



SUSANA MARTINEZ, GOVERNOR

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

Date: July 26, 2012

To: Chandra Baker, Owner/Chief Operating Officer/Service Coordinator
Provider: Links of Life, LLC
Address: 1616 Winton Circle
State/Zip: Las Cruces, NM 88007

E-mail Address: cbakeruop2004@yahoo.com

Region: Southwest
Routine Survey: January 23 - 25, 2012
Verification Survey: July 25 - 26, 2012
Program Surveyed: Developmental Disabilities Waiver
Service Surveyed: Community Living Supports (Supported Living & Independent Living) Community Inclusion Supports (Adult Habilitation & Community Access)

Survey Type: Verification
Team Leader: Valerie V. Valdez, M.S., Health Program Manager, Division of Health Improvement/Quality Management Bureau

Dear Ms. Baker:

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 *January 23 – 25, 2012*. The Division of Health Improvement, Quality Management Bureau has determined your agency is in:

Compliance with Conditions of Participation

However due to the new/repeat deficiencies your report of findings will be referred to the Internal Review Committee (IRC) for further action and potential sanctions. You will be contacted by the IRC for instructions on how to proceed. 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,

Valerie V. Valdez, M.S.

Valerie V. Valdez, M.S.
Health Program Manager/Team Lead
Division of Health Improvement
Quality Management Bureau



DIVISION OF HEALTH IMPROVEMENT • QUALITY MANAGEMENT BUREAU
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(505) 222-8623 • FAX: (505) 222-8661 • <http://www.dhi.health.state.nm.us>

QMB Report of Findings – Links of Life, LLC – Southwest Region – July 25 - 26, 2012

Survey Report #: Q.13.1.DDW.82507511.3.001.VER.1.208

Survey Process Employed:

Entrance Conference Date: July 25, 2012

Present: **Links of Life, LLC**
Jennifer Rasmussen, Director/Service Coordinator/Incident Management Coordinator

DOH/DHI/QMB
Valerie V. Valdez, M.S., Team Lead/Health Program Manager

Exit Conference Date: July 25, 2012

Present: **Links of Life, LLC**
Chandra Baker, Owner/Chief Operating Officer/Service Coordinator
Jennifer Rasmussen, Director/Service Coordinator/Incident Management Coordinator

DOH/DHI/QMB
Valerie V. Valdez, M.S., Team Lead/Health Program Manager

Total Homes Visited Number: 1

❖ Supported Homes Visited Number: 1

Administrative Locations Visited Number: 1

Total Sample Size Number: 5
0 - Jackson Class Members
5 - Non-Jackson Class Members
1 - Supported Living
1 - Independent Living
5 - Adult Habilitation
2 - Community Access

Persons Served Records Reviewed Number: 5

Direct Support Personnel Interviewed Number: 5

Direct Support Personnel Records Reviewed Number: 21

Service Coordinator Records Reviewed Number: 2

Administrative Files Reviewed

- 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
- 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
DOH – Internal Review Committee

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.

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 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, Scott Good at scott.good@state.nm.us for assistance.

The following limitations apply to the IRF process:

- The 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 made 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: Links of Life, LLC - Southwest Region
Program: Developmental Disabilities Waiver
Service: Community Living Supports (Supported Living & Independent Living) & Community Inclusion Supports (Adult Habilitation & Community Access)
Monitoring Type: Verification Survey
Routine Survey: January 23 - 25, 2012
Verification Survey: July 25 - 26, 2012

Standard of Care	January 23 – 25, 2012 Deficiencies	July 25 - 26, 2012 Deficiencies Verification Survey – New and Repeat Deficiencies
<p><i>CMS Assurance – 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.</i></p>		
Tag # 1A26 Consolidated On-line Registry/Employee Abuse Registry	Standard Level Deficiency	Standard Level Deficiency
<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</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 5 of 14 Agency Personnel.</p> <p>The following Agency personnel records contained no evidence of the Employee Abuse Registry being completed:</p> <p>Service Coordination Personnel (SC):</p> <ul style="list-style-type: none"> • #53 – As well as being a Service Coordinator, #53 is also the owner of Links of Life. When asked by surveyors for her date of hire #53 reported not being considered an employee of Links of Life, nevertheless, #53 identified herself as a Service Coordinator so when asked again for her date of hire she stated, “1/25/2012.” Per the Agency’s provider agreement with DDSD (agreement #11.2011.665.0007.3667) the agency has been in operation since 3/1/2011. 	<p>New/Repeat 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 1 of 23 Agency Personnel.</p> <p>The following Agency Personnel records contained evidence that indicated the Employee Abuse Registry was completed after hire:</p> <p>Direct Support Personnel (DSP):</p> <ul style="list-style-type: none"> • #54 – Date of hire 5/24/2012, completed 6/4/2012.

