



Alfredo Vigil, MD
Secretary

DEPARTMENT OF

Building a Healthy New Mexico!

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Deputy Secretary

Karen Armitage, MD
Chief Medical Officer

Date: February 9, 2009

To: Mark Dubois, Executive Director

Provider: Supporting Hands, Inc.
Address: 2601 Wyoming NE, Suite 102
State/Zip: Albuquerque, New Mexico 87112

Region: Metro

Survey Date: January 13, 2009

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: Community Living (Supported Living) & Community Inclusion (Adult Habilitation)

Survey Type: Plan of Correction Verification Survey

Team Leader: Crystal Lopez-Beck, BA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

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

Report #: Q09.03.75129027.METRO.001.VS.01

Dear Mr. Dubois,

The Division of Health Improvement Quality Management Bureau has completed a Plan of Correction 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 June 30 – July 2, 2008. These findings will be reviewed by the DOH – Internal Review Committee during an upcoming review meeting. The findings are attached.

Request for Informal Reconsideration of Findings (IRF):

If you disagree with a determination of noncompliance (finding) you have 10 working days upon receipt of this notice to request an IRF. Submit your request for an IRF in writing to:

QMB Deputy Bureau Chief
5301 Central Ave NE Suite #900
Albuquerque, NM 87108
Attention: IRF request

A request for an IRF will not delay the implementation of your Plan of Correction which must be completed within 45 working days. Providers may not appeal the nature or interpretation of the standard or regulation, the team composition, sampling methodology or the Scope and Severity of the finding.

If the IRF approves the change or removal of a finding, you will be advised of any changes.

This IRF process is separate and apart from the Informal Dispute Resolution (IDR) and Fair Hearing Process for Sanctions from DOH.

Please call the Team Leader at 505-222-6625, if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,

Crystal Lopez-Beck

Crystal Lopez-Beck, BA
Team Lead/Health Care Surveyor
Division of Health Improvement
Quality Management Bureau

Survey Process Employed:

Entrance Conference Date: January 13, 2009

Present: **Supporting Hands, Inc.**
Rebekah Zaring, Service Coordinator

DOH/DHI/QMB
Crystal Lopez-Beck, BA, Team Lead/Healthcare Surveyor
Nadine Romero, LBSW, Healthcare Surveyor

Exit Conference Date: Not held. No one from the Agency was available, to complete exit on 1/13/2009. A message was left with Rebekah Zaring, Service Coordinator, to inform her, the exit meeting would be held the afternoon of 1/13/09 at the Supporting Hands Office. However, when surveyors arrived at the office there was no one there and Ms. Zaring did not return the phone call.

Homes Visited Number: 3

Administrative Locations Visited Number: 1

Total Sample Size Number: 5
5 - Supported Living
2 - Adult Habilitation

Records Reviewed (Persons Served) Number: 5

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
- Nursing personnel files
- Evacuation Drills
- Quality Improvement/Quality Assurance Plan

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

Provider Instructions for Completing the QMB Plan of Correction (POC) Process

- After a QMB Quality Review, your Survey Report will be sent to you via certified mail. You may request that it also be sent to you electronically by calling George Perrault, Plan of Correction Coordinator at 505-222-8624.
- Within 10 business days of the date you received survey report, you must develop and send your Plan of Correction response to the QMB office. (Providers who do not pick up their mail will be referred to the Internal Review Committee [IRC]).
- For each Deficiency in your Survey Report, include specific information about HOW you will correct each Deficiency, WHO will fix each Deficiency (“Responsible Party”) and by WHEN (“Date Due”).
- Your POC must not only address HOW, WHO and WHEN each Deficiency will be corrected, but must also address overall systemic issues to prevent the Deficiency from reoccurring, i.e., Quality Assurance (QA). Your description of your QA must include specifics about your self-auditing processes, such as HOW OFTEN you will self-audit, WHO will do it, and WHAT FORMS will be used.
- Corrective actions should be incorporated into your agency’s Quality Assurance/Quality Improvement policies and procedures.
- You may send your POC response electronically to George.Perrault@state.nm.us, by fax (505-841-5815), or by postal mail.
- Do not send supporting documentation to QMB until after your POC has been approved by QMB.
- QMB will notify you if your POC has been “Approved” or “Denied”.
- Whether your POC is “Approved” or “Denied”, you have a maximum of 45 business days to correct all survey Deficiencies from the date of receipt of your Survey Report. If your POC is “Denied” it must be revised and resubmitted ASAP, as the 45 working day limit is in effect. Providers whose revised POC is denied will be referred to the IRC.
- The POC must be completed on the official QMB Survey Report and Plan of Correction Form, unless approved in advance by the POC Coordinator.
- The following Deficiencies must be corrected within the deadlines below (after receipt of your Survey Report):
 - CCHS and EAR: 10 working days
 - Medication errors: 10 working days
 - IMS system/training: 20 working days
 - ISP related documentation: 30 working days
 - DDSD Training 45 working days
- If you have questions about the POC process, call the QMB POC Coordinator, George Perrault at 505-222-8624 for assistance.
- For Technical Assistance (TA) in developing or implementing your POC, contact your local DDSD Regional Office.
- Once your POC has been approved by QMB, the POC may not be altered or the dates changed.

- Requests for an extension or modification of your POC (post approval) must be made in writing and submitted to the POC Coordinator at QMB, and are approved on a case-by case basis.
- When submitting supporting documentation, organize your documents by Tag #s, and annotate or label each document using Individual #s.
- Do not submit original documents, copies are fine. Originals must be maintained in the agency/client file(s) as per DDS Standards.
- Failure to submit, complete or implement your POC within the required timeframes will result in a referral to the IRC and the possible imposition of a \$200 per day Civil Monetary Penalty until it is received, completed and/or implemented.

QMB Scope and Severity Matrix of survey results

Each deficiency in your Report of Findings is scored on a Scope and Severity Scale. The culmination of each deficiency’s Scope and Severity is used to determine degree of compliance to standards and regulations and level of QMB Certification.

			SCOPE		
			Isolated 01% - 15%	Pattern 16% - 79%	Widespread 80% - 100%
SEVERITY	High Impact	Immediate Jeopardy to individual health and or safety	J.	K.	L.
		Actual harm	G.	H.	I.
	Medium Impact	No Actual Harm Potential for more than minimal harm	D.	E.	F. (3 or more)
			D. (2 or less)		F. (no conditions of participation)
	Low Impact	No Actual Harm Minimal potential for harm.	A.	B.	C.

Scope and Severity Definitions:

Key to Scope scale:

Isolated:

A deficiency that is limited to 1% to 15% of the sample, usually impacting no more than one or two individuals in the sample.

Pattern:

A deficiency that impacts a number or group of individuals from 16% to 79% of the sample is defined as a pattern finding. Pattern findings suggest the need for system wide corrective actions.

Widespread:

A deficiency that impacts most or all (80% to 100%) of the individuals in the sample is defined as widespread or pervasive. Widespread findings suggest the need for system wide corrective actions as well as the need to implement a Continuous Quality Improvement process to improve or build infrastructure. Widespread findings must be referred to the Internal Review Committee for review and possible actions or sanctions.

Key to Severity scale:

Low Impact Severity: (Blue)

Low level findings have no or minimal potential for harm to an individual. Providers that have no findings above a “C” level may receive a “Quality” Certification approval rating from QMB.

Medium Impact Severity: (Tan)

Medium level findings have a potential for harm to an individual. Providers that have no findings above a “F” level and/or no more than two F level findings and no F level Conditions of Participation may receive a “Merit” Certification approval rating from QMB.

High Impact Severity: (Green or Yellow)

High level findings are when harm to an individual has occurred. Providers that have no findings above “I” level may only receive a “Standard” Approval rating from QMB and will be referred to the IRC.

High Impact Severity: (Yellow)

“J, K, and L” Level findings:

This is a finding of Immediate Jeopardy. If a provider is found to have “I” level findings or higher, with an outcome of Immediate Jeopardy, including repeat findings or Conditions of Participation they will be referred to the Internal Review Committee.

Guidelines for the Provider Informal Reconsideration of Finding (IRF) Process

Introduction:

Throughout the process, surveyors are openly communicating with providers. Open communication means that surveyors have clarified issues and/or requested missing information before completing the review. Regardless, there may still be instances where the provider disagrees with a specific finding.

