



Alfredo Vigil, MD
Secretary

DEPARTMENT OF

Building a Healthy New Mexico!

Bill Richardson, Governor

Katrina Hotrum
Deputy Secretary

Duffy Rodriguez
Deputy Secretary

Jessica Sutin
Deputy Secretary

Karen Armitage, MD
Chief Medical Officer

Date: November 19, 2009

To: Kathy Kautz, Executive Director
Provider: Esperanza Developmental Services
Address: 72 West Earl Cummings Loop
State/Zip: Roswell, New Mexico 88203

CC: David Rodriguez, Partner
Address: 72 West Earl Cummings Loop
State/Zip: Roswell, New Mexico 88203

E-mail Address: katscan61@yahoo.com

Region: Southeast
Original Survey: March 2 - 19, 2009
Verification Survey: October 19 - 23, 2009
Program Surveyed: Developmental Disabilities Waiver
Service Surveyed: Community Living (Supported Living, Family Living & Independent Living) & Community Inclusion (Adult Habilitation, Supported Employment & Community Access)

Survey Type: Verification Survey

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

Team Members: Tony Fragua, BFA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Cynthia Nielsen, MSN, RN, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Florie Alire, RN, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau & Stephanie Martinez de Berenger, MPA, GCDF, Division of Health Improvement/Quality Management Bureau.

Dear Ms. Kautz,

The Division of Health Improvement Quality Management Bureau has completed a Plan of Correction Follow-up survey of the services identified above. The purpose of the survey was to determine compliance with your Plan of Correction submitted to DHI/DDSD regarding the routine survey on March 2 - 19, 2009.

These findings will be reviewed by the DOH – Internal Review Committee during an upcoming review meeting. The findings are attached.

“Assuring safety and quality of care in New Mexico’s health facilities and community-based programs.”

David Rodriguez, Division Director • Division of Health Improvement

Division of Health Improvement • Quality Management Bureau • 5301 Central Ave NE • Suite 400 • Albuquerque, New Mexico 87108
(505) 222-8633 • FAX: (505) 222-8661

DHI Quality Review Survey Report – Esperanza Developmental Services - Southeast Region - October 19 - 23, 2009

Survey Report #: Q10.02.28173309.SE.001.VS.01

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 #400
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 505-690-4693, 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: October 19, 2009

Present: **Esperanza Developmental Services**
Sarah Sanchez, Human Resources Coordinator

DOH/DHI/QMB

Deb Russell, BS, Team Lead/Healthcare Surveyor
Cynthia Nielsen, MSN, RN, Healthcare Surveyor
Tony Fragua, BFA, Healthcare Surveyor
Florie Alire, RN, Healthcare Surveyor
Stephanie Martinez de Berenger, MPA, GCDF, Healthcare Surveyor

Exit Conference Date: October 21, 2009

Present: **Esperanza Developmental Services**
David Rodriguez, Partner

Sarah Sanchez, Human Resources Coordinator
John Pleasant, Risk Management Coordinator
Rudy Anaya, Risk Management
Kristy Madrid, Supported Employment Manager
Laura Quinones, Family Living Manager
Iva Amaro, Records/Quality Assurance
Helena Dominguez, Program Coordinator
Toni Brumlow, Program Coordinator
Rachel Aguilar, Program Coordinator

DOH/DHI/QMB

Deb Russell, BS, Team Lead/Healthcare Surveyor
Cynthia Nielsen, MSN, RN, Healthcare Surveyor
Tony Fragua, BFA, Healthcare Surveyor
Florie Alire, RN, Healthcare Surveyor
Stephanie Martinez de Berenger, MPA, GCDF, Healthcare Surveyor

DDSD - Southeast Regional Office

Jon Hellebust, Regional Director

Homes Visited Number: 14

Administrative Locations Visited Number: 1

Total Sample Size Number: 16
13 - Non Jackson
3 - Jackson Class Members
8 - Supported Living
7 - Family Living
1 - Independent Living
14 - Adult Habilitation
6 - Community Access
10 - Supported Employment

Records Reviewed (Persons Served) Number: 16

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

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 505-222-8647.
- 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 (505-222-8661), 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 505-222-8647 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

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.

The QMB Approval Rating

The QMB approval rating is the provider incentive to encourage quality service and correlates the review outcome with the QMB review frequency and its recommendation to DDSD to determine the length of the provider agreement. The "Approval rating" is based on the Scope and Severity of the review findings. There are five levels of "Approval" that a provider may receive. They are:

"Quality" Approval Rating:

The QMB DD Manager will review the Report of Findings and determine if the provider qualifies for a "Quality" Rating. To qualify for a QMB "Quality" rating of approval" and a three (3) year QMB review cycle and provider agreement recommendation, the provider must not have any findings that are a condition of participation and no findings of "F" level or higher on the Scope and Severity Matrix with no more that three (3) D or E level findings.

"Merit" Approval Rating:

The QMB DD Manager will review the Report of Findings and determine if the provider qualifies for a "Merit" Rating. To qualify for a QMB "Merit" rating of approval" and a two (2) year QMB review cycle and provider agreement recommendation, the provider must not have more than three (3) findings that are a condition of participation and no more than three (3) "F" level findings with no findings of a "G" level or higher on the Scope and Severity Matrix and no more than six (6) D or E level findings.

"Standard" Approval Rating:

The QMB DD Manager will review the Report of Findings and determine if the provider qualifies for a "Standard" Rating. To qualify for a QMB "Standard" rating of approval" and a one (1) year QMB review cycle and provider agreement recommendation, the provider must not have more than six (6) findings that are a condition of participation and no more than six (6) "F" level findings with no findings of a "G" level or higher on the Scope and Severity Matrix and no more that six (6) D or E level findings.

"Sub-Standard" Approval Rating:

The QMB DD Manager will review the Report of Findings and determine if the provider has "Sub-standard" performance. To qualify for a QMB "Sub-Standard" rating of approval" and a three to six month QMB review cycle, with a referral to the Internal Review Committee and provider agreement recommendation, the provider may have any of the following findings:

- seven (7) or more findings that are a condition of participation
- seven (7) or more "F" level findings
- any findings of a "G" level or higher
- nine (9) or more D or E level findings

A referral to the IRC is required for any "Sub-standard" rating. Depending upon the egregious nature of the findings the IRC shall take appropriate sanction actions up to and including contract termination.

"Provisional" Approval Rating:

New DD service providers may qualify for a QMB "Provisional" Approval Rating upon successfully completing their initial QMB Quality Survey.

The QMB DD Manager will review the Report of Findings and determine if the provider has achieved at least a standard rating of approval. If successful, the provider may receive a one (1) year contract extension. QMB will notify the DDSD Contract unit of the "Provisional" approval rating.

