



SUSANA MARTINEZ, GOVERNOR

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

Date: April 16, 2012

To: Barbara Anderson, Executive Director
Provider: R-Way, LLC
Address: 3205 Richards Lane, Suite B
State/Zip: Santa Fe, New Mexico 87507

E-mail Address: barbann1123@aol.com

Region: Northeast
Routine Survey: March 21 – 25, 2011
Verification Survey: January 9 – 12, 2012
Program Surveyed: Developmental Disabilities Waiver
Service Surveyed: Community Living (Family Living & Independent Living) & Community Inclusion (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: Nadine Romero, LBSW, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Cynthia Nielsen, RN, MSN, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau;

Dear Ms. Anderson;

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 21 – 25, 2011**.

Partial Compliance with Conditions of Participation

This determination is based on non-compliance with one or more CMS waiver assurances at the Condition of Participation level as well as Standard level deficiencies identified in the attached QMB Report of Findings and requires implementation of a Plan of Correction. 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 505-699-0714, if you have questions about the survey or the report.

Thank you for your cooperation and for the work you perform.

Sincerely,



DIVISION OF HEALTH IMPROVEMENT • QUALITY MANAGEMENT BUREAU
5301 Central Avenue NE, Suite 400 • Albuquerque, New Mexico • 87108
(505) 222-8623 • FAX: (505) 222-8661 • <http://www.dhi.health.state.nm.us>

QMB Report of Findings – R-Way, LLC - Northwest Region – January 9 – 12, 2012

Survey Report #: Q12.03.D4209.NE.001.VS.01

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

Survey Process Employed:

Entrance Conference Date:	January 9, 2012
Present:	<u>R – Way, LLC</u> Angela Medina, Office Manager <u>DOH/DHI/QMB</u> Stephanie R. Martinez de Berenger, M.P.A., GCDF, Team Lead/Healthcare Surveyor Nadine Romero, LBSW, Healthcare Surveyor Cynthia Nielsen, MSN, RN, Healthcare Surveyor
Exit Conference Date:	January 12, 2012
Present:	<u>R – Way, LLC</u> Barbara Anderson, Executive Director Angela Medina, Office Manager Eloy Montoya, LPN Brenda Solozano, Service Coordinator John Acuna, Service Coordinator <u>DOH/DHI/QMB</u> Stephanie R. Martinez de Berenger, M.P.A, GCDF, Team Lead/Healthcare Surveyor Nadine Romero, LBSW, Healthcare Surveyor
Total Homes Visited	Number: 11
• Family Homes Visited	Number: 11
Administrative Locations Visited	Number: 2 (3205 Richards Lane Suite B, Santa Fe, NM 87507 & 312 Dee Bibs Industrial Road, Las Vegas, New Mexico 87701)
Total Sample Size	Number: 16 1 - Jackson Class Members 15 - Non-Jackson Class Members 11 - Family Living 2 – Independent Living 4 – Community Access
Persons Served Interviewed	Number: 11
Persons Served Observed	Number: 5 (One Individual was out of town and not available for interview during the on-site visit. Four other Individuals did not require visits or observation during the verification survey).
Records Reviewed (Persons Served)	Number: 12
Direct Service Professionals Interviewed	Number: 12
Direct Service Professionals Record Review	Number: 79
Service Coordinator Record Review	Number: 4
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.