To informally dispute a finding the provider must request in writing an Informal Reconsideration of the Finding (IRF) to the QMB Deputy Bureau Chief **within 10 working days** of receipt of the final report.

The written request for an IRF must be completed on the **QMB Request for Informal Reconsideration of Finding Form** (available on the QMB website) and must specify in detail the request for reconsideration and why the finding is inaccurate. **The IRF request must include all supporting documentation or evidence that was not previously reviewed during the survey process.**

The following limitations apply to the IRF process:

- The request for an IRF and all supporting evidence must be received in 10 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 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 Scope and Severity of a finding.
- 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 QMB Quality Approval Rating and the length of their DDSD provider contract.

A Provider forfeits the right to an IRF if the request is not made within 10 working days of receiving the report and does not include all supporting documentation or evidence to show compliance with the standards and regulations.

QMB has 30 working days to complete the review and notify the provider of the decision. The request will be reviewed by the IRF committee. 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 successfully reconsidered, it will be noted and will be removed or modified from the report. 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.

Administrative Review Process:

If a Provider desires to challenge the decision of the IRF committee they may request an Administrative Review by the DHI and DDSD Director. The Request must be made in writing to the QMB Bureau Chief and received within 5 days of notification from the IRF decision.

Regarding IRC Sanctions:

The Informal Reconsideration of the Finding process is a separate process specific to QMB Survey Findings and should not be confused with any process associated with IRC Sanctions.

If a Provider desires to Dispute or Appeal an IRC Sanction that is a separate and different process. Providers may choose the Informal Dispute Resolution Process or the Formal Medicaid Fair Hearing Process to dispute or appeal IRC sanctions, please refer to the DOH Sanction policy and section 39 of the provider contract agreement.

Agency: Supporting Hands - Metro Region
Program: Developmental Disabilities Waiver
Service: Community Living (Supported Living) & Community Inclusion (Adult Habilitation)
Monitoring Type: Plan of Correction Verification Survey
Date of Original Survey: June 30 - July 2, 2008
Date of POC Verification Survey: January 13, 2009

Statute	June 30 - July 2, 2008 Deficiencies	January 13, 2009 Plan of Correction Verification Survey (New & Repeat Deficiencies)
Tag # 1A03 CQI System	Scope and Severity Rating: C	Scope and Severity Rating: N/A
Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007 CHAPTER 1 I. PROVIDER AGENCY ENROLLMENT PROCESS I. Continuous Quality Management System: 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: (1) Individual access to needed services and supports; (2) Effectiveness and timeliness of implementation of Individualized Service Plans;	Based on record review, the Agency failed to update and implement their Continuous Quality Management System on an annual basis. The copy of the Quality Improvement Plan provided during the survey was not signed nor dated with either a current date or past dates indicating it had been updated.	Completed

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| <ul style="list-style-type: none">(3) Trends in achievement of individual outcomes in the Individual Service Plans;(4) Trends in medication and medical incidents leading to adverse health events;(5) Trends in the adequacy of planning and coordination of healthcare supports at both supervisory and direct support levels;(6) Quality and completeness documentation; and(7) Trends in individual and guardian satisfaction. | | |
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Tag # 1A07 SSI Payments	Scope and Severity Rating: C	Scope and Severity Rating: N/A
<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>C. Provider Agency Financial Records and Accounting: Each individual served will be presumed able to manage his or her own funds unless the ISP documents justified limitations or supports for self-management, and where appropriate, reflects a plan to increase this skill. All Provider Agencies shall maintain and enforce written policies and procedures regarding the use of the individual's SSI payments or other personal funds, including accounting for all spending by the Provider Agency, and outlining protocols for fulfilling the responsibilities as representative payee if the agency is so designated for an individual.</p>	<p>Based on record review and interview, the Agency failed to maintain and enforce written policies and procedures regarding the use of individuals' SSI payments or other personal funds.</p> <p>On 06/30/2008 surveyors requested the Agency's policy and procedure on the use of individuals' SSI payments or other personal funds. As of 07/03/2008 no policy or procedure regarding individual's SSI payments or other personal funds had been provided.</p> <p>During the on-site survey, surveyors made numerous attempts to verbally acquire the information, nevertheless, the Executive Director (#14) did not make himself available to the surveyors.</p> <p>When surveyors asked the Service Coordinator (#13) how many individuals the Agency provided Rep Payee services to, #13 stated, "Supporting Hands provided Rep Payee for 4 of 5 of the individuals served."</p>	<p>Completed</p>

Tag # 1A08 Agency Case File	Scope and Severity Rating: B	Scope and Severity Rating: N/A
<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>D. Provider Agency Case File for the Individual: All Provider Agencies shall maintain at the administrative office a confidential case file for each individual. Case records belong to the individual receiving services and copies shall be provided to the receiving agency whenever an individual changes providers. The record must also be made available for review when requested by DOH, HSD or federal government representatives for oversight purposes. The individual's case file shall include the following requirements:</p> <ol style="list-style-type: none"> (1) Emergency contact information, including the individual's address, telephone number, names and telephone numbers of relatives, or guardian or conservator, physician's name(s) and telephone number(s), pharmacy name, address and telephone number, and health plan if appropriate; (2) The individual's complete and current ISP, with all supplemental plans specific to the individual, and the most current completed Health Assessment Tool (HAT); (3) Progress notes and other service delivery documentation; (4) Crisis Prevention/Intervention Plans, if there are any for the individual; (5) A medical history, which shall include at least demographic data, current and past 	<p>Based on record review, the Agency failed to maintain at the administrative office a confidential case file for 2 of 5 individuals.</p> <p>Review of the Agency individual case files revealed the following items were missing, incomplete, and/or not current:</p> <ul style="list-style-type: none"> • ISP Signature Page (#1) • Addendum A (#1) • Dental Exam (#1 & 4) • Auditory Exam (#1) 	<p>Completed</p> <ul style="list-style-type: none"> • ISP Signature Page (#1) <ul style="list-style-type: none"> • Individual #1 - Complete • Addendum A (#1) <ul style="list-style-type: none"> • Individual #1 - Complete • Dental Exam (#1 & 4) <ul style="list-style-type: none"> • Individual #1 - Complete • Individual #4 - Complete • Auditory Exam (#1) <ul style="list-style-type: none"> • Individual #1 - Complete

<p>medical diagnoses including the cause (if known) of the developmental disability, psychiatric diagnoses, allergies (food, environmental, medications), immunizations, and most recent physical exam;</p> <p>(6) When applicable, transition plans completed for individuals at the time of discharge from Fort Stanton Hospital or Los Lunas Hospital and Training School; and</p> <p>(7) Case records belong to the individual receiving services and copies shall be provided to the individual upon request.</p> <p>(8) The receiving Provider Agency shall be provided at a minimum the following records whenever an individual changes provider agencies:</p> <ul style="list-style-type: none"> (a) Complete file for the past 12 months; (b) ISP and quarterly reports from the current and prior ISP year; (c) Intake information from original admission to services; and (d) When applicable, the Individual Transition Plan at the time of discharge from Los Lunas Hospital and Training School or Ft. Stanton Hospital. 		
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Tag # 1A08 Agency Case File - Progress Notes	Scope & Severity Rating: C	Scope and Severity Rating: N/A
<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>D. Provider Agency Case File for the Individual: All Provider Agencies shall maintain at the administrative office a confidential case file for each individual. Case records belong to the individual receiving services and copies shall be provided to the receiving agency whenever an individual changes providers. The record must also be made available for review when requested by DOH, HSD or federal government representatives for oversight purposes. The individual's case file shall include the following requirements:</p> <p>(3) Progress notes and other service delivery documentation;</p>	<p>Based on record review the Agency failed to maintain progress notes and other service delivery documentation for 5 of 5 Individuals.</p> <p>Current Community Living Progress Notes/Daily Contact Logs</p> <ul style="list-style-type: none"> • Individual #1 - None found for March 5 & 27; April 8 & 19 & May 16 & 9, 2008. • Individual #2 - None found for April 13, 14 & 27, 2008. • Individual # 3 - None found for April 8, 2008. • Individual #4 - None found for May 25 - 28, 2008. • Individual #5 - None found for March 4, 13 & 27; April 1; & May 16 & 22, 2008. <p>Current Adult Habilitation Progress Notes/Daily Contact Logs</p> <ul style="list-style-type: none"> • Individual #1 - None found for March 3 -7, 10, 14, 20, 21, 24 - 28 & 31; April 1 - 4, 7 - 11, 14 - 18 & 21; May 1, 2, 5, 6, 8, 9, 12 - 16, 19 - 22 & 28 - 30, 2008. • Individual #3 - None found for March 29 & 30, 2008. 	<p>Completed</p> <p>Current Community Living Progress Notes/Daily Contact Logs</p> <ul style="list-style-type: none"> • Individual #1 - Complete • Individual #2 - Complete • Individual # 3 - Complete • Individual #4 - Complete • Individual #5 - Complete <p>Current Adult Habilitation Progress Notes/Daily Contact Logs</p> <ul style="list-style-type: none"> • Individual #1 - Complete • Individual #3 – Complete

