Date: October 9, 2013

To: Damian Houfek, Chief Executive Officer
Provider: ENMRSH, Inc.
Address: 2700 E. 7th Street
State/Zip: Clovis, New Mexico 88101

E-mail Address: dhoufek@enmrsh.org

CC: Bill Kinyon, Board Chair
Address: 1221 Mitchell
State/Zip: Clovis, New Mexico 88101

Region: Southeast
Routine Survey: March 4 - 18, 2013
Verification Survey: September 11, 2013
Program Surveyed: Developmental Disabilities Waiver
Service Surveyed: Community Living Supports (Supported Living, Independent Living) and Community Inclusion Supports (Adult Habilitation, Community Access, Supported Employment)
Survey Type: Verification
Team Leader: Deb Russell, BS, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Mr. Houfek;

The Division of Health Improvement/Quality Management Bureau has completed a Verification survey of the services identified above. The purpose of the survey was to determine compliance with your Plan of Correction submitted to DHI regarding the *Routine Survey on March 4 - 18, 2013*.

The Division of Health Improvement, Quality Management Bureau has determined your agency is in:

Compliance with Conditions of Participation

However due to the new deficiency your report of findings will be referred to the Internal Review Committee (IRC) for further action and potential sanctions. You will be contacted by the IRC for instructions on how to proceed. Please call the Plan of Correction Coordinator at 505-699-9356, if you have questions about the survey or the report.

Thank you for your cooperation and for the work you perform.

Sincerely,

Deb Russell, BS

Deb Russell, BS
Team Lead/Healthcare Surveyor
Division of Health Improvement/Quality Management Bureau

Survey Process Employed:

Entrance Conference Date:	September 11, 2013	
Present:	**ENMRSH, Inc.** Liz Gallegos, Lead Residential Supervisor **DOH/DHI/QMB** Deb Russell, BS, Healthcare Surveyor	
Exit Conference Date:	March 7, 2013	
Present:	**ENMRSH, Inc.** Damian Houfek, Chief Executive Officer Liz Gallegos, Lead Residential Supervisor **DOH/DHI/QMB** Deb Russell, BS, Healthcare Surveyor	
Administrative Locations Visited	Number:	1
Total Sample Size	Number:	72 (23 Routine Survey Individuals and 49 Health and Safety visit Individuals) 2 - *Jackson* Class Members (Routine Survey) 21 - Non-*Jackson* Class Members (Routine Survey) 49 - Health and safety individuals 51 - Supported Living (14 Routine Survey Individuals and 37 Health and Safety Visit Individuals) 21 - Independent Living (9 Routine Survey and 12 Health and Safety Visit Individuals) 18 - Adult Habilitation 3 - Community Access 16 - Supported Employment
Total Homes Visited	Number:	35
❖ Supported Living Homes Visited	Number:	22 (12 Routine Survey and 10 Health and Safety Visit)
❖ Independent Living Homes Visited	Number:	13 (7 Routine Survey and 6 Health and Safety Visit)
Persons Served Agency Records Reviewed	Number:	16 *(Note: As a result of 100% home visit conducted 7 administrative record reviews were not conducted as visits took priority)*
Direct Support Personnel Records Reviewed	Number:	185
Direct Support Personnel Interviewed	Number:	30
Service Coordinator Records Reviewed	Number:	8
Substitute Care/Respite Personnel Records Reviewed	Number:	5

Administrative Processes and Records Reviewed:

- Medicaid Billing/Reimbursement Records for all Services Provided
- Accreditation Records
- Oversight of Individual Funds
- Individual Medical and Program Case Files, including, but not limited to:
    - Individual Service Plans
    - Progress on Identified Outcomes
    - Healthcare Plans
    - Medication Administration Records
    - Medical Emergency Response Plans
    - Therapy Evaluations and Plans
    - Healthcare Documentation Regarding Appointments and Required Follow-Up
    - Other Required Health Information
- Internal Incident Management Reports and System Process
- Personnel Files, including nursing and subcontracted staff
- Staff Training Records, Including Competency Interviews with Staff
- Agency Policy and Procedure Manual
- Caregiver Criminal History Screening Records
- Consolidated Online Registry/Employee Abuse Registry
- Human Rights Committee Notes and Meeting Minutes Evacuation Drills of Residences and Service Locations
- Quality Assurance / Improvement Plan