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: <http://dhi.health.state.nm.us/qmb>) 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: Esperanza Developmental Services - Southeast Region
Program: Developmental Disabilities Waiver
Service: Community Living (Supported Living, Family Living & Independent Living) & Community Inclusion (Adult Habilitation, Community Access & Supported Employment)
Monitoring Type: Verification Survey
Date of Original Survey: March 2 - 19, 2009
Date of Verification Survey: October 19 - 23, 2009

Statute	March 2 - 19, 2009 Deficiencies	October 19 - 23, 2009 Verification Survey - New and Repeat Deficiencies
Tag # 1A08 Agency Case File	Scope and Severity Rating: B	Scope and Severity Rating: N/A
<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>(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</p>	<p>Based on record review, the Agency failed to maintain at the administrative office a confidential case file for 6 of 16 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"> • ISP Signature Page (#11) • Addendum A (#1) • Speech Therapy Plan (#13 & 16) • Occupational Therapy Plan (#3, 15 & 16) • Physical Therapy Plan (#11) 	<p>Complete</p>

<p>and telephone number, and health plan if appropriate;</p> <p>(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);</p> <p>(3) Progress notes and other service delivery documentation;</p> <p>(4) Crisis Prevention/Intervention Plans, if there are any for the individual;</p> <p>(5) A medical history, which shall include at least demographic data, current and past medical diagnoses including the cause (if known) of 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 # 1A09 Medication Delivery (MAR) - Routine Medication	Scope and Severity Rating: D	Scope and Severity Rating: D
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS: The objective of these standards is to establish Provider Agency policy, procedure and reporting requirements for DD Medicaid Waiver program. These requirements apply to all such Provider Agency staff, whether directly employed or subcontracting with the Provider Agency. Additional Provider Agency requirements and personnel qualifications may be applicable for specific service standards.</p> <p>E. Medication Delivery: Provider Agencies that provide Community Living, Community Inclusion or Private Duty Nursing services shall have written policies and procedures regarding medication(s) delivery and tracking and reporting of medication errors in accordance with 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 	<p>Medication Administration Records were reviewed for the months of October, November & December 2008.</p> <p>Based on record review, 1 of 16 individuals had Medication Administration Records, which contained missing medications entries and/or other errors.</p> <p>Individual #15 November 2008</p> <p>Medication Administration Records for the following medications did not contain the diagnosis for which the medication is prescribed:</p> <ul style="list-style-type: none"> Depakote 500 mg Resperidal 1 mg Lorazepam 1 mg Depakote ER 250 mg Risperidone 2 mg Amox-Clov 875 mg Azithromycin 250 mg <p>December 2008</p> <p>Medication Administration Records for the following medications did not contain the diagnosis for which the medication is prescribed:</p> <ul style="list-style-type: none"> Depakote 500 mg Depakote ER 250 mg Risperidone 2 mg Amox-Clov 875 mg Azithromycin 250 mg 	<p>Repeat & New Finding</p> <p>Based on record review, 1 of 16 individuals had Medication Administration Records, which contained missing medications entries and/or other errors.</p> <p>Individual #15 June 2009</p> <p>Medication Administration Records for the following medications did not contain the diagnosis for which the medication is prescribed:</p> <ul style="list-style-type: none"> Ibuprofen 600mg (3 times daily) <p>Medication Administration Records for the following medications did not contain the route in which the medication is to be given:</p> <ul style="list-style-type: none"> Ibuprofen 600mg (3 times daily) <p>Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> Depakote 500mg (1 time daily) – Blank 6/17 (8:00 PM)

<p>(f) For PRN medication, an explanation for the use of the PRN medication shall include observable signs/symptoms or circumstances in which the medication is to be used, and documentation of effectiveness of PRN medication administered.</p> <p>(3) The Provider Agency shall also maintain a signature page that designates the full name that corresponds to each initial used to document administered or assisted delivery of each dose;</p> <p>(4) MARs are not required for individuals participating in Independent Living who self-administer their own medications;</p> <p>(5) Information from the prescribing pharmacy regarding medications shall be kept in the home and community inclusion service locations and shall include the expected desired outcomes of administering the medication, signs and symptoms of adverse events and interactions with other medications;</p> <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. 		
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Tag # 1A09 Medication Delivery - PRN Medication	Scope and Severity Rating: D	Scope and Severity Rating: D
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS: The objective of these standards is to establish Provider Agency policy, procedure and reporting requirements for DD Medicaid Waiver program. These requirements apply to all such Provider Agency staff, whether directly employed or subcontracting with the Provider Agency. Additional Provider Agency requirements and personnel qualifications may be applicable for specific service standards.</p> <p>E. Medication Delivery: Provider Agencies that provide Community Living, Community Inclusion or Private Duty Nursing services shall have written policies and procedures regarding medication(s) delivery and tracking and reporting of medication errors in accordance with DDS Medication Assessment and Delivery Policy and Procedures, the Board of Nursing Rules and Board of Pharmacy standards and regulations.</p> <p>(2) When required by the DDS Medication Assessment and Delivery Policy, Medication Administration Records (MAR) shall be maintained and include:</p> <p>(a) The name of the individual, a transcription of the physician's written or licensed health care provider's prescription including the brand and generic name of the medication, diagnosis for which the medication is prescribed;</p> <p>(b) Prescribed dosage, frequency and method/route of administration, times and dates of administration;</p> <p>(c) Initials of the individual administering or assisting with the medication;</p> <p>(d) Explanation of any medication irregularity;</p> <p>(e) Documentation of any allergic reaction or adverse medication effect; and</p> <p>(f) For PRN medication, an explanation for the use</p>	<p>Based on record review, the Agency failed to maintain PRN Medication Administration Records, which contained all elements required by standard for 1 of 16 individuals.</p> <p>Individual #15 November 2008 MAR document does not contain the circumstances in which the medication is to be used:</p> <ul style="list-style-type: none"> • Lorazepam 1 mg • Clonidine 0.2 mg <p>December 2008 MAR document does not contain the circumstances in which the medication is to be used:</p> <ul style="list-style-type: none"> • Lorazepam 1 mg • Clonidine 0.2 mg <p>MAR document does not contain the exact amount to be used in a 24 hour period. (5) Clonidine 0.2 mg</p>	<p>New & Repeat Finding</p> <p>Based on record review, the Agency failed to maintain PRN Medication Administration Records, which contained all elements required by standard for 1 of 16 individuals.</p> <p>Individual #15 June 2009 MAR document does not contain the circumstances in which the medication is to be used:</p> <ul style="list-style-type: none"> • Lorazepam 1mg <p>No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Lorazepam 1mg – PRN – 6/1, 2, 8 & 9 (given 1 time daily) <p>No Effectiveness was noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Lorazepam 1mg – PRN – 6/1, 2, 8 & 9 (given 1 time daily) <p>July 2009 MAR document does not contain the circumstances in which the medication is to be used:</p> <ul style="list-style-type: none"> • Lorazepam 1mg <p>No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Lorazepam 1mg – PRN – 7/1, 2, 3, 4, 5, 6, 7,8, 9, 10, 11, 12 13, 14, 15, 16, 17, 18, 1, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30 & 31 (given 1 time daily) <p>No Effectiveness was noted on the Medication</p>

