

SUSANA MARTINEZ, GOVERNOR



BRAD McGRATH, INTERIM SECRETARY

Date: November 1, 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](mailto:barbann1123@aol.com)

Region: Northeast  
Routine Survey: March 21 – 25, 2011  
Verification Survey #1: January 9 – 12, 2012  
Verification Survey #2: October 16 – 17, 2012  
Program Surveyed: Developmental Disabilities Waiver  
Service Surveyed: Community Living (Family Living & Independent Living) & Community Inclusion (Community Access)

Survey Type: Verification #2  
Team Leader: Nadine Romero, LBSW, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Team Members: Tony Fragua, BFA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau & Nicole Brown, MBA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Ms. Anderson;

The Division of Health Improvement/Quality Management Bureau has completed a second 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 March 21 – 25, 2012 and the Verification Survey on **January 9 - 12, 2012**. The Division of Health Improvement, Quality Management Bureau has determined your agency is in:

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

***Compliance with Conditions of Participation***

However due to the new/repeat deficiency 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,

*Nadine Romero, LBSW*

Nadine Romero, LBSW  
Team Lead/Healthcare Surveyor  
Division of Health Improvement/Quality Management Bureau



**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 – October 16 – 17, 2012

Survey Report #: Q.13.2.DDW.D4209.2.003.VER.2.306

## Survey Process Employed:

Entrance Conference Date: October 16, 2012

Present:

**R – Way, LLC**

Barbara Anderson, Executive Director  
Myra Trujillo, Office Manager  
Merlinda Romero, Service Coordinator

**DOH/DHI/QMB**

Nadine Romero, LBSW, Team Lead/Healthcare Surveyor  
Tony Fragua, BFA Healthcare Surveyor  
Nicole Brown, MBA, Healthcare Surveyor

Exit Conference Date: October 17, 2012

Present:

**R – Way, LLC**

Barbara Anderson, Executive Director  
John Acuna, Service Coordinator  
Eloy Montoya, Nurse  
Angela Medina, Office Manager  
Leslie Chacon, Operations Manager  
Brenda Solozano, Service Coordinator

**DOH/DHI/QMB**

Nadine Romero, LBSW, Team Lead/Healthcare Surveyor  
Tony Fragua, BFA, Healthcare Surveyor  
Nicole Brown, MBA, Healthcare Surveyor

Total Homes Visited Number: 5

- Family Homes Visited Number: 5

Administrative Locations Visited Number: 2 – (3205 Richards Lane, Suite B Santa Fe, New Mexico 87507 & 312 Dee Bibs Industrial Road Las Vegas, New Mexico 87701)

Total Sample Size Number: 14  
1 - Jackson Class Members  
13 - Non-Jackson Class Members  
13 - Family Living  
1 – Independent Living  
4 – Community Access

Records Reviewed (Persons Served) Number: 14

Direct Service Professionals Interviewed Number: 12

Direct Service Professionals Record Review Number: 71

Service Coordinator Record Review Number: 4

Administrative Files Reviewed

- 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.

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](mailto: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 #1:** January 9 – 12, 2012  
**Verification Survey #2:** October 16 – 17, 2012

Standard of Care	March 21 - 25, 2011 Deficiencies	January 9 - 12, 2012 Verification Survey #1 – New and Repeat Deficiencies	October 16 - 17, 2012 Verification Survey #2 – New and Repeat Deficiencies
<p><b>CMS Assurance – Health and Welfare</b> – 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.</p>			
Tag # 1A03 CQI System	Scope and Severity Rating: C	Completed	Standard Level Deficiency
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007  <b>CHAPTER 1 I. PROVIDER AGENCY ENROLLMENT PROCESS</b>  <b>I. Continuous Quality Management System:</b>            Prior to approval or renewal of a DD Waiver Provider Agreement, the Provider Agency is required to submit in writing the current Continuous Quality Improvement Plan to the DOH for approval. In addition, on an annual basis DD Waiver Provider Agencies shall develop or update and implement the Continuous Quality Improvement Plan. The CQI Plan shall be used to 1) discover strengths and challenges of the provider agency, as well as strengths, and barriers individuals experience in receiving the quality, quantity, and meaningfulness of services that he or she desires; 2) build on strengths and remediate individual and provider level issues to improve the provider's service provision over time. At a minimum the CQI Plan shall address how the agency will collect, analyze, act on data and evaluate results related to:</p>	<p>Based on record review, the Agency failed to develop and implement a functioning Continuous Quality Management System.</p> <p>Review of the Agency's Continuous Quality Improvement Plan provided during the on-site survey did not contain the components required by Standards.</p> <p>The Agency's CQI Plan did not contain the following components:</p> <ol style="list-style-type: none"> <li>(1) Individual access to needed services and supports;</li> <li>(2) Effectiveness and timeliness of implementation of Individualized Service Plans;</li> <li>(3) Trends in achievement of individual outcomes in the Individual Service Plans;</li> <li>(4) Trends in medication and medical incidents leading to adverse health events;</li> <li>(5) Trends in the adequacy of planning and coordination of healthcare supports at both supervisory and direct support levels;</li> </ol>		<p><b>New Finding:</b></p> <p>Based on record review, the Agency failed to develop and implement a Continuous Quality Management System.</p> <p>Review of the findings from the <b>October 16 – 17, 2012</b> survey found a new/repeat deficiency which either was not corrected nor addressed appropriately since the last survey.</p>

