

Date: August 17, 2010

To: Rebekah Zaring, Assistant Director
Provider: Supporting Hands, LLC
Address: 4909 Ellison St. Suite B
State/Zip: Albuquerque, New Mexico 87109

E-mail Address: beccajz03@comcast.net

CC: Mark Dubois, Executive Director/Owner
Address: 7605 Raymond Dr. NE
State/Zip: Albuquerque, New Mexico 87109

Board Chair
E-Mail Address: supportinghandsnm@msn.com

Region: Metro
Survey Date: June 28 - July 2, 2010
Program Surveyed: Developmental Disabilities Waiver
Service Surveyed: Community Living (Supported Living) & Community Inclusion (Adult Habilitation)
Survey Type: Routine
Team Leader: Crystal Lopez-Beck, BA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau
Team Members: Tony Fragua, BFA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau & Glen Carlberg, Continuous Improvement Care Coordination, Developmental Disabilities Support Division

Dear Ms. Zaring & Mr. Dubois,

The Division of Health Improvement/Quality Management Bureau has completed a quality review survey of the services identified above. The purpose of the survey was to determine compliance with federal and state standards; to assure the health, safety, and welfare of individuals receiving services through the Developmental Disabilities Waiver; and to identify opportunities for improvement.

Quality Management Approval Rating:

The Division of Health Improvement is issuing your agency a determination of "Substandard Compliance with Conditions of Participation."

Plan of Correction:

The attached Report of Findings identifies deficiencies found during your agency's survey. You are required to complete and implement a Plan of Correction (POC). Please submit your agency's Plan of Correction (POC) in the space on the two right columns of the Report of Findings. See attachment A for additional guidance in completing the POC. The response is due to the parties below within 10 working days of the receipt of this letter:

1. Quality Management Bureau, Attention: Plan of Correction Coordinator



"Assuring safety and quality of care in New Mexico's health facilities and community-based programs."

David Rodriguez, Division Director • Division of Health Improvement

Quality Management Bureau • 5301 Central Ave. NE Suite 400 • Albuquerque, New Mexico 87108
(505) 222-8623 • FAX: (505) 222-8661 • <http://dhi.health.state.nm.us>

DHI Quality Review Survey Report – Supporting Hands - Metro Region - June 28 - July 2, 2010

5301 Central Ave. NE Suite 400 Albuquerque, NM 87108

2. Developmental Disabilities Supports Division Regional Office for region of service surveyed.

Upon notification from QMB that your Plan of Correction has been approved, you must implement all remedies and corrective actions within 45 working days. If your plan of correction is denied, you must resubmit a revised plan ASAP for approval. All remedies must still be completed within 45 working days of the original submission.

Failure to submit, complete or implement your POC within the required time frames will result in the imposition of a \$200 per day Civil Monetary Penalty until it is received, completed and/or implemented.

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 #400
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.

Please call the Team Leader at 505-699-9356, if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,

Crystal Lopez-Beck, BA

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

Survey Process Employed:

Entrance Conference Date:	June 28, 2010
Present:	<u>Supporting Hands</u> Rebekah Zaring, Assistant Director <u>DOH/DHI/QMB</u> Crystal Lopez-Beck, BA, Team Lead/Healthcare Surveyor Tony Fragua, BFA, Healthcare Surveyor <u>DDSD - Metro Regional Office</u> Glen Carlberg, Continuous Improvement Care Coordination
Exit Conference Date:	July 1, 2010
Present:	<u>Supporting Hands</u> Rebekah Zaring, Assistant Director Mark Dubois, Executive Director/Owner Angie Gutierrez, Office Manager <u>DOH/DHI/QMB</u> Crystal Lopez-Beck, BA, Team Lead/Healthcare Surveyor Tony Fragua, BFA, Healthcare Surveyor Scott Good, MRC, CRC, Deputy Bureau Chief <u>DDSD - Metro Regional Office</u> Glen Carlberg, Continuous Improvement Care Coordination
Homes Visited	Number: 4
Administrative Locations Visited	Number: 1
Total Sample Size	Number: 8 0 – Jackson Class Members 8 - Non-Jackson Class Members 8 - Supported Living 3 - Adult Habilitation
Persons Served Interviewed	Number: 7
Persons Served Observed	Number: 1 (Individual did not wish to participate in the survey interview)
Records Reviewed (Persons Served)	Number: 8
Administrative Files Reviewed	<ul style="list-style-type: none">• Billing Records• Medical Records• Incident Management Records• Personnel Files• Training Records• Agency Policy and Procedure• Caregiver Criminal History Screening Records• Employee Abuse Registry• Human Rights Notes and/or Meeting Minutes• 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 505-222-8647.
- Within 10 business days of the date you received your 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 (505-222-8661), 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.
- If you have questions about the POC process, call the QMB POC Coordinator, George Perrault at 505-222-8647 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 numbers.
- Do not submit original documents, hard copies or scanned and electronically submitted copies are fine. Originals must be maintained in the agency/client file(s) as per DDSD 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 Findings:

“Substantial Compliance with Conditions of Participation”

The QMB determination of “Substantial Compliance with Conditions of Participation” indicates that a provider is in substantial compliance with all ‘Conditions of Participation’ and other standards and regulations. The agency has obtained a level of compliance such that there is a minimal potential for harm to individuals’ health and safety. To qualify for a determination of Substantial Compliance with Conditions of Participation, the provider must not have any findings that meet the thresholds for determining non-compliance with any Condition of Participation.

“Non-Compliance with Conditions of Participation”

The QMB determination of “Non-Compliance with Conditions of Participation” indicates that a provider is out of compliance with one (1) or more ‘Conditions of Participation.’ This non-compliance, if not corrected, is likely to result in a serious negative outcome or the potential for more than minimal harm to individuals’ health and safety.

Providers receiving a repeat determination of Non-Compliance may be referred by QMB to the Internal Review Committee (IRC) for consideration of remedies and possible actions.

“Sub-Standard Compliance with Conditions of Participation”:

The QMB determination of “Sub-Standard Compliance with Conditions of Participation” indicates a provider is significantly out of compliance with Conditions of Participation and/or has:

Multiple findings of widespread non-compliance with any standard or regulation with a significant potential for more than minimal harm or any finding of actual harm or Immediate Jeopardy.

Providers receiving a repeat determination of 'Substandard Compliance' will be referred by QMB to the Internal Review Committee (IRC) for consideration of remedies and possible actions.

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

Introduction:

Throughout the 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: <http://dhi.health.state.nm.us/qmb>) 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.

Agency: Supporting Hands, LLC - Metro Region
Program: Developmental Disabilities Waiver
Service: Community Living (Supported Living) & Community Inclusion (Adult Habilitation)
Monitoring Type: Routine Survey
Date of Survey: June 28 - July 2, 2010

Statute	Deficiency	Agency Plan of Correction and Responsible Party	Date Due
Tag # 1A03 CQI System	Scope and Severity Rating: F		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 I. PROVIDER AGENCY ENROLLMENT PROCESS</p> <p>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:</p> <ol style="list-style-type: none"> (1) Individual access to needed services and supports; (2) Effectiveness and timeliness of implementation of Individualized Service Plans; (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 	<p>Based on record review, the Agency failed to develop and implement a Continuous Quality Management System.</p> <p>Review of the Agency's Continuous Quality Improvement Plan provided during the on-site survey did not contain the components required by Standards.</p> <p>The Agency's CQI Plan did not contain the following components:</p> <p>(4) Trends in medication and medical incidents leading to adverse health events;</p> <p>When #72 & 73 were asked to provide tracking and trending on the agency's Quality Improvement/Quality Assurance Plan, the following was report:</p> <p>#72 & 73 stated, "We don't have tracking and trending for Quality Assurance."</p> <p>Based on record review and interview, the Agency failed to establish and implement a quality improvement system for reviewing alleged complaints and incidents.</p> <p>When #72 was asked if the Agency had an Incident Management Quality Improvement System, which included, a process for reviewing alleged, complaints & incident; documentation of internal</p>		

