



Date: December 14, 2011

To: Carol Lyn Herrera, Executive Director
 Provider: Expressions of Life, Inc.
 Address: 9151 High Assets Way NW
 State/Zip: Albuquerque, New Mexico 87120

E-mail Address: xpreslife@qwestoffice.net

Region: Metro, Northeast, & Southwest
 Original Survey: March 14 – 18, 2011
 Verification Survey: November 21 – 22, 2011
 Program Surveyed: Developmental Disabilities Waiver
 Service Surveyed: Community Living (Family Living & Independent Living)
 Survey Type: Verification
 Team Leader: Nadine Romero, LBSW, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau
 Team Members: Erica Nilsen, BA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; William Bazinet, RN, BSN, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Ms. Herrera;

The Division of Health Improvement/Quality Management Bureau has completed a verification survey of the services identified above. The purpose of the survey was to determine compliance with your Plan of Correction submitted to DHI/DDSD regarding the Routine Survey on **March 14 - 18, 2011**.

These findings will be reviewed by the DOH – Internal Review Committee during an upcoming review meeting. The findings are attached. You will be contacted by the Department for further instructions regarding your plan of correction requirements.

Please call the Plan of Correction Coordinator at 505-222-8647, if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,

Nadine Romero, LBSW

Nadine Romero, LBSW
 Team Lead/Healthcare Surveyor
 Division of Health Improvement
 Quality Management Bureau



DIVISION OF HEALTH IMPROVEMENT • QUALITY MANAGEMENT BUREAU
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QMB Report of Findings – Expressions of Life, Inc - Metro, Northeast & Southwest Region – November 21 – 22, 2011

Survey Report #: Q12.02.A0413.METRO,NE & SW.001.VS.01

Survey Process Employed:

Entrance Conference Date: November 21, 2011

Present:

Expressions of Life

Carol Lyn Herrera, Executive Director
JoAnn Gonzales, Service Coordinator

DOH/DHI/QMB

Nadine Romero, LBSW Team Lead/Healthcare Surveyor
Erica Nilsen, BA, Healthcare Surveyor
William Bazinet, RN, BSN, Healthcare Surveyor

Exit Conference Date: November 22, 2011

Present:

Expressions of Life

Carol Lyn Herrera, Executive Director
JoAnn Gonzales, Service Coordinator

DOH/DHI/QMB

Nadine Romero, LBSW, Team Lead/Healthcare Surveyor
Erica Nilsen, BA, Healthcare Surveyor
William Bazinet, RN, BSN, Healthcare Surveyor

Total Homes Visited	Number:	6
❖ Family Homes Visited	Number:	6
Administrative Locations Visited	Number:	1
Total Sample Size	Number:	27 2 - <i>Jackson</i> Class Members 25 - <i>Non-Jackson</i> Class Members 25 - Family Living 2 - Independent Living
Records Reviewed (Persons Served)	Number:	16 (The 11 other Individuals did not have deficiencies which required verification during the verification survey process)
Direct Support Personnel Interviewed	Number:	26
Direct Support Personnel Records Reviewed	Number:	142
Service Coordinator Records Reviewed	Number:	5 (2 Service Coordinators are also FLP)
Administrative Files Reviewed		<ul style="list-style-type: none">• Medical Records• Incident Management Records• Personnel Files• Training Records• Caregiver Criminal History Screening Records• Employee Abuse Registry• Human Rights Notes and/or Meeting Minutes

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

QMB Report of Findings – Expressions of Life, Inc - Metro, Northeast & Southwest Region – November 21 – 22, 2011

Survey Report #: Q12.02.A0413. METRO,NE & SW.001.VS.01

QMB Scope and Severity Matrix

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 Compliance Determination.

		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:

- **Isolated:**
A deficiency that is limited to 1% to 15% of the sample, usually impacting few 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 could be referred to the Internal Review Committee for review and possible actions or sanctions.

QMB Determinations of Compliance

- “Substantial Compliance with Conditions of Participation”

The QMB determination of “Substantial Compliance with Conditions of Participation” indicates that a provider is in substantial compliance with all ‘Conditions of Participation’ and other standards and regulations. The agency has obtained a level of compliance such that there is a minimal potential for harm to individuals’ health and safety. To qualify for a determination of Substantial Compliance with Conditions of Participation, the provider must be in compliance with all Conditions of Participation.

- “Non-Compliance with Conditions of Participation”

The QMB determination of “Non-Compliance with Conditions of Participation” indicates that a provider is out of compliance with one (1) or more ‘Conditions of Participation.’ This non-compliance, if not corrected, is likely to result in a serious negative outcome or the potential for more than minimal harm to individuals’ health and safety.

