration Records did not contain the route of administration for the following medications:</p> <ul style="list-style-type: none"> • Calcium Antacid 500mg (1 time daily) <p>February 2009 Medication Administration Records did not contain the route of administration for the following medications:</p> <ul style="list-style-type: none"> • Calcium Antacid 500mg (1 time daily) <p>Individual #10 December 2008 Medication Administration Records did not contain the route of administration for the following medications:</p> <ul style="list-style-type: none"> • Doxepin 75mg (1 time daily) ▲ Multivitamin (1 time daily) ▲ Calcium Antacid 500mg (2 times daily) • Levothyroxine 50mcg (1 time daily) ▲ Topamax 150mg (2 times daily) ▲ Carbamazepine 200mg (3 times daily) <p>January 2009 Medication Administration Records did not contain the route of administration for the following medications:</p> <ul style="list-style-type: none"> ▲ Doxepin 75mg (1 time daily) ▲ Multivitamin (1 time daily) ▲ Calcium Antacid 500mg (2 times daily) • Levothyroxine 50mcg (1 time daily) ▲ Topamax 150mg (2 times daily) ▲ Carbamazepine 200mg (3 times daily) | | |
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| | <p>February 2009</p> <p>Medication Administration Records did not contain the route of administration for the following medications:</p> <ul style="list-style-type: none">• Doxepin 75mg (1 time daily)▲ Multivitamin (1 time daily)▲ Calcium Antacid 500mg (2 times daily)• Levothyroxine 50mcg (1 time daily)▲ Topamax 150mg (2 times daily)▲ Carbamazepine 200mg (3 times daily)• Colace Ducusate Sodium 100mg (2 Times daily)• Oyster Calcium 500mg (2 times daily) | | |
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| Tag # 1A09 Medication Delivery - PRN | Scope and Severity Rating: E | | |
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| <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 For PRN medication, an explanation for the use of the PRN medication shall include | <p>Based on record review, the Agency failed to maintain PRN Medication Administration Records which contained all elements required by standard for 2 of 9 Individuals.</p> <p>Individual #3 December 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"> Acetaminophen 325mg (PRN) <p>No Signs/Symptoms noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> Acetaminophen 325mg (PRN) - 12/23 (Given 3 times) <p>No Effectiveness noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> Acetaminophen 325mg (PRN) - 12/23 (Given 3 times) <p>January 2009</p> <p>Medication Administration Records did not contain the circumstance in which the medication is to be given: Acetaminophen 325mg (PRN)</p> <p>No Signs/Symptoms noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> Acetaminophen 325mg (PRN) - 1/11 (Given 1 time) & 1/20 (Given 2 times) <p>No Effectiveness noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> Acetaminophen 325mg (PRN) -1/11 (Given 1 time) & 1/20 (Given 2 times) | | |

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| <p>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>Department of Health Developmental Disabilities Supports Division (DDSD) Medication Assessment and Delivery Policy - Eff. November 1, 2006</p> <p>F. PRN Medication</p> <p>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</p> | <p>February 2009</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"> • Acetaminophen 325mg (PRN) <p>No Signs/Symptoms noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Acetaminophen 325mg (PRN) - 2/21 (Given 1 time) <p>No Effectiveness noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Acetaminophen 325mg (PRN) - 2/21 (Given 1 time) <p>Individual #8</p> <p>January 2009</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"> • Amoxicillian 500mg (PRN) • Acetaminophen with Codeine (PRN) <p>Medication Administration Records did not contain the exact amount to be used in a 24 hour period:</p> <ul style="list-style-type: none"> • Acetaminophen with Codeine (PRN) <p>No Signs/Symptoms noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Amoxicillian 500mg (PRN) 1/28 (Given 2 times); 1/29 (Given 2 times); 1/30 (Given 2 times) & 1/31 (Given 1 time). • Acetaminophen with Codeine (PRN) 1/27; (Given 1 time); 1/28 (Given 2 times); 1/29 (Given 3 times) & 1/30 (Given 3 times). <p>No Effectiveness noted on the Medication Administration Record for the following PRN</p> | | |
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to the individual.

**NMAC 16.19.11.8 MINIMUM STANDARDS:
A. MINIMUM STANDARDS FOR THE
DISTRIBUTION, STORAGE, HANDLING AND
RECORD KEEPING OF DRUGS:**

(d) The facility shall have a Medication Administration Record (MAR) documenting medication administered to residents, **including over-the-counter medications**. This documentation shall include:

- (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.

medication:

- Amoxicillian 500mg (PRN) 1/28 (Given 2 times); 1/29 (Given 2 times); 1/30 (Given 2 times) & 1/31 (Given 1 time).
- Acetaminophen with Codeine (PRN) 1/27; (Given 1 time); 1/28 (Given 2 times); 1/29 (Given 3 times) & 1/30 (Given 3 times).

