Date: October 15, 2014

To: Cruz Maria Rojas, Executive Director
Provider: Grace Requires Understanding, Inc.
Address: 212 S. Main St.
State/Zip: Las Cruces, New Mexico 88001

E-mail Address: crojas@mygru.org

CC: Victor Duran, Board Chair
Address: P.O. Box 2334
State/Zip: Mesilla Park, New Mexico 88047
Board Chair
E-Mail Address victord3@msn.com

Region: Southwest
Routine Survey: April 21 - 24, 2014
Verification Survey: September 29 - 30, 2014
Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: ***2012:*** *Living Supports* (Family Living); *Inclusion Supports* (Customized Community Supports); *and Other* (Customized In-Home Supports)
Survey Type: Verification

Team Leader: Amanda Castañeda, MPA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau
Team Members: Florence Mulheron, BA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Ms. Rojas;

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 April 21 - 24, 2014.*

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

Compliance with Conditions of Participation.

However, due to the new/repeat standard level deficiencies your agency will be required to contact your DDSD Regional Office for technical assistance and follow up. You are also required to continue your Plan of Correction. Please respond to the Plan of Correction Coordinator within 10 business days of receipt of this letter.

Plan of Correction:
The attached Report of Findings identifies the new/repeat Standard Level deficiencies found during your agency's verification compliance review. You are required to complete and implement a Plan of Correction. Your agency has a total of 10 business days from the receipt of this letter. The Plan of Correction must include the following:

1. Evidence your agency has contacted your DDSD Regional Office for technical assistance;
2. A Plan of Correction detailing Quality Assurance/Quality Improvement processes to prevent your agency from receiving deficiencies in the future;
3. Documentation verifying that newly cited deficiencies have been corrected.

Submission of your Plan of Correction:
Please submit your agency's Plan of Correction and documentation verifying correction of survey deficiencies within 10 business days of receipt of this letter to the parties below:

1. **Quality Management Bureau, Attention: Plan of Correction Coordinator**
   5301 Central Ave. NE Suite 400 Albuquerque, NM 87108

2. **Developmental Disabilities Supports Division Regional Office for region of service surveyed**

Failure to submit your POC within the allotted 10 business days may result in the imposition of a $200 per day Civil Monetary Penalty until it is received, completed and/or implemented.

Please call the Plan of Correction Coordinator at 505-231-7436, if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,

Amanda Castañeda, MPA

Amanda Castañeda, MPA
Team Lead/Healthcare Surveyor
Division of Health Improvement
Quality Management Bureau

Survey Process Employed:

Entrance Conference Date:	September 29, 2014	
Present:	**Grace Requires Understanding, Inc.** Noel Marquez, Lead Family Support Manager Yvonne Ramos, Family Support Manager Maria C. Rubio, Family Support Manager Stacey Fellwock, RN Teresa Flores, Billing Supervisor Betty Wallis, RN Delilah Mason, RN Maria Lujan, HR/Finance Manager Cruz Maria Rojas, Director **DOH/DHI/QMB** Amanda Castañeda, MPA, Team Lead/Healthcare Surveyor Florence Mulheron, BA, Healthcare Surveyor	
Exit Conference Date:	September 30, 2014	
Present:	**Grace Requires Understanding, Inc.** Betty Wallis, RN Delilah Mason, RN Yvonne Ramos, Family Support Manager Stacey Fellwock, Nurse Manager Noel Marquez, Lead Family Support Manager Teresa Flores, Billing Supervisor Maria Lujan, HR/Finance Manager Cruz Maria Rojas, Executive Director **DOH/DHI/QMB** Amanda Castañeda, MPA, Team Lead/Healthcare Surveyor Florence Mulheron, BA, Healthcare Surveyor **DDSD - SW Regional Office** Dave Brunson, Community Inclusion Coordinator	
Administrative Locations Visited	Number:	1
Total Sample Size	Number:	23 0 - *Jackson* Class Members 23 - Non-*Jackson* Class Members 22 - Family Living 10 - Customized Community Supports 1 – Customized In-Home Support
Persons Served Records Reviewed	Number:	20 *(Note: 3 Individuals from the Routine Survey had no deficiencies, therefore 20 records were reviewed)*
Direct Support Personnel Interviewed	Number:	30
Direct Support Personnel Records Reviewed	Number:	127