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

- “Sub-Standard Compliance with Conditions of Participation”:

The QMB determination of “Sub-Standard Compliance with Conditions of Participation” indicates a provider is significantly out of compliance with Conditions of Participation and/or has:

- Multiple findings of widespread non-compliance with any standard or regulation with a significant potential for more than minimal harm.
- Any finding of actual harm or Immediate Jeopardy.

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

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

Introduction:

Throughout the QMB Survey process, surveyors are openly communicating with providers. Open communication means 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. Providers may use the following process to informally dispute a finding.

Instructions:

1. The Informal Reconsideration of the Finding (IRF) request must be in writing to the QMB Deputy Bureau Chief **within 10 working days** of receipt of the final report.
2. The written request for an IRF must be completed on the QMB Request for Informal Reconsideration of Finding Form available on the QMB website: <http://dhi.health.state.nm.us/qmb>
3. The written request for an IRF must specify in detail the request for reconsideration and why the finding is inaccurate.
4. The IRF request must include all supporting documentation or evidence.

The following limitations apply to the IRF process:

- The request for an IRF and all supporting evidence must be received within 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 or requested by the survey team.
- Providers must continue to complete their Plan of Correction during the IRF process
- Providers may not request an IRF to challenge the sampling methodology.
- Providers may not request an IRF based on disagreement with the nature of the standard or regulation.
- Providers may not request an IRF to challenge the team composition.
- Providers may not request an IRF to challenge the QMB compliance determination or the length of their DDS 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/or 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 removed or modified, it will be noted and removed or modified from the Report of Findings. It should be noted that in some cases a Plan of Correction may be completed prior to the IRF process being completed. The provider will be notified in writing on the decisions of the IRF committee.

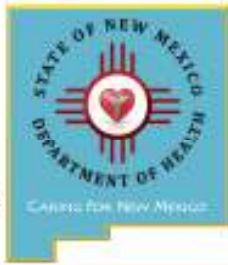
Agency: Expressions of Life, Inc. - Metro, Northeast, & Southwest Region
Program: Developmental Disabilities Waiver
Service: Community Living (Family Living & Independent Living)
Monitoring Type: Verification Survey
Original Survey: March 14 – 18, 2011
Verification Survey: November 21 – 22, 2011

Standard of Care	March 14 – 18, 2011 Deficiencies	November 21 – 22, 2011 Verification Survey – New and Repeat Deficiencies
<p>Tag # 1A05 (CoP) General Requirements</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS: The objective of these standards is to establish Provider Agency policy, procedure and reporting requirements for DD Medicaid Waiver program. These requirements apply to all such Provider Agency staff, whether directly employed or subcontracting with the Provider Agency. Additional Provider Agency requirements and personnel qualifications may be applicable for specific service standards.</p> <p>A. General Requirements:</p> <p>(2) The Provider Agency is required to develop and implement written policies and procedures that maintain and protect the physical and mental health of individuals and which comply with all DDSD policies and procedures and all relevant New Mexico State statutes, rules and standards. These policies and procedures shall be reviewed at least every three years and updated as needed.</p>	<p>Scope and Severity Rating: D</p> <p>Based on record review, the Agency failed to review and update its written policies and procedures every three years or as needed.</p> <p>The following polices and procedures provided during the on-site survey (03/14/2011) showed no evidence of being reviewed every three years or being updated as needed:</p> <ul style="list-style-type: none"> • “Nursing Support Protocol” - Last reviewed and/or revised, unknown - not dated. 	<p>Scope and Severity Rating: D</p> <p>Repeat Finding:</p> <p>Based on record review, the Agency failed to review and update its written policies and procedures every three years or as needed.</p> <p>The following polices and procedures provided during the on-site survey (03/14/2011) showed no evidence of being reviewed every three years or being updated as needed:</p> <ul style="list-style-type: none"> • “Nursing Support Protocol” - Last reviewed and/or revised, unknown - not dated.