**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/gmb>
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: R-Way, LLC – Northeast Region
Program: Developmental Disabilities Waiver
Service: Community Living (Family Living & Independent Living) & Community Inclusion (Community Access)
Monitoring Type: Verification Survey
Routine Survey: March 21 – 25, 2011
Verification Survey: January 9 – 12, 2012

Standard of Care	March 21 - 25, 2011 Deficiencies	January 9 - 12,2012 Verification Survey – New and Repeat Deficiencies
<p>Tag # 1A11.1 (CoP) Transportation Training</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>Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) Policy Training Requirements for Direct Service Agency Staff Policy Eff Date: March 1, 2007</p> <p>II. POLICY STATEMENTS:</p> <p>I. Staff providing direct services shall complete safety training within the first thirty (30) days of employment and before working alone with an individual receiving services. The training shall address at least the following:</p> <ol style="list-style-type: none"> 1. Operating a fire extinguisher 2. Proper lifting procedures 3. General vehicle safety precautions (e.g., pre-trip inspection, removing keys from the ignition when 	<p>Scope and Severity Rating: E</p> <p>Based on record review and interview, the Agency failed to provide staff training regarding the safe operation of the vehicle, assisting passengers and safe lifting procedures for 14 of 88 Direct Service Professionals.</p> <p>No documented evidence was found of the following required training:</p> <ul style="list-style-type: none"> • Transportation (DSP #47, 51, 57, 68, 77, 85, 114, 116,117,119,120 & 127) <p>When DSP were asked if they had received transportation training including training on wheelchair tie downs and van lift safety the following was reported:</p> <ul style="list-style-type: none"> • DSP #54 stated, “No.” • DSP #78 stated, “Yes, from the PT, but nothing from R-Way; training from therapist and van place.” 	<p>Standard Level Deficiency</p> <p>New & Repeat Findings:</p> <p>Based on record review, the Agency failed to provide staff training regarding the safe operation of the vehicle, assisting passengers and safe lifting procedures for 2 of 79 Direct Service Professionals.</p> <p>No documented evidence was found of the following required training:</p> <ul style="list-style-type: none"> • Transportation (DSP #150 & 151)

not in the driver's seat)

- 4. Assisting passengers with cognitive and/or physical impairments (e.g., general guidelines for supporting individuals who may be unaware of safety issues involving traffic or those who require physical assistance to enter/exit a vehicle)
- 5. Operating wheelchair lifts (if applicable to the staff's role)
- 6. Wheelchair tie-down procedures (if applicable to the staff's role)
- 7. Emergency and evacuation procedures (e.g., roadside emergency, fire emergency)

Tag # 1A25 (CoP) CCHS	Scope and Severity Rating: E	Condition of Participation Level Deficiency
<p>NMAC 7.1.9.8 CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS: F. Timely Submission: Care providers shall submit all fees and pertinent application information for all individuals who meet the definition of an applicant, caregiver or hospital caregiver as described in Subsections B, D and K of 7.1.9.7 NMAC, no later than twenty (20) calendar days from the first day of employment or effective date of a contractual relationship with the care provider.</p> <p>NMAC 7.1.9.9 CAREGIVERS OR HOSPITAL CAREGIVERS AND APPLICANTS WITH DISQUALIFYING CONVICTIONS: A. Prohibition on Employment: A care provider shall not hire or continue the employment or contractual services of any applicant, caregiver or hospital caregiver for whom the care provider has received notice of a disqualifying conviction, except as provided in Subsection B of this section.</p> <p>NMAC 7.1.9.11 DISQUALIFYING CONVICTIONS. The following felony convictions disqualify an applicant, caregiver or hospital caregiver from employment or contractual services with a care provider: A. homicide; B. trafficking, or trafficking in controlled substances; C. kidnapping, false imprisonment, aggravated assault or aggravated battery; D. rape, criminal sexual penetration, criminal sexual contact, incest, indecent exposure, or other related felony sexual offenses; E. crimes involving adult abuse, neglect or financial exploitation; F. crimes involving child abuse or neglect; G. crimes involving robbery, larceny, extortion, burglary, fraud, forgery, embezzlement, credit card fraud, or receiving stolen property; or H. an attempt, solicitation, or conspiracy involving any of the felonies in this subsection.</p>	<p>Based on record review, the Agency failed to maintain documentation indicating no “disqualifying convictions” or documentation of the timely submission of pertinent application information to the Caregiver Criminal History Screening Program was on file for 49 of 93 Agency Personnel.</p> <p>The following Agency Personnel Files contained no evidence of Caregiver Criminal History Screenings:</p> <ul style="list-style-type: none"> • #40 – Date of hire 01/24/2009 • #42 – Date of hire 05/07/2009 • #44 – Date of hire 05/07/2001 • #45 – Date of hire 11/27/2009 • #49 – Date of hire 11/09/2010 • #52 – Date of hire 07/09/2007 • #53 – Date of hire 04/07/2010 • #56 – Date of hire 03/04/2010 • #58 – Date of hire 07/06/2010 • #59 – Date of hire 06/06/2006 • #60 – Date of hire 08/07/2001 • #64 – Date of hire 06/10/2008 • #65 – Date of hire 05/07/2009 • #66 – Date of hire 08/20/2010 • #68 – Date of hire 10/16/2008 	<p>Repeat Findings:</p> <p>After an analysis of the evidence it has been determined there is a significant potential for a negative outcome to occur.</p> <p>Based on record review, the Agency failed to maintain documentation indicating no “disqualifying convictions” or documentation of the timely submission of pertinent application information to the Caregiver Criminal History Screening Program was on file for 4 of 83 Agency Personnel.</p> <p>The following Agency Personnel Files contained no evidence of Caregiver Criminal History Screenings:</p> <ul style="list-style-type: none"> • #116 – Date of hire 03/04/2008 • #119 - Date of hire 04/01/2010 • #126 – Date of hire 08/01/2009 • #127 – Date of hire 08/01/2010