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

Attachment B

Department of Health, Division of Health Improvement
QMB Determination of Compliance Process

The Division of Health Improvement, Quality Management Bureau (QMB) surveys compliance of the Developmental Disabilities Waiver (DDW) standards and state and federal regulations. QMB has grouped the CMS assurances into five Service Domains: Level of Care; Plan of Care; Qualified Providers; Health, Welfare and Safety; and Administrative Oversight (note that Administrative Oversight listed in this document is not the same as the CMS assurance of Administrative Authority. Used in this context it is related to the agency's operational policies and procedures, Quality Management system and Medicaid billing and reimbursement processes.)

The QMB Determination of Compliance process is based on provider compliance or non-compliance with standards and regulations identified in the QMB Report of Findings. All deficiencies (non-compliance with standards and regulations) are identified and cited as either a Standard level deficiency or a Condition of Participation level deficiency in the QMB Reports of Findings. All deficiencies require corrective action when non-compliance is identified.

Within the QMB Service Domains there are fundamental regulations, standards, or policies with which a provider must be in essential compliance in order to ensure the health and welfare of individuals served known as Conditions of Participation (CoPs).

The Determination of Compliance for each service type is based on a provider's compliance with CoPs in three (3) Service Domains.

Case Management Services:

- Level of Care
- Plan of Care
- Qualified Providers

Community Inclusion Supports/ Living Supports:

- Qualified Provider
- Plan of Care
- Health, Welfare and Safety

Conditions of Participation (CoPs)

A CoP is an identified fundamental regulation, standard, or policy with which a provider must be in compliance in order to ensure the health and welfare of individuals served. CoPs are based on the Centers for Medicare and Medicaid Services, Home and Community-Based Waiver required assurances. A provider must be in compliance with CoPs to participate as a waiver provider.

QMB surveyors use professional judgment when reviewing the critical elements of each standard and regulation to determine when non-compliance with a standard level deficiency rises to the level of a CoP out of compliance. Only some deficiencies can rise to the level of a CoP. (See the next section for a list of CoPs.) The QMB survey team analyzes the relevant finding in terms of scope, actual harm or potential for harm, unique situations, patterns of performance, and other factors to determine if there is the potential for a negative outcome which would rise to the level of a CoP. A Standard level deficiency becomes a CoP out of compliance when the team's analysis establishes that there is an identified

potential for significant harm or actual harm. It is then cited as a CoP out of compliance. If the deficiency does not rise to the level of a CoP out of compliance, it is cited as a Standard Level Deficiency.

The Division of Health Improvement (DHI) and the Developmental Disabilities Supports Division (DDSD) collaborated to revise the current Conditions of Participation (CoPs). There are seven Conditions of Participation in which providers must be in compliance.

CoPs and Service Domains for Case Management Supports are as follows:

Service Domain: Level of Care

Condition of Participation:

1. **Level of Care**: The Case Manager shall complete all required elements of the Long Term Care Assessment Abstract (LTCAA) to ensure ongoing eligibility for waiver services.

Service Domain: Plan of Care

Condition of Participation:

2. **Individual Service Plan (ISP) Creation and Development**: Each individual shall have an ISP. The ISP shall be developed in accordance with DDSD regulations and standards and is updated at least annually or when warranted by changes in the individual's needs.

Condition of Participation:

3. **ISP Monitoring and Evaluation:** The Case Manager shall ensure the health and welfare of the individual through monitoring the implementation of ISP desired outcomes.

CoPs and Service Domain for ALL Service Providers is as follows:

Service Domain: Qualified Providers

Condition of Participation:

4. **Qualified Providers**: Agencies shall ensure support staff has completed criminal background screening and all mandated trainings as required by the DDSD.

CoPs and Service Domains for Living Supports and Inclusion Supports are as follows:

Service Domain: Plan of Care

Condition of Participation:

5. **ISP Implementation**: Services provided shall be consistent with the components of the ISP and implemented to achieve desired outcomes.

Service Domain: Health, Welfare and Safety

Condition of Participation:

6. **Individual Health, Safety and Welfare: (Safety)** Individuals have the right to live and work in a safe environment.