<p>of the PRN medication shall include observable signs/symptoms or circumstances in which the medication is to be used, and documentation of effectiveness of PRN medication administered.</p> <p>(3) The Provider Agency shall also maintain a signature page that designates the full name that corresponds to each initial used to document administered or assisted delivery of each dose;</p> <p>(4) MARs are not required for individuals participating in Independent Living who self-administer their own medications;</p> <p>(5) Information from the prescribing pharmacy regarding medications shall be kept in the home and community inclusion service locations and shall include the expected desired outcomes of administering the medication, signs and symptoms of adverse events and interactions with other medications;</p> <p>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:</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. 		<p>Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Lorazepam 1mg – PRN – 7/1, 2, 3, 4, 5, 6, 7,8, 9, 10, 11, 12 13, 14, 15, 16, 17, 18, 1, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30 & 31 (given 1 time daily) <p>August 2009 MAR document does not contain the circumstances in which the medication is to be used:</p> <ul style="list-style-type: none"> • Lorazepam 1 mg <p>No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Lorazepam 1mg – PRN – 8/1, 2, 3, 4, 5, 6, 7,8, 9, 10, 11, 12 13, 14, 15, 16, 17, 18, 1, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30 & 31 (given 1 time daily) <p>No Effectiveness was noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Lorazepam 1mg – PRN – 8/1, 2, 3, 4, 5, 6, 7,8, 9, 10, 11, 12 13, 14, 15, 16, 17, 18, 1, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30 & 31 (given 1 time daily)
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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.

Department of Health

**Developmental Disabilities Supports Division
(DDSD) Medication Assessment and Delivery
Policy - Eff. November 1, 2006**

F. PRN Medication

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 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).

H. Agency Nurse Monitoring

1. Regardless of the level of assistance with medication delivery that is required by the individual or the route through which the medication is delivered, the agency nurses must monitor the individual's response to the effects of their routine and PRN medications. The frequency and type of monitoring must be based on the nurse's assessment of the individual and consideration of the individual's diagnoses, health status, stability, utilization of PRN medications and level of support required by the individual's condition and the skill level and needs of the direct care staff. Nursing monitoring should be based on prudent nursing practice and should support the safety and independence of the individual in the community setting. The health care plan shall reflect the planned monitoring of the individual's response to medication.

Department of Health Developmental Disabilities Supports Division (DDSD) - Procedure Title: Medication Assessment and Delivery Procedure Eff Date: November 1, 2006

C. 3. Prior to delivery of the PRN, direct support staff must contact the agency nurse to describe observed symptoms... 4. Document on the MAR each time a PRN medication is used and describe its effect on the individual (e.g., temperature down, vomiting lessened, anxiety increased, the condition is the same, improved, or worsened, etc.).

Tag # 1A12 Reimbursement/Billable Units	Scope and Severity Rating: B	Scope and Severity Rating: B
<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>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 11 of 16 individuals.</p> <p>Individual #1</p> <ul style="list-style-type: none"> • Agency billed 72 units of Adult Habilitation from 11/24/2008 through 11/30/2008. Progress notes did not contain start and end time of service encounters to justify billing. • Agency billed 432 units of Adult Habilitation from 12/1/2008 through 12/31/2008. Progress notes did not contain start and end time of service encounters to justify billing. <p>Individual #2</p> <ul style="list-style-type: none"> • Agency billed 299 units of Adult Habilitation from 12/1/2008 through 12/31/2008. Progress notes did not contain start and end time of service encounters to justify billing. <p>Individual #3</p> <ul style="list-style-type: none"> • Agency billed 378 units of Adult Habilitation from 10/1/2008 through 10/31/2008. Progress notes did not contain start and end time of service encounters to justify billing. • Agency billed 28 units of Family Living from 10/1/2008 through 10/31/2008. Progress notes did not contain signature/authenticated name of staff providing the service to justify billing. • Agency billed 274 units of Adult Habilitation from 11/1/2008 through 11/30/2008. Progress notes did not contain start and end time of service encounters to justify billing. • Agency billed 24 units of Family Living from 11/1/2008 through 11/30/2008. Progress notes 	<p>New and Repeat Finding</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 3 of 16 individuals</p> <p>Individual #3 June 2009</p> <ul style="list-style-type: none"> • Agency billed 104 units of Adult Habilitation from 6/6/2009 through 6/12/2009. Progress notes did not contain start and end time to justify billing for 6/10, 11 & 12. <p>Individual #4 June 2009</p> <ul style="list-style-type: none"> • Agency billed 48 units of Adult Habilitation from 6/6/2009 through 6/12/2009. Progress notes did not contain start time on 6/9. Documentation supported 32 units. <p>August 2009</p> <ul style="list-style-type: none"> • Agency billed 72 units of Adult Habilitation from 8/1/2009 through 8/7/2009. Progress notes did not contain start and end time to justify billing for 8/4. Documentation supported 66 units. <p>Individual #15 June 2009</p> <ul style="list-style-type: none"> • Agency billed 7 units of Family Living from 6/18/2009 through 6/24/2009. Progress notes did not contain signature/authenticated name of staff providing the service to justify billing on 6/19, 20, 23 & 24. • Agency billed 7 units of Family Living from 6/25/2009 through 7/1/2009. Progress notes did not contain signature/authenticated name of staff providing the service to justify billing on 7/1.