Substitute Care/Respite Personnel Records Reviewed	Number:	91
Service Coordinator Records Reviewed	Number:	13 *(Note: 7 of the 13 Service Coordinators were also Direct Support Personnel aka Family Living Providers)*

Administrative Processes and Records Reviewed:

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

Attachment B

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

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

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

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

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

Case Management Services:

- Level of Care
- Plan of Care
- Qualified Providers

Community Inclusion Supports/ Living Supports:

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

Conditions of Participation (CoPs)

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

QMB surveyors use professional judgment when reviewing the critical elements of each standard and regulation to determine when non-compliance with a standard level deficiency rises to the level of a CoP out of compliance. Only some deficiencies can rise to the level of a CoP. (See the next section for a list of CoPs.) The QMB survey team analyzes the relevant finding in terms of scope, actual harm or potential for harm, unique situations, patterns of performance, and other factors to determine if there is the potential for a negative outcome which would rise to the level of a CoP. A Standard level deficiency becomes a CoP out of compliance when the team's analysis establishes that there is an identified potential for significant harm or actual harm. It is then cited as a CoP out of compliance. If the deficiency does not rise to the level of a CoP out of compliance, it is cited as a Standard Level Deficiency.

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

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

Service Domain: Level of Care

Condition of Participation:

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

Service Domain: Plan of Care

Condition of Participation:

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

Condition of Participation:

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

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

Service Domain: Qualified Providers

Condition of Participation:

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

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

Service Domain: Plan of Care

Condition of Participation:

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

Service Domain: Health, Welfare and Safety

Condition of Participation:

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

Condition of Participation:

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

QMB Determinations of Compliance

Compliance with Conditions of Participation

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

Partial-Compliance with Conditions of Participation

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

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

Non-Compliance with Conditions of Participation

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

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

Attachment C

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

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

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

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

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

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

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

Agency: **Grace Requires Understanding, Inc. - Southwest Region**
Program: Developmental Disabilities Waiver
Service: ***2012:*** *Living Supports* (Family Living); *Inclusion Supports* (Customized Community Supports)
Monitoring Type: Verification Survey
Routine Survey: **April 21 - 24, 2014**
Verification Survey: **September 29 - 30, 2014**

Standard of Care	Routine Survey Deficiencies April 21 - 24, 2014	Verification Survey New and Repeat Deficiencies September 29 - 30, 2014
Service Domain: Service Plans: ISP Implementation – *Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan.*		
Tag # 1A32 and LS14 / 6L14 **Individual Service Plan Implementation**	**Condition of Participation Level Deficiency**	**Standard Level Deficiency**
NMAC 7.26.5.16.C and D Development of the ISP. Implementation of the ISP. The ISP shall be implemented according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcomes and action plan. C. The IDT shall review and discuss information and recommendations with the individual, with the goal of supporting the individual in attaining desired outcomes. The IDT develops an ISP based upon the individual's personal vision statement, strengths, needs, interests and preferences. The ISP is a dynamic document, revised periodically, as needed, and amended to reflect progress towards personal goals and achievements consistent with the individual's future vision. This regulation is consistent with standards established for individual plan development as set forth by the commission on the accreditation of rehabilitation facilities (CARF) and/or other program accreditation approved and adopted by the developmental disabilities division	After an analysis of the evidence it has been determined, there is a significant potential for a negative outcome to occur. Based on record review, the Agency did not implement the ISP according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcome and action plan for 11 of 25 individuals. As indicated by Individuals' ISP the following was found with regards to the implementation of ISP Outcomes: **Administrative Files Reviewed:** **Family Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:** Individual #2	**NEW / REPEAT FINDING:** Based on record review, the Agency did not implement the ISP according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcome and action plan for 3 of 23 individuals. As indicated by Individuals' ISP the following was found with regards to the implementation of ISP Outcomes: **Administrative Files Reviewed:** **Family Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:** Individual #14 • "… will create a playlist" is to be completed 1 time per week. Action Step was not being