Tag # 1A09 Medication Delivery - Physician Orders	Scope and Severity Rating: F	Scope and Severity Rating: D
<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>E. Medication Delivery: Provider Agencies that provide Community Living, Community Inclusion or Private Duty Nursing services shall have written policies and procedures regarding medication(s) delivery and tracking and reporting of medication errors in accordance with DDSO Medication Assessment and Delivery Policy and Procedures, the Board of Nursing Rules and Board of Pharmacy standards and regulations.</p> <p>(1) All twenty-four (24) hour residential home sites serving two (2) or more unrelated individuals shall be licensed by the Board of Pharmacy, per current regulations.</p> <p>(2) When required by the DDSO Medication Assessment and Delivery Policy, Medication Administration Records (MAR) shall be maintained and include:</p> <p>(a) The name of the individual, a transcription of the physician's written or licensed health care provider's prescription including the brand and generic name of the medication, diagnosis for which the medication is prescribed;</p> <p>(b) Prescribed dosage, frequency and method/route of administration, times and dates of administration;</p>	<p>Based on record review the Agency failed to provide physician's orders for 5 of 5 individuals.</p> <p>Multiple requests were made during the on-site week of June 30, 2008. As of July 18, 2008 no physician's orders were provided.</p>	<p>(New Finding) Based on record review, the Agency failed to provide physician's orders for 1 of 5 individuals.</p> <p>Individual #1 – Complete</p> <p>Individual #2 – Complete</p> <p>Individual #3 (New Finding)</p> <ul style="list-style-type: none"> • No Physician's Orders were found for Lactulose Sol 10mg. Per Medication Administration Record individual is to receive two tablespoons daily. <p>Individual #4 – Complete</p> <p>Individual #5 - Complete</p>

- (c) Initials of the individual administering or assisting with the medication;
- (d) Explanation of any medication irregularity;
- (e) Documentation of any allergic reaction or adverse medication effect; and
- (f) For PRN medication, an explanation for the use of the PRN medication shall include observable signs/symptoms or circumstances in which the medication is to be used, and documentation of effectiveness of PRN medication administered.

CHAPTER 1. V. DEPARTMENT OF HEALTH INSPECTIONS AND SANCTIONS FOR NON-COMPLIANCE

A. Quality Assurance Reviews: All Provider Agencies shall permit the DOH to review the quality of care and services in accordance with Quality Management System and Review Requirements for Provider Agencies of Community-Based Services (7.14.2 NMAC).

B. On-Site Inspections: All Provider Agencies shall submit to and cooperate with announced and unannounced inspection or survey and complaint investigations conducted by the DOH in order to receive or maintain a DDSD Waiver agreement and/or a contract with the DOH. The Provider Agency shall give the DOH immediate or reasonable access to all records required by these standards. The Provider Agency shall permit the DOH to have private interviews with individuals and staff.

Tag # 1A09 Medication Delivery	Scope and Severity Rating: F	Scope and Severity Rating: D
<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>E. Medication Delivery: Provider Agencies that provide Community Living, Community Inclusion or Private Duty Nursing services shall have written policies and procedures regarding medication(s) delivery and tracking and reporting of medication errors in accordance with DDS Medication Assessment and Delivery Policy and Procedures, the Board of Nursing Rules and Board of Pharmacy standards and regulations.</p> <p>(1) All twenty-four (24) hour residential home sites serving two (2) or more unrelated individuals shall be licensed by the Board of Pharmacy, per current regulations.</p> <p>(2) When required by the DDS Medication Assessment and Delivery Policy, Medication Administration Records (MAR) shall be maintained and include:</p> <p>(a) The name of the individual, a transcription of the physician's written or licensed health care provider's prescription including the brand and generic name of the medication, diagnosis for which the medication is prescribed;</p> <p>(b) Prescribed dosage, frequency and method/route of administration, times and dates of administration;</p> <p>(c) Initials of the individual administering or</p>	<p>Based on record review the Agency failed to follow written policies and procedures regarding medication(s) delivery and tracking and reporting of medication errors in accordance with DDS Medication Assessment and Delivery Policy and Procedures, the Board of Nursing Rules and Board of Pharmacy standards and regulations for 5 of 5 individuals.</p> <p>Individual #1 No documentation on MAR indicating reason for missing entries:</p> <p>February 2008</p> <ul style="list-style-type: none"> • Lorazepam 2.0 mg. - 3 times daily - 2/23 & 27. • Omega 3 Fish Oil - 2 times daily - 2/10, 11, 12, 13, 14, 15, 16 & 17. • Fiber Choice 1 time daily – 2/15, 16, & 17. <p>March 2008</p> <ul style="list-style-type: none"> • Risperdal 0.5 mg. - 3 times daily – 3/28. • Multi-Vitamin 1 tablet once a day - 3/25, 26, 27, 28, 29, 30 & 31. • Omega 3 Fish Oil Caps - 2 times daily - 3/7. <p>April 2008</p> <ul style="list-style-type: none"> • Risperdal 1.0 mg. - 3 times daily - 4/18, 19 & 20. • Multi-Vitamin 1 time daily - 4/1, 2, 3 & 4. <p>February, March & April, 2008 MARS did not indicate the diagnosis the medications were prescribed for :</p> <ul style="list-style-type: none"> • Clonidine HCL 0.1mg • Risperdal 0.5mg • Gabapentin 300mg • Lorazepam 2.0mg • Multi-Vitamin • Omega 3, Fish Oil Caps • Fiber Choice <p>Individual #2 No documentation on MAR indicating reason for</p>	<p>(Repeat & New Findings) Medication Administration Records were reviewed for the months of November, December 2008 & January 2009.</p> <p>Based on record review, 1 of 5 individuals had Medication Administration Records, which contained missing medication entries or other errors:</p> <p>Individual #1 (Repeat & New Finding) No documentation on MAR indicating reason for missing entries:</p> <p>November 2008</p> <ul style="list-style-type: none"> • Omega 3 Fish Oil - 2 times daily – Blank 11/1, 15 & 29, 2008. <p>December 2008</p> <ul style="list-style-type: none"> • Omega 3 Fish Oil - 2 times daily – Blank 12/8 & 20 (8 AM dose) & 12/10, 18 & 19 (8 PM dose). • Colace 100mg – 2 times daily - Blank 12/18 (8 PM dose). • Risperdal 3mg – 2 times daily - Blank 12/18 (8 PM dose). • Clonidine HCL 0.2mg – 3 times daily – Blank 12/18 (8 PM dose). • Lorazepam 1.0 – 3 times daily – Blank 12/18 (8 PM dose). <p>Individual #2 – Complete</p> <p>Individual #3 - Complete</p> <p>Individual #4 – Complete</p> <p>Individual #5 – Complete</p>