February 2009

Medication Administration Records did not contain the circumstance in which the medication is to be given:

- Amoxicillian 500mg (PRN)
- Acetaminophen with Codeine (PRN)

Medication Administration Records did not contain the exact amount to be used in a 24 hour period:

- Acetaminophen with Codeine (PRN)

No Signs/Symptoms noted on the Medication Administration Record for the following PRN medication:

- Amoxicillian 500mg (PRN) 2/1; (Given 3 times); 2/2 (Given 3 times); 2/3 (Given 3 times); 2/4 (Given 3 times); 2/5 (Given 3 times) & 2/6 (Given 3 times).

- Acetaminophen with Codeine (PRN) 2/1 (Given 3 times); 2/2 (Given 3 times); 2/3 (Given 3 times) & 2/4 (Given 3 times).

No Effectiveness noted on the Medication Administration Record for the following PRN medication:

- Amoxicillian 500mg (PRN) 2/1; (Given 3 times); 2/2 (Given 3 times); 2/3 (Given 3 times); 2/4 (Given 3 times); 2/5 (Given 3 times) & 2/6 (Given 3 times).

- Acetaminophen with Codeine (PRN) 2/1 (Given 3 times); 2/2 (Given 3 times); 2/3

(Given 3 times) & 2/4 (Given 3 times).

| Tag # 1A11 (CoP) Transportation P&P | Scope and Severity Rating: F | | |
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| <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</p> | <p>Based on record review & interview, the Agency failed to 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.</p> <p>Review of Agency's policies and procedures found no evidence of the Agency's transportation policy & procedure.</p> <p>When #112 & 111 were asked if the Agency had a policy regarding the safe transportation of individuals, the following was reported</p> <p>#112 stated, "We have staff take Defensive Driving, each home has a vehicle but we don't have a written policy on transportation training before transporting individuals."</p> | | |

(DDSD) Policy

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 # 1A12 Reimbursement/Billable Units | Scope and Severity Rating: B | | |
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| <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 III. PROVIDER AGENCY DOCUMENTATION OF SERVICE DELIVERY AND LOCATION</p> <p>A. General: All Provider Agencies shall maintain all records necessary to fully disclose the service, quality, quantity and clinical necessity furnished to individuals who are currently receiving services. The Provider Agency records shall be sufficiently detailed to substantiate the date, time, individual name, servicing Provider Agency, level of services, and length of a session of service billed.</p> <p>B. Billable Units: The documentation of the billable time spent with an individual shall be kept on the written or electronic record that is prepared prior to a request for reimbursement from the HSD. For each unit billed, the record shall contain the following:</p> <ol style="list-style-type: none"> (1) Date, start and end time of each service encounter or other billable service interval; (2) A description of what occurred during the encounter or service interval; and (3) The signature or authenticated name of staff providing the service. <p>MAD-MR: 03-59 Eff 1/1/2004</p> <p>8.314.1 BI RECORD KEEPING AND DOCUMENTATION REQUIREMENTS:</p> <p>Providers must maintain all records necessary to fully disclose the extent of the services provided to the Medicaid recipient. Services that have been billed to Medicaid, but are not substantiated in a treatment plan and/or patient records for the recipient are subject to recoupment.</p> | <p>Based on record review, the Agency failed to provide written or electronic documentation as evidence for each unit billed, which contained the required information for 5 of 10 individuals.</p> <p>Individual #6</p> <ul style="list-style-type: none"> • December 2008 - The Agency billed 195 units of Adult Habilitation. Documentation for December 3, 4, 8, 12, 16 & 19, 2008 did not contain signature/authenticated name of staff providing service to justify billing. • December 2008 - The Agency billed 102 units for Community Access. Documentation for December 1, 2, 5 & 15, 2008 did not contained signature/authentication name of staff providing service to justify billing. • January 2009 - The Agency billed 102 units of Adult Habilitation. Documentation for January 4, 6, 9, 19, 21, 26 & 28, 2009 did not contain signature/authentication name of staff providing service to justify billing. • December 2008 - The Agency billed 216 units for Community Access. Documentation for January 7, 8, 12, 13, 14, 16, 20 & 22 & 23, 2009 did not contain signature/authentication name of staff providing service to justify billing. • February 2009 - The Agency billed 192 units of Adult Habilitation. Documentation for February 5, 9, 10, 11, 12, 13, 19, 20 & 21, 2009 did not contain signature/authentication name of staff providing service to justify billing. • February 2009 - The Agency billed 102 units of Community Access. Documentation for February 2009 did not contain signature/authentication name of staff providing service to justify billing. | | |

