

Date: April 26, 2010

To: C. Dennis James, President/CEO
Sheilla Allen, Director of Quality
Provider: High Desert Family Services, Inc.
Address: 7001 Prospect Pl. NE
State/Zip: Albuquerque, NM 87110

E-mail Address: djames@highdesertfs.com
sallen@highdesertfs.com

Region: Southeast and Southwest
Survey Date: April 22-26, 2010
Program Surveyed: Developmental Disabilities Waiver
Survey Type: Verification
Team Leader: Scott Good, MRC, CRC, QMB Deputy Chief, Division of Health Improvement/Quality Management Bureau

Dear Mr. James and Ms. Allen:

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 and training requirements regarding the routine survey on July 20-14, 2009.

Your training compliance exceeds the required 85% at 88.25%. This completes your survey process. This information will be shared with the Internal Review Committee (IRC) for their review.

Please call the Team Leader at 505-699-0714 if you have questions about the survey. Thank you for your cooperation and for the work you perform.

Sincerely,

Team Lead/Health Care Surveyor
Division of Health Improvement
Quality Management Bureau

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



"Assuring safety and quality of care in New Mexico's health facilities and community-based programs."

David Rodriguez, Division Director • Division of Health Improvement

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