Condition of Participation:

7. **Individual Health, Safety and Welfare (Healthcare Oversight)**: The provider shall support individuals to access needed healthcare services in a timely manner. Nursing, healthcare services and healthcare oversight shall be available and provided as needed to address individuals' health, safety and welfare.

QMB Determinations of Compliance

Compliance with Conditions of Participation

The QMB determination of *Compliance with Conditions of Participation* indicates that a provider is in compliance with all Conditions of Participation, (CoP). The agency has obtained a level of compliance such that there is a minimal potential for harm to individuals' health and safety. To qualify for a determination of Compliance with Conditions of Participation, the provider must be in compliance with all Conditions of Participation in all relevant Service Domains. The agency may also have Standard level deficiencies (deficiencies which are not at the condition level) out of compliance in any of the Service Domains.

Partial-Compliance with Conditions of Participation

The QMB determination of *Partial-Compliance with Conditions of Participation* indicates that a provider is out of compliance with Conditions of Participation in one (1) to two (2) Service Domains. The agency may have one or more Condition level tags within a Service Domain. This partial-compliance, if not corrected, may result in a serious negative outcome or the potential for more than minimal harm to individuals' health and safety. The agency may also have Standard level deficiencies (deficiencies which are not at the condition level) in any of the Service Domains.

Providers receiving a repeat determination of Partial-Compliance for repeat deficiencies at the level of a Condition in any Service Domain may be referred by the Quality Management Bureau to the Internal Review Committee (IRC) for consideration of remedies and possible actions or sanctions.

Non-Compliance with Conditions of Participation

The QMB determination of *Non-Compliance with Conditions of Participation* indicates a provider is significantly out of compliance with Conditions of Participation in multiple Service Domains. The agency may have one or more Condition level tags in each of 3 relevant Service Domains. This non-compliance, if not corrected, may result in a serious negative outcome or the potential for more than minimal harm to individuals' health and safety. The agency may also have Standard level deficiencies (deficiencies which are not at the condition level) in any of the Service Domains

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

Attachment C

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

Introduction:

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

Instructions:

1. The Informal Reconsideration of the Finding (IRF) request must be received in writing to the QMB Deputy Bureau Chief **within 10 business days** of receipt of the final Report of Findings.
2. The written request for an IRF *must* be completed on the QMB Request for Informal Reconsideration of Finding form available on the QMB website: http://dhi.health.state.nm.us/qmb
3. The written request for an IRF must specify in detail the request for reconsideration and why the finding is inaccurate.
4. The IRF request must include all supporting documentation or evidence.
5. If you have questions about the IRF process, email the IRF Chairperson, Crystal Lopez-Beck at crystal.lopez-beck@state.nm.us for assistance.

The following limitations apply to the IRF process:

- The written request for an IRF and all supporting evidence must be received within 10 business days.
- Findings based on evidence requested during the survey and not provided may not be subject to reconsideration.
- The supporting documentation must be new evidence not previously reviewed or requested by the survey team.
- Providers must continue to complete their Plan of Correction during the IRF process
- Providers may not request an IRF to challenge the sampling methodology.
- Providers may not request an IRF based on disagreement with the nature of the standard or regulation.
- Providers may not request an IRF to challenge the team composition.
- Providers may not request an IRF to challenge the DHI/QMB determination of compliance or the length of their DDSD provider contract.

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

The IRF Committee will review the request, the Provider will be notified in writing of the ruling; no face-to-face meeting will be conducted.

When a Provider requests that a finding be reconsidered, it does not stop or delay the Plan of Correction process. **Providers must continue to complete the Plan of Correction, including the finding in dispute regardless of the IRF status.** If a finding is removed or modified, it will be noted and removed or modified from the Report of Findings. It should be noted that in some cases a Plan of Correction may be completed prior to the IRF process being completed. The provider will be notified in writing on the decisions of the IRF committee.