<p>(1) Individual access to needed services and supports;</p> <p>(2) Effectiveness and timeliness of implementation of Individualized Service Plans;</p> <p>(3) Trends in achievement of individual outcomes in the Individual Service Plans;</p> <p>(4) Trends in medication and medical incidents leading to adverse health events;</p> <p>(5) Trends in the adequacy of planning and coordination of healthcare supports at both supervisory and direct support levels;</p> <p>(6) Quality and completeness documentation; and</p> <p>(7) Trends in individual and guardian satisfaction.</p> <p><b>7.1.13.9 INCIDENT MANAGEMENT SYSTEM REPORTING REQUIREMENTS FOR COMMUNITY BASED SERVICE PROVIDERS:</b></p> <p><b>E. Quality Improvement System for Community Based Service Providers:</b> The community based service provider shall establish and implement a quality improvement system for reviewing alleged complaints and incidents. The incident management system shall include written documentation of corrective actions taken. The community based service provider shall maintain documented evidence that all alleged violations are thoroughly investigated, and shall take all reasonable steps to prevent further incidents. The community based service provider shall provide the following internal monitoring and facilitating quality improvement system:</p> <p>(1) community based service providers funded through the long-term services division to provide waiver services shall have current incident management policy and procedures in place, which comply with the department's current requirements;</p> <p>(2) community based service providers providing developmental disabilities services must have a designated incident management</p>	<p>(6) Quality and completeness documentation; and</p>		
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<p>coordinator in place; <b>(4)</b> community based service providers providing developmental disabilities services must have an incident management committee to address internal and external incident reports for the purpose of looking at internal root causes and to take action on identified trends or issues.</p>			
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Tag # 1A27 (CoP) Late & Failure to Report	Scope and Severity Rating: D	Standard Level Deficiency	Standard Level Deficiency
<p><b>7.1.13.9 INCIDENT MANAGEMENT SYSTEM REPORTING REQUIREMENTS FOR COMMUNITY BASED SERVICE PROVIDERS:</b></p> <p><b>A. Duty To Report:</b></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>B. Notification: (1) Incident Reporting:</b> 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, <a href="http://dhi.health.state.nm.us/elibrary/ironline/ir.php">http://dhi.health.state.nm.us/elibrary/ironline/ir.php</a> 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"> <li>Incident date 6/20/2010. Allegation was Law Enforcement Involvement. Incident report was received 6/9/2010. Late Reporting. IMB Late &amp; Failure Report indicated incident of Neglect was "Confirmed."</li> </ul> <p>Individual #21</p> <ul style="list-style-type: none"> <li>Incident date 10/10/2010. Allegation was Emergency Services Incident report was received 10/13/2010. Late Reporting. IMB Late &amp; Failure Report indicated incident of Neglect was "Confirmed."</li> </ul>	<p><b>New &amp; Repeat Findings:</b></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"> <li>Incident date 09/11/2011. Allegation was Emergency Services Incident report was received 09/16/2011. Late Reporting. IMB Late &amp; Failure Report indicated incident of Neglect was "Confirmed."</li> </ul> <p>Individual #22</p> <ul style="list-style-type: none"> <li>Incident date 08/20/2011. Allegation was Emergency Services. Incident report was received 08/24/2011. Late Reporting. IMB Late &amp; Failure Report indicated incident of Neglect was "Confirmed."</li> </ul>	<p><b>New &amp; Repeat Findings:</b></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 23 individuals.</p> <p>Individual #23</p> <ul style="list-style-type: none"> <li>Incident date 02/11/2012. Allegation was Neglect. Incident report was received 02/13/2012. Late Reporting. IMB Late &amp; Failure Report indicated incident of Neglect was "Confirmed."</li> </ul> <p>Individual #24</p> <ul style="list-style-type: none"> <li>Incident date 05/22/2012. Allegation was Neglect. Incident report was received 05/29/2012. Failure to Report. IMB Late &amp; Failure Report indicated incident of Neglect was "Confirmed."</li> </ul>