and the department of health. It is the policy of the developmental disabilities division (DDD), that to the extent permitted by funding, each individual receive supports and services that will assist and encourage independence and productivity in the community and attempt to prevent regression or loss of current capabilities. Services and supports include specialized and/or generic services, training, education and/or treatment as determined by the IDT and documented in the ISP. D. The intent is to provide choice and obtain opportunities for individuals to live, work and play with full participation in their communities. The following principles provide direction and purpose in planning for individuals with developmental disabilities. [05/03/94; 01/15/97; Recompiled 10/31/01]	• "… makes a list and shops for needed items" is to be completed 2 times per month. Action Step was not being completed at the required frequency for 3/2014. • "… prepares her desired meal" is to be completed 1 time per week. Outcome/Action Step was not being completed at the required frequency for 3/2014. Individual #3 • None found regarding: "… will choose where he wants to walk" 2 times per week for 3/2014. • None found regarding: "… will walk up to an hour" 2 times per week for 3/2014. Individual #4 • "… will responsibly use her cell phone to schedule appointments and communicate with friends and family" is to be completed 3 times per week. Action Step was not being completed at the required frequency for 3/2014. • "… will plant, maintain, and harvest at least four crops within the ISP year" is to be completed 2 times per week. Action Step was not being completed at the required frequency for 3/2014. • "… will budget her finances" is to be completed 2 times per month. Action Step was not being completed at the required frequency for 3/2014. • "… will complete payment transactions for all bills she is responsible for such as cell phone, groceries, hair, and novelty items" is to be completed 2 times per month. Action Step was not being completed at the required frequency for 3/2014.	completed at the required frequency for 7/2014 - 8/2014. • "She will work on the application" is to be completed 1 time per week. Action Step was not being completed at the required frequency for 7/2014 - 8/2014. **Customized Community Access Data Collection/Data Tracking/Progress with regards to ISP Outcomes**: Individual #14 • "I will learn to read and order from the menu" is to be completed 1 time per week. Action Step was not being completed at the required frequency for 7/2014. • "… will purchase her lunch items" is to be completed 3 times per week. Action Step was not being completed at the required frequency for 7/2014. Individual #19 • Review of Agency's documented Outcomes and Action Steps do not match the current ISP Outcomes and Action Steps for Work/Education/Volunteer area. **Agency's Outcomes/Action Steps are as follows:** ◦ *"will take pictures of people or subjects that interest him 1 time a week."* **Annual ISP (8/2014 – 7/2015) Outcomes/Action Steps are as follows:** ◦ *"will take pictures of people or subjects that interest him 8 times a month."*

	Individual #12 • "With verbal and visual prompts, … will successfully complete hygiene tasks" is to be completed 2 times per week. Action Step was not being completed at the required frequency for 3/2014. Individual #14 • "… will create a playlist" is to be completed 1 time per week. Action Step was not being completed at the required frequency for 1/2014-3/2014. • "She will need to learn to open the app" is to be completed 1 time per week. Action Step was not being completed at the required frequency for 1/2014 - 3/2014. • "She will work on the application" is to be completed 1 time per week. Action Step was not being completed at the required frequency for 1/2014 - 3/2014. Individual #17 • "… will plan an activity with her niece or nephew" is to be completed 1 time per week. Action Step was not being completed at the required frequency for 10/2013 - 2/2014. • "… will plan the vacation" is to be completed 1 time per week. Action Step was not being completed at the required frequency for 10/2013 - 2/2014. • "… will attend the vacation" is to be completed 1 time per week. Action Step was not being completed at the required frequency for 10/2013 - 2/2014.	• As indicated by documented Action Step from the agency: "…will take pictures of people or subjects that interest him 1 time a week" was not being completed at the required frequency per ISP (8/1/2014 – 7/31/2014), which states action step is to be completed "8 times per month." **Residential Files Reviewed:** **Family Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:** Individual #2 • None found regarding: "… prepares her desired meal" once a week for 9/1 – 29, 2014.

	Individual #18 • Review of Agency's documented Outcomes and Action Steps do not match the current ISP Outcomes and Action Steps for the Live Outcome. The 11/21/2013 - 11/20/2014 Annual ISP Live Outcomes/Action Steps states, "*with assistance…will put his dirty clothes in the hamper," four times a week.* The Agency's documented Live Outcome/Action Step states*, "will learn to recycle," one time a week.* No documentation was found regarding implementation of ISP outcomes for 1/2014 – 2/2014. • None found regarding: "With assistance, … will put his dirty clothes in the hamper" for 3/2014 • None found regarding: "… will choose a place to go out of two choices" for 3/2014 Individual #20 • "Provide Family Living verbal support to follow 3-step directions in order to complete the laundry process" is to be completed 3 times per week. Action Step was not being completed at the required frequency for 3/2014. • "Provide Family Living verbal support to learn the process of choosing his own clothing before his daily shower" is to be completed 3 times per week. Action Step was not being completed at the required frequency for 3/2014. • "I will learn how to hold and use a fork independently to eat my meals safely" is to be completed 1 time per day. Action Step was not being completed at the required frequency for 3/2014.	