	<p>did not contain signature/authenticated name of staff providing the service to justify billing.</p> <ul style="list-style-type: none"> • Agency billed 192 units of Adult Habilitation from 12/1/2008 through 12/31/2008. Progress notes did not contain start and end time of service encounters to justify billing. • Agency billed 29 units of Family Living from 12/1/2008 through 12/31/2008. Progress notes did not contain signature/authenticated name of staff providing the service to justify billing. <p>Individual #4</p> <ul style="list-style-type: none"> • Agency billed 10 units of Supported Employment from 12/9/2008 through 12/30/2008. Progress notes did not contain end time of service encounters for to justify billing. <p>Individual #5</p> <ul style="list-style-type: none"> • Agency billed 160 units of Adult Habilitation from 10/1/2008 through 10/31/2008. Progress notes did not contain start and end time of service encounters to justify billing. • Agency billed 440 units of Adult Habilitation from 11/1/2008 through 11/30/2008. Progress notes did not contain start and end time of service encounters to justify billing. • Agency billed 448 units of Adult Habilitation from 12/1/2008 through 12/31/2008. Progress notes did not contain start and end time of service encounters to justify billing. <p>Individual #6</p> <ul style="list-style-type: none"> • Agency billed 444 units of Adult Habilitation from 10/1/2008 through 10/31/2008. Progress notes did not contain start and end time of service encounters to justify billing. 	<ul style="list-style-type: none"> • Agency billed 120 units of Adult Habilitation from 6/13/2009 through 6/19/2009. Progress notes did not contain end time to justify billing on 6/16. Documentation supported 92 units. <p>July 2009</p> <ul style="list-style-type: none"> • Agency billed 7 units of Family Living from 7/2/2009 through 7/8/2009. Progress notes did not contain signature/authenticated name of staff providing the service to justify billing for 7/2, 3 & 4. • Agency billed 7 units of Family Living from 7/30/2009 through 8/5/2009. Progress notes did not contain signature/authenticated name of staff providing service to justify billing on 7/31. <p>August 2009</p> <ul style="list-style-type: none"> • Agency billed 7 units of Family Living from 8/13/2009 through 8/19/2009. Progress notes did not contain signature/authenticated name of staff providing the service to justify billing on 8/19. • The Agency billed 120 units of Adult Habilitation from 8/22/2009 through 8/28/2009. Documentation did not contain a date to justify billing.
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	<ul style="list-style-type: none"> • Agency billed 252 units of Adult Habilitation from 11/1/2008 through 11/30/2008. Progress notes did not contain start and end time of service encounters to justify billing. • Agency billed 288 units of Adult Habilitation from 12/1/2008 through 12/31/2008. Progress notes did not contain start and end time of service encounters to justify billing. <p>Individual #8</p> <ul style="list-style-type: none"> • Agency billed 4 units of Community Access on 12/21 & 22/2008. Progress notes did not contain start and end time of service encounters to justify billing. • Agency billed 32 units of Community Access from 12/15 through 12/18 & 12/23 through 25/2008. Progress notes did not contain signature/authenticated name of staff providing the service to justify billing <p>Individual #9</p> <ul style="list-style-type: none"> • Agency billed 552 units of Adult Habilitation from 10/1/2008 through 10/31/2008. Progress notes did not contain start and end time of service encounters to justify billing. • Agency billed 456 units of Adult Habilitation from 11/1/2008 through 11/30/2008. Progress notes did not contain start and end time of service encounters to justify billing. • Agency billed 360 units of Adult Habilitation from 12/1/2008 through 12/31/2008. Progress notes did not contain start and end time of service encounters to justify billing. <p>Individual #10</p> <ul style="list-style-type: none"> • Agency billed 428 units of Adult Habilitation from 10/1/2008 through 10/31/2008. Progress notes 	
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	<p>did not contain start and end time of service encounters to justify billing.</p> <ul style="list-style-type: none"> • Agency billed 432 units of Adult Habilitation from 11/1/2008 through 11/30/2008. Progress notes did not contain start and end time of service encounters to justify billing. • Agency billed 432 units of Adult Habilitation from 12/1/2008 through 12/31/2008. Progress notes did not contain start and end time of service encounters to justify billing. • Agency billed 9 units of Supported Employment from 10/1/2008 through 10/31/2008. Progress notes did not contain end time of service encounters for to justify billing. • Agency billed 2 units of Supported Employment from 11/1/2008 through 11/30/2008. Progress notes did not contain end time of service encounters for to justify billing. • Agency billed 10 units of Supported Employment from 12/1/2008 through 12/31/2008. Progress notes did not contain end time of service encounters for to justify billing. <p>Individual #13</p> <ul style="list-style-type: none"> • Agency billed 528 units of Adult Habilitation from 10/1/2008 through 10/31/2008. Progress notes did not contain start and end time of service encounters to justify billing. • Agency billed 432 units of Adult Habilitation from 11/1/2008 through 11/30/2008. Progress notes did not contain start and end time of service encounters to justify billing. • Agency billed 360 units of Adult Habilitation from 12/1/2008 through 12/31/2008. Progress notes 	
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	<p>did not contain start and end time of service encounters to justify billing.</p> <p>Individual #15</p> <ul style="list-style-type: none"> • Agency billed 28 units of Family Living from 10/1/2008 through 10/31/2008. Progress notes did not contain signature/authenticated name of staff providing the service to justify billing. • Agency billed 552 units of Adult Habilitation from 10/1/2008 through 10/31/2008. Progress notes did not contain signature/authenticated name of staff providing the service to justify billing. • Agency billed 22 units of Family Living from 11/1/2008 through 11/30/2008. Progress notes did not contain signature/authenticated name of staff providing the service to justify billing. • Agency billed 336 units of Adult Habilitation from 11/1/2008 through 11/30/2008. Progress notes did not contain signature/authenticated name of staff providing the service to justify billing. • Agency billed 13 units of Family Living from 12/1/2008 through 12/31/2008. Progress notes did not contain signature/authenticated name of staff providing the service to justify billing. • Agency billed 336 units of Adult Habilitation from 12/1/2008 through 12/31/2008. Progress notes did not contain signature/authenticated name of staff providing the service to justify billing. 	
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Tag # 1A20 DSP Training Documents	Scope and Severity Rating: F	Scope and Severity Rating: D
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 IV. GENERAL REQUIREMENTS FOR PROVIDER AGENCY SERVICE 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 DDS/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>Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) Policy - 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 (formerly known as "Addendum B") training requirements in</p>	<p>Based on record review, the Agency failed to ensure that Orientation and Training requirements were met for 138 of 158 Direct Service Personnel.</p> <p>Review of Direct Service Personnel training records found no evidence of the following required DOH/DDS training and certification being completed:</p> <ul style="list-style-type: none"> • Pre- Service (DSP #40, 42, 49, 51, 55, 56, 61, 64, 65, 72, 73, 74, 83, 87, 88, 89, 93, 95, 96, 97, 98, 103, 104, 105, 107, 111, 112, 113, 115, 124, 130, 134, 136, 137, 147, 148, 153, 154, 160, 162, 163, 172 & 193) • Basic Health/Orientation (DSP #40, 42, 49, 51, 53, 56, 61, 64, 65, 66, 72, 73, 77, 83, 87, 88, 89, 90, 91, 92, 93, 95, 96, 97, 98, 103, 104, 105, 107, 111, 112, 113, 115, 119, 123, 124, 130, 134, 136, 137, 147, 148, 153, 154, 163, 172, 176 & 193) • Person-Centered Planning (1-Day) (DSP #48, 51, 61, 63, 64, 66, 72, 73, 82, 83, 90, 91, 92, 95, 96, 98, 100, 104, 105, 111, 112, 116, 118, 122, 124, 125, 130, 133, 134, 136, 137, 147, 150, 152, 153, 154, 160, 163, 166, 182, 187, 190, 192 & 193) • First Aid (DSP #43, 48, 51, 52, 57, 58, 59, 60, 61, 64, 67, 68, 70, 73, 75, 80, 81, 82, 83, 91, 92, 94, 95, 99, 101, 102, 104, 108, 109, 110, 112, 113, 118, 128, 129, 132, 134, 145, 146, 147, 149, 154, 157, 158, 159, 160, 163, 165, 166, 168, 172, 173, 174, 179, 180, 181, 184, 186, 187, 188, 190, 191, 193 & 197) • CPR (DSP #43, 48, 51, 52, 57, 58, 59, 60, 61, 64, 67, 68, 70, 73, 75, 80, 81, 82, 83, 91, 92, 94, 95, 99, 101, 102, 104, 108, 109, 110, 112, 113, 118, 128, 129, 132, 134, 145, 146, 147, 149, 154, 157, 158, 159, 160, 163, 165, 166, 168, 172, 173, 174, 179, 	<p>New and Repeat Finding</p> <p>Based on record review, the Agency failed to ensure that Orientation and Training requirements were met for 14 of 150 Direct Service Personnel.</p> <p>Review of Direct Service Personnel training records found no evidence of the following required DOH/DDS training and certification being completed:</p> <ul style="list-style-type: none"> • Person-Centered Planning (DSP#207, 208, 217, 226, 228, 237 & 238) • First Aid (DSP #140) • CPR (DSP #140) • Assisting With Medication Delivery (DSP#194) • Level 1 Health (DSP #118, 138 & 169) • Participatory Communication & Choice (DSP #111 & 194) • Teaching & Support Strategies (DSP #92, 111, 118 & 152) • Positive Behavior Supports Strategies (DSP#194)