Agency: **ENMRSH, Inc. - Southeast Region**
Program: Developmental Disabilities Waiver
Service: Community Living Supports (Supported Living, Independent Living) and Community Inclusion Supports (Adult Habilitation, Community Access, Supported Employment)
Monitoring Type: Verification Survey
Routine Survey: **March 4 - 18, 2013**
Verification Survey: **September 11, 2013**

Standard of Care	Routine Survey March 4 – 18, 2013 Deficiencies	Verification Survey September 11, 2013 New and Repeat Deficiencies
Service Domain: Health and Welfare – *The state, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.*		
Tag # 1A27 **Incident Mgt. Late and Failure to Report**	**Standard Level Deficiency**	**Standard Level Deficiency**
7.1.13.9 INCIDENT MANAGEMENT SYSTEM REPORTING REQUIREMENTS FOR COMMUNITY BASED SERVICE PROVIDERS: **A. Duty To Report:** **(1)** All community based service providers shall immediately report abuse, neglect or misappropriation of property to the adult protective services division. **(2)** All community based service providers shall report to the division within twenty four (24) hours : abuse, neglect, or misappropriation of property**,** unexpected and natural/expected deaths; and other reportable incidents to include: **(a)** an environmental hazardous condition, which creates an immediate threat to life or health; or **(b)** admission to a hospital or psychiatric facility or the provision of emergency services that results in medical care which is unanticipated or unscheduled for the consumer and which would not routinely be provided by a community based service provider. **(3)** All community based service providers shall	Based on the Incident Management Bureau's Late and Failure Reports, the Agency did not report suspected abuse, neglect, or misappropriation of property, unexpected and natural/expected deaths; or other reportable incidents to the Division of Health Improvement for 10 of 73 individuals. Individual #4 • Incident date 1/7/2013. Allegation was Neglect. Incident report was received 1/17/2013. Late Reporting. IMB Late and Failure Report indicated incident of Neglect was "Confirmed." Individual #7 • Incident date 2/14/2012. Allegation was Neglect. Incident report was received 2/17/2012. Failure to Report. IMB Late and Failure Report indicated incident of Neglect was "Confirmed." Individual #13 • Incident date 1/24/2013. Allegation was Abuse. Incident report was received 1/24/2013. Failure	**New/Repeat Finding:** Based on the Incident Management Bureau's Late and Failure Reports, the Agency did not report suspected abuse, neglect, or misappropriation of property, unexpected and natural/expected deaths; or other reportable incidents to the Division of Health Improvement for 1 of 73 individuals. Individual #12 • Incident date 3/26/2013. Allegation was Emergency Services. Incident report was received 3/28/2013. IMB issued a Late Reporting for Emergency Services.

ensure that the reporter with direct knowledge of an incident has immediate access to the division incident report form to allow the reporter to respond to, report, and document incidents in a timely and accurate manner. **B. Notification**: **(1) Incident Reporting:** Any consumer, employee, family member or legal guardian may report an incident independently or through the community based service provider to the division by telephone call, written correspondence or other forms of communication utilizing the division's incident report form. The incident report form and instructions for the completion and filing are available at the division's website, http://dhi.health.state.nm.us/elibrary/ironline/ir.php or may be obtained from the department by calling the toll free number.	to Report. IMB Late and Failure Report indicated incident of Abuse was "Unconfirmed." Individual #18 • Incident date 10/25/2012. Allegation was Exploitation. Incident report was received 11/16/2012. Failure to Report. IMB Late and Failure Report indicated incident of Exploitation was "Unconfirmed." Individual #19 • Incident date 8/1/2012. Allegation was Abuse. Incident report was received 8/2/2012. Failure to Report. IMB Late and Failure Report indicated incident of Abuse was "Unconfirmed." • Incident date 2/6/2013. Allegation was Abuse. Incident report was received 2/8/2013. Failure to Report. IMB Late and Failure Report indicated incident of Neglect was "Confirmed" and Abuse was "Unconfirmed." Individual #32 • Incident date 9/7/2012. Allegation was Neglect. Incident report was received 10/26/2012. Failure to Report. IMB Late and Failure Report indicated incident of Neglect was "Unconfirmed." Individual #56 • Incident date 9/7/2012. Allegation was Neglect. Incident report was received 10/23/2012. Late Reporting. IMB Late and Failure Report indicated incident of Neglect was "Confirmed." Individual #62 • Incident date 1/25/2013. Allegation was Emergency Services. Incident report was received 1/29/2013. Late Reporting. Individual #72 • Incident date 8/29/2012. Allegation was Neglect.	