	Individual #21 • "With assistance,…will water outdoor and indoor plants" is to be completed 1 time per week. Action Step was not being completed at the required frequency for 3/2014. Individual #23 • None found regarding: "… will work on identifying dollar bills and coins and amounts" for 1/2014 - 2/2014. • None found regarding: "… will engage in money transactions in the community" for 12/2013 - 2/2014. • None found regarding: "… will make healthy choices/follow dietician recommendations" for 12/2013 - 3/2014. **Customized Community Access Data Collection/Data Tracking/Progress with regards to ISP Outcomes**: Individual #14 • "I will learn to read and order from the menu" is to be completed 1 time per week. Action Step was not being completed at the required frequency for 1/2014 - 3/2014. • "… will purchase her lunch items" is to be completed 3 times per week. Action Step was not being completed at the required frequency for 1/2014 - 3/2014. Individual #19 • None found regarding: "… will take pictures of people or subjects that interest him" for 1/2014 - 3/2014.	

	• None found regarding: "… will create his portfolio page" for 1/2014 - 3/2014. Individual #23 • None found regarding: "… will work on identifying dollar bills and coins and amounts" for 1/2014 - 2/2014. • None found regarding: "… will engage in money transactions in the community" for 12/2013 - 2/2014. • None found regarding: "… will work with DVR on job development" for 2/2014 - 3/2014. • None found regarding: "… will exercise (workout at Curves)" for 3/2014. **Residential Files Reviewed:** **Family Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:** Individual #2 • None found regarding: "… prepares her desired meal" once a week for 4/1 - 22, 2014. Individual #4 • None found regarding: "…will responsibly use her cell phone to schedule appointments and communicate with friends and family" at least 3 times a week for 4/1 - 22, 2014. Individual #18 • None found regarding: "With assistance, will put his dirty clothes in the hamper" four times a week for 4/1 - 22, 2014.	

Standard of Care	Routine Survey Deficiencies April 21 - 24, 2014	Verification Survey New and Repeat Deficiencies September 29 – 30, 2014
Service Domain: Health and Welfare – *The state, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.*		
Tag # LS13 / 6L13 Community Living Healthcare Reqts.	**Condition of Participation Level Deficiency**	**Standard Level Deficiency**

NMAC 8.302.1.17 RECORD KEEPING AND DOCUMENTATION REQUIREMENTS: A provider must maintain all the records necessary to fully disclose the nature, quality, amount and medical necessity of services furnished to an eligible recipient who is currently receiving or who has received services in the past.
 	
B. **Documentation of test results:** Results of tests and services must be documented, which includes results of laboratory and radiology procedures or progress following therapy or treatment.
 	
Developmental Disabilities (DD) Waiver Service Standards effective 11/1/2012 revised 4/23/2013
 	
Chapter 11 (FL) 3. Agency Requirements:
D. Consumer Records Policy: All Family Living Provider Agencies must maintain at the administrative office a confidential case file for each individual. Provider agency case files for individuals are required to comply with the DDSD Individual Case File Matrix policy.
 	
Chapter 12 (SL) 3. Agency Requirements:
D. Consumer Records Policy: All Living Supports-Supported Living Provider Agencies must maintain at the administrative office a confidential case file for each individual. Provider agency case files for
	After an analysis of the evidence it has been determined, there is a significant potential for a negative outcome to occur.
	
	Based on record review, the Agency did not provide documentation of annual physical examinations and/or other examinations as specified by a licensed physician for 16 of 25 individuals receiving Community Living Services.
	
	Review of the administrative individual case files revealed the following items were not found, incomplete, and/or not current:
	
	• ***Annual Physical*** (#13, 20)
	
	• ***Dental Exam***
	  ◦ Individual #1 - As indicated by the DDSD file matrix Dental Exams are to be conducted annually. No evidence of exam was found.
	
	  ◦ Individual #9 - As indicated by the DDSD file matrix Dental Exams are to be conducted annually. No evidence of exam was found.
	
	  ◦ Individual #13 - As indicated by the DDSD file matrix Dental Exams are to be conducted annually. No evidence of exam was found.
		REPEAT FINDING:
		
		Based on record review, the Agency did not provide documentation of annual physical examinations and/or other examinations as specified by a licensed physician for 1 of 23 individuals receiving Community Living Services.
		