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| | <p>Individual #7</p> <ul style="list-style-type: none"> February 2009 - The Agency billed 4 units of Supported Employment. Documentation for February 2009 did not contain signature/authentication name of staff providing service to justify billing. <p>Individual #8</p> <ul style="list-style-type: none"> December 2008 - The Agency billed 26 units of Supported living. Documentation for December 1, 2, 3, 4, 5, 8, 9, 10, 11, 12, 13, 15, 16, 17, 18, 30 & 31, 2008 did not contain signature/Authenticated name of staff providing service to justify billing. <p>Individual #9</p> <ul style="list-style-type: none"> December 2008 - The Agency billed 164 units of Supported Employment. Documentation for December 2008 did not contain signature/authentication name of staff providing service to justify billing. January 2009 - The Agency billed 220 units of Supported Employment. Documentation for January 2009 did not contain signature/authentication name of staff providing service to justify billing. <p>Individual #10</p> <ul style="list-style-type: none"> December 2008 - The Agency billed 238 units of Adult Habilitation. Documentation for December 2008 did not contain signature/authentication name of staff providing service to justify billing. December 2008 - The Agency billed 72 units of Community Access. Documentation for December 2008 did not contain signature/authentication name of staff providing service to justify billing. January 2009 - The Agency billed 86 units of Community Access. Documentation for | | |
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| | <p>January 2009 did not contain signature/authentication name of staff providing service to justify billing.</p> <ul style="list-style-type: none">• February 2009 - The Agency billed 336 units of Adult Habilitation. Documentation for February 2009 did not contain signature/authentication name of staff providing service to justify billing.• February 2009 - The Agency billed 98 units of Community Access. Documentation did not contain signature/authentication name of staff providing service to justify billing. | | |
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| Tag # 1A15 Healthcare Documentation | Scope and Severity Rating: E | | |
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| <p>Developmental Disabilities (DD) Waiver Service Standards Chapter 1. III. E. (1 - 4) CHAPTER 1. III. PROVIDER AGENCY DOCUMENTATION OF SERVICE DELIVERY AND LOCATION</p> <p>E. Healthcare Documentation by Nurses For Community Living Services, Community Inclusion Services and Private Duty Nursing Services: Nursing services must be available as needed and documented for Provider Agencies delivering Community Living Services, Community Inclusion Services and Private Duty Nursing Services.</p> <p>(1) Documentation of nursing assessment activities</p> <p>(a) The following hierarchy shall be used to determine which provider agency is responsible for completion of the HAT and MAAT and related subsequent planning and training:</p> <ul style="list-style-type: none"> (i) Community living services provider agency; (ii) Private duty nursing provider agency; (iii) Adult habilitation provider agency; (iv) Community access provider agency; and (v) Supported employment provider agency. <p>(b) The provider agency must arrange for their nurse to complete the Health Assessment Tool (HAT) and the Medication Administration Assessment Tool (MAAT) on at least an annual basis for each individual receiving community living, community inclusion or private duty nursing services, unless the provider agency arranges for the individual's Primary Care Practitioner (PCP) to voluntarily complete these assessments in lieu of the agency nurse. Agency nurses may also complete these assessments in collaboration with the Primary Care Practitioner if they believe such consultation is necessary for an accurate assessment. Family Living Provider Agencies have the option of having the subcontracted caregiver complete the HAT instead of the nurse or PCP, if the caregiver is comfortable doing so.</p> | <p>Based on record review, the Agency failed to maintain the required documentation in the Individuals Agency Record as required per standard for 4 of 10 individuals</p> <p>The following were not found, incomplete and/or not current:</p> <p><u>Health Care Plans</u></p> <ul style="list-style-type: none"> • Not signed or dated by Agency Nurse <ul style="list-style-type: none"> ◦ Individual #1 - Aspiration ◦ Individual #4 - Aspiration ◦ Individual #4 - Seizure <p><u>Crisis Plans</u></p> <ul style="list-style-type: none"> • Aspiration <ul style="list-style-type: none"> ◦ Individual #6 - Per IST section of ISP the individual is required to have a plan. ◦ Individual #4 - Per IST section of ISP the individual is required to have a plan. ◦ Individual #10 - Per IST section of ISP the individual is required to have a plan. • Seizures <ul style="list-style-type: none"> ◦ Individual #4 - Per IST section of ISP the individual is required to have a plan. | | |

However, the agency nurse must be available to assist the caregiver upon request.

(c) For newly allocated individuals, the HAT and the MAAT must be completed within seventy-two (72) hours of admission into direct services or two weeks following the initial ISP, whichever comes first.

(d) For individuals already in services, the HAT and the MAAT must be completed at least fourteen (14) days prior to the annual ISP meeting and submitted to all members of the interdisciplinary team. The HAT must also be completed at the time of any significant change in clinical condition and upon return from any hospitalizations. In addition to annually, the MAAT must be completed at the time of any significant change in clinical condition, when a medication regime or route change requires delivery by licensed or certified staff, or when an individual has completed additional training designed to improve their skills to support self-administration (see DDSD Medication Assessment and Delivery Policy).

(e) Nursing assessments conducted to determine current health status or to evaluate a change in clinical condition must be documented in a signed progress note that includes time and date as well as *subjective* information including the individual complaints, signs and symptoms noted by staff, family members or other team members; *objective* information including vital signs, physical examination, weight, and other pertinent data for the given situation (e.g., seizure frequency, method in which temperature taken); *assessment* of the clinical status, and *plan* of action addressing relevant aspects of all active health problems and follow up on any recommendations of medical consultants.