- #69 – Date of hire 06/25/2010
- #70 – Date of hire 04/07/2010
- #72 – Date of hire 10/15/2008
- #77 – Date of hire 12/07/2010
- #78 – Date of hire 01/08/2008
- #80 – Date of hire 03/23/2010
- #82 – Date of hire 06/21/2010
- #84 – Date of hire 03/31/2010
- #85 – Date of hire 05/24/2010
- #86 – Date of hire 02/24/2006
- #87 – Date of hire 02/09/2001
- #88 – Date of hire 09/10/2001
- #91 – Date of hire 01/09/2001
- #94 – Date of hire 11/23/2009
- #95 – Date of hire 07/11/2008
- #96 – Date of hire 04/07/2010
- #97 – Date of hire 02/09/2009
- #99 – Date of hire 03/07/3009
- #101 – Date of hire 04/07/2010
- #104 – Date of hire 07/06/2009

- #106 – Date of hire 07/26/2010
- #107 – Date of hire 02/10/2010
- #108 – Date of hire 09/16/2010
- #109 – Date of hire 04/09/2009
- #110 – Date of hire 04/09/2002
- #116 – Date of hire 03/04/2008
- #119 – Date of hire 04/01/2010
- #126 – Date of hire 08/01/2009
- #127 – Date of hire 08/01/2010
- #128 – Date of hire 08/15/2001
- #130 – Date of hire 01/11/2011

The following Agency Personnel Files contained Caregiver Criminal History Screenings, which were not specific to the Agency:

- #50 – Date of hire 09/20/2010
- #51 – Date of hire 10/03/2003
- #76 – Date of hire 01/05/2005

Tag # 1A26 (CoP) COR / EAR	Scope and Severity Rating: E	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 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</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 44 of 93 Agency Personnel.</p> <p>The following Agency personnel records contained NO evidence of the Employee Abuse Registry being completed:</p> <ul style="list-style-type: none"> • #40– Date of hire 01/24/2009 • #42 – Date of hire 05/07/2009 • #45 – Date of hire 11/27/2009 • #49 – Date of hire 11/09/2010 • #50 – Date of hire 09/20/2010 • #53 – Date of hire 04/07/2010 • #56 – Date of hire 03/04/2010 • #58 – Date of hire 07/06/2010 • #64 – Date of hire 06/16/2008 • #65 – Date of hire 05/07/2009 • #66 – Date of hire 08/20/2010 • #68 – Date of hire 10/16/2008 • #69 – Date of hire 06/25/2010 • #70 – Date of hire 04/07/2010 • #77 – Date of hire 12/07/2010 	<p>New & Repeat Findings:</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 2 of 83 Agency Personnel.</p> <p>The following Agency Personnel records contained evidence that indicated the Employee Abuse Registry was completed after hire:</p> <ul style="list-style-type: none"> • #134– Date of hire 07/15/2011. Completed 07/20/2011. • #140 – Date of hire 08/17/2011. Completed 08/26/2011.