<p>assisting with the medication;</p> <p>(d) Explanation of any medication irregularity;</p> <p>(e) Documentation of any allergic reaction or adverse medication effect; and</p> <p>(f) For PRN medication, an explanation for the use of the PRN medication shall include observable signs/symptoms or circumstances in which the medication is to be used, and documentation of effectiveness of PRN medication administered.</p> <p>(3) The Provider Agency shall also maintain a signature page that designates the full name that corresponds to each initial used to document administered or assisted delivery of each dose;</p> <p>(4) MARs are not required for individuals participating in Independent Living who self-administer their own medications;</p> <p>(5) Information from the prescribing pharmacy regarding medications shall be kept in the home and community inclusion service locations and shall include the expected desired outcomes of administering the medication, signs and symptoms of adverse events and interactions with other medications;</p>	<p>missing entries:</p> <p>February 2008</p> <ul style="list-style-type: none"> • Lipitor 40 mg. - 1 time daily – 2/15. • Nasalide 0.025% Flunisolide - 1 time daily – 2/15, 16 & 17. • Multi-Vitamin -1 time daily – 2/15 & 16. • Clonazepam 1mg. - 3 times daily - 2/15, 16 & 17. • Zyprexa 20mg. - 1 time daily - 2/15 & 20 • Docusate Sodium 100mg -1 time daily - 2/15 & 16. • Effexor XR 75 mg. - 1 time daily – 2/15. • Effexor XR 150mg. - 1 time daily – 2/15 & 16. • Setraline HCL 25mg. - 1 time daily – 2/15 & 16. • Setraline HCL 100mg. -1 time daily - 2/15 & 16. • Zyprexa 15 mg. - 1 time daily – 2/15 & 20. <p>March 2008</p> <ul style="list-style-type: none"> • Ear Wax Drops 6.5% 4 drops in each ear on Saturdays only - 3/22. • Multi-Vitamin -1 time daily - 3/31. <p>April 2008</p> <ul style="list-style-type: none"> • Nasal Spray -1 time daily – 2/06, 13 & 20. • Effexor XR 75mg. - 1 time daily – 4/02. • Ear Wax Drops 6.5 % 4 drops in each ear on Saturdays only - 4/26. <p>February, March & April, 2008 MARS did not indicate the diagnosis the medications were prescribed for :</p> <ul style="list-style-type: none"> • Docusate Sodium 100mg • Effexor XR 75mg • Effexor 150mg • Setraline HCL 25mg • Setraline HCL 100mg • Lipitor 40mg • Nasalide 0.025% Flunisolide • Multit-Vitamin • Clonazepam 1mg • Zyprexa 20mg • Zyprexa 15mg 	
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	<ul style="list-style-type: none"> • Ear Wax Drops 6.5% <p>Individual #3 No documentation on MAR indicating reason for missing entries:</p> <p>February 2008</p> <ul style="list-style-type: none"> • Agency did not provide MARs. <p>March 2008</p> <ul style="list-style-type: none"> • Haloperidal 5mg tablets. - 2 times daily- 3/9 & 10. <p>April 2008</p> <ul style="list-style-type: none"> • Lactulose 10mg. 1 - 2 tablespoons daily - 4/7 & 8. <p>March & April, 2008 MARS did not indicate the diagnosis the medications were prescribed for :</p> <ul style="list-style-type: none"> • Metformin 500mg • Parozetine 20mg • Depakote 250mg • Haloperidal 5mg • Aviane 25mg • Lactulose 10mg <p>Individual #4 No documentation on MAR indicating reason for missing entries:</p> <p>February 2008</p> <ul style="list-style-type: none"> • Differin 0.1% Gel. - 1 time daily - 2/1, 2, 3, 9 & 10. • Seroquel 400mg. - 2 times daily - 2/24. <p>March 2008</p> <ul style="list-style-type: none"> • Seroquel 400mg. - 1 time daily – 2/27. • Econazole Nitrate 1% Cream. 1 time weekly (on Mondays only) - 3/24. • Differin 0.1% Gel. - 1 time daily - 3/22, 23, 24, 25, 26 & 27. <p>April 2008</p> <ul style="list-style-type: none"> • Agency did not provide MARs. 	
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February, March & April, 2008 MARS did not indicate the diagnosis the medications were prescribed for :

- Loratadine 10mg
- Seroquel 300mg
- Benztropine MES 1mg
- Tegretol XR 200mg
- Seroquel 300mg
- Loratadine 10mg
- Sertraline 100mg
- Seroquel 400mg
- Carbamazepin 200mg
- Seroquel 400mg
- Sertraline HCL 100mg
- Econazole Nitrate 1% Cream
- Differin 0.1% Gel
- Seroquel 400mg
- Seroquel 400mg
- Ibuprofen 200mg

Individual #5

No documentation on MAR indicating reason for missing entries:

February 2008

- Agency did not provide MARs.

March 2008

- Zetia 10mg tablets. - 1 time daily – 3/17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30 & 31.
- Folic acid 1mg. - 1 time daily - 3/3, 4 & 5.

April 2008

- Inderal LA 160mg. - 1 time daily - 4/14.
- Zetia 10 mg tablets. - 1 time daily – 4/01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29 & 30.
- Folic acid 1 mg. - 1 time daily - 4/5, 6, 7, 8, 9 & 10.

- Zoloft 100mg.-1 time daily- 4/06 & 17.

February, March & April, 2008 MARS did not indicate the diagnosis the medications were prescribed for :

- Inderal LA 160mg
- Depakote 250mg
- Zetia 10mg
- Folic Acid 1mg
- Zoloft 100mg

Tag # 1A09 Medication Delivery - PRN	Scope and Severity Rating: D	Scope and Severity Rating: N/A
<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>E. Medication Delivery: Provider Agencies that provide Community Living, Community Inclusion or Private Duty Nursing services shall have written policies and procedures regarding medication(s) delivery and tracking and reporting of medication errors in accordance with DDSD Medication Assessment and Delivery Policy and Procedures, the Board of Nursing Rules and Board of Pharmacy standards and regulations.</p> <p>(f) For PRN medication, an explanation for the use of the PRN medication shall include observable signs/symptoms or circumstances in which the medication is to be used, and documentation of effectiveness of PRN medication administered.</p>	<p>Based on record review the Agency failed to maintain Medication Administration Records, which included an explanation for the use of the PRN medication including observable signs/symptoms or circumstances in which the medication is to be used, and documentation of effectiveness for 1 of 5 individuals.</p> <p>Individual #3</p> <ul style="list-style-type: none"> • Ibuprofen (PRN OTC) 	<p>Completed</p>

Tag # 1A11 (CoP) Transportation	Scope and Severity Rating: F	Scope and Severity Rating: N/A
<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>G. Transportation: Provider agencies that provide Community Living, Community Inclusion or Non-Medical Transportation services shall have a written policy and procedures regarding the safe transportation of individuals in the community, which comply with New Mexico regulations governing the operation of motor vehicles to transport individuals, and which are consistent with DDS guidelines issued July 1, 1999 titled "Client Transportation Safety". The policy and procedures must address at least the following topics:</p> <ol style="list-style-type: none"> (1) Drivers' requirements, (2) Individual safety, including safe locations for boarding and disembarking passengers, appropriate responses to hazardous weather and other adverse driving conditions, (3) Vehicle maintenance and safety inspections, (4) Staff training regarding the safe operation of the vehicle, assisting passengers and safe lifting procedures, (5) Emergency Plans, including vehicle evacuation techniques, (6) Documentation, and (7) Accident Procedures. 	<p>Based on record review and interview, the Agency failed to have written policy and procedures regarding the safe transportation of individuals in the community, which comply with New Mexico regulations governing the operation of motor vehicles to transport individuals, and which are consistent with DDS guidelines. The Agency's policy and procedure did not include the following requirements:</p> <ul style="list-style-type: none"> • Individual safety, including safe locations for boarding and disembarking passengers, appropriate responses to hazardous weather and other adverse driving conditions, • Staff training regarding the safe operation of the vehicle, assisting passengers and safe lifting procedures, • Emergency Plans, including vehicle evacuation techniques, • Documentation, and • Accident Procedures <p>When DSP were asked if they received transportation training 7 of 7 DSP reported not receiving transportation training. (#6, 7, 8, 9, 10, 11 & 12)</p>	<p>Completed</p> <ul style="list-style-type: none"> • DSP #6, 7, 8, 9 & 11 – Complete • DSP #10 & 12 – No Longer Employed