Tag # 1A27 (CoP) Late & Failure to Report	Scope and Severity Rating: N/A	Scope and Severity Rating: D
<p>7.1.13.9 INCIDENT MANAGEMENT SYSTEM REPORTING REQUIREMENTS FOR COMMUNITY BASED SERVICE PROVIDERS:</p> <p>A. Duty To Report:</p> <p>(1) All community based service providers shall immediately report abuse, neglect or misappropriation of property to the adult protective services division.</p> <p>(2) All community based service providers shall report to the division within twenty four (24) hours : abuse, neglect, or misappropriation of property, unexpected and natural/expected deaths; and other reportable incidents to include:</p> <p>(a) an environmental hazardous condition, which creates an immediate threat to life or health; or</p> <p>(b) admission to a hospital or psychiatric facility or the provision of emergency services that results in medical care which is unanticipated or unscheduled for the consumer and which would not routinely be provided by a community based service provider.</p> <p>(3) All community based service providers shall ensure that the reporter with direct knowledge of an incident has immediate access to the division incident report form to allow the reporter to respond to, report, and document incidents in a timely and accurate manner.</p> <p>B. Notification: (1) Incident Reporting: Any consumer, employee, family member or legal guardian may report an incident independently or through the community based service provider to the division by telephone call, written correspondence or other forms of communication utilizing the division's incident report form. The incident report form and instructions for the completion and filing are available at the division's website, http://dhi.health.state.nm.us/elibrary/ironline/ir.php or may be obtained from the department by calling the toll free number.</p>		<p>New Finding:</p> <p>Based on the Incident Management Bureau's Late and Failure Reports, the Agency failed to report suspected abuse, neglect, or misappropriation of property, unexpected and natural/expected deaths; or other reportable incidents to the Division of Health Improvement for 2 of 29 individuals.</p> <p>Individual #28</p> <ul style="list-style-type: none"> • Incident date 7/10/2011. Allegation was neglect. Incident report was received 7/14/2011. Late Reporting. IMB Late & Failure Report indicated Neglect was "Confirmed." • <p>Individual #29</p> <ul style="list-style-type: none"> • Incident date 4/21/2011. Allegation was Neglect. Incident report was received 5/20/2011. Failure to Report. IMB Late & Failure Report indicated Neglect was "Confirmed."

Standard of Care	March 14 – 18, 2011 Deficiencies	November 21 – 22, 2011 Verification Survey – New and Repeat Deficiencies
Tag # 1A08 Agency Case File	Scope and Severity Rating: B	Completed
Tag # 1A09 Medication Delivery (MAR) - Routine Medication	Scope and Severity Rating: F	Completed
Tag # 1A09.1 Medication Delivery - PRN Medication	Scope and Severity Rating: E	Completed
Tag # 1A11.1 (CoP) Transportation Training	Scope and Severity Rating: D	Completed
Tag # 1A15.2 & 5I09 - Healthcare Documentation	Scope and Severity Rating: D	Completed
Tag # 1A20 DSP Training Documents	Scope and Severity Rating: E	Completed
Tag # 1A22 Staff Competence	Scope and Severity Rating: D	Completed
Tag # 1A25 (CoP) CCHS	Scope and Severity Rating: D	Completed
Tag # 1A26 (CoP) COR / EAR	Scope and Severity Rating: E	Completed
Tag # 1A28.1 (CoP) Incident Mgt. System - Personnel Training	Scope and Severity Rating: D	Completed
Tag # 1A28.2 (CoP) Incident Mgt. System - Parent/Guardian Training	Scope and Severity Rating: E	Completed
Tag # 1A29 Complaints / Grievances – Acknowledgement	Scope and Severity Rating: A	Completed
Tag # 1A31 (CoP) Client Rights/Human Rights	Scope and Severity Rating: D	Completed
Tag # 1A32 & 6L14 (CoP) ISP Implementation	Scope and Severity Rating: E	Completed
Tag # 1A33 Board of Pharmacy - Med Storage	Scope and Severity Rating: A	Completed
Tag # 1A36 Service Coordination	Scope and Severity Rating: A	Completed
Tag # 1A37 Individual Specific Training	Scope and Severity Rating: D	Completed

Tag # 6L06 (CoP) FL Requirements	Scope and Severity Rating: D	Completed
Tag # 6L13 (CoP) - CL Healthcare Reqts.	Scope and Severity Rating: E	Completed
Tag # 6L14 Residential Case File	Scope and Severity Rating: E	Completed
Tag # 6L25 (CoP) Residential Health & Safety (Supported Living & Family Living)	Scope and Severity Rating: E	Completed
Tag # 6L27 FL Reimbursement	Scope and Severity Rating: C	Completed



SUSANA MARTINEZ, GOVERNOR

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

Date: May 15, 2012

To: Carol Lyn Herrera, Executive Director
Provider: Expressions of Life, Inc.
Address: 9151 High Assets Way NW
State/Zip: Albuquerque, New Mexico 87120

E-mail Address: xpreslife@qwestoffice.net

Region: Metro, Northeast, & Southwest
Original Survey: March 14 – 18, 2011
Verification Survey: November 21 – 22, 2011
Program Surveyed: Developmental Disabilities Waiver
Service Surveyed: Community Living (Family Living & Independent Living)
Survey Type: Verification

Dear Ms. Herrera;

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

The Plan of Correction process is now complete.

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

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

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

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

Sincerely,

Scott Good
QMB Deputy Chief
Quality Management Bureau/DHI

Q.12.4.DDW. A0413.5/2/3.001.VER.09.136