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.

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.

Developmental Disabilities (DD) Waiver Service 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.

- #80 – Date of hire 03/23/2010
- #82 – Date of hire 06/21/2010
- #84 – Date of hire 03/31/2010
- #85 – Date of hire 05/24/2010
- #91 – Date of hire 01/09/2009
- #94 – Date of hire 11/23/2009
- #95 – Date of hire 07/11/2008
- #96 – Date of hire 04/07/2010
- #97 - Date of hire 02/09/2008
- #99 – Date of hire 03/07/2009
- #101 – Date of hire 04/07/2010
- #103 – Date of hire 07/06/2009
- #104 – Date of hire 03/24/2007
- #106 – Date of hire 07/26/2010
- #107 – Date of hire 02/10/2010
- #108 – Date of hire 09/16/2010
- #109 – Date of hire 04/09/2009
- #130 – Date of hire 01/11/2011

The following Agency Personnel records contained evidence that indicated the Employee Abuse Registry was completed after hire:

- #52 – Date of hire 07/09/2007. Completed

	<p>06/27/10.</p> <ul style="list-style-type: none">• #59 – Date of hire 06/06/2006. Completed 10/23/2006.• #62 – Date of hire 03/09/2007. Completed 10/17/2008.• #83 – Date of hire 09/08/2008. Completed 11/06/2008.• #86 – Date of hire 02/24/2006. Completed 05/01/2007.• #90 – Date of hire 1/23/2007. Completed 02/03/2007.• #102 – Date of hire 03/19/2007. Completed 03/21/2007.• #105 – Date of hire 03/09/2006. Completed 12/03/2007.• #116 – Date of hire 03/04/2008. Completed 03/07/2008.• #120 – Date of hire 07/05/2006. Completed 03/24/2008.• #125 – Date of hire 02/03/2009. Completed 02/06/2009.	
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Tag # 1A27 (CoP) Late & Failure to Report	Scope and Severity Rating: D	Standard Level Deficiency
<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>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 20 individuals.</p> <p>Individual #20</p> <ul style="list-style-type: none"> Incident date 6/20/2010. Allegation was Law Enforcement Involvement. Incident report was received 6/9/2010. Late Reporting. IMB Late & Failure Report indicated incident of Neglect was "Confirmed." <p>Individual #21</p> <ul style="list-style-type: none"> Incident date 10/10/2010. Allegation was Emergency Services Incident report was received 10/13/2010. Late Reporting. IMB Late & Failure Report indicated incident of Neglect was "Confirmed." 	<p>New & Repeat Findings:</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 18 individuals.</p> <p>Individual #11</p> <ul style="list-style-type: none"> Incident date 09/11/2011. Allegation was Emergency Services Incident report was received 09/16/2011. Late Reporting. IMB Late & Failure Report indicated incident of Neglect was "Confirmed." <p>Individual #22</p> <ul style="list-style-type: none"> Incident date 08/20/2011. Allegation was Emergency Services. Incident report was received 08/24/2011. Late Reporting. IMB Late & Failure Report indicated incident of Neglect was "Confirmed."