Standard of Care	March 21 - 25, 2011 Deficiencies	January 9 - 12, 2012 Verification Survey #1 – New and Repeat Deficiencies	October 16 – 17, 2012 Verification Survey #2 – New and Repeat Deficiencies
<b>CMS Assurance – Service Plans: ISP Implementation</b> – Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan.			
Tag # 1A08 Agency Case File	Scope and Severity Rating: B	Completed	NA
Tag # 1A08.1 Agency Case File - Progress Notes	Scope and Severity Rating: B	Completed	NA
Tag # 1A32 & 6L14 (CoP) ISP Implementation	Scope and Severity Rating: E	Completed	NA
Tag # 5I11 Reporting Requirements (Community Inclusion Quarterly Reports)	Scope and Severity Rating: A	Completed	NA
Tag # 6L14 Residential Case File	Scope and Severity Rating: E	Completed	NA
Tag # 6L17 Reporting Requirements (Community Living Quarterly Reports)	Scope and Severity Rating: B	Completed	NA
<b>CMS Assurance – Qualified Providers</b> – The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.			
Tag # 1A11.1 (CoP) Transportation Training	Scope and Severity Rating: E	Standard Level Deficiency	Completed
Tag # 1A20 DSP Training Documents	Scope and Severity Rating: E	Completed	NA
Tag # 1A22 Staff Competence	Scope and Severity Rating: D	Completed	NA
Tag # 1A25 (CoP) CCHS	Scope and Severity Rating: E	Condition of Participation Level Deficiency	Completed
Tag # 1A26 (CoP) COR / EAR	Scope and Severity Rating: E	Standard Level Deficiency	Completed
Tag # 1A28.1 (CoP) Incident Mgt. System Personnel Training	Scope and Severity Rating: E	Completed	NA
Tag # 1A36 Service Coordination	Scope and Severity Rating: A	Completed	NA
Tag # 1A37 Individual Specific Training	Scope and Severity Rating: F	Completed	NA

**CMS Assurance – Health and Welfare** – *The state, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.*

Tag # 1A05 (CoP) General Requirements	Scope and Severity Rating: F	Completed	NA
Tag # 1A09 Medication Delivery (MAR) - Routine Medication	Scope and Severity Rating: E	Completed	NA
Tag # 1A09.1 Medication Delivery - PRN Medication	Scope and Severity Rating: D	Completed	NA
Tag # 1A28.2 (CoP) Incident Mgt. System - Parent/Guardian Training	Scope & Severity Rating: E	Standard Level Deficiency	Completed
Tag # 1A29 Complaints / Grievances - Acknowledgement	Scope and Severity Rating: A	Completed	NA
Tag # 1A31 (CoP) Client Rights/Human	Scope and Severity Rating: D	Completed	NA
Tag # 6L06 (CoP) – FL Requirements	Scope and Severity Rating: E	Standard Level Deficiency	Completed
Tag # 6L13 (CoP) - CL Healthcare Reqts.	Scope and Severity Rating: E	Standard Level Deficiency	Completed
Tag # 6L25 (CoP) Residential Health & Safety (Supported Living & Family Living)	Scope and Severity Rating: F	Standard Level Deficiency	Completed
<b>CMS Assurance – Medicaid Billing/Reimbursement/Financial Accountability</b> – <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 CA Reimbursement	Scope and Severity Rating: B	Completed	NA
Tag # 6L27 FL Reimbursement	Scope and Severity Rating: C	Completed	NA

Date: September 09, 2013

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](mailto:barbann1123@aol.com)

Region: Northeast  
Routine Survey: March 21 – 25, 2011  
Verification Survey#1: January 9 – 12, 2012  
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Program Surveyed: Developmental Disabilities Waiver  
Service Surveyed: Community Living (Family Living & Independent Living) & Community Inclusion (Community Access)  
Survey Type: Verification #2

Dear Ms. Anderson;

The Division of Health Improvement/Quality Management Bureau has received and reviewed the supporting documents you submitted for your Plan of Correction.

**The Plan of Correction process is being closed INCOMPLETE.**

A Routine Survey of your Agency, conducted on May 28-June 3, 2013, indicates that your agency has not sustained on-going Quality Assurance/Quality Improvement (QA/QI) processes as outlined in your Plan of Correction. Based on the findings of the Routine Survey conducted on May 28-June 3, 2013, the Plan of Correction for the Routine Survey conducted on March 21-25, 2011 and the subsequent Verification surveys conducted on January 9-12, 2012 and October 16-17, 2012 will be closed INCOMPLETE. The Internal Review Committee will continue to monitor your agency's compliance with standards and regulations and implementation of your on-going QA/QI processes through the new POC for the most recent survey conducted on May 28-June 3, 2013.

Thank you for your continued cooperation with the Plan of Correction process.

Sincerely,

*Crystal Lopez-Beck*

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

Q.14.1.DDW.D4209.2.003.VER.09.252