<p>supervisory and direct support levels; (6) Quality and completeness documentation; and (7) Trends in individual and guardian satisfaction.</p> <p>7.1.13.9 INCIDENT MANAGEMENT SYSTEM REPORTING REQUIREMENTS FOR COMMUNITY BASED SERVICE PROVIDERS: E. Quality Improvement System for Community Based Service Providers: The community based service provider shall establish and implement a quality improvement system for reviewing alleged complaints and incidents. The incident management system shall include written documentation of corrective actions taken. The community based service provider shall maintain documented evidence that all alleged violations are thoroughly investigated, and shall take all reasonable steps to prevent further incidents. The community based service provider shall provide the following internal monitoring and facilitating quality improvement system:</p> <p>(1) community based service providers funded through the long-term services division to provide waiver services shall have current incident management policy and procedures in place, which comply with the department's current requirements;</p> <p>(2) community based service providers providing developmental disabilities services must have a designated incident management coordinator in place;</p> <p>(4) community based service providers providing developmental disabilities services must have an incident management committee to address internal and external incident reports for the purpose of looking at internal root causes and to take action on identified trends or issues.</p>	<p>investigations of alleged violations; reasonable steps taken to prevent further incident and documentation of corrective active, the following was reported:</p> <p>#72 stated, "We discuss incidents at our Incident Management Committee meetings but I don't keep formal notes for this. Tracking and trending was done for 2009 but there is nothing prior to that. I do conduct internal investigations but I don't finalize my reports until I get a response from IMB. I feel I have to wait for IMB's conclusions to make my own."</p>		
--	---	--	--

Tag # 1A09 Medication Delivery (MAR) - Routine Medication	Scope and Severity Rating: F		
<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>(2) When required by the DDSD Medication Assessment and Delivery Policy, Medication Administration Records (MAR) shall be maintained and include:</p> <ol style="list-style-type: none"> 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; Prescribed dosage, frequency and method/route of administration, times and dates of administration; Initials of the individual administering or assisting with the medication; Explanation of any medication irregularity; Documentation of any allergic reaction or adverse medication effect; and 	<p>Medication Administration Records (MAR) were reviewed for the months of March, April, May & June 2010.</p> <p>Based on record review, 8 of 8 individuals had Medication Administration Records, which contained missing medications entries and/or other errors:</p> <p>Individual #1 March 2010 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> Nystat/Tram Cream 60gm (2 times daily) – Blank 3/6, 16, 17, 22, 28 & 31 (8 AM) & 3/6, 7, 14, 15, 20, 21, 27 & 28 (8PM) <p>Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:</p> <ul style="list-style-type: none"> Nystat/Tram Cream 60gm (2 times daily) <p>April 2010 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> Nystat/Tram Cream 60gm (2 times daily) – Blank 4/1, 3, 4, 5, 23 & 26 (8 AM) <p>Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:</p> <ul style="list-style-type: none"> Nystat/Tram Cream 60gm (2 times daily) <p>May 2010 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> Nystat/Tram Cream 60gm (2 times daily) – Blank 5/2, 6, 12, 17, 18, 24, 26 & 31 (8 AM) & 		

<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>NMAC 16.19.11.8 MINIMUM STANDARDS: A. MINIMUM STANDARDS FOR THE DISTRIBUTION, STORAGE, HANDLING AND RECORD KEEPING OF DRUGS:</p> <p>(d) The facility shall have a Medication Administration Record (MAR) documenting medication administered to residents, including over-the-counter medications. This documentation shall include:</p> <ul style="list-style-type: none"> (i) Name of resident; (ii) Date given; (iii) Drug product name; (iv) Dosage and form; (v) Strength of drug; (vi) Route of administration; (vii) How often medication is to be taken; (viii) Time taken and staff initials; (ix) Dates when the medication is discontinued or changed; (x) The name and initials of all staff 	<p>5/1, 2, 7, 22, 25 & 29 (8 PM)</p> <ul style="list-style-type: none"> • Haloperidol 5mg (2 times daily) - 5/14 (8 PM) <p>Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:</p> <ul style="list-style-type: none"> • Nystat/Tram Cream 60gm (2 times daily) <p>June 2010</p> <p>Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Paroxetine (Paxil) 40mg (2 times daily) - Blank 6/1 (8 AM) • Lamotrigine (Lamictal) 200mg (1 time daily) - Blank 6/1 (8AM) • Lactulose Sol 10gm/15ml (1 time daily) - Blank 6/5, 6 & 15 (8PM) • Detrol LA 4mg (1 time daily) - Blank 6/1 (8AM) • Nystat/Tram Cream 60gm (2 times daily) – Blank 6/1, 5, 7, 9, 11, 12, 15, 22 & 24 (8 AM) & 6/5, 6, 10, 13, 14, 15, 16, 17, 18, 21, 25 & 28 (8 PM) <p>Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:</p> <ul style="list-style-type: none"> • Nystat/Tram Cream 60gm (2 times daily) <p>Individual #2</p> <p>March 2010</p> <p>Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Eardrops 6.5% (3 days every week) - Blank 3/28 	
--	---	--