Tag # 1A28.2 (CoP) Incident Mgt. System - Parent/Guardian Training	Scope & Severity Rating: E	Standard Level Deficiency
<p>NMAC 7.1.13.10 INCIDENT MANAGEMENT SYSTEM REQUIREMENTS:</p> <p>A. General: All licensed health care facilities and community based service providers shall establish and maintain an incident management system, which emphasizes the principles of prevention and staff involvement. The licensed health care facility or community based service provider shall ensure that the incident management system policies and procedures requires all employees to be competently trained to respond to, report, and document incidents in a timely and accurate manner.</p> <p>E. Consumer and Guardian Orientation Packet: Consumers, family members and legal guardians shall be made aware of and have available immediate accessibility to the licensed health care facility and community based service provider incident reporting processes. The licensed health care facility and community based service provider shall provide consumers, family members or legal guardians an orientation packet to include incident management systems policies and procedural information concerning the reporting of abuse, neglect or misappropriation. The licensed health care facility and community based service provider shall include a signed statement indicating the date, time, and place they received their orientation packet to be contained in the consumer’s file. The appropriate consumer, family member or legal guardian shall sign this at the time of orientation.</p>	<p>Based on record review, the Agency failed to provide documentation indicating consumer, family members, or legal guardians had received an orientation packet including incident management system policies and procedural information concerning the reporting of Abuse, Neglect and Misappropriation of Consumers' Property, for 4 of 18 individuals.</p> <ul style="list-style-type: none"> • Parent/Guardian Incident Management Training (Abuse, Neglect & Misappropriation of Consumers' Property) (#3, 8, 11 & 15) 	<p>Repeat Findings:</p> <p>Based on record review, the Agency failed to provide documentation indicating consumer, family members, or legal guardians had received an orientation packet including incident management system policies and procedural information concerning the reporting of Abuse, Neglect and Misappropriation of Consumers' Property, for 1 of 16 individuals.</p> <ul style="list-style-type: none"> • Parent/Guardian Incident Management Training (Abuse, Neglect & Misappropriation of Consumers' Property) (#15)

Tag # 6L06 (CoP) - FL Requirements	Scope and Severity Rating: E	Standard Level Deficiency
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 6. III. REQUIREMENTS UNIQUE TO FAMILY LIVING SERVICES</p> <p>A. Support to Individuals in Family Living: The Family Living Services Provider Agency shall provide and document:</p> <p>(5) Monthly consultation, by agency supervisors or internal service coordinators, with the direct support provider to include:</p> <p>(a) Review, advise, and prompt the implementation of the individual's ISP Action Plans, schedule of activities and appointments; and</p> <p>(b) Assist with service or support issues raised by the direct support provider or observed by supervisor, service coordinator or other IDT members.</p> <p>B. Home Studies. The Family Living Services Provider Agency shall complete all DDSD requirements for approval of each direct support provider, including completion of an approved home study and training prior to placement. After the initial home study, an updated home study shall be completed annually. The home study must also be updated each time there is a change in family composition or when the family moves to a new home. The content and procedures used by the Provider Agency to conduct home studies shall be approved by DDSD.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1. I. PROVIDER AGENCY ENROLLMENT PROCESS</p> <p>D. Scope of DDSD Agreement</p>	<p>Based on record review, the Agency failed complete all DDSD requirements for approval of each direct support provider for 11 of 16 individuals.</p> <p>The following was not found, not current and/or incomplete:</p> <ul style="list-style-type: none"> • Monthly Consultation with the Direct Support Provider <ul style="list-style-type: none"> ◦ Individual #1 - None found for 12/2010 - 2/2011. ◦ Individual #3 - None found for 04/2010 - 8/2010. ◦ Individual #4 - None found for 05/2010 & 10/2010. ◦ Individual #5 - None found for 06/2010, 01/2011 & 02/2011. ◦ Individual #6 – None found for 08/2010. ◦ Individual #9 – None found for 03/2010 – 07/2010 & 01/2011 – 02/2011 ◦ Individual #10 – None found for 03/2010 – 10/2010 & 12/2010 – 02/2011 ◦ Individual #12 – None found for 03/2010 & 06/2010 • Family Living (Initial) Home Study <ul style="list-style-type: none"> ◦ Individual #3 - Not Found. ◦ Individual #4 –Not Found. ◦ Individual #6 – Not Found ◦ Individual #8 – Not Found 	<p>New & Repeat Findings:</p> <p>Based on record review, the Agency failed complete all DDSD requirements for approval of each direct support provider for 1 of 14 individuals.</p> <p>The following was not found, not current and/or incomplete:</p> <ul style="list-style-type: none"> • Monthly Consultation with the Direct Support Provider <ul style="list-style-type: none"> ◦ Individual #5 - None found for 08/2011 & 09/2011.