Tag # 1A12 Reimbursement/Billable Units	Scope and Severity Rating: C	Scope and Severity Rating: N/A
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 III. PROVIDER AGENCY DOCUMENTATION OF SERVICE DELIVERY AND LOCATION</p> <p>A. General: All Provider Agencies shall maintain all records necessary to fully disclose the service, quality, quantity and clinical necessity furnished to individuals who are currently receiving services. The Provider Agency records shall be sufficiently detailed to substantiate the date, time, individual name, servicing Provider Agency, level of services, and length of a session of service billed.</p> <p>B. Billable Units: The documentation of the billable time spent with an individual shall be kept on the written or electronic record that is prepared prior to a request for reimbursement from the HSD. For each unit billed, the record shall contain the following:</p> <ol style="list-style-type: none"> (1) Date, start and end time of each service encounter or other billable service interval; (2) A description of what occurred during the encounter or service interval; and (3) The signature or authenticated name of staff providing the service. 	<p>Based on record review, the Agency failed to provide written or electronic documentation as evidence for each unit billed for 5 of 5 individuals.</p> <p>During the on-site survey, surveyors made numerous requests from the Agency's Executive Director (#14) for remittance forms showing the service codes and amounts billed by the Agency for the months of March, April and May 2008.</p> <p>Per service progress notes provided the Agency provided the following:</p> <p>Individual #1:</p> <ul style="list-style-type: none"> • The agency provided 29 units of Supported Living from March 1 - 31, 2008. The Agency did not provide verification of what actual services and units were billed during that time frame. • The agency provided 12.25 units of Adult Habilitation from March 1 - 31, 2008. The Agency did not provide verification of what actual services and units were billed during that time frame. • The agency provided 27 units of Supported Living from April 1 - 30, 2008. The Agency did not provide verification of what actual services and units were billed during that time frame. • The agency provided 14 units of Adult Habilitation from April 1 -30, 2008. The Agency did not provide verification of what actual services and units were billed during that time frame. • The agency provided 28 units of Supported Living from May 1 - 31, 2008. The Agency did not provide verification of what actual services and units were billed during that time frame. • The agency provided 8.75 units of Adult Habilitation 	<p>Completed</p>

from May 1 - 31, 2008. The Agency did not provide verification of what actual services and units were billed during that time frame.

Individual #2:

- The agency provided 28 units of Supported Living from March 1 - 31, 2008. The Agency did not provide verification of what actual services and units were billed during that time frame.
- The agency provided 26 units of Supported Living from April 1 - 30, 2008. The Agency did not provide verification of what actual services and units were billed during that time frame.
- The agency provided 31 units of Supported Living from May 1 - 31, 2008. The Agency did not provide verification of what actual services and units were billed during that time frame.

Individual #3:

- The agency provided 31 units of Supported Living from March 1 - 31, 2008. The Agency did not provide verification of what actual services and units were billed during that time frame.
- The agency provided 2 units of Adult Habilitation from March 1 - 31, 2008. The Agency did not provide verification of what actual services and units were billed during that time frame.
- The agency provided 29 units of Supported Living from April 1 - 30, 2008. The Agency did not provide verification of what actual services and units were billed during that time frame.
- The agency provided 26 units of Adult Habilitation from April 1 - 30, 2008. The Agency did not provide verification of what actual services and units were billed during that time frame.

- The agency provided 31 units of Supported Living from May 1 - 31, 2008. The Agency did not provide verification of what actual services and units were billed during that time frame.
- The agency provided 42 units of Adult Habilitation from May 1 - 31, 2008. The Agency did not provide verification of what actual services and units were billed during that time frame.

Individual #4

- The agency provided 25 units of Supported Living from March 1 - 31, 2008. The Agency did not provide verification of what actual services and units were billed during that time frame.
- The agency provided 29 units of Supported Living from April 1 - 30, 2008. The Agency did not provide verification of what actual services and units were billed during that time frame.
- The agency provided 26 units of Supported Living from May 1 - 31, 2008. The Agency did not provide verification of what actual services and units were billed during that time frame.

Individual #5

- The agency provided 28 units of Supported Living from March 1 - 31, 2008. The Agency did not provide verification of what actual services and units were billed during that time frame.

The agency provided 29 units of Supported Living from April 1 - 30, 2008. The Agency did not provide verification of what actual services and units were billed during that time frame.

- The agency provided 29 units of Supported Living from May 1 - 31, 2008. The Agency did not provide verification of what actual services and units were billed during that time frame.

Tag # 1A15 Nurse Availability	Scope and Severity Rating: F	Scope and Severity Rating: N/A
<p>Developmental Disabilities (DD) Waiver Service Standards Chapter 1. III. E. (1 - 4) CHAPTER 1. III. PROVIDER AGENCY DOCUMENTATION OF SERVICE DELIVERY AND LOCATION</p> <p>E. Healthcare Documentation by Nurses For Community Living Services, Community Inclusion Services and Private Duty Nursing Services: Nursing services must be available as needed and documented for Provider Agencies delivering Community Living Services, Community Inclusion Services and Private Duty Nursing Services.</p>	<p>Based on record review and interview the Agency failed to ensure proper nursing oversight and availability of nursing for 5 of 5 individuals.</p> <p>Review of individual agency files found no nursing notes and/or nursing quarterlies.</p> <p>When the Service Coordinator (#13) was asked if Supporting Hands had a nurse on contract, SC #13 stated, "Supporting Hands does have a nurse on staff that started the end of May 2008. However, she can be difficult to reach at times since she works another job during the day."</p> <p>When DSP were asked about the availability of their agency nurse, the following was stated:</p> <ul style="list-style-type: none"> • "I don't think we have an agency nurse." (DSP #6) • "I don't know if there is an agency nurse." (DSP #7) • "There is no agency nurse." (DSP # 8) • "I'm not sure if we have a nurse. If we do I don't know how to reach her." (DSP #9) • "I don't have any numbers for the nurse. I would just call the house manager. I have never met a nurse." (DSP #10) • "I think we have an on-call nurse but we have no numbers to reach her. I've never met her before." (DSP #11) • "I don't think we have an agency nurse. If we do I've never met her." (DSP #12) <p>During the on-site week of June 30, Surveyor attempted to access the Agency nurse via phone on July 1, 2008 at 1:39pm. The nurse did not return my phone call until 3:59pm the following day.</p>	<p>Completed</p>

Tag # 1A15 Healthcare Documentation	Scope and Severity Rating: D	Scope and Severity Rating: D
<p>Developmental Disabilities (DD) Waiver Service Standards Chapter 1. III. E. (1 - 4) CHAPTER 1. III. PROVIDER AGENCY DOCUMENTATION OF SERVICE DELIVERY AND LOCATION</p> <p>E. Healthcare Documentation by Nurses For Community Living Services, Community Inclusion Services and Private Duty Nursing Services: Nursing services must be available as needed and documented for Provider Agencies delivering Community Living Services, Community Inclusion Services and Private Duty Nursing Services.</p> <p>(2) Health related plans</p> <p>(a) For individuals with chronic conditions that have the potential to exacerbate into a life-threatening situation, a medical crisis prevention and intervention plan must be written by the nurse or other appropriately designated healthcare professional.</p> <p>(b) Crisis prevention and intervention plans must be written in user-friendly language that is easily understood by those implementing the plan.</p> <p>(c) The nurse shall also document training regarding the crisis prevention and intervention plan delivered to agency staff and other team members, clearly indicating competency determination for each trainee.</p> <p>(d) If the individual receives services from separate agencies for community living and community inclusion services, nurses from each agency shall collaborate in the development of and training delivery for crisis prevention and intervention plans to assure maximum consistency across settings.</p> <p>(3) For all individuals with a HAT score of 4, 5 or 6, the nurse shall develop a comprehensive healthcare plan that includes health related</p>	<p>Based on record review the Agency failed to maintain the required documentation in the Individuals Agency Record as required per standard for 1 of 5 individuals</p> <p>The following were missing or not current:</p> <ul style="list-style-type: none"> • Quarterly Nursing Review of HCP/Crisis Plans (#3) • Crisis Plans <ul style="list-style-type: none"> ◦ Aspiration (#3) ◦ Seizure (#3) 	<p>(Repeat Finding) Based on record review, the Agency failed to maintain the required documentation in the Individuals Agency Record as required per standard for 1 of 5 individuals</p> <p>The following were missing or not current:</p> <ul style="list-style-type: none"> • (Repeat Finding) Quarterly Nursing Review of HCP/Crisis Plans (#3) 01/2008 - 01/2009. • When asked if the agency nurse had completed nursing quarterlies for individuals with a HAT score of 4 or higher, Service Coordinator #13 stated, “There are still no quarterlies because the nurse is working with Tom Truby from DDS to develop a format.” • Crisis Plans <ul style="list-style-type: none"> • Aspiration <ul style="list-style-type: none"> • Individual #3 – Complete • Seizure <ul style="list-style-type: none"> • Individual #3 - Complete

supports identified in the ISP (The healthcare plan is the equivalent of a nursing care plan; two separate documents are not required nor recommended):

(a) Each healthcare plan must include a statement of the person's healthcare needs and list measurable goals to be achieved through implementation of the healthcare plan. Needs statements may be based upon supports needed for the individual to maintain a current strength, ability or skill related to their health, prevention measures, and/or supports needed to remediate, minimize or manage an existing health condition.