<p>administering medications.</p> <p>Model Custodial Procedure Manual D. Administration of Drugs Unless otherwise stated by practitioner, patients will not be allowed to administer their own medications. Document the practitioner's order authorizing the self-administration of medications.</p> <p>All PRN (As needed) medications shall have complete detail instructions regarding the administering of the medication. This shall include:</p> <ul style="list-style-type: none"> ➤ symptoms that indicate the use of the medication, ➤ exact dosage to be used, and ➤ the exact amount to be used in a 24 hour period. 	<ul style="list-style-type: none"> • Clonazepam (Klonopin) 1mg (3 times daily) - Blank 3/1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 12, 15, 16, 17, 18, 19, 22, 23, 24, 25, 26, 29, 30 & 31 (12PM) • Effexor XR 75mg (2 times daily) - Blank 3/7 & 8 (8AM) & 3/6 & 7 (8PM) <p>April 2010 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Clonazepam (Klonopin) 1mg (3 times daily) - Blank 4/1, 2, 6, 8, 9, 12, 13, 14, 15, 16, 19, 20, 21, 22, 23, 26, 27, 28, 29 & 30 (12PM) <p>May 2010 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Eardrops 6.5% (3 days every week) - Blank 5/2 & 24 • Clonazepam (Klonopin) 1mg (3 times daily) - Blank 5/3, 4, 5, 6, 7, 9, 10, 11, 12, 13, 14, 17, 18, 19, 20, 21, 24, 25, 26 & 27 (12PM) <p>June 2010 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Eardrops 6.5% (3 days every week) - Blank 6/5, 6 & 7 • 25 MI Flunisolide 0.025% (1 time daily) - Blank 6/1, 2, 4, 7 & 11 (8AM) • Clonazepam (Klonopin) 1mg (3 times daily) - Blank 6/1 (8AM) & 6/1, 2, 3, 4, 6, 7, 8, 9, 11, 14, 15, 16, 17, 18, 21, 22, 23, 24, 25, 28, 29 & 30 (12PM) 		
---	---	--	--

	<ul style="list-style-type: none"> • Lipitor 40mg (1 time daily) - Blank 6/1 & 11 (8PM) • Effexor XR 75mg (2 times daily) - Blank 6/1 & 7 (8AM); 06/06 (8PM) • Zyprexa 20mg (2 times daily) – Blank 6/1 (8AM) <p>Individual #3 March 2010</p> <p>As indicated by the Medication Administration Records the individual is to take Oxybutynin (Ditropan) 5mg (3 times daily). According to the Physician's Orders, Oxybutynin 5mg is to be taken 4 times daily. Medication Administration Record & Physician's Orders do not match.</p> <p>As indicated by the Medication Administration Records the individual is to take Geodon (Ziprasidone) 80mg (1 time daily). According to the Physician's Orders, Geodon 80mg is to be taken 2 times daily. Medication Administration Record & Physician's Orders do not match.</p> <p>Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Oxybutynin (Ditropan) 5mg (3 times daily) – Blank 3/14 (8AM) & 3/16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30 & 31 (8AM, 3PM & 8PM) <p>April 2010</p> <p>As indicated by the Medication Administration Records the individual is to take Oxybutynin (Ditropan) 5mg (3 times daily). According to the Physician's Orders, Oxybutynin 5mg is to be taken 4 times daily. Medication Administration Record & Physician's Orders do not match.</p> <p>As indicated by the Medication Administration Records the individual is to take Geodon</p>		
--	--	--	--