(2) Health related plans

(a) For individuals with chronic conditions that have the potential to exacerbate into a life-threatening situation, a medical crisis prevention

and intervention plan must be written by the nurse or other appropriately designated healthcare professional.

(b) Crisis prevention and intervention plans must be written in user-friendly language that is easily understood by those implementing the plan.

(c) The nurse shall also document training regarding the crisis prevention and intervention plan delivered to agency staff and other team members, clearly indicating competency determination for each trainee.

(d) If the individual receives services from separate agencies for community living and community inclusion services, nurses from each agency shall collaborate in the development of and training delivery for crisis prevention and intervention plans to assure maximum consistency across settings.

(3) For all individuals with a HAT score of 4, 5 or 6, the nurse shall develop a comprehensive healthcare plan that includes health related supports identified in the ISP (The healthcare plan is the equivalent of a nursing care plan; two separate documents are not required nor recommended):

(a) Each healthcare plan must include a statement of the person's healthcare needs and list measurable goals to be achieved through implementation of the healthcare plan. Needs statements may be based upon supports needed for the individual to maintain a current strength, ability or skill related to their health, prevention measures, and/or supports needed to remediate, minimize or manage an existing health condition.

(b) Goals must be measurable and shall be revised when an individual has met the goal and has the potential to attain additional goals or no longer requires supports in order to maintain the goal.

(c) Approaches described in the plan shall be individualized to reflect the individual's unique needs, provide guidance to the caregiver(s) and

designed to support successful interactions. Some interventions may be carried out by staff, family members or other team members, and other interventions may be carried out directly by the nurse – persons responsible for each intervention shall be specified in the plan.

(d) Healthcare plans shall be written in language that will be easily understood by the person(s) identified as implementing the interventions.

(e) The nurse shall also document training on the healthcare plan delivered to agency staff and other team members, clearly indicating competency determination for each trainee. If the individual receives services from separate agencies for community living and community inclusion services, nurses from each agency shall collaborate in the development of and training delivery for healthcare plans to assure maximum consistency across settings.

(f) Healthcare plans must be updated to reflect relevant discharge orders whenever an individual returns to services following a hospitalization.

(g) All crisis prevention and intervention plans and healthcare plans shall include the individual's name and date on each page and shall be signed by the author.

(h) Crisis prevention and intervention plans as well as healthcare plans shall be reviewed by the nurse at least quarterly, and updated as needed.

(4) General Nursing Documentation

(a) The nurse shall complete legible and signed progress notes with date and time indicated that describe all interventions or interactions conducted with individuals served as well as all interactions with other healthcare providers serving the individual. All interactions shall be documented whether they occur by phone or in person.

(b) For individuals with a HAT score of 4, 5 or 6, or who have identified health concerns in their ISP, the nurse shall provide the interdisciplinary team with a quarterly report that indicates current

health status and progress to date on health related ISP desired outcomes and action plans as well as progress toward goals in the healthcare plan.

| Tag # 1A20 DSP Training Documents | Scope and Severity Rating: E | | |
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| <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 28 of 69 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 #50, 55, 64, 86, 89, 92, 100 & 102) • Basic Health/Orientation (DSP #42, 64, 89, 92 & 102) • Person-Centered Planning (1-Day) (DSP #55 & 89) • First Aid (DSP #65, 66, 69, 84, 91 & 95) • CPR (DSP #65, 66, 69, 84, 91 & 95) • Assisting With Medications (DSP #40, 41, 42, 43, 45, 56, 58, 71, 74, 87 & 89) • Rights & Advocacy (DSP #68) • Level 1 Health (DSP #87 & 89) • Teaching & Support Strategies (DSP #46 & 89) • Participatory Communication & Choice Making (DSP #45, 46, 83, 87, 91 & 101) | | |

| Tag # 1A22 Staff Competence | Scope and Severity Rating: E | | |
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| <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 7 of 21 Direct Service Personnel.</p> <p>When DSP were asked if they were aware if the individual has Health Care Plans, the following was reported:</p> <ul style="list-style-type: none"> DSP #104 stated, "He does not have healthcare Plans". (Per Individual Specific Training section of the ISP & Agency file, the individual had Healthcare Plans for seizures, aspiration, diabetes, foot care and hypertension) (Individual #4) <p>When DSP were asked if they were aware if the individual has any Crisis Plans, the following was reported:</p> <ul style="list-style-type: none"> DSP #104 stated, "He does not have any crisis plans." (Per Individual Specific Training section of the ISP the individual has Crisis Plans for seizures and aspiration.) (Individual #4) DSP #67 stated, "No." (Per Individual Specific Training section of the ISP the individual has Crisis Plans for seizures and aspiration) (Individual #4) <p>When DSP were asked if the Individual was at risk for aspiration, the following was reported:</p> <ul style="list-style-type: none"> DSP #104 stated, "No." (Per Individual Specific Training section of the ISP the individual has Crisis Plans for aspiration) (Individual #4) DSP #69 stated, "No" (Per individual Specific Training section of the ISP the individual has Crisis Plans for aspiration) (Individual #10) | | |