(b) Goals must be measurable and shall be revised when an individual has met the goal and has the potential to attain additional goals or no longer requires supports in order to maintain the goal.

(c) Approaches described in the plan shall be individualized to reflect the individual's unique needs, provide guidance to the caregiver(s) and designed to support successful interactions. Some interventions may be carried out by staff, family members or other team members, and other interventions may be carried out directly by the nurse – persons responsible for each intervention shall be specified in the plan.

(d) Healthcare plans shall be written in language that will be easily understood by the person(s) identified as implementing the interventions.

(e) The nurse shall also document training on the healthcare plan delivered to agency staff and other team members, clearly indicating competency determination for each trainee. If the individual receives services from separate agencies for community living and community inclusion services, nurses from each agency shall collaborate in the development of and training delivery for healthcare plans to assure maximum consistency across settings.

(f) Healthcare plans must be updated to reflect relevant discharge orders whenever an

individual returns to services following a hospitalization.

(g) All crisis prevention and intervention plans and healthcare plans shall include the individual's name and date on each page and shall be signed by the author.

(h) Crisis prevention and intervention plans as well as healthcare plans shall be reviewed by the nurse at least quarterly, and updated as needed.

(4) General Nursing Documentation

(a) The nurse shall complete legible and signed progress notes with date and time indicated that describe all interventions or interactions conducted with individuals served as well as all interactions with other healthcare providers serving the individual. All interactions shall be documented whether they occur by phone or in person.

(b) For individuals with a HAT score of 4, 5 or 6, or who have identified health concerns in their ISP, the nurse shall provide the interdisciplinary team with a quarterly report that indicates current health status and progress to date on health related ISP desired outcomes and action plans as well as progress toward goals in the healthcare plan.

Tag # 1A20 DSP Training Documents	Scope and Severity Rating: E	Scope and Severity Rating: N/A
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 IV. GENERAL REQUIREMENTS FOR PROVIDER AGENCY SERVICE 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>(1) Each new employee shall receive appropriate orientation, including but not limited to, all policies relating to fire prevention, accident prevention, incident management and reporting, and emergency procedures; and</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>Based on record review, the Agency failed to ensure that Orientation and Training requirements were met for 2 of 5 Direct Service Personnel.</p> <p>Review of Direct Service Personnel training records found no evidence of the following required DOH/DDSD trainings and certification being completed:</p> <ul style="list-style-type: none"> • Rights & Advocacy (#8) • Positive Behavior Supports Strategies (#8) • Assisting With Medications (#7) 	<p>Completed</p> <ul style="list-style-type: none"> • Rights & Advocacy <ul style="list-style-type: none"> • Individual #8 - Complete • Positive Behavior Supports Strategies <ul style="list-style-type: none"> • Individual #8 - Complete • Assisting With Medications <ul style="list-style-type: none"> • Individual #7 - Complete

Tag # 1A22 Staff Competence	Scope and Severity Rating: F	Scope and Severity Rating: N/A
<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>F. Qualifications for Direct Service Personnel: The following employment qualifications and competency requirements are applicable to all Direct Service Personnel employed by a Provider Agency:</p> <ol style="list-style-type: none"> (1) Direct service personnel shall be eighteen (18) years or older. Exception: Adult Habilitation can employ direct care personnel under the age of eighteen 18 years, but the employee shall work directly under a supervisor, who is physically present at all times; (2) Direct service personnel shall have the ability to read and carry out the requirements in an ISP; (3) Direct service personnel shall be available to communicate in the language that is functionally required by the individual or in the use of any specific augmentative communication system utilized by the individual; (4) Direct service personnel shall meet the qualifications specified by DDSD in the Policy Governing the Training Requirements for Direct Support Staff and 	<p>Based on interview, the Agency failed to ensure that training competencies were met for 7 of 7 Direct Service Personnel.</p> <p>When DSP were asked if they received training on the Individuals ISP, the following was reported:</p> <ul style="list-style-type: none"> • DSP #7 stated, "I received no training on (individual's #1) ISP." <p>When DSP were asked if they received training on the Individuals Positive Behavioral Supports Plan, the following was reported:</p> <ul style="list-style-type: none"> • DSP #7 stated, "I read the BSP in the home" (Individual #1). Per residential record review the BSP was not current. <p>When DSP were asked if they received training on the Individuals Physical Therapy Plan, the following was reported:</p> <ul style="list-style-type: none"> • DSP #9 stated, "I have not had any training on the individual's PT Plan" (Individual #3). Per record review the individual receives Physical Therapy. <p>When DSP were asked if they received training on the Individuals Occupational Therapy Plan, the following was reported:</p> <ul style="list-style-type: none"> • DSP #6 stated, "I don't know if he (Individual #1) has an Occupational Therapy Plan". Per record review the individual receives Occupational Therapy. • DSP #7 stated, "I have received no training on (Individual #1's) Occupational Therapy Plan." Per record review the individual receives Occupational Therapy. <p>When DSP were asked if they assisted the individual</p>	<p>Completed</p> <ul style="list-style-type: none"> • DSP #6, 7, 8, 9 & 11 • DSP #10 & 12 No Longer Employed

<p>Internal Service Coordinators, Serving Individuals with Developmental Disabilities; and</p> <p>(5) Direct service Provider Agencies of Respite Services, Substitute Care, Personal Support Services, Nutritional Counseling, Therapists and Nursing shall demonstrate basic knowledge of developmental disabilities and have training or demonstrable qualifications related to the role he or she is performing and complete individual specific training as required in the ISP for each individual he or she support.</p> <p>(6) Report required personnel training status to the DDS Statewide Training Database as specified in DDS policies as related to training requirements as follows:</p> <p>(a) Initial comprehensive personnel status report (name, date of hire, Social Security number category) on all required personnel to be submitted to DDS Statewide Training Database within the first ninety (90) calendar days of providing services;</p> <p>(b) Staff who do not wish to use his or her Social Security Number may request an alternative tracking number; and</p> <p>(c) Quarterly personnel update reports sent to DDS Statewide Training Database to reflect new hires, terminations, inter-provider Agency position changes, and name changes.</p>	<p>with medications and had completed Assisting with Medication (AWM) training, the following was reported:</p> <ul style="list-style-type: none"> • DSP #7 stated, “I am giving medications but have not taken the training.” (Individual #1) <p>When DSP were asked to identify the purpose of each medication, the following was reported:</p> <ul style="list-style-type: none"> • DSP #7 stated, “I don’t know.” (Individual #1) • DSP # 8 stated, “I don’t know.” (Individual #2) • DSP #10 stated, “I don’t know.” (Individual #3) <p>When DSP were asked what was the protocol for giving an individual a PRN medication, the following was reported:</p> <ul style="list-style-type: none"> • DSP #7 stated, “I’ll give a PRN medication whenever necessary and don’t need to contact anyone to inform them.” • DSP #8 stated, “I would give the medications then call my house manager and let them know that I had.” • DSP #9 stated, “I would call my house manager and the pharmacy first before I gave the medication.” • DSP #10 stated, “I would call my house manager first to see if it was appropriate.” • DSP # 11 stated, “I wouldn’t call the nurse, I would call my house manager after I gave the PRN Medication.” • DSP #12 stated, “I don’t think this agency has a nurse, so I would contact a supervisor if I needed to give a PRN medication.” 	
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	<p>Review of the Agency's policy state that a nurse needs to be contacted prior to giving PRN medications.</p> <p>When DSP were asked what steps were they to take in the event of a medication error, the following was reported:</p> <ul style="list-style-type: none">• DSP #7 stated, "I don't know. If I dropped a medication I would just throw it away."• DSP #8 stated, "I would document the medication error on the MARS and if I had dropped a pill I would throw it away." <p>When DSP were asked to describe the signs of an allergic reaction to food, the following was reported:</p> <ul style="list-style-type: none">• DSP #10 was unable to give signs and symptoms.	
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Tag # 1A27 Late/Failure/Duty to Report	Scope and Severity Rating: D	Scope and Severity Rating: N/A
<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: 7.1.13 NMAC 4</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 1 of 5 individuals.</p> <p>Individual #1</p> <ul style="list-style-type: none"> Incident date 04/30/2008. Allegation was neglect, emergency services, and law enforcement involvement; Failure Reporting. Report from IMS date 05/06/2008, reported incident was "Confirmed. 	<p>Completed</p>