		Review of the administrative individual case files revealed the following items were not found, incomplete, and/or not current:
		
		• ***Vision Exam***
		  ◦ Individual #14 - As indicated by the DDSD file matrix, Vision Exams are to be conducted every other year. No evidence of exam was found.

individuals are required to comply with the DDSD Individual Case File Matrix policy. Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007 **CHAPTER 6. VI. GENERAL REQUIREMENTS FOR COMMUNITY LIVING** **G. Health Care Requirements for Community Living Services**. (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, whichever comes first. (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. (3) For each individual receiving Community Living Services, the provider agency shall ensure and document the following: (a) Provision of health care oversight consistent with these Standards as detailed in Chapter One section III E: Healthcare Documentation	° Individual #15 - As indicated by collateral documentation reviewed, exam was completed on 11/12/2013. Follow-up was to be completed in 3/2014 for cleaning. No evidence of follow-up found. ° Individual #18 - As indicated by the DDSD file matrix Dental Exams are to be conducted annually. No evidence of exam was found. ° Individual #25 - As indicated by the DDSD file matrix Dental Exams are to be conducted annually. No evidence of exam was found. • ***Vision Exam*** ° Individual #5 - As indicated by the DDSD file matrix, Vision Exams are to be conducted every other year. No evidence of exam was found. ° Individual #6 - As indicated by the DDSD file matrix, Vision Exams are to be conducted every other year. No evidence of exam was found. ° Individual #10 - As indicated by the DDSD file matrix, Vision Exams are to be conducted every other year. No evidence of exam was found. ° Individual #13 - As indicated by the DDSD file matrix, Vision Exams are to be conducted every other year. No evidence of exam was found. ° Individual #14 - As indicated by the DDSD file matrix, Vision Exams are to be conducted every other year. No evidence of exam was found. ° Individual #18 - As indicated by the DDSD file matrix, Vision Exams are to be conducted every other year. No evidence of exam was found.	

by Nurses For Community Living Services, Community Inclusion Services and Private Duty Nursing Services. b) That each individual with a score of 4, 5, or 6 on the HAT, has a Health Care Plan developed by a licensed nurse. (c) That an individual with chronic condition(s) with the potential to exacerbate into a life threatening condition, has Crisis Prevention/ Intervention Plan(s) developed by a licensed nurse or other appropriate professional for each such condition. (4) That an average of 3 hours of documented nutritional counseling is available annually, if recommended by the IDT. (5) That the physical property and grounds are free of hazards to the individual's health and safety. (6) In addition, for each individual receiving Supported Living or Family Living Services, the provider shall verify and document the following: (a) The individual has a primary licensed physician; (b) The individual receives an annual physical examination and other examinations as specified by a licensed physician; (c) The individual receives annual dental check-ups and other check-ups as specified by a licensed dentist; (d) The individual receives eye examinations as specified by a licensed optometrist or ophthalmologist; and (e) Agency activities that occur as follow-up to medical appointments (e.g. treatment, visits to specialists, changes in medication or daily routine).	◦ Individual #21 - As indicated by the DDSD file matrix, Vision Exams are to be conducted every other year. No evidence of exam was found. ◦ Individual #22 - As indicated by the DDSD file matrix, Vision Exams are to be conducted every other year. No evidence of exam was found. • ***Bone Density Exam*** ◦ Individual #8 - As indicated by collateral documentation reviewed, the exam was ordered on 11/5/2013. No evidence of exam results was found. • ***Nutritional Evaluation*** ◦ Individual #3 - As indicated by collateral documentation reviewed, exam was completed on 1/30/2012. Follow-up was to be completed in 12 months. No evidence of follow-up found. • ***Podiatry*** ◦ Individual #5 - As indicated by collateral documentation reviewed, exam was completed on 11/14/2013. Follow-up was to be completed in 4 months. No evidence of follow-up found. • ***Sleep Apnea Study*** ◦ Individual #17 - As indicated by collateral documentation reviewed, exam was ordered at the Annual Physical on 9/10/2013. No evidence of exam results was found. • ***Nephrology*** ◦ Individual #20 - As indicated by collateral documentation reviewed, exam was completed on 7/31/2013. Follow-up was to be completed in 3 months. No evidence of follow-up found.	

