



SUSANA MARTINEZ, GOVERNOR

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

Date: May 25, 2012

To: Jose R. Rodriguez, Executive Director  
Provider: EnSuenos Y Los Angelitos Development Center  
Address: 1030 Salazar Rd.  
State/Zip: Taos, New Mexico, 87571

E-mail Address: [joser@eladc.org](mailto:joser@eladc.org)

CC: Felipe A. Santistevan, Board Chair  
Address: P.O. Box 2636 Ranchos de Taos  
State/Zip: Taos, New Mexico 87557

Region: Northeast  
Routine Survey: September 6 - 9, 2011  
Verification Survey: May 8 - 9, 2012  
Program Surveyed: Developmental Disabilities Waiver  
Service Surveyed: Community Living (Supported Living & Family Living) & Community Inclusion (Adult Habilitation, Community Access & Supported Employment)

Survey Type: Verification  
Team Leader: Tony Fragua, BFA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Mr. Rodriguez,

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 September 6 - 9, 2011. The Division of Health Improvement, Quality Management Bureau has determined your agency is in:

***Partial Compliance with Conditions of Participation***

However due to one new/repeat deficiency your Survey process remains open. 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 505-699-0714, if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,

*Tony Fragua, BFA*

Tony Fragua, BFA  
Team Lead/Healthcare Surveyor  
Division of Health Improvement/Quality Management Bureau



**DIVISION OF HEALTH IMPROVEMENT • QUALITY MANAGEMENT BUREAU**  
5301 Central Avenue NE, Suite 400 • Albuquerque, New Mexico • 87108  
(505) 222-8623 • FAX: (505) 222-8661 • <http://www.dhi.health.state.nm.us>

QMB Report of Findings – EnSuenos Y Los Angelitos Development Center - Northeast Region – May 8 – 9, 2012

Survey Report #: Q.12.4.DDW.D1065.2.001. VER.1.146

## Survey Process Employed:

Entrance Conference Date: May 8, 2012

Present: **EnSuenos Y Los Angelitos Development Center**  
Yvette Trujillo, Adult Services Director

**DOH/DHI/QMB**  
Tony Fragua, BFA, Team Lead/Healthcare Surveyor

Exit Conference Date: May 9, 2012

Present: **EnSuenos Y Los Angelitos Development Center**  
Jose R. Rodriguez, Executive Director  
Yvette Trujillo, Adult Services Director  
Claudine Valerio-Salazar, Family Living/Quality Assurance/Incident Management Coordinator

**DOH/DHI/QMB**  
Tony Fragua, BFA, Team Lead/Healthcare Surveyor

Administrative Locations Visited Number: 1

Total Sample Size Number: 9  
2 - Jackson Class Members  
7 - Non-Jackson Class Members  
2 - Supported Living  
5 - Family Living  
9 - Adult Habilitation  
4 - Community Access  
4 - Supported Employment

Person Served Records Reviewed Number: 9

Direct Service Professionals Record Review Number: 42

Service Coordinator Record Review Number: 4

Administrative Files Reviewed

- Medical Records
- Incident Management Records
- Personnel Files
- Training Records
- Agency Policy and Procedure
- Caregiver Criminal History Screening Records
- Employee Abuse Registry
- 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

## QMB Determinations of Compliance

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

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

- “Non-Compliant with Conditions of Participation”:  
The QMB determination of “Non-Compliance with Conditions of Participation,” indicates a provider is significantly out of compliance with Conditions of Participation and/or has:
  - Four (4) Conditions of Participation out of compliance.
  - Multiple findings of widespread non-compliance with any standard or regulation with a significant potential for more than minimal harm.
  - Any finding of actual harm or Immediate Jeopardy.

The Agency may also have standard level deficiencies (deficiencies which are not at the condition level).

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

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

**Introduction:**

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

**Instructions:**

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

**The following limitations apply to the IRF process:**

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

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

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

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

**Agency:** EnSuenos Y Los Angelitos Development Center – Northeast Region  
**Program:** Developmental Disabilities Waiver  
**Service:** Community Living (Supported Living & Family Living) & Community Inclusion (Adult Habilitation, Community Access & Supported Employment)  
**Monitoring Type:** Verification Survey  
**Routine Survey:** September 6 – 9, 2011  
**Verification Survey:** May 8 – 9, 2012

Standard of Care	September 6 – 9, 2011 Deficiencies	May 8 – 9, 2012 Verification Survey – New and Repeat Deficiencies
<p><b>CMS Assurance – Qualified Providers</b> – 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.</p>		
<p><b>Tag # 1A26 (CoP) COR / EAR</b></p> <p><b>NMAC 7.1.12.8 REGISTRY ESTABLISHED; PROVIDER INQUIRY REQUIRED:</b> 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><b>A. Provider require of registry.</b> 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>B. Prohibited employment.</b> A provider may</p>	<p><b>Scope and Severity Rating: E</b></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 11 of 47 Agency Personnel.</p> <p><b>The following Agency Personnel records contained evidence that indicated the Employee Abuse Registry was completed after hire:</b></p> <p><b>Direct Service Professional Personnel (DSP):</b></p> <ul style="list-style-type: none"> <li>• #44 – Date of hire 7/21/2011. Completed 7/25/2011.</li> <li>• #45 – Date of hire 7/21/2011. Completed 7/25/2011.</li> <li>• #50 – Date of hire 8/9/2009. Completed 8/11/2009.</li> <li>• #57 – Date of hire 5/03/2011. Completed 5/17/2011.</li> </ul>	<p><b>Standard Level Deficiency</b></p> <p><b>New &amp; Repeat Finding:</b></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 1 of 42 Agency Personnel.</p> <p><b>The following Agency Personnel records contained evidence that indicated the Employee Abuse Registry was completed after the date of hire:</b></p> <p><b>Direct Service Professional Personnel (DSP):</b></p> <ul style="list-style-type: none"> <li>• #93 – Date of hire 2/12/2012. Completed 3/1/2012.</li> </ul>

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.