Tag # 1A28 (CoP) Incident Mgt. System	Scope & Severity Rating: E	Scope and Severity Rating: N/A
<p>NMAC 7.1.13.10 INCIDENT MANAGEMENT SYSTEM REQUIREMENTS: 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. D. Training Documentation: All licensed health care facilities and community based service providers shall prepare training documentation for each employee to include a signed statement indicating the date, time, and place they received their incident management reporting instruction. The licensed health care facility and community based service provider shall maintain documentation of an employee's training for a period of at least twelve (12) months, or six (6) months after termination of an employee's employment. Training curricula shall be kept on the provider premises and made available on request by the department. Training documentation shall be made available immediately upon a division representative's request. Failure to provide employee training documentation shall subject the licensed health care facility or community based service provider to the penalties provided for in this rule.</p>	<p>Based on interview, the Agency failed to ensure that all Agency employees were competently trained to respond to, report and document incidents in a timely and accurate manner as required by the Incident Management System for 3 of 7 DSP.</p> <p>When DSP were asked what two State Agencies is suspected Abuse, Neglect and Exploitation reported to the following was reported:</p> <ul style="list-style-type: none"> • DSP #6 stated, "I am not sure." • DSP #7 stated, "I don't know." • DSP #8 stated, "I would report to my house manager" 	<p>Completed</p> <ul style="list-style-type: none"> • DSP #6, 7 & 8 - Complete

Tag # 1A28 (CoP) Incident Mgt. System	Scope & Severity Rating: F	Scope and Severity Rating: N/A
<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 or exploitation for 5 of 5 individuals.</p> <ul style="list-style-type: none"> • Parent/Guardian Abuse, Neglect & Exploitation Training (#1, 2, 3, 4 & 5) 	<p>Completed</p> <ul style="list-style-type: none"> • Parent/Guardian Abuse, Neglect & Exploitation Training <ul style="list-style-type: none"> • Individual #1, 2, 3, 4 & 5 - Complete

Tag # 1A28 (CoP) Incident Mgt. System	Scope & Severity Rating: F	Scope and Severity Rating: N/A
<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>F. Posting of Incident Management Information Poster: All licensed health care facilities and community based service providers shall post two (2) or more posters, to be furnished by the division, in a prominent public location which states all incident management reporting procedures, including contact numbers and Internet addresses. All licensed health care facilities and community based service providers operating sixty (60) or more beds shall post three (3) or more posters, to be furnished by the division, in a prominent public location which states all incident management reporting procedures, including contact numbers and Internet addresses. The posters shall be posted where employees report each day and from which the employees operate to carry out their activities. Each licensed health care facility or community based service provider shall take steps to insure that the notices are not altered, defaced, removed, or covered by other material. [7.1.13.10 NMAC - N, 02/28/06]</p>	<p>Based on observation, the Agency failed to post two (2) or more Incident Management Information posters in a prominent public location for the following locations:</p> <p>Residence of:</p> <ul style="list-style-type: none"> • Individual's #1 & 5 • Individual's #2 & 3 • Individual #4 	<p>Completed</p> <p>Residence of:</p> <ul style="list-style-type: none"> • Individual's #1 & 5 - Complete • Individual's #2 & 3 - Complete • Individual #4 - Complete

Tag # 1A29 Complaints / Grievances	Scope and Severity Rating: E	Scope and Severity Rating: N/A
<p>NMAC 7.26.3.6 A. These regulations set out rights that the department expects all providers of services to individuals with developmental disabilities to respect. These regulations are intended to complement the department's Client Complaint Procedures (7 NMAC 26.4) [now 7.26.4 NMAC].</p> <p>NMAC 7.26.3.13 Client Complaint Procedure Available. A complainant may initiate a complaint as provided in the client complaint procedure to resolve complaints alleging that a service provider has violated a client's rights as described in Section 10 [now 7.26.3.10 NMAC]. The department will enforce remedies for substantiated complaints of violation of a client's rights as provided in client complaint procedure. [09/12/94; 01/15/97; Recompiled 10/31/01]</p> <p>NMAC 7.26.4.13 Complaint Process: A. (2). The service provider's complaint or grievance procedure shall provide, at a minimum, that: (a) the client is notified of the service provider's complaint or grievance procedure</p>	<p>Based on record review, the Agency failed to provide documentation that the complaint procedure had been made available to individuals or their legal guardians for 4 of 5 individuals.</p> <ul style="list-style-type: none"> Grievance/Complaint Procedure (#1, 2, 3 & 4) 	<p>Completed</p> <ul style="list-style-type: none"> Grievance/Complaint Procedure <ul style="list-style-type: none"> Individual #1, 2, 3 & 4 - Complete

Tag # 1A31 (CoP) Client Rights	Scope and Severity Rating: F	Scope and Severity Rating: F
<p>NMAC 7.26.3.11 RESTRICTIONS OR LIMITATION OF CLIENT'S RIGHTS: A. A service provider shall not restrict or limit a client's rights except: (1) where the restriction or limitation is allowed in an emergency and is necessary to prevent imminent risk of physical harm to the client or another person; or (2) where the interdisciplinary team has determined that the client's limited capacity to exercise the right threatens his or her physical safety; or (3) as provided for in Section 10.1.14 [now Subsection N of 7.26.3.10 NMAC]. B. Any emergency intervention to prevent physical harm shall be reasonable to prevent harm, shall be the least restrictive intervention necessary to meet the emergency, shall be allowed no longer than necessary and shall be subject to interdisciplinary team (IDT) review. The IDT upon completion of its review may refer its findings to the office of quality assurance. The emergency intervention may be subject to review by the service provider's behavioral support committee or human rights committee in accordance with the behavioral support policies or other department regulation or policy. C. The service provider may adopt reasonable program policies of general applicability to clients served by that service provider that do not violate client rights. [09/12/94; 01/15/97; Recompiled 10/31/01]</p>	<p>Based on record review and interview, the Agency failed to follow DDSD Policy regarding Human Rights Committee Requirements.</p> <p>When surveyors reviewed the Agency's case files no evidence was found indicating the Agency had a Human Rights Committee.</p> <p>When surveyors asked the Service Coordinator (#13) to provide Human Rights Committee Notes, she stated, "The agency had no notes, and she did not know if the agency had or was a part of a Human Rights Committee."</p>	<p>(Repeat Finding) Based on record review and interview, the Agency failed to follow DDSD Policy regarding Human Rights Committee Requirements.</p> <p>During review of agency records no evidence was found indicating the agency had held a Human Rights Committee Meeting.</p> <p>When surveyors asked about the Agency's Human Rights Committee, SC #13 stated, "We (Supporting Hands) still have not had a Human Rights Committee Meeting but are working with Cheryl Frazine from DDSD to get this done."</p>

Tag # 1A33 Board of Pharmacy - Lic	Scope and Severity Rating: C	Scope and Severity Rating: N/A
<p>New Mexico Board of Pharmacy Model Custodial Drug Procedures Manual</p> <p>6. Display of License and Inspection Reports</p> <p>A. The following are required to be publicly displayed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current Custodial Drug Permit from the NM Board of Pharmacy <input type="checkbox"/> Current registration from the consultant pharmacist <input type="checkbox"/> Current NM Board of Pharmacy Inspection Report 	<p>Based on observation and interview the Agency failed to provide the current Custodial Drug Permit from the New Mexico Board of Pharmacy, the current registration from the Consultant Pharmacist, or the current New Mexico Board of Pharmacy Inspection Report for the following:</p> <p>No Current Custodial Drug Permit from the NM Board of Pharmacy for the following individual residences:</p> <ul style="list-style-type: none"> • Individual #1 & 5 • Individual #2 & 3 • Individual #4 	<p>Completed</p> <ul style="list-style-type: none"> • Individual #1 & 5 - Complete • Individual #2 & 3 - Complete • Individual #4 - Complete