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| <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> | <p>When DSP were asked if the Individual has aspiration, and to describe the signs of aspiration, and specifically what to do if there is aspiration the following was reported:</p> <ul style="list-style-type: none"> DSP #55 could not describe signs and symptoms of aspiration and stated the following: "I would start CPR if individual has aspiration " (Per Individual Specific Training section of the ISP the individual has Mealtime Plan and Aspiration Crisis Plan) (Individual #8) <p>When DSP were asked if they received training on the Individuals Meal Time Plans, the following was reported:</p> <ul style="list-style-type: none"> DSP #55 stated, "No, I haven't been trained". (Per Individual Specific Training section of the ISP the individual has Meal Time Plan and Aspiration Crisis Plan.) (Individual #8) <p>When DSP were asked if the individual has a Meal Time Plan and/or nutritional requirement, when specifically asked to describe the plan and how staff would implement it, the following was reported:</p> <ul style="list-style-type: none"> DSP #69 stated, "She has a Meal Time Plan, her food needs to be cut up". (Per individuals Meal Time Plan, individual is to be given chopped food and soft mechanical diet. Surveyors on the on site visit to the home witnessed staff serve fish sticks not chopped per individuals Meal Time Plan). <p>When DSP were asked if the Individual had diabetes, and what would they do if there is low blood sugar, and high blood sugar or if they knew what are the signs and symptoms of low blood sugar/high blood sugar for diabetes the following was reported:</p> <ul style="list-style-type: none"> DSP #104 stated, "I don't know...for high blood | | |
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| | <p>sugar you give sweet juice.” DSP was unable to give examples of what to do if there was high blood sugar and/or low blood sugar. (Individual #4)</p> <ul style="list-style-type: none"> DSP #84 stated, “I’m not sure.” DSP was unable to give examples of signs and symptoms of high blood sugar when asked specifically the signs for high blood sugar. (Individual #4) <p>When DSP were asked if the individual has a Seizure Disorder the following was reported:</p> <ul style="list-style-type: none"> DSP #104 stated, “No.” (Per Individual’s ISP the individual has Seizure disorder). (Individual #4) DSP #67 stated, “No.” (Per Individual’s ISP the individual has Seizure disorder). (Individual #4) <p>When DSP were asked, what are the steps you need to take before assisting an individual with PRN medication with the medication, the following:</p> <ul style="list-style-type: none"> DSP #103 stated, “I don’t call the nurse, no PRN’s are given” Per DDSD standards for PRN medication, Supported Living Provider agencies staff must contact agency nurse prior to administration of medication. (individual #6) <p>When DSP were asked, what are you supposed to do if there is a medication error (i.e. dropped medication), the following was reported:</p> <ul style="list-style-type: none"> DSP# 88 stated, “Throw it away, flush it” Per Coyote Canyon Rehabilitation Medication Error Policy: “A. Ensure Safety and disposition of the individual. B. Provide CPR/First Aid, if necessary C. Obtain immediate medical services, if an emergency | | |
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| | <p>arises 1.) Call 911 2.) Tohatchi EMS 3.) Gallup Hospital 4.) IHS Shiprock. Important Information to give: What drug was taken and how much; current status of individual; Age and weight; Chronic medical problems, medication taken regularly; vital signs. Follow exactly any instructions given by licensed medical professional. D. Notify Supervisor/Case Manager/ Health Department. E. Complete a DHI Incident Report form- document completely all actions and outcomes: F. If staff suspects Abuse, Neglect or Exploitation, a DHI Incident report must be filled and Adult Protective Service (APS) must be notified.”</p> | | |
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| Tag # 1A25 (CoP) CCHS | Scope and Severity Rating: D | | |
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| <p>NMAC 7.1.9.8 CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS: F. Timely Submission: Care providers shall submit all fees and pertinent application information for all individuals who meet the definition of an applicant, caregiver or hospital caregiver as described in Subsections B, D and K of 7.1.9.7 NMAC, no later than twenty (20) calendar days from the first day of employment or effective date of a contractual relationship with the care provider.</p> <p>NMAC 7.1.9.9 CAREGIVERS OR HOSPITAL CAREGIVERS AND APPLICANTS WITH DISQUALIFYING CONVICTIONS: 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</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 3 of 70 Agency Personnel.</p> <p>The following Agency Personnel Files contained no evidence of Caregiver Criminal History Screenings:</p> <ul style="list-style-type: none"> • #67 – Date of Hire 1/13/2009 • #94 - Date of Hire 12/08/2008 • #107- Date of Hire 3/14/2009 | | |