	Incident report was received 8/30/2012. Failure to Report. IMB Late and Failure Report indicated incident of Neglect was "Confirmed." • Incident date 9/7/2012. Allegation was Neglect. Incident report was received 10/26/2012. Failure to Report. IMB Late and Failure Report indicated incident of Neglect was "Confirmed." Individual #73 • Incident date 9/7/2012. Allegation was Abuse. Incident report was received 10/12/2012. Late Reporting. IMB Late and Failure Report indicated incident of Abuse was "Confirmed," as well as Neglect being added and confirmed.	

Standard of Care	Routine Survey March 4 – 18, 2013 Deficiencies	Verification Survey September 11, 2013 New and Repeat Deficiencies
Service Domain: Service Plans: ISP Implementation – *Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan.*		
Tag # 1A08 Agency Case File	Standard Level Deficiency	Completed
Tag # 1A08.1 Agency Case File - Progress Notes	Standard Level Deficiency	Completed
Tag # 1A32 and 6L14 Individual Service Plan Implementation	Standard Level Deficiency	Completed
Tag # 5I11 Reporting Requirements Community Inclusion Reports	Standard Level Deficiency	Completed
Tag # 5I22 SE Agency Case File	Standard Level Deficiency	Completed
Tag # 6L14 Residential Case File	Standard Level Deficiency	Completed
Tag # 6L17 Reporting Requirements (Community Living Reports)	Standard Level Deficiency	Completed
Service Domain: Qualified Providers – *The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.*		
Tag # 1A11.1 Transportation Training	Standard Level Deficiency	Completed
Tag # 1A20 Direct Support Personnel Training	Standard Level Deficiency	Completed
Tag # 1A22 Agency Personnel Competency	Condition of Participation Level Deficiency	Completed
Tag # 1A25 Criminal Caregiver History Screening	Standard Level Deficiency	Completed
Tag # 1A26 Consolidated On-line Registry Employee Abuse Registry	Standard Level Deficiency	Completed
Tag # 1A28.1 Incident Mgt. System - Personnel Training	Standard Level Deficiency	Competed

Tag # 1A36 Service Coordination Requirements	Standard Level Deficiency	Completed
Service Domain: Health and Welfare – *The state, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.*		
Tag # 1A09 Medication Delivery Routine Medication Administration	Standard Level Deficiency	Completed
Tag # 1A09.1 Medication Delivery PRN Medication Administration	Standard Level Deficiency	Completed
Tag # 1A15.2 and 5I09 Healthcare Documentation	Standard Level Deficiency	Completed
Tag # 1A27.2 Duty to Report IRs Filed During On-Site and/or IRs Not Reported by Provider	Standard Level Deficiency	Completed
Tag # 6L13 Community Living Healthcare Reqts.	Standard Level Deficiency	Completed
Service Domain: Medicaid Billing/Reimbursement – *State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.*		
Tag # 5I25 Supported Employment Reimbursement	Standard Level Deficiency	Completed
Tag # 5I44 Adult Habilitation Reimbursement	Standard Level Deficiency	Completed
Tag # 6L26 Supported Living Reimbursement	Standard Level Deficiency	Completed

Date: October 24, 2013

To: Damian Houfek, Chief Executive Officer
Provider: ENMRSH, Inc.
Address: 2700 E. 7th Street
State/Zip: Clovis, New Mexico 88101

E-mail Address: dhoufek@enmrsh.org

Region: Southeast
Routine Survey: March 4 - 18, 2013
Verification Survey: September 11, 2013
Program Surveyed: Developmental Disabilities Waiver
Service Surveyed: Community Living Supports (Supported Living, Independent Living) and Community Inclusion Supports (Adult Habilitation, Community Access, Supported Employment)
Survey Type: Verification

Dear Mr. Houfek;

The Division of Health Improvement/Quality Management Bureau completed a Verification Survey of your agency on September 11, 2013. Through that survey it was confirmed that all previously cited survey deficiencies from the Routine survey completed on March 4-18, 2013 have been corrected.

The Plan of Correction process is now complete.

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

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

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

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

Sincerely,

Crystal Lopez-Beck

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

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