(4) Provider Agencies must have prior written approval of the Department of Health to subcontract any service other than Respite;

NMAC 8.314.5.10 - DEVELOPMENTAL DISABILITIES HOME AND COMMUNITY-BASED SERVICES WAIVER

ELIGIBLE PROVIDERS:

I. Qualifications for community living service providers: There are three types of community living services: Family living, supported living and independent living. Community living providers must meet all qualifications set forth by the DOH/DDSD, DDW definitions and service standards.

(1) Family living service providers for adults must meet the qualifications for staff required by the DOH/DDSD, DDW service definitions and standards. The direct care provider employed by or subcontracting with the provider agency must be approved through a home study completed prior to provision of services and conducted at subsequent intervals required of the provider agency. All family living sub-contracts must be approved by the DOH/DDSD.

- Individual #9 – Not Found
- Individual #11 – Not Found

• **Family Living (Annual Update) Home Study**

- Individual #1 - Not Found
- Individual #2 – Not Found
- Individual #3 - Not Found
- Individual #4 – Not Found
- Individual #5 – Not Found
- Individual #8 – Not Found
- Individual #9 – Not Found
- Individual #10 – Not Found
- Individual #11 – Not Found

• **Current Family Living Contract**

- Individual #2 - Not Found.
- Individual #4 - Not Found.
- Individual #5 – Not Found
- Individual #6 – Not Found
- Individual #8 - Not Found.
- Individual #9 – Not Found
- Individual #10 – Not Found
- Individual #11 – Not Found

Tag # 6L13 (CoP) - CL Healthcare Reqts.	Scope and Severity Rating: E	Standard Level Deficiency
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 6. VI. GENERAL REQUIREMENTS FOR COMMUNITY LIVING</p> <p>G. Health Care Requirements for Community Living Services.</p> <p>(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, which ever comes first.</p> <p>(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.</p> <p>(3) For each individual receiving Community Living Services, the provider agency shall ensure and document the following:</p> <p>(a) Provision of health care oversight consistent with these Standards as detailed in Chapter One section III E: Healthcare Documentation by Nurses For Community Living Services, Community Inclusion Services and Private Duty Nursing Services.</p> <p>b) That each individual with a score of 4, 5, or 6 on</p>	<p>Based on record review, the Agency failed to provide documentation of annual physical examinations and/or other examinations as specified by a licensed physician for 10 of 18 individuals receiving Community Living Services.</p> <p>The following was not found, incomplete and/or not current:</p> <ul style="list-style-type: none"> • Progress Notes written by DSP or Nurses regarding Health Status, Physical Condition and Actions Taken, if applicable (#6) • Annual Physical (#7) • Dental Exam <ul style="list-style-type: none"> ◦ Individual #6 - As indicated by collateral documentation reviewed, the exam was completed on 07/27/2010. No evidence of exam results were found. ◦ Individual #7 - As indicated by the DDSD file matrix Dental Exams are to be conducted annually. No evidence of exam was found. ◦ Individual #8 – 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. ◦ Individual #15 - As indicated by the DDSD file matrix Dental Exams are to be conducted annually. No evidence of exam was found. • Vision Exam <ul style="list-style-type: none"> ◦ Individual #3 - As indicated by collateral documentation reviewed, exam was completed 	<p>Repeat Findings:</p> <p>Based on record review, the Agency failed to provide documentation of annual physical examinations and/or other examinations as specified by a licensed physician for 1 of 16 individuals receiving Community Living Services.</p> <p>The following was not found, incomplete and/or not current:</p> <ul style="list-style-type: none"> • Dental Exam <ul style="list-style-type: none"> ◦ Individual #15 - As indicated by the DDSD file matrix Dental Exams are to be conducted annually. No evidence of exam was found.