H. an attempt, solicitation, or conspiracy involving any of the felonies in this subsection.

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 # 1A26 (CoP) COR / EAR | Scope and Severity Rating: E | | |
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| <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 35 of 70 Agency Personnel.</p> <p>The following Agency Personnel records contained evidence that indicated the Employee Abuse Registry was completed after hire:</p> <ul style="list-style-type: none"> • #46 – Date of Hire 11/3/2006 • #47 – Date of Hire 11/20/2008 • #48 – Date of Hire 1/11/2008 • #49 – Date of Hire 9/26/2008 • #53 - Date of Hire 7/21/2008 • #55 - Date of Hire 11/18/2009 • #56 - Date of Hire 12/14/2006 • #59 - Date of Hire 9/25/2007 • #60 - Date of Hire 11/3/2009 • #61 - Date of Hire 10/9/2006 • #62 - Date of Hire 2/15/2008 • #65 - Date of Hire 9/30/2006 • #67 - Date of Hire 1/13/2009 • #70 - Date of Hire 11/17/2008 • #71 - Date of Hire 3/11/2008 • #72 - Date of Hire 3/17/2008 • #73 - Date of Hire 9/3/2008 • #78 - Date of Hire 12/7/2007 • #79 - Date of Hire 8/23/2008 • #80 - Date of Hire 6/15/2006 • #81 - Date of Hire 11/11/2008 • #87 - Date of Hire 4/9/2008 • #91 - Date of Hire 5/4/2008 • #92 - Date of Hire 12/16/2006 • #93 - Date of Hire 7/31/2007 • #95 - Date of Hire 1/17/2006 • #96 - Date of Hire 10/3/2007 • #97 - Date of Hire 1/26/2006 • #100 - Date of Hire 3/9/2009 • #102 - Date of Hire 2/13/2009 | | |

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| <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>Chapter 1.IV. General Provider Requirements.</p> <p>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"> • #103 - Date of Hire 1/9/2006 • #104 - Date of Hire 3/23/2009 • #105 - Date Of Hire 7/23/2007 • #107 - Date of Hire 3/14/2009 • #108 - Date of Hire 8/30/2008 | | |
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| Tag # 1A28 (CoP) Incident Mgt. System | Scope & Severity Rating: E | | |
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| <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 and interview, the Agency failed to provide documentation verifying completion of Incident Management Training for 51 of 70 Agency Personnel.</p> <ul style="list-style-type: none"> Incident Management Training (Abuse, Neglect & Misappropriation of Consumers' Property) (#40, 41, 42, 43, 44, 45, 46, 48, 51, 52, 54, 56, 58, 59, 61, 62, 63, 64, 65, 66, 68, 69, 71, 72, 74, 75, 76, 78, 80, 82, 83, 84, 85, 86, 88, 89, 90, 92, 93, 94, 95, 96, 97, 98, 99, 100, 102, 103, 106 ,107 & 109) | | |

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| Tag # 1A28 (CoP) Incident Mgt. System - Parent/Guardian Training | Scope & Severity Rating: F | | |
| <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>E. Consumer and Guardian Orientation Packet: Consumers, family members and legal guardians shall be made aware of and have available immediate accessibility to the licensed health care facility and community based service provider incident reporting processes. The licensed health care facility and community based service provider shall provide consumers, family members or legal guardians an orientation packet to include incident management systems policies and procedural information concerning the reporting of abuse, neglect or misappropriation. The licensed health care facility and community based service provider shall include a signed statement indicating the date, time, and place they received their orientation packet to be contained in the consumer's file. The appropriate consumer, family member or legal guardian shall sign this at the time of orientation.</p> | <p>Based on record review, the Agency failed to provide documentation indicating consumer, family members, or legal guardians had received an orientation packet including incident management system policies and procedural information concerning the reporting of Abuse, Neglect and Misappropriation of Consumers' Property, for 10 of 10 individuals.</p> <ul style="list-style-type: none"> • Parent/Guardian Incident Management Training (Abuse, Neglect & Misappropriation of Consumers' Property) (#1, 2, 3, 4, 5, 6, 7, 8, 9 & 10) | | |

| Tag # 1A29 Complaints / Grievances - Acknowledgement | Scope and Severity Rating: C | | |
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| <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 that the complaint procedure had been made available to individuals or their legal guardians for 10 of 10 individuals.</p> <ul style="list-style-type: none"> Grievance/Complaint Procedure Acknowledgement (#1, 2, 3, 4, 5, 6, 7, 8, 9 & 10) | | |

| Tag # 1A31 (CoP) Client Rights | Scope and Severity Rating: D | | |
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| <p>NMAC 7.26.3.11 RESTRICTIONS OR LIMITATION OF CLIENT'S RIGHTS: A. A service provider shall not restrict or limit a client's rights except: (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 (2) where the interdisciplinary team has determined that the client's limited capacity to exercise the right threatens his or her physical safety; or (3) as provided for in Section 10.1.14 [now Subsection N of 7.26.3.10 NMAC]. 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. 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</p> <p>IV. POLICY STATEMENT Human Rights Committees are required for residential service provider agencies. The</p> | <p>A review of Agency Individual files indicated 1 of 10 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 (Mandt) - (Individual #9): <p>Based on record review, the Agency failed to follow DDS Policy and Procedure regarding Human Rights Committee Requirements. Review of Agency Policy and Procedure found no evidence of agencies Human Rights Committee policy.</p> | | |

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 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

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.

