



SUSANA MARTINEZ, GOVERNOR

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

Date: May 3, 2012

To: Kathy Chavez, Executive Director
Provider: Silver Lining Services, LLC
Address: 1447 East Roosevelt, Grants
State/Zip: New Mexico, 87020

E-mail Address: kchavez@7cities.net

Region: Northwest
Routine Survey: June 6 – 10, 2011
Verification Survey: February 13 – 14, 2012
Program Surveyed: Developmental Disabilities Waiver
Service Surveyed: Community Living (Family Living) & Community Inclusion (Adult Habilitation & Community Access)

Survey Type: Verification
Team Leader: Tony Fragua, BFA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau
Team Members: Jennifer Bruns, BSW, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Ms. Kathy Chavez:

In review of your Report of Findings the Division of Health Improvement/Quality Management Bureau has discovered a blank entry on page 6 Tag # 1A32 & 6L14 (CoP) ISP Implementation. In an oversight we failed to note that the particular deficiencies in that area were completed. After review of information we have determined the tag was completed. Hence, we are issuing you a corrected version of your verification survey report.

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 *June 6 - 10, 2011*. There were no deficiencies noted. The Routine Survey and subsequent Plan of Correction process is now complete. The Division of Health Improvement, Quality Management Bureau has determined your agency is in:

Compliance with Conditions of Participation

This concludes your Survey process. 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,

Valerie V. Valdez, M.S



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

Survey Process Employed:

Entrance Conference Date: February 13, 2012

Present:

Silver Lining Services, LLC

Kathy Chavez, Executive Director
Jacqueline Jaramillo, Program Manager
Bernadine Leekela, Program Coordinator
Tony Osborn, RN
Elizabeth Garcia, Community Living Coordinator

DOH/DHI/QMB

Tony Fragua, BFA, Team Lead/Healthcare Surveyor
Jennifer Bruns, BSW, Healthcare Surveyor

Exit Conference Date: February 14, 2012

Present:

Silver Lining Services, LLC

Bernadine Leekela, Service Coordinator
Jacqueline Jaramillo, Program Manager

DOH/DHI/QMB

Tony Fragua, BFA, Team Lead/Healthcare Surveyor
Jennifer Bruns, BSW, Healthcare Surveyor

Total Homes Visited Number: 2

❖ Family Homes Visited Number: 2

Administrative Locations Visited Number: 1

Total Sample Size Number: 6
1 - *Jackson* Class Members
5 - Non-*Jackson* Class Members
4 - Family Living
6 - Adult Habilitation
2 - Community Access

Records Reviewed (Persons Served) Number: 6

Direct Service Professionals Record Review Number: 33

Service Coordinator Record Review Number: 2

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.
 - 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.

Agency: Silver Lining Services, LLC - Northwest Region
Program: Developmental Disabilities Waiver
Service: Community Living (Family Living) & Community Inclusion (Adult Habilitation & Community Access)
Monitoring Type: Verification Survey
Routine Survey: June 6 – 10, 2011
Verification Survey: February 13 – 14, 2012

| Standard of Care | June 6 - 10, 2011 Deficiencies | February 13 - 14, 2012 Verification Survey – New and Repeat Deficiencies |
|---|--------------------------------|--|
| Tag # 1A08 Agency Case File | 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 # 1A11.1 (CoP) Transportation Training | Scope and Severity Rating: D | Completed |
| Tag # 1A15.2 & 5I09 - Healthcare Documentation | Scope and Severity Rating: E | Completed |
| Tag # 1A20 DSP Training Documents | Scope and Severity Rating: E | Completed |
| Tag # 1A22 Staff Competence | Scope and Severity Rating: E | Completed |
| Tag # 1A26 (CoP) COR / EAR | Scope and Severity Rating: D | Completed |
| Tag # 1A27 (CoP) Late & Failure to Report | Scope and Severity Rating: D | Completed |
| Tag # 1A28.1 (CoP) Incident Mgt. System - Personnel Training | Scope and Severity Rating: D | Completed |
| Tag # 1A31 (CoP) Client Rights/Human Rights | Scope and Severity Rating: D | Completed |
| Tag # 1A32 & 6L14 (CoP) ISP Implementation | Scope and Severity Rating: D | Completed |
| Tag # 1A33 Board of Pharmacy - Med Storage | Scope and Severity Rating: E | Completed |

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|--|------------------------------|-----------|
| Tag # 1A37 Individual Specific Training | Scope and Severity Rating: E | Completed |
| Tag # 5I36 CA Reimbursement | Scope and Severity Rating: A | Completed |
| Tag # 5I44 AH Reimbursement | Scope and Severity Rating: B | Completed |
| Tag # 6L06 (CoP) - FL Requirements | Scope and Severity Rating: D | Completed |
| Tag # 6L13 (CoP) - CL Healthcare Reqts. | Scope and Severity Rating: E | Completed |
| Tag # 6L14 Residential Case File | Scope and Severity Rating: E | Completed |
| Tag # 6L25 (CoP) Residential Health & Safety (Supported Living & Family Living) | Scope and Severity Rating: E | Completed |
| Tag # 6L27 FL Reimbursement | Scope and Severity Rating: B | Completed |