<p>the HAT, has a Health Care Plan developed by a licensed nurse.</p> <p>(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.</p> <p>(4) That an average of 3 hours of documented nutritional counseling is available annually, if recommended by the IDT.</p> <p>(5) That the physical property and grounds are free of hazards to the individual's health and safety.</p> <p>(6) In addition, for each individual receiving Supported Living or Family Living Services, the provider shall verify and document the following:</p> <p>(a) The individual has a primary licensed physician;</p> <p>(b) The individual receives an annual physical examination and other examinations as specified by a licensed physician;</p> <p>(c) The individual receives annual dental check-ups and other check-ups as specified by a licensed dentist;</p> <p>(d) The individual receives eye examinations as specified by a licensed optometrist or ophthalmologist; and</p> <p>(e) Agency activities that occur as follow-up to medical appointments (e.g. treatment, visits to specialists, changes in medication or daily routine).</p>	<p>on 08/31/2009. Follow-up was to return in one year. No evidence of follow-up found.</p> <ul style="list-style-type: none"> ◦ Individual #6 - As indicated by collateral documentation reviewed, the exam was completed on 07/20/2010. No evidence of exam results were found. ◦ Individual #9 - As indicated by collateral documentation reviewed, exam was completed 12/2009. Follow-up was to return in one year. No evidence of follow-up found. <ul style="list-style-type: none"> • Auditory Exam <ul style="list-style-type: none"> ◦ Individual #16 - As indicated by collateral documentation reviewed, exam was completed on 05/07/2009. Follow-up was to be completed in 18 months. No evidence of follow-up found. ◦ Individual #19 - As indicated by collateral documentation reviewed, exam was completed on 06/09/2009. Follow-up was to be completed in 12 months. No evidence of follow-up found. • Mammogram Exam <ul style="list-style-type: none"> ◦ Individual #2 - As indicated by collateral documentation reviewed, exam was completed on 07/02/2009. Follow-up was to be completed in 12 months. No evidence of follow-up found. • Bone Density Exam <ul style="list-style-type: none"> ◦ Individual #15 - As indicated by collateral documentation reviewed, the exam was to be done by February 2011. No evidence of exam results were found. • Blood Levels <ul style="list-style-type: none"> ◦ Individual #19 - As indicated by collateral documentation reviewed, lab work was ordered on 02/22/2011. No evidence of lab results were found. 	
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Tag # 6L25 (CoP) Residential Health & Safety (Supported Living & Family Living)	Scope and Severity Rating: F	Standard Level Deficiency
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 6. VIII. COMMUNITY LIVING SERVICE PROVIDER AGENCY REQUIREMENTS</p> <p>L. Residence Requirements for Family Living Services and Supported Living Services</p> <p>(1) Supported Living Services and Family Living Services providers shall assure that each individual's residence has:</p> <ul style="list-style-type: none"> (a) Battery operated or electric smoke detectors, heat sensors, or a sprinkler system installed in the residence; (b) General-purpose first aid kit; (c) When applicable due to an individual's health status, a blood borne pathogens kit; (d) Accessible written procedures for emergency evacuation e.g. fire and weather-related threats; (e) Accessible telephone numbers of poison control centers located within the line of sight of the telephone; (f) Accessible written documentation of actual evacuation drills occurring at least three (3) times a year. For Supported Living evacuation drills shall occur at least once a year during each shift; (g) Accessible written procedures for the safe storage of all medications with dispensing instructions for each individual that are consistent with the Assisting with Medication Administration training or each individual's ISP; and (h) Accessible written procedures for emergency placement and relocation of individuals in the event of an emergency evacuation that makes the residence unsuitable for occupancy. The emergency evacuation procedures shall address, but are not limited to, fire, chemical and/or hazardous waste spills, and flooding. 	<p>Based on observation, the Agency failed to ensure that each individual's residence met all requirements within the standard for 13 of 14 Family Living residences.</p> <p>The following items were not found, not functioning or incomplete:</p> <p>Family Living Requirements:</p> <ul style="list-style-type: none"> • Accessible written procedures for emergency evacuation e.g. fire and weather-related threats (#5, 6, 7 & 11) • Accessible telephone numbers of poison control centers located within the line of sight of the telephone (#11) • Accessible written procedures for the safe storage of all medications with dispensing instructions for each individual that are consistent with the Assisting with Medication Administration training or each individual's ISP (#1, 3, 4, 5, 7, 8 & 12) • Accessible written procedures for emergency placement and relocation of individuals in the event of an emergency evacuation that makes the residence unsuitable for occupancy. The emergency evacuation procedures shall address, but are not limited to, fire, chemical and/or hazardous waste spills, and flooding (#2, 3, 4, 6, 7, 8, 11, 12, 15, 18 &19) 	<p>Repeat Findings:</p> <p>Based on observation, the Agency failed to ensure that each individual's residence met all requirements within the standard for 6 of 14 Family Living residences.</p> <p>The following items were not found, not functioning or incomplete:</p> <p>Family Living Requirements:</p> <ul style="list-style-type: none"> • Accessible written procedures for emergency evacuation e.g. fire and weather-related threats (#7) • Accessible written procedures for emergency placement and relocation of individuals in the event of an emergency evacuation that makes the residence unsuitable for occupancy. The emergency evacuation procedures shall address, but are not limited to, fire, chemical and/or hazardous waste spills, and flooding (#6, 7, 8, 11, 12 &19)

