



SUSANA MARTINEZ, GOVERNOR

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

Date: September 10, 2012

To: Geri Herrera, Owner
Sharon Gonzales, Co-Owner

Provider: Family Options, LLC
Address: 518 New Highway 250
State/Zip: Las Vegas, New Mexico 87701

E-mail Address: crashndash@hotmail.com

Region: Northeast & Southeast
Routine Survey: June 6 – 8, 2011
Verification Survey: August 27 - 29, 2012
Program Surveyed: Developmental Disabilities Waiver
Service Surveyed: Community Living (Supported Living & Family Living) & Community Inclusion (Adult Habilitation & Community Access)

Survey Type: Verification
Team Leader: Stephanie R. Martinez de Berenger, M.P.A, GCDF, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau
Team Members: Jennifer Bruns, BSW, 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 regarding the Routine Survey on **June 6 – 8, 2011**. The Division of Health Improvement, Quality Management Bureau has determined your agency is in:

The Division of Health Improvement, Quality Management Bureau has determined your agency is in:
Compliance with all Conditions of Participation.

This concludes your Survey Process. This determination is based on your agency's compliance with CMS waiver assurances at the Condition of Participation level.

Please call the Plan of Correction Coordinator at 505-699-9356, if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,

Stephanie R. Martinez de Berenger, M.P.A, GCDF

Stephanie R. Martinez de Berenger, M.P.A, GCDF
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 – Family Options, LLC – Northeast & Southeast Region – August 27 - 29, 2011

Survey Report #: Q.13.1.DDW.53336356.2&4.002.VER.1.254

Survey Process Employed:

Entrance Conference Date: August 27, 2012

Present:

Family Options, LLC

Sharon Gonzales, Owner/Service Coordinator
Gerri Herrera, Owner
Tom Trujillo, Executive Director

DOH/DHI/QMB

Stephanie R. Martinez de Berenger, M.P.A, GCDF, Team
Lead/Healthcare Surveyor
Jennifer Bruns, BSW, Healthcare Surveyor

Exit Conference Date: August 29, 2012

Present:

Family Options, LLC

Sharon Gonzales, Owner/Service Coordinator
Gerri Herrera, Owner
Tom Trujillo, Executive Director

DOH/DHI/QMB

Stephanie R. Martinez de Berenger, M.P.A, GCDF, Team
Lead/Healthcare Surveyor
Jennifer Bruns BSW, Healthcare Surveyor

DOH/DDSD/NERO

Fabian Lopez, Community Liaison Coordinator

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|--|---------|--|
| Total Homes Visited | Number: | 5 |
| ❖ Supported Living Homes Visited | Number: | 5 |
| Administrative Locations Visited | Number: | 1 |
| Total Sample Size | Number: | 7 |
| | | 1 - Jackson Class Members |
| | | 6 - Non-Jackson Class Members |
| | | 5 - Supported Living |
| | | 6 - Adult Habilitation |
| | | 2 - Community Access |
| Person Served Records Reviewed | Number: | 7 |
| Direct Service Professionals Record Review | Number: | 38 |
| Service Coordinator Record Review | Number: | 2 |
| Administrative Files Reviewed | | |
| | | <ul style="list-style-type: none">• 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• Evacuation Drills• Quality Assurance / Improvement Plan |

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

QMB Determinations of Compliance

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

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

- “Non-Compliant with Conditions of Participation”:
The QMB determination of “Non-Compliance with Conditions of Participation,” indicates a provider is significantly out of compliance with Conditions of Participation and/or has:
 - Four (4) Conditions of Participation out of compliance.
 - Multiple findings of widespread non-compliance with any standard or regulation with a significant potential for more than minimal harm.
 - Any finding of actual harm or Immediate Jeopardy.The Agency may also have standard level deficiencies (deficiencies which are not at the condition level).

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

Agency: Family Options – Northeast & Southeast Region
Program: Developmental Disabilities Waiver
Service: Community Living (Supported Living & Family Living) & Community Inclusion (Adult Habilitation & Community Access)
Monitoring Type: Verification Survey
Routine Survey: June 6 – 8, 2011
Verification Survey: August 27 - 29, 2012

| <i>Standard of Care</i> | June 6 – 8, 2011 Deficiencies | August 27 - 29, 2012 Verification Survey – New and Repeat Deficiencies |
|---|--------------------------------------|---|
| <i>CMS Assurance – Service Plans: ISP Implementation</i> – Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan. | | |
| Tag # 1A08 Agency Case File | Scope and Severity Rating: B | Completed |
| Tag # 1A08.1 Agency Case File - Progress Notes | Scope and Severity Rating: B | Completed |
| Tag # 1A32 & 6L14 (CoP) ISP Implementation | Scope and Severity Rating: D | Completed |
| Tag # 5I11 Reporting Requirements (Community Inclusion Quarterly Reports) | Scope and Severity Rating: A | Completed |
| Tag # 5I11.1 Reporting Requirements (CI Quarterly Report Components) | Scope and Severity Rating: A | Completed |
| Tag # 6L14 Residential Case File | Scope and Severity Rating: E | Completed |
| Tag # 6L17 Reporting Requirements (Community Living Quarterly Reports) | Scope and Severity Rating: A | Completed |
| <i>CMS Assurance – Qualified Providers</i> – The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver. | | |
| Tag # 1A11.1 (CoP) Transportation Training | Scope and Severity Rating: F | Completed |
| Tag # 1A20 DSP Training Documents | Scope and Severity Rating: F | Completed |

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| Tag # 1A22 Staff Competence | Scope and Severity Rating: E | Completed |
| Tag # 1A25 (CoP) CCHS | Scope and Severity Rating: E | 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: E | Completed |
| Tag # 1A28.2 (CoP) Incident Mgt. System - Parent/Guardian Training | Scope and Severity Rating: E | Completed |
| Tag # 1A37 Individual Specific Training | Scope and Severity Rating: D | Completed |
| <i>CMS Assurance – Health and Welfare – The state, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.</i> | | |
| Tag # 1A03 CQI System | Scope and Severity Rating: C | Completed |
| Tag # 1A05 (CoP) General Requirements | Scope and Severity Rating: F | Completed |
| Tag # 1A09 Medication Delivery (MAR) - Routine Medication | Scope and Severity Rating: E | Completed |
| Tag # 1A09.1 Medication Delivery - PRN Medication | Scope and Severity Rating: E | Completed |
| Tag # 1A15.2 & 5I09 - Healthcare Documentation | Scope and Severity Rating: E | Completed |
| Tag # 1A29 Complaints / Grievances – Acknowledgement | Scope and Severity Rating: B | Completed |
| Tag # 1A33.1 Board of Pharmacy – Lic | Scope and Severity Rating: B | Completed |
| Tag # 6L13 (CoP) - CL Healthcare Reqts. | Scope and Severity Rating: E | Completed |
| Tag # 6L25 (CoP) Residential Health & Safety | Scope and Severity Rating: F | Completed |

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| (Supported Living & Family Living) | | |
| Tag # 6L25.1 (CoP) Residential Reqts. (Physical Environment - Supported Living & Family Living) | Scope and Severity Rating: F | Completed |
| CMS Assurance – Medicaid Billing/Reimbursement – <i>State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.</i> | | |
| Tag # 5I44 AH Reimbursement | Scope and Severity Rating: B | Completed |
| Tag # 6L26 SL Reimbursement | Scope and Severity Rating: A | Completed |