<p>accordance with the specifications described in the individual service plan (ISP) of each individual served.</p> <p>C. Staff shall complete training on DOH-approved incident reporting procedures in accordance with 7 NMAC 1.13.</p> <p>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.</p> <p>E. Staff providing direct services shall maintain certification in first aid and CPR. The training materials shall meet OSHA requirements/guidelines.</p> <p>F. Staff who may be exposed to hazardous chemicals shall complete relevant training in accordance with OSHA requirements.</p> <p>G. Staff shall be certified in a DDSD-approved behavioral intervention system (e.g., Mandt, CPI) before using physical restraint techniques. Staff members providing direct services shall maintain certification in a DDSD-approved behavioral intervention system if an individual they support has a behavioral crisis plan that includes the use of physical restraint techniques.</p> <p>H. Staff shall complete and maintain certification in a DDSD-approved medication course in accordance with the DDSD Medication Delivery Policy M-001.</p> <p>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.</p>	<p>180, 181, 184, 186, 187, 188, 190, 191, 192, 193 & 197)</p> <ul style="list-style-type: none"> • Assisting With Medications (DSP #43, 45, 47, 50, 57, 58, 64, 66, 67, 68, 73, 81, 83, 95, 96, 99, 101, 102, 104, 111, 112, 120, 131, 133, 134, 135, 141, 142, 143, 145, 146, 149, 151, 153, 154, 155, 156, 157, 158, 159, 161, 164, 168, 170, 171, 174, 177, 180, 187, 189, 190, 191, 193, 195 & 196) • Rights & Advocacy (DSP #46, 63, 73, 133, 135, 145, 155, 164, 169, 170, 171, 172, 174, 178, 182, 183, 184, 187, 188, 191, 192, 193, 195 & 197) • Level 1 Health (DSP #46, 73, 78, 85, 116, 151, 164, 169, 170, 171, 173, 174, 178, 182, 183, 184, 192, 193 & 197) • Teaching & Support Strategies (DSP #73, 135, 145, 151, 172, 174, 178, 182, 187, 188, 190 & 193) • Positive Behavior Supports Strategies (DSP #63, 69, 73, 78, 85, 94, 133, 135, 149, 157, 159, 169, 170, 171, 172, 173, 174, 178, 181, 182, 183, 184, 190, 191, 192, 193, 195 & 197) • Participatory Communication & Choice Making (DSP #46, 54, 63, 69, 73, 75, 78, 79, 85, 116, 133, 135, 151, 164, 165, 167, 169, 170, 171, 172, 173, 174, 178, 182, 183, 184, 187, 188, 190, 191, 192 & 193) 	
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Tag # 1A22 Staff Competence	Scope and Severity Rating: D	Scope and Severity Rating: D
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 IV. GENERAL REQUIREMENTS FOR PROVIDER AGENCY SERVICE 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> <ol style="list-style-type: none"> (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; (2) Direct service personnel shall have the ability to read and carry out the requirements in an ISP; (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; (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 Developmental Disabilities; and... 	<p>Based on interview, the Agency failed to ensure that training competencies were met for 3 of 26 Direct Service Personnel.</p> <p>When DSP were asked if they received training on the Individual's ISP, the following was reported:</p> <ul style="list-style-type: none"> • DSP #152 stated, "No. I read it." <p>When DSP were asked if they received training on Diabetes and what would they do if there is high blood sugar , the following was reported:</p> <ul style="list-style-type: none"> ○ DSP #125 stated, "I don't know. "I was not trained." (Per record review the Individual requires a crisis plan for risk for hypoglycemia/hyperglycemia). • DSP#146 stated, "Take a reading from his blood meter and if it's high, give him something to eat." (Per record review the Individual has a diagnosis of diabetes) 	<p>New Finding</p> <p>Based on interview, the Agency failed to ensure that training competencies were met for 1 of 12 Direct Service Personnel.</p> <p>When DSP were asked if they received training on the Individual's ISP and what the plan covered, the following was reported:</p> <ul style="list-style-type: none"> • DSP #157 stated, "No, I haven't."