| Tag # 1A32 (CoP) ISP Implementation | Scope and Severity Rating: D | | |
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| <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.</p> <p>[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 1 of 10 individuals.</p> <p>Per Individuals ISP's the following was found with regards to the implementation of ISP Outcomes:</p> <p>Supported Employment Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <ul style="list-style-type: none"> • None found for December 2008 – February 2009 (Individual #9) | | |

| Tag # 1A33 Board of Pharmacy - Lic | Scope and Severity Rating: A | | |
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| <p>New Mexico Board of Pharmacy Model Custodial Drug Procedures Manual</p> <p>6. Display of License and Inspection Reports</p> <p>A. The following are required to be publicly displayed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current Custodial Drug Permit from the NM Board of Pharmacy <input type="checkbox"/> Current registration from the consultant pharmacist <input type="checkbox"/> Current NM Board of Pharmacy Inspection Report | <p>Based on observation, the Agency failed to provide the current Custodial Drug Permit from the New Mexico Board of Pharmacy, the current registration from the Consultant Pharmacist, or the current New Mexico Board of Pharmacy Inspection Report for the following:</p> <p>Individual Residence:</p> <ul style="list-style-type: none"> • Current NM Board of Pharmacy Inspection report (#1) | | |

| Tag # 1A36 SC Training | Scope and Severity Rating: A | | |
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| <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>Based on record review, the Agency failed to ensure that Orientation and Training requirements were met for 1 of 1 Service Coordinators.</p> <p>Review of Service Coordinators training records found no evidence of the following required DOH/DDSD trainings being completed:</p> <ul style="list-style-type: none"> • Pre-Service Manual (SC #109) | | |

| Tag # 1A37 Individual Specific Training | Scope and Severity Rating: E | | |
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| <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</p> <p>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>(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</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>B. Staff shall complete individual-specific</p> | <p>Based on record review, the Agency failed to ensure that Individual Specific Training requirements were met for 24 of 70 Agency Personnel.</p> <ul style="list-style-type: none"> Individual Specific Training (#44, 45, 48, 51, 52, 53, 55, 63, 64, 66, 68, 78, 79, 80, 81, 82, 86, 88, 91, 94,98, 101,105 & 108) | | |

(formerly known as “Addendum B”) training requirements in 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. 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)

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| <p>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)</p> <p>5. Operating wheelchair lifts (if applicable to the staff's role)</p> <p>6. Wheelchair tie-down procedures (if applicable to the staff's role)</p> <p>7. Emergency and evacuation procedures (e.g., roadside emergency, fire emergency)</p> | | | |
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| Tag # 5I22 SE Agency Case File | Scope and Severity Rating: A | | |
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| <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 5 VII. SUPPORTED EMPLOYMENT SERVICES REQUIREMENTS</p> <p>D. Provider Agency Requirements</p> <p>(1) Provider Agency Records: The provider adheres to the Department of Labor (DOL) wage laws and maintains required certificates and documentation. These documents are subject to review by the DDSD. Each individual's earnings and benefits shall be monitored by the Provider Agency in accordance with the Fair Labor Standards Act. Each individual's earnings and benefits shall be reviewed at least semi-annually by the Supported Employment Provider to ensure the appropriateness of pay rates and benefits.</p> <p>(2) The Provider Agency shall maintain a confidential case file for each individual that includes all items listed in section IV.D. above and the following additional items:</p> <p>(a) Quarterly progress reports;</p> <p>(b) Vocational assessments (A vocational assessment or profile is an objective analysis of a person's interests, skills, needs, career goals, preferences, concerns, in areas that can pertain to an employment outcome and can ultimately be compared to the requirements and attributes of a potential job in order to determine the degree of compatibility as well as identification of training needs). A vocational assessment must be of a quality and content to be acceptable to DVR or DDSD;</p> <p>(c) Career development plan as incorporated in the ISP; a career development plan consists of the vocational assessment and the ISP Work/Learn Action Plan that specifies steps necessary towards a successful employment outcome and identifies the people who will complete specific tasks including the individual, as well and a review and reporting mechanism</p> | <p>Based on Record review the Agency failed to maintain a confidential case file for each individual for 1 of 3 individuals.</p> <p>The following were not found, incomplete and/or not current:</p> <ul style="list-style-type: none"> • Vocational Assessment (#9) • Career Development Plan (#9) | | |

for mutual accountability; and
(d) Documentation of decisions concerning the Division of Vocational Rehabilitation that services provided under the Waiver are not otherwise available under the Rehabilitation Act of 1973.