	<p>(Ziprasidone) 80mg (1 time daily). According to the Physician's Orders, Geodon 80mg is to be taken 2 times daily. Medication Administration Record & Physician's Orders do not match.</p> <p>Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Oxybutynin (Ditropan) 5mg (3 times daily) – Blank 4/1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29 & 30 (8AM, 3PM & 8PM) <p>May 2010</p> <p>Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Zoloft (Sertraline) 100mg (1 time daily) - Blank 5/28 (8AM) • Fluticasone Propionate Nasal Spray 44ml (2 times daily) - Blank 5/1, 2, 12, 13, 14, 15, 20, 21, 22, 23, 24, 25, 26, 27, 28 & 30 (8AM) & 5/2, 7, 23, 29 & 30 (8PM) • Saline Nasal Spray 50mcg (4 times daily) - Blank 5/20, 21, 22, 23, 24, 25, 26, 27, 28, 29 & 30 (8AM); 5/2, 3, 4, 5, 6, 7, 8, 15, 16, 17, 18, 19, 22, 23, 29 & 30 (12PM); 5/15, 16, 17, 18, 19, 22 & 23 (4PM) & 5/2 & 23 (8PM) • Oxybutynin (Ditropan) 5mg (3 times daily) – Blank 5/1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16 & 17 (8AM, 3PM & 8PM); 5/18 & 30 (8AM) & 5/18, 20, 23, 25, 29 & 30 (3PM) <p>As indicated by the Medication Administration Records the individual is to take Oxybutynin (Ditropan) 5mg (3 times daily). According to the Physician's Orders, Oxybutynin 5mg is to be taken 4 times daily. Medication Administration Record & Physician's Orders do not match.</p>		
--	--	--	--

	<p>As indicated by the Medication Administration Records the individual is to take Geodon (Ziprasidone) 80mg (1 time daily). According to the Physician's Orders, Geodon 80mg is to be taken 2 times daily. Medication Administration Record & Physician's Orders do not match.</p> <p>June 2010</p> <p>As indicated by the Medication Administration Records the individual is to take Oxybutynin (Ditropan) 5mg (3 times daily). According to the Physician's Orders, Oxybutynin 5mg is to be taken 4 times daily. Medication Administration Record & Physician's Orders do not match.</p> <p>As indicated by the Medication Administration Records the individual is to take Geodon (Ziprasidone) 80mg (1 time daily). According to the Physician's Orders, Geodon 80mg is to be taken 2 times daily. Medication Administration Record & Physician's Orders do not match.</p> <p>Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Oxybutynin (Ditropan) 5mg (3 times daily) - Blank 6/1 (3PM) <p>Individual #4</p> <p>April 2010</p> <p>As indicated by the Medication Administration Records the individual is to take Chlorpromazine 100mg (2 times daily). According to the Physician's Orders, Chlorpromazine 100mg is to be taken 1 time. Medication Administration Record & Physician's Orders do not match.</p> <p>Medication Administration Record did not contain the time the medication should be given. MAR indicated time as "AM, PM and/or Bedtime:"</p> <ul style="list-style-type: none"> • Chlorpromazine 100mg (2 times daily) 		
--	--	--	--

- Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:
- Chlorpromazine 100mg (2 times daily) - Blank 4/1, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 29 & 30 (AM)
 - Loratadine 10mg (1 time daily) - Blank 4/1 (8AM)
 - Lexapro 20mg (1 time daily) - Blank 4/1 (8AM)
 - Multivitamin OTC (1 time daily) - Blank 4/1 (8AM)
 - Clindamicin Phosphate Topical Solution USP 1% (1 time daily) - Blank 4/1, 4, 5, 9, 10, 11, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29 & 30
 - Prilosec OTC 20mg (2 times daily) - Blank 4/1 (8AM)

According to the Physician's Orders, Warfarin 5mg (1 ½ tablets = 7.5mg) is to be taken 1 time daily Mon, Wed, and Fri and Warfarin 5mg (1 tablet = 5mg) is to be taken the rest of the week "or as directed by clinic." On Friday April 9, a dosage of Warfarin 5mg and a dosage of Warfarin 7.5mg were given. Physician Orders were not followed.

May 2010

According to the Physician's Orders, Warfarin 5mg (1 ½ tablets = 7.5mg) is to be taken 1 time daily Mon, Wed, and Fri and Warfarin 5mg (1 tablet = 5mg) is to be taken the rest of the week "or as directed by clinic." On Tuesday May 25 & Wednesday May 26, a dosage of Warfarin 5mg and a dosage of Warfarin 7.5mg were given.