Tag # 1A25 (CoP) CCHS	Scope and Severity Rating: D	Scope and Severity Rating: N/A
<p>NMAC 7.1.9.9 A. Prohibition on Employment: A care provider shall not hire or continue the employment or contractual services of any applicant, caregiver or hospital caregiver for whom the care provider has received notice of a disqualifying conviction, except as provided in Subsection B of this section.</p> <p>NMAC 7.1.9.11 DISQUALIFYING CONVICTIONS. The following felony convictions disqualify an applicant, caregiver or hospital caregiver from employment or contractual services with a care provider:</p> <p>A. homicide; B. trafficking, or trafficking in controlled substances; C. kidnapping, false imprisonment, aggravated assault or aggravated battery; D. rape, criminal sexual penetration, criminal sexual contact, incest, indecent exposure, or other related felony sexual offenses; E. crimes involving adult abuse, neglect or financial exploitation; F. crimes involving child abuse or neglect; G. crimes involving robbery, larceny, extortion, burglary, fraud, forgery, embezzlement, credit card fraud, or receiving stolen property; or H. an attempt, solicitation, or conspiracy involving any of the felonies in this subsection.</p> <p>Chapter 1.IV. General Provider Requirements. D. Criminal History Screening: All personnel shall be screened by the Provider Agency in regard to the employee's qualifications, references, and employment history, prior to employment. All Provider Agencies shall comply with the Criminal Records Screening for Caregivers 7.1.12 NMAC and Employee Abuse Registry 7.1.12 NMAC as required by the Department of Health, Division of Health Improvement.</p>	<p>Based on record review, the Agency failed to maintain documentation indicating no "disqualifying convictions" or documentation of the timely submission of pertinent application information to the Caregiver Criminal History Screening Program was on file for 9 of 162 Agency Personnel.</p> <ul style="list-style-type: none"> • #40 – Date of Hire 1/20/2009 • #59 – Date of Hire 7/23/2007 • #89 – Date of Hire 2/3/2009 • #97 – Date of Hire 1/20/2009 • #103 – Date of Hire 1/5/2009 • #110 – Date of Hire 10/8/2007 • #140 – Date of Hire 4/30/2007 • #148 – Date of Hire 1/20/2009 • #149 – Date of Hire 7/9/2007 	<p>Complete</p>

Tag # 1A26 (CoP) COR / EAR	Scope and Severity Rating: D	Scope and Severity Rating: D
<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 4 of 162 Agency Personnel.</p> <ul style="list-style-type: none"> • #69 – Date of Hire 2/25/2008 • #89 – Date of Hire 2/3/2009 • #97 – Date of Hire 1/20/2009 • #197 – Date of Hire 9/28/2006 	<p>New Finding</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 2 of 156 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"> • #224 – Date of Hire 5/19/2009 • #242 – Date of Hire 5/4/2009

Tag # 1A28 (CoP) Incident Mgt. System	Scope & Severity Rating: E	Scope and Severity Rating: D
<p>NMAC 7.1.13.10 INCIDENT MANAGEMENT SYSTEM REQUIREMENTS:</p> <p>A. General: All licensed health care facilities and community based service providers shall establish and maintain an incident management system, which emphasizes the principles of prevention and staff involvement. The licensed health care facility or community based service provider shall ensure that the incident management system policies and procedures requires all employees to be competently trained to respond to, report, and document incidents in a timely and accurate manner.</p> <p>D. Training Documentation: All licensed health care facilities and community based service providers shall prepare training documentation for each employee to include a signed statement indicating the date, time, and place they received their incident management reporting instruction. The licensed health care facility and community based service provider shall maintain documentation of an employee's training for a period of at least twelve (12) months, or six (6) months after termination of an employee's employment. Training curricula shall be kept on the provider premises and made available on request by the department. Training documentation shall be made available immediately upon a division representative's request. Failure to provide employee training documentation shall subject the licensed health care facility or community based service provider to the penalties provided for in this rule.</p>	<p>Based on record review and interview, the Agency failed to provide documentation verifying completion of Incident Management Training for 96 of 162 Agency Personnel.</p> <ul style="list-style-type: none"> • Abuse, Neglect & Exploitation Incident Management Training (#43, 44, 45, 46, 50, 51, 52, 54, 55, 57, 58, 60, 61, 63, 64, 68, 69, 70, 72, 73, 75, 76, 79, 81, 83, 84, 85, 86, 89, 91, 92, 94, 95, 99, 101, 104, 108, 109, 110, 112, 113, 116, 120, 124, 128, 129, 131, 133, 135, 139, 140, 141, 143, 145, 146, 149, 150, 151, 154, 155, 157, 158, 159, 160, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 174, 175, 177, 179, 180, 181, 183, 184, 185, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196 & 197) <p>When DSP were asked what two State Agencies is suspected Abuse, Neglect and Exploitation reported; the following was reported:</p> <ul style="list-style-type: none"> • DSP #146 stated, "I don't know." • DSP #144 stated, "My supervisor and police." 	<p>New and Repeat Finding:</p> <p>Based on record review and interview, the Agency failed to provide documentation verifying completion of Incident Management Training for 8 of 156 Agency Personnel.</p> <ul style="list-style-type: none"> • Abuse, Neglect & Exploitation Incident Management Training (#60, 84, 94, 102, 169, 194, 201 & 239)

Tag # 1A28 (CoP) Incident Mgt. System	Scope & Severity Rating: D	Scope and Severity Rating: N/A
<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 or exploitation for 1 of 16 Individuals.</p> <ul style="list-style-type: none"> • Parent/Guardian Incident Management (Abuse, Neglect & Exploitation) Training (#9) 	<p>Complete</p>

Tag # 1A31 (CoP) Client Rights	Scope and Severity Rating: E	Scope and Severity Rating: N/A
<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>Based on record review, the Agency failed to follow DDSD Policy regarding Human Rights Committee Requirements for.</p> <p>A review of Agency Individual files indicated 3 of 16 Individuals required Human Rights Committee Approval for restrictions. (Individual #2, 4 & 14)</p> <p>No documentation was found regarding Human Rights Approval for the following:</p> <ul style="list-style-type: none"> • Physical Restraint (Mandt) - (#2, 4 & 14) 	<p>Complete</p>