<p>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>E. Documentation for other staff. With respect to all employed or contracted individuals providing direct care who are licensed health care professionals or certified nurse aides, the provider shall maintain documentation reflecting the individual's current licensure as a health care professional or current certification as a nurse aide.</p> <p>F. Consequences of noncompliance. The department or other governmental agency having regulatory enforcement authority over a provider may sanction a provider in accordance with applicable law if the provider fails to make an appropriate and timely inquiry of the registry, or fails to maintain evidence of such inquiry, in connection with the hiring or contracting of an employee; or for employing or contracting any person to work as an employee who is listed on the registry. Such sanctions may include a directed plan of correction, civil monetary penalty not to exceed five thousand dollars (\$5000) per instance, or termination or non-renewal of any contract with the department or other governmental agency.</p> <p>Developmental Disabilities (DD) Waiver Service</p>	<p>The following Agency Personnel records contained evidence that indicated the Employee Abuse Registry was completed after hire:</p> <p>Direct Support Personnel (DSP):</p> <ul style="list-style-type: none"> • #46 – Date of hire 8/19/2011, completed 9/9/2011. • #47 – Date of hire 8/9/2011 completed 9/19/2011. • #48- Date of Hire 9/17/2011 completed 9/19/2011. • #49- Date of Hire 8/9/2011 completed 8/19/2011. 	
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Standards effective 4/1/2007

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.

Tag # 1A37 Individual Specific Training		Standard Level Deficiency
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 IV. GENERAL REQUIREMENTS FOR PROVIDER AGENCY SERVICE</p> <p>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>Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) Policy - Policy Title: Training Requirements for Direct Service Agency Staff Policy - Eff. March 1, 2007 - 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 accordance with the specifications described in the individual service plan (ISP) of each individual served.</p>		<p>New Finding:</p> <p>Based on record review, the Agency failed to ensure that Individual Specific Training requirements were met for 2 of 23 Agency Personnel.</p> <p>Review of personnel records found no evidence of the following:</p> <p>Direct Support Personnel (DSP):</p> <ul style="list-style-type: none"> Individual Specific Training (#56 & 59)

Standard of Care	January 23 – 25, 2012 Deficiencies	July 25 - 26, 2012 Deficiencies 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	Standard Level Deficiency	Completed
Tag # 1A08.1 Agency Case File - Progress Notes	Standard Level Deficiency	Completed
Tag # 1A32 & 6L14 ISP Implementation	Standard Level Deficiency	Completed
Tag # 6L14 Residential Case File	Standard Level Deficiency	Completed
Tag # 6L17 Reporting Requirements (Community Living Quarterly Reports)	Standard Level Deficiency	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 Transportation Training	Standard Level Deficiency	Completed
Tag # 1A20 Direct Support Personnel Training	Standard Level Deficiency	Completed
Tag # 1A22 Agency Personnel Competency	<i>Condition of Participation Level Deficiency</i>	Completed
Tag # 1A25 Criminal Caregiver History Screening	Standard Level Deficiency	Completed
<i>CMS Assurance – Health and Welfare</i> – 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 # 1A09 Medication Delivery (MAR) - Routine Medication	Standard Level Deficiency	Completed
Tag # 1A09.1 Medication Delivery - PRN	Standard Level Deficiency	Completed

Medication		
Tag # 1A11 Transportation Policy & Procedure	Standard Level Deficiency	Completed
Tag # 1A15.2 & 5I09 - Healthcare Documentation	<i>Condition of Participation Level Deficiency</i>	Completed
Tag # 1A29 Complaints / Grievances - Acknowledgement	Standard Level Deficiency	Completed
Tag # 1A31 Client Rights/Human Rights	Standard Level Deficiency	Completed
Tag # 1A33 Board of Pharmacy - Med Storage	Standard Level Deficiency	Completed
Tag #1A39 Assistive Technology & Adaptive Equipment	Standard Level Deficiency	Completed
Tag # 6L13 Community Living Healthcare Reqts.	Standard Level Deficiency	Completed
Tag # 6L25 Residential Health & Safety (Supported Living & Family Living)	Standard Level Deficiency	Completed
CMS Assurance – Financial Accountability – <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 # 5I36 Community Access Reimbursement	Standard Level Deficiency	Completed
Tag # 5I44 Adult Habilitation Reimbursement	Standard Level Deficiency	Completed
Tag # 6L26 Supported Living Reimbursement	Standard Level Deficiency	Completed
Tag # 6L28 Independent Living Reimbursement	Standard Level Deficiency	Completed

Date: March 06, 2013

To: Chandra Baker, Owner/Chief Operating Officer/Service Coordinator
Provider: Links of Life, LLC
Address: 1616 Winton Circle
State/Zip: Las Cruces, NM 88007

E-mail Address: cbakeruop2004@yahoo.com

Region: Southwest
Routine Survey: January 23 - 25, 2012
Verification Survey: July 25 - 26, 2012
Program Surveyed: Developmental Disabilities Waiver
Service Surveyed: Community Living Supports (Supported Living & Independent Living)
Community Inclusion Supports (Adult Habilitation & Community Access)

Survey Type: Verification

Dear Ms. Baker:

You have completed all the requirements per the Internal Review Committee (IRC).

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,



Crystal Lopez-Beck
Plan of Correction Coordinator
Quality Management Bureau/DHI

Q.13.3.DDW.82507511.3.001.VER.09.065