Tag # 1A37 Individual Specific Training	Scope and Severity Rating: D	Scope and Severity Rating: N/A
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 IV. GENERAL REQUIREMENTS FOR PROVIDER AGENCY SERVICE 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>Based on record review and interview, the Agency failed to ensure that Individual Specific Training requirements were met for 1 of 7 Agency Personnel.</p> <ul style="list-style-type: none"> • Individual Specific Training (#7) 	<p>Completed</p> <ul style="list-style-type: none"> • Individual Specific Training #7 - Complete

Tag # 6L13 (CoP) - CL Healthcare Reqts.	Scope and Severity Rating: E	Scope and Severity Rating: N/A
<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</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 3 of 5 individuals.</p> <ul style="list-style-type: none"> • Dental Exam (Individual #1) • Auditory Exam (Individual #1) • Annual Physical (Individual #3) • Psychotropic Medication Review (Individual #1 & 4) 	<p>Completed</p> <ul style="list-style-type: none"> • Dental Exam <ul style="list-style-type: none"> • Individual #1 - Complete • Auditory Exam <ul style="list-style-type: none"> • Individual #1 - Complete • Annual Physical <ul style="list-style-type: none"> • Individual #3 - Complete • Psychotropic Medication Review <ul style="list-style-type: none"> • Individual #1 & 4 - Complete

<p>Nursing Services.</p> <p>b) That each individual with a score of 4, 5, or 6 on 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>		
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Tag # 6L14 Residential Case File	Scope and Severity Rating: F	Scope and Severity Rating: E
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 6. VIII. COMMUNITY LIVING SERVICE PROVIDER AGENCY REQUIREMENTS</p> <p>A. Residence Case File: For individuals receiving Supported Living or Family Living, the Agency shall maintain in the individual's home a complete and current confidential case file for each individual. For individuals receiving Independent Living Services, rather than maintaining this file at the individual's home, the complete and current confidential case file for each individual shall be maintained at the agency's administrative site. Each file shall include the following:</p> <p>(1) Complete and current ISP and all supplemental plans specific to the individual;</p> <p>(2) Complete and current Health Assessment Tool;</p> <p>(3) Current emergency contact information, which includes the individual's address, telephone number, names and telephone numbers of residential Community Living Support providers, relatives, or guardian or conservator, primary care physician's name(s) and telephone number(s), pharmacy name, address and telephone number and dentist name, address and telephone number, and health plan;</p> <p>(4) Up-to-date progress notes, signed and dated by the person making the note for at least the past month (older notes may be transferred to the agency office);</p> <p>(5) Data collected to document ISP Action Plan implementation</p> <p>(6) Progress notes written by direct care staff and by nurses regarding individual health status and physical conditions including action taken in</p>	<p>Based on record review, the Agency failed to maintain a complete and confidential case file in the residence for 5 of 5 Individuals receiving Supported Living Services.</p> <ul style="list-style-type: none"> • Current Emergency & Personal Identification (#3 & 4) • Annual ISP (#1, 2, 3 & 4) • ISP Signature Page (#1, 2, 3 & 4) • Addendum A (#1, 2, 3 & 4) • Individual Specific Training (Addendum B) (#1, 2, 3 & 4) • Positive Behavioral Plan (#1, 2 & 3) • Speech Therapy Plan (#3) • Occupational Therapy Plan (#3) • Physical Therapy Plan (#3) • Health Assessment Tool (#1, 2, 3 & 5) • Crisis Plans <ul style="list-style-type: none"> ◦ Seizures (#3) ◦ Aspiration (#3) 	<p>(Repeat Findings) Based on record review, the Agency failed to maintain a complete and confidential case file in the residence for 2 of 5 Individuals receiving Supported Living Services.</p> <ul style="list-style-type: none"> • Current Emergency & Personal Identification <ul style="list-style-type: none"> • Individual #3 & 4 - Complete • Annual ISP <ul style="list-style-type: none"> • Individual #1, 2, 3 & 4 - Complete • ISP Signature Page <ul style="list-style-type: none"> • Individual #1, 2, 3 & 4 - Complete • Addendum A <ul style="list-style-type: none"> • Individual #1 & 2 – Complete • (Repeat Finding) Individual # 3 & 4 • Individual Specific Training (Addendum B) <ul style="list-style-type: none"> • Individual #1, 2, 3 & 4 - Complete • Positive Behavioral Plan <ul style="list-style-type: none"> • Individual #1, 2 & 3 - Complete • Speech Therapy Plan <ul style="list-style-type: none"> • Individual #3 - Complete • Occupational Therapy Plan <ul style="list-style-type: none"> • Individual #3 - Complete • Physical Therapy Plan <ul style="list-style-type: none"> • Individual #3 - Complete • Health Assessment Tool <ul style="list-style-type: none"> • Individual #1, 2, 3, & 5 - Complete • Crisis Plans <ul style="list-style-type: none"> ◦ Seizures ◦ Individual #3 – Complete

response to identified changes in condition for at least the past month;

(7) Physician's or qualified health care providers written orders;

(8) Progress notes documenting implementation of a physician's or qualified health care provider's order(s);

(9) Medication Administration Record (MAR) for the past three (3) months which includes:

- (a) The name of the individual;
- (b) A transcription of the healthcare practitioners prescription including the brand and generic name of the medication;
- (c) Diagnosis for which the medication is prescribed;
- (d) Dosage, frequency and method/route of delivery;
- (e) Times and dates of delivery;
- (f) Initials of person administering or assisting with medication; and
- (g) An explanation of any medication irregularity, allergic reaction or adverse effect.
- (h) For PRN medication an explanation for the use of the PRN must include:
 - (i) Observable signs/symptoms or circumstances in which the medication is to be used, and
 - (ii) Documentation of the effectiveness/result of the PRN delivered.
- (i) A MAR is not required for individuals participating in Independent Living Services who self-administer their own medication. However, when medication administration is provided as part of the Independent Living Service a MAR must be maintained at the individual's home and an updated copy must be placed in the agency file on a weekly basis.

(10) Record of visits to healthcare practitioners including any treatment provided at the visit and

- Aspiration
 - Individual #3 – Complete

a record of all diagnostic testing for the current ISP year; and
(11) Medical History to include: demographic data, current and past medical diagnoses including the cause (if known) of the developmental disability and any psychiatric diagnosis, allergies (food, environmental, medications), status of routine adult health care screenings, immunizations, hospital discharge summaries for past twelve (12) months, past medical history including hospitalizations, surgeries, injuries, family history and current physical exam.

Tag # 6L25 (CoP) Residential Reqts.	Scope and Severity Rating: F	Scope and Severity Rating: F
<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 3 of 3 Supported Living residences.</p> <p>The following items were missing, not functioning or incomplete:</p> <ul style="list-style-type: none"> • Accessible written procedures for emergency evacuation e.g. fire and weather-related threats (#1, 2, 3, 4 & 5) • 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 (#1, 2, 3, 4 & 5) 	<p>(Repeat Finding) Based on observation, the Agency failed to ensure that each individual's residence met all requirements within the standard for 3 of 3 Supported Living residences.</p> <p>The following items were missing, not functioning or incomplete:</p> <ul style="list-style-type: none"> • Accessible written procedures for emergency evacuation e.g. fire and weather-related threats (#1, 2, 3, 4 & 5) <ul style="list-style-type: none"> • Individual #1, 2, 3, 4 & 5 - Complete • (Repeat Finding) 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 (#1, 2, 3, 4 & 5) <ul style="list-style-type: none"> • Individual #1, 2, 3, 4 & 5 - Not Complete

Tag # 6L25 (CoP) Residential Reqts.	Scope and Severity Rating: E	Scope and Severity Rating: N/A
<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>(2) Overall each residence shall maintain basic utilities, i.e., gas, power, water, telephone at the residence and shall maintain the physical environment in a safe and comfortable manner for the individuals.</p>	<p>Based on observation the Agency failed to maintain the physical environment in a safe and comfortable manner for 2 of 5 individuals.</p> <p>A dirty, metal, marijuana pipe was found behind a small rock in the garden area on the south side of Individuals #2 & 3's backyard. Surveyors took pictures of the pipe and contacted the agency's Service Coordinator #13 to inform her of what was found. She contacted the house manager who went by the house and observed the pipe. Upon further investigation the lid of the pipe was removed and marijuana residue was observed, this was witnessed by the surveyors, the agency Service Coordinator and a DDSD staff. An Incident Report was filed with the Division of Health Improvement Incident Management Bureau regarding this finding.</p>	<p>Completed</p>