Tag # 1A33 Board of Pharmacy - Med Storage	Scope and Severity Rating: A	Scope and Severity Rating: A
<p>New Mexico Board of Pharmacy Model Custodial Drug Procedures Manual</p> <p>E. Medication Storage:</p> <ol style="list-style-type: none"> 1. Prescription drugs will be stored in a locked cabinet and the key will be in the care of the administrator or designee. 2. Drugs to be taken by mouth will be separate from all other dosage forms. 3. A locked compartment will be available in the refrigerator for those items labeled "Keep in Refrigerator." The temperature will be kept in the 36°F - 46°F range. An accurate thermometer will be kept in the refrigerator to verify temperature. 4. Separate compartments are required for each resident's medication. 5. All medication will be stored according to their individual requirement or in the absence of temperature and humidity requirements, controlled room temperature (68-77°F) and protected from light. Storage requirements are in effect 24 hours a day. 6. Medication no longer in use, unwanted, outdated, or adulterated will be placed in a quarantine area in the locked medication cabinet and held for destruction by the consultant pharmacist. 	<p>Based on record review and observation, the Agency failed to ensure proper storage of medication for 2 of 16 individuals.</p> <p>Observation included:</p> <p>Individual #5</p> <ul style="list-style-type: none"> • Tussin expired 8/2008 stored with current medication. <p>Individual #14</p> <ul style="list-style-type: none"> • Milk of Magnesia did not have bottle cap and was covered with a piece of foil. 	<p>New Finding</p> <p>Based on record review and observation, the Agency failed to ensure proper storage of medication for 1 of 16 individuals.</p> <p>Observation included:</p> <p>Individual #16</p> <ul style="list-style-type: none"> • Medication is stored on a pantry shelf and is not locked. Agency Medication Storage policy states, "Each person served must have their own med box that locks and the boxes are to be kept in a locked cabinet where only authorized persons may have access to the keys." • Trazadone 50mg expired 4/30/2009 stored with current medication.

Tag # 1A33 Board of Pharmacy - Lic	Scope and Severity Rating: B	Scope and Severity Rating: B
<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 5 of 15 residences:</p> <p>Individual Residence:</p> <p>The following were not found or not current:</p> <ul style="list-style-type: none"> • Current Registration of Consulting Pharmacist (#4, 5, 8, 11 & 14) • Current NM Board of Pharmacy Inspection report (#8 & 11) 	<p>Repeat Finding</p> <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 4 of 14 residences:</p> <p>Individual Residence:</p> <p>The following were not found or not current:</p> <ul style="list-style-type: none"> • Current Registration of Consulting Pharmacist (#5, 8, 11 & 14) • Current NM Board of Pharmacy Inspection report (#8 & 11)

Tag # 1A36 SC Training	Scope and Severity Rating: B	Scope and Severity Rating: A
<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>Based on record review, the Agency failed to ensure that Orientation and Training requirements were met for 3 of 4 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 #203) • Level 1 Health (SC #200 & 201) 	<p>New Finding</p> <p>Based on record review, the Agency failed to ensure that Orientation and Training requirements were met for 1 of 6 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"> • Sexuality for People with Developmental Disabilities (SC #201)

Tag # 1A37 Individual Specific Training	Scope and Severity Rating: D	Scope and Severity Rating: D
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 IV. GENERAL REQUIREMENTS FOR PROVIDER AGENCY SERVICE 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>(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 Individual Specific Training requirements were met for 4 of 162 Agency Personnel.</p> <ul style="list-style-type: none"> • Individual Specific Training (#152, 168, 178 & 196) 	<p>New Finding</p> <p>Based on record review, the Agency failed to ensure that Individual Specific Training requirements were met for 2 of 156 Agency Personnel.</p> <ul style="list-style-type: none"> • Individual Specific Training (#170 & 194)

Tag # 5I22 SE Agency Case File	Scope and Severity Rating: B	Scope and Severity Rating: N/A
<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 DDS. 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 DDS;</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 for mutual accountability; ...</p>	<p>Based on record review, the Agency failed to maintain a confidential case file for each individual for 3 of 10 individuals receiving Supported Employment Services.</p> <p>The following were not found, incomplete and/or not current:</p> <ul style="list-style-type: none"> • Vocational Assessment (#7 & 9) • Career Development Plan (#5, 7 & 9) 	<p>Complete</p>

Tag # 6L13 (CoP) - CL Healthcare Reqts.	Scope and Severity Rating: E	Scope and Severity Rating: N/A
<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 16 individuals.</p> <ul style="list-style-type: none"> • Auditory Evaluation <ul style="list-style-type: none"> ○ Per ISP, auditory evaluation to be scheduled. No evidence of exam being completed found. (#2, 6 & 13) • Dental Examination <ul style="list-style-type: none"> ○ Per ISP, dental examination to be scheduled. No evidence of exam being completed found. (#13 & 16) • Vision Examination <ul style="list-style-type: none"> ○ Per ISP, vision examination to be scheduled. No evidence of exam being completed found. (#13) 	<p>Complete</p>

Tag # 6L14 Residential Case File	Scope and Severity Rating: F	Scope and Severity Rating: E
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>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>(7) Physician's or qualified health care providers written orders;</p>	<p>Based on record review, the Agency failed to maintain a complete and confidential case file in the residence for 13 of 15 Individuals receiving Family Living Services or Supported Living Services.</p> <ul style="list-style-type: none"> • Current Emergency & Personal Identification <ul style="list-style-type: none"> ◦ Not Current (3, 4, 10, 11, 12 & 14) • Annual ISP (#11 & 15) • ISP Signature Page (#1, 2, 3, 5, 12, 13, 14 & 15) • Addendum A (#1, 2, 5, 8, 11, 12 & 15) • Individual Specific Training (Addendum B) (#11 & 15) • Positive Behavioral Plan (#2, 3, 4, 5, 8 & 15) • Positive Behavior Support Crisis Plan (#8 & 11) • Speech Therapy Plan (#2, 3, 7 & 15) • Occupational Therapy Plan (#3 & 15) • Special Health Care Needs <ul style="list-style-type: none"> ◦ Meal Time Plan (#14) ◦ Nutritional Plan (#3) • Health Assessment Tool (#5, 8, 12, 13 & 14) • Crisis Plan: <ul style="list-style-type: none"> ◦ Seizures (#7 & 14) ◦ Choking Risk (#15) ◦ Asthma (#3) ◦ Cardiac Condition (#3) ◦ Allergies (#3) • Progress Notes/Daily Contacts Logs for the past 	<p>New & Repeat Finding:</p> <p>Based on record review, the Agency failed to maintain a complete and confidential case file in the residence for 11 of 15 Individuals receiving Family Living Services or Supported Living Services.</p> <ul style="list-style-type: none"> • Annual ISP (#1, 7, 12 & 16) • ISP Signature Page (#1, 2, 3, 7, 12, 13 & 16) • Addendum A (#1, 7, 12, 15 & 16) • Individual Specific Training (#1, 7, 12 & 16) • Teaching & Support Strategies (#3, 7, 12 & 16) • Positive Behavioral Plan (#3, 11, 13 & 16) • Positive Behavioral Crisis Plan (#13 & 16) • Speech Therapy Plan (#2, 7, 12, & 16) • Occupational Therapy Plan (#3, 12, 15 & 16) • Physical Therapy Plan (#12 & 16) • Health Assessment Tool (#8, 12, 13 & 16) • Crisis Plan: <ul style="list-style-type: none"> ◦ Choking Risk (#15) ◦ Asthma (#3) ◦ Cardiac Condition (#3) ◦ Allergies (#3) • Special Health Care Needs: <ul style="list-style-type: none"> ◦ Nutritional Plan (#3) • Progress Notes/Daily Contacts Logs:

<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 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,</p>	<p>month (#1, 2, 3, 4, 5, 8, 11, 12, 14 & 15)</p> <ul style="list-style-type: none"> • Data Collection/Data Tracking (#1, 2, 3, 4, 5, 8, 11, 12, 14 & 15) • Progress Notes written by DSP and/or Nurses (#1, 3, 5, 7, 10, 12 & 14) • Health Care Providers Written Orders (#3, 7, 12 & 13) • Record of visits of healthcare practitioners (#12 & 13) • Medication Administration Record (MAR) for the past three months (#12) 	<ul style="list-style-type: none"> ◦ Individual #2 - None found for September 2009 ◦ Individual #3 - None found for September 2009 ◦ Individual #5 - None found for September 2009 ◦ Individual #8 - None found for September 2009 ◦ Individual #11 - None found for September 2009 ◦ Individual #15 - None found for September 2009 ◦ Individual #16 - None found for September 2009 <ul style="list-style-type: none"> • Data Collection/Data Tracking: <ul style="list-style-type: none"> ◦ Individual #5 - None found for October 2009 ◦ Individual #12 - None found for October 2009 ◦ Individual #15 - None found for October 2009 ◦ Individual #16 - None found for October 2009 • Progress Notes written by DSP and/or Nurses regarding Health Status: <ul style="list-style-type: none"> ◦ Individual #1 - None found for October 2009 ◦ Individual #12 - None found for October 2009 ◦ Individual #16 - None found for October 2009 • Health Care Providers Written Orders (#12 & 16) • Record of visits of healthcare practitioners (#12, 13 & 16) • Medication Administration Record (MAR) <ul style="list-style-type: none"> ◦ Individual #12 - None found for August, September & October 2009
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past medical history including hospitalizations, surgeries, injuries, family history and current physical exam.

- Individual #13 - None found for August, September & October 2009
- Individual #16 - None found for August, September & October 2009

Tag # 6L17 Reporting Requirements	Scope and Severity Rating: A	Scope and Severity Rating: N/A
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 6. VIII. COMMUNITY LIVING SERVICE PROVIDER AGENCY REQUIREMENTS</p> <p>D. Community Living Service Provider Agency Reporting Requirements: All Community Living Support providers shall submit written quarterly status reports to the individual's Case Manager and other IDT Members no later than fourteen (14) days following the end of each ISP quarter. The quarterly reports shall contain the following written documentation:</p> <ol style="list-style-type: none"> (1) Timely completion of relevant activities from ISP Action Plans (2) Progress towards desired outcomes in the ISP accomplished during the quarter; (3) Significant changes in routine or staffing; (4) Unusual or significant life events; (5) Updates on health status, including medication and durable medical equipment needs identified during the quarter; and (6) Data reports as determined by IDT members. 	<p>Based on record review, the Agency failed to complete written quarterly status reports for 1 of 16 individuals receiving Community Living Services.</p> <p>Supported Living Quarterly Reports</p> <ul style="list-style-type: none"> • Individual 13 - None found from 10/2008 - 12/2008 	<p>Complete</p>

Tag # 6L25 (CoP) Residential Reqts.	Scope and Severity Rating: E	Scope and Severity Rating: E
<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 14 Supported Living and Family Living residences.</p> <p>The following items were not found, not functioning or incomplete:</p> <ul style="list-style-type: none"> • General-purpose first aid kit (#3 & 12) • Accessible written procedures for emergency evacuation e.g. fire and weather-related threats (#3, 12, 13 & 15) • Accessible telephone numbers of poison control centers located within the line of sight of the telephone (#1, 12 & 15) • 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 (#8, 10, 11, 12 & 15) • 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 (#1, 10, 12, 13 & 15) 	<p>New and Repeat Finding</p> <p>Based on observation, the Agency failed to ensure that each individual's residence met all requirements within the standard for 8 of 14 Supported Living and Family Living residences.</p> <p>The following items were not found, not functioning or incomplete:</p> <ul style="list-style-type: none"> • General-purpose first aid kit (#3 & 12) • Accessible written procedures for emergency evacuation e.g. fire and weather-related threats (#3, 12 & 16) • Accessible telephone numbers of poison control centers located within the line of sight of the telephone (#1, 12 & 16) • 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 individuals' ISP (#8, 10, 11, 12, 15 & 16) • 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 (#1, 10, 12, 13, 15 & 16)

Tag # 6L27 FL Reimbursement	Scope and Severity Rating: A	Scope and Severity Rating: N/A
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 6. IX. REIMBURSEMENT FOR COMMUNITY LIVING SERVICES</p> <p>B. Reimbursement for Family Living Services</p> <p>(1) Billable Unit: The billable unit for Family Living Services is a daily rate for each individual in the residence. A maximum of 340 days (billable units) are allowed per ISP year.</p> <p>(2) Billable Activities shall include:</p> <ul style="list-style-type: none"> (a) Direct support provided to an individual in the residence any portion of the day; (b) Direct support provided to an individual by the Family Living Services direct support or substitute care provider away from the residence (e.g., in the community); and (c) Any other activities provided in accordance with the Scope of Services. <p>(3) Non-Billable Activities shall include:</p> <ul style="list-style-type: none"> (a) The Family Living Services Provider Agency may not bill the for room and board; (b) Personal care, nutritional counseling and nursing supports may not be billed as separate services for an individual receiving Family Living Services; and (c) Family Living services may not be billed for the same time period as Respite. (d) The Family Living Services Provider Agency may not bill on days when an individual is hospitalized or in an institutional care setting. For this purpose a day is counted from one midnight to the following midnight. 	<p>Based on record review, the Agency failed to provide written or electronic documentation as evidence for each unit billed for Family Living Services for 1 of 7 individuals.</p> <p>Individual #3</p> <ul style="list-style-type: none"> • October 2008 - Agency billed 28 units of Family Living. Documentation received accounted for 8 units. • November 2008 - Agency billed 24 units of Family Living. Documentation received accounted for 11 units. • December 2008 - Agency billed 29 units of Family Living. Documentation received accounted for 5 units. 	<p>Complete</p>