Standard of Care	Routine Survey Deficiencies April 21 - 24, 2014	Verification Survey New and Repeat Deficiencies September 29 – 30, 2014
Service Domain: Service Plans: ISP Implementation – *Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan.*		
Tag # 1A08 Agency Case File	**Standard Level Deficiency**	**Completed**
Tag # 1A08.1 Agency Case File - Progress Notes	**Standard Level Deficiency**	**Completed**
Tag # LS14 / 6L14 Residential Case File	**Standard Level Deficiency**	**Completed**
Tag # LS17 / 6L17 Reporting Requirements (Community Living Reports)	**Standard Level Deficiency**	**Completed**
Service Domain: Qualified Providers – *The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.*		
Tag # 1A11.1 Transportation Training	**Standard Level Deficiency**	**Completed**
Tag # 1A20 Direct Support Personnel Training	**Standard Level Deficiency**	**Completed**
Tag # 1A22 Agency Personnel Competency	**Standard Level Deficiency**	**Completed**
Tag # 1A25 Criminal Caregiver History Screening	**Standard Level Deficiency**	**Completed**
Tag # 1A26 Consolidated On-line Registry Employee Abuse Registry	**Standard Level Deficiency**	**Completed**
Tag # 1A28.1 Incident Mgt. System - Personnel Training	**Standard Level Deficiency**	**Completed**
Tag # 1A36 Service Coordination Requirements	**Standard Level Deficiency**	**Completed**
Tag # 1A37 Individual Specific Training	**Standard Level Deficiency**	**Completed**
Tag # 1A42 DDSD Provider Agreement	**Standard Level Deficiency**	**Completed**

Service Domain: Health and Welfare – *The state, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.*		
Tag # 1A05 General Provider Requirements	**Standard Level Deficiency**	**Completed**
Tag # 1A09 Medication Delivery Routine Medication Administration	**Standard Level Deficiency**	**Completed**
Tag # 1A09.1 Medication Delivery PRN Medication Administration	**Standard Level Deficiency**	**Completed**
Tag # 1A15.2 and 5I09 Healthcare Documentation	**Condition of Participation Level Deficiency**	**Completed**
Tag # 1A27 Incident Mgt. Late and Failure to Report	**Standard Level Deficiency**	**Completed**
Tag # 1A27.2 Duty to Report IRs Filed During On-Site and/or IRs Not Reported by Provider	**Standard Level Deficiency**	**Completed**
Tag # 1A28.2 Incident Mgt. System - Parent/Guardian Training	**Standard Level Deficiency**	**Completed**
Tag # 1A31 Client Rights/Human Rights	**Condition of Participation Level Deficiency**	**Completed**
Tag # LS06 / 6L06 Family Living Requirements	**Standard Level Deficiency**	**Completed**
Tag # LS25 / 6L25 Residential Health and Safety (SL/FL)	**Standard Level Deficiency**	**Completed**
Service Domain: Medicaid Billing/Reimbursement – *State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.*		
Tag # IS30 Customized Community Supports Reimbursement	**Standard Level Deficiency**	**Completed**
Tag # LS27 / 6L27 Family Living Reimbursement	**Standard Level Deficiency**	**Completed**
Tag # IS30 Customized Community SupportsReimbursement	**Standard Level Deficiency**	**Completed**

SUSANA MARTINEZ, GOVERNOR

RETTA WARD, CABINET SECRETARY

Date: October 28, 2014

To: Cruz Maria Rojas, Executive Director
Provider: Grace Requires Understanding, Inc.
Address: 212 S. Main St.
State/Zip: Las Cruces, New Mexico 88001

E-mail Address: crojas@mygru.org

CC: Victor Duran, Board Chair
Address: P.O. Box 2334
State/Zip: Mesilla Park, New Mexico 88047
Board Chair
E-Mail Address victord3@msn.com

Region: Southwest
Routine Survey: April 21 - 24, 2014
Verification Survey: September 29 - 30, 2014
Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: ***2012:*** *Living Supports* (Family Living); *Inclusion Supports* (Customized Community Supports); *and Other* (Customized In-Home Supports)
Survey Type: Verification

Dear Ms. Rojas and Mr. Duran:

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

The Plan of Correction process is now complete.

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

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

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

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

Sincerely,

Tony Fragua

Tony Fragua
Plan of Correction Coordinator
Quality Management Bureau/DHI

Q.15.1.DDW.D3861.3.VER.09.14.301