Standard of Care	March 21 - 25, 2011 Deficiencies	January 9 - 12, 2012 Verification Survey – New and Repeat Deficiencies
Tag # 1A03 CQI System	Scope and Severity Rating: C	Completed
Tag # 1A05 (CoP) General Requirements	Scope and Severity Rating: F	Completed
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 # 1A09 Medication Delivery (MAR) - Routine Medication	Scope and Severity Rating: E	Completed
Tag # 1A09.1 Medication Delivery - PRN Medication	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 # 1A28.1 (CoP) Incident Mgt. System Personnel Training	Scope and Severity Rating: E	Completed
Tag # 1A29 Complaints / Grievances - Acknowledgement	Scope and Severity Rating: A	Completed
Tag # 1A31 (CoP) Client Rights/Human	Scope and Severity Rating: D	Completed
Tag # 1A32 & 6L14 (CoP) ISP Implementation	Scope and Severity Rating: E	Completed
Tag # 1A36 Service Coordination	Scope and Severity Rating: A	Completed
Tag # 1A37 Individual Specific Training	Scope and Severity Rating: F	Completed
Tag # 5I11 Reporting Requirements (Community Inclusion Quarterly Reports)	Scope and Severity Rating: A	Completed
Tag # 5I36 CA Reimbursement	Scope and Severity Rating: B	Completed
Tag # 6L06 (CoP) – FL Requirements	Scope and Severity Rating: E	Completed
Tag # 6L14 Residential Case File	Scope and Severity Rating: E	Completed

Tag # 6L17 Reporting Requirements (Community Living Quarterly Reports)	Scope and Severity Rating: B	Completed
Tag # 6L27 FL Reimbursement	Scope and Severity Rating: C	Completed