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.

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

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

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

- #59 – Date of hire 5/25/2007. Completed 6/22/2007.
- #60 – Date of hire 4/07/2009. Completed 6/24/2009.
- #70 – Date of hire 3/04/2007. Completed 1/24/2008.
- #71 – Date of hire 9/01/2006. Completed 1/15/2007.
- #74 – Date of hire 8/01/2007. Completed 10/22/2007.
- #77 – Date of hire 4/30/2006. Completed 1/15/2007.
- #79 – Date of hire 7/01/2009. Completed 7/21/2009.

**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.

Standard of Care	September 6 – 9, 2011 Deficiencies	May 8 - 9, 2012 Verification Survey – New and Repeat Deficiencies
<b>CMS Assurance – Service Plans: ISP Implementation</b> – 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	Scope and Severity Rating: B	Completed
Tag # 1A32 & 6L14 (CoP) ISP Implementation	Scope and Severity Rating: E	Completed
Tag # 6L14 Residential Case File	Scope and Severity Rating: F	Completed
<b>CMS Assurance – Qualified Providers</b> – 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 (CoP) Transportation Training	Scope and Severity Rating: E	Completed
Tag # 1A20 DSP Training Documents	Scope and Severity Rating: E	Completed
Tag # 1A22 Staff Competence	Scope and Severity Rating: D	Completed
Tag # 1A25 (CoP) CCHS	Scope and Severity Rating: D	Completed
Tag # 1A26 (CoP) COR / EAR	Scope and Severity Rating: E	Not complete, see deficiency stated above
Tag # 1A28.1 (CoP) Incident Mgt. System - Personnel Training	Scope and Severity Rating: E	Completed
Tag # 1A28.2 (CoP) Incident Mgt. System - Parent/Guardian Training	Scope and Severity Rating: D	Completed
Tag # 1A37 Individual Specific Training	Scope and Severity Rating: E	Completed
<b>CMS Assurance – Health and Welfare</b> – 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 # 1A03 CQI System	Scope and Severity Rating: C	Completed
Tag # 1A09 Medication Delivery (MAR) - Routine Medication	Scope and Severity Rating: E	Completed
Tag # 1A09.1 Medication Delivery - PRN Medication	Scope and Severity Rating: D	Completed
Tag # 1A15.2 & 5I09 - Healthcare Documentation	Scope and Severity Rating: D	Completed
Tag # 1A27.2 (CoP) Duty to Report - IRs Filed During On-Site and/or IRs Not Reported by Provider	Scope and Severity Rating: D	Completed
Tag # 1A33.1 Board of Pharmacy - Lic	Scope and Severity Rating: A	Completed
Tag # 6L06 (CoP) - FL Requirements	Scope and Severity Rating: D	Completed
Tag # 6L13 (CoP) - CL Healthcare Reqts.	Scope and Severity Rating: E	Completed
Tag # 6L25 (CoP) Residential Health & Safety (Supported Living & Family Living)	Scope and Severity Rating: D	Completed
<b>CMS Assurance – Financial Accountability – <i>State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.</i></b>		
Tag # 5I25 SE Reimbursement	Scope and Severity Rating: A	Completed
Tag # 5I36 CA Reimbursement	Scope and Severity Rating: B	Completed
Tag # 5I44 AH Reimbursement	Scope and Severity Rating: B	Completed
Tag # 6L26 SL Reimbursement	Scope and Severity Rating: C	Completed
Tag # 6L27 FL Reimbursement	Scope and Severity Rating: B	Completed



Date: June 22, 2012

To: Jose R. Rodriguez, Executive Director  
Provider: EnSuenos Y Los Angelitos Development Center  
Address: 1030 Salazar Rd.  
State/Zip: Taos, New Mexico, 87571

E-mail Address: [joser@eladc.org](mailto:joser@eladc.org)

Region: Northeast  
Routine Survey: September 6 - 9, 2011  
Verification Survey: May 8 – 9, 2012  
Program Surveyed: Developmental Disabilities Waiver  
Service Surveyed: Community Living (Supported Living & Family Living) & Community Inclusion (Adult Habilitation, Community Access & Supported Employment)  
Survey Type: Verification

Dear Mr. Rodriguez,

The Division of Health Improvement/Quality Management Bureau has received, reviewed and approved the supporting documents you submitted for your Plan of Correction. The documents you provided verified that all previously cited survey Deficiencies have been corrected.

**The Plan of Correction process is now complete.**

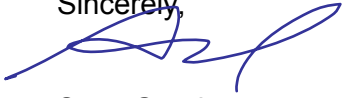
**Furthermore, your agency is now determined to be in Compliance with all Conditions of Participation.**

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

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

Sincerely,

A handwritten signature in blue ink, appearing to read 'Scott Good', written over the word 'Sincerely,'.

Scott Good  
QMB Deputy Chief  
Quality Management Bureau/DHI