| Tag # 5144 AH Reimbursement | Scope and Severity Rating: B | | |
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| <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 3 of 10 individuals.</p> <p>Individual #1</p> <ul style="list-style-type: none"> • December 2008 - Agency billed 357 units of Adult Habilitation. Documentation received accounted for 336 units. • January 2009 - Agency billed 404 units of Adult Habilitation. Documentation received accounted for 264 units. • February 2009 - Agency billed 160 units of Adult Habilitation. Documentation received accounted for 120 units. <p>Individual # 2</p> <ul style="list-style-type: none"> • January 2009 - Agency billed 404 units of Adult Habilitation. Documentation received accounted for 380 units. <p>Individual # 10</p> <ul style="list-style-type: none"> • January 2009 - Agency billed 284 units of Adult Habilitation. Documentation received accounted for 312 units. | | |

| Tag # 6L13 (CoP) - CL Healthcare Reqts. | Scope and Severity Rating: E | | |
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| <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>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 4 of 10 individuals receiving Supported Living Services</p> <ul style="list-style-type: none"> • Vision Exams: <ul style="list-style-type: none"> • Individual #1 - Per agency file last eye exam was completed on 3/17/07. Per Doctors orders individual is to return 1-2 years. No evidence of follow-up exam found. • Individual #8 - Per agency file last eye exam was completed on 8/2/06. Per Doctors orders individual is to return 1-2 years. No evidence of follow-up exam found. • Individual #9 - Per agency file last eye exam was completed on 11/8/06. Per Doctors orders to return in 2 years. No evidence of follow-up exam found. • Pap Exam <ul style="list-style-type: none"> • Individual #10 - Per agency file it was noted by Doctor during annual exam that routine Pap was to be completed by 3/26/08. No evidence of exam found. | | |

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| <p>b) That each individual with a score of 4, 5, or 6 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> | | | |
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| Tag # 6L14 Residential Case File | Scope and Severity Rating: E | | |
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| <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007 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>Based on record review, the Agency failed to maintain a complete and confidential case file in the residence for 8 of 10 Individuals receiving Supported Living Services.</p> <ul style="list-style-type: none"> • Current Emergency & Personal Identification <ul style="list-style-type: none"> ◦ Did not contain Pharmacy Information (#1, 2, 3, 4, 5, 6, 9 & 10) • Addendum A (#4 & 9) • Positive Behavioral Plan (#5 & 6) • Positive Behavioral Crisis Plan (#3, 5 & 6) • Speech Therapy Plan (#1, 2 & 10) • Physical Therapy Plan (#2) • Special Health Care Needs <ul style="list-style-type: none"> • Meal Time Plan (#4 & 6) • Health Assessment Tool (#1 & 9) • Crisis Plan (#4) <ul style="list-style-type: none"> • Seizures (#4) • Diabetes (#4) • Aspiration (#4 & 6) • Data Collection/Data Tracking: <ul style="list-style-type: none"> ◦ Individual #5 - None found for April 2009 ◦ Individual #6 - None found for April 2009 ◦ Individual #9 - None found for April 2009 • Progress Notes written by DSP and/or Nurses regarding Health Status: <ul style="list-style-type: none"> ◦ Individual #5 - None found for April 2009 | | |

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| <p>(7) Physician's or qualified health care providers written orders;</p> <p>(8) Progress notes documenting implementation of 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</p> | <ul style="list-style-type: none"> • Health Care Providers Written Orders (#2, 3, 4, 6 & 9) • Record of visits of healthcare practitioners (#9) | | |
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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 discharge summaries for past twelve (12) months, past medical history including hospitalizations, surgeries, injuries, family history and current physical exam.

| Tag # 6L25 (CoP) Residential Reqts. | Scope and Severity Rating: E | | |
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| <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 8 of 10 Supported Living residences.</p> <p>The following items were not found, not functioning or incomplete:</p> <ul style="list-style-type: none"> • Accessible written procedures for emergency evacuation e.g. fire and weather-related threats (#2, 3 & 6) • 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 (#1, 2, 3, 4, 5, 6, 9 & 10) • Accessible written procedures for emergency placement and relocation of individuals in the event of an emergency evacuation that makes the residence unsuitable for occupancy. (#1, 2, 3, 4, 5, 6, 9 & 10) | | |

| Tag # 6L26 SL Reimbursement | Scope and Severity Rating: A | | |
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| <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 6. IX. REIMBURSEMENT FOR COMMUNITY LIVING SERVICES</p> <p>A. Reimbursement for Supported Living Services</p> <p>(1) Billable Unit. The billable Unit for Supported Living Services is based on a daily rate. The daily rate cannot exceed 340 billable days a year.</p> <p>(2) Billable Activities</p> <p>(a) Direct care provided to an individual in the residence any portion of the day.</p> <p>(b) Direct support provided to an individual by community living direct service staff away from the residence, e.g., in the community.</p> <p>(c) Any activities in which direct support staff provides in accordance with the Scope of Services.</p> <p>(3) Non-Billable Activities</p> <p>(a) The Supported Living Services provider shall not bill DD Waiver for Room and Board.</p> <p>(b) Personal care, respite, nutritional counseling and nursing supports shall not be billed as separate services for an individual receiving Supported Living Services.</p> <p>(c) The provider shall not bill when an individual is hospitalized or in an institutional care setting.</p> | <p>Based on record review, the Agency failed to provide written or electronic documentation as evidence for each unit billed for Supported Living Services for 1 of 10 individuals.</p> <p>Individual #8</p> <ul style="list-style-type: none"> February 2009 Agency billed 28 units of Support Living. Documentation received accounted for 23 units. | | |