	<p>Physician Orders were not followed.</p> <p>As indicated by the Medication Administration Records the individual is to take Chlorpromazine 100mg (2 times daily). According to the Physician's Orders, Chlorpromazine 100mg is to be taken 1 time. Medication Administration Record & Physician's Orders do not match.</p> <p>Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Chlorpromazine 100mg (2 times daily) - Blank 5/1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 15, 16, 17, 18, 19, 21, 22, 24, 25, 16, 28, 29, 30 & 31 (8AM) • Nitrofurantoin Macro 100mg (2 times daily) - Blank 5/14, 15, 17, 18, 19, 20 (8AM) & 5/14, 16, 17, 19 & 20 (8PM) • Multivitamin OTC (1 time daily) - Blank 5/19 (8AM) • Chlindamicin Phosphate Topical Solution USP 1% (1 time daily) - Blank 5/2, 3, 9, 10, 25, 26, 27 & 28 (8AM) • Prilosec OTC 20mg (2 times daily) - Blank 5/13, 19 & 23 (8PM) <p>June 2010</p> <p>According to the Physician's Orders, Warfarin 5mg (1 ½ tablets = 7.5mg) is to be taken 1 time daily Mon, Wed, and Fri and Warfarin 5mg (1 tablet = 5mg) is to be taken the rest of the week or as directed by clinic. On Friday June 25th a dosage of Warfarin 5mg and a dosage of Warfarin 7.5mg were given. Physician Orders were not followed.</p> <p>According to the Physician's Orders, Warfarin</p>		
--	---	--	--

	<p>5mg (1 ½ tablets = 7.5mg) is to be taken 1 time daily Mon, Wed, and Fri and Warfarin 5mg (1 tablet = 5mg) is to be taken the rest of the week or as directed by clinic. On Wednesday June 30, Warfarin 5mg was given in place of Warfarin 7.5mg. Physician's Orders were not followed.</p> <p>Medication Administration Records did not contain the route of administration for the following medications:</p> <ul style="list-style-type: none"> • Chlorpromazine 100mg (2 times daily) <p>Individual #5 March 2010</p> <p>Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Shelled Hemp Seed OTC (1 time daily) - Blank 3/27, 28 & 29 (8AM) • Amino Acid Solution OTC (1 time daily) - Blank 3/27 & 28 (8AM) • Aloe Vera Juice OTC (1 time daily) - Blank 3/27 & 28 (8AM) • Digest Plus OTC (1 time daily) - Blank 3/27 & 28 (8AM) <p>April 2010</p> <p>Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Aloe Vera Juice OTC (1 time daily) - Blank 4/15 (8AM) • Equilib OTC (1 time daily) - Blank 4/24 (8AM) & 4/25 (12PM) <p>June 2010</p> <p>Medication Administration Records contain the following medications. No Physician's Orders</p>		
--	---	--	--

	<p>were found for the following medications:</p> <ul style="list-style-type: none"> • Risperidone 1mg (1 time daily) <p>Individual #6 March 2010 As indicated by the Medication Administration Records the individual is to take Dilantin (Phenytoin EX) 300mg (1 time daily). According to the Physician's Orders, Dilantin 100mg is to be taken 3 times daily. Medication Administration Record & Physician's Orders do not match.</p> <p>April 2010 As indicated by the Medication Administration Records the individual is to take Dilantin (Phenytoin EX) 300mg (1 time daily). According to the Physician's Orders, Dilantin 100mg is to be taken 3 times daily. Medication Administration Record & Physician's Orders do not match.</p> <p>Individual #7 March 2010 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:</p> <ul style="list-style-type: none"> • Differin 0.1% Gel (1 time daily) <p>Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Econazole Cream (Spectazole) 1% (1 time daily) – Blank 3/15 (8PM) • Differin 0.1% Gel (1 time daily) - Blank 3/6, 7, 13, 14, 18, 19, 20, 21, 27 & 28 (8PM) <p>April 2010 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:</p> <ul style="list-style-type: none"> • Differin 0.1% Gel (1 time daily) 		
--	---	--	--

	<p>Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Differin 0.1% Gel (1 time daily) - Blank 4/3, 4, 10, 11, 17, 18, 24 & 25 (8PM) • Buspirone HCL 5mg (2 times daily) - Blank 4/2 (8AM) <p>May 2010 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:</p> <ul style="list-style-type: none"> • Differin 0.1% Gel (1 time daily) <p>Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Differin 0.1% Gel (1 time daily) - Blank 5/16 & 29 (8PM) <p>June 2010 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:</p> <ul style="list-style-type: none"> • Differin 0.1% Gel (1 time daily) <p>Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Differin 0.1% Gel (1 time daily) - Blank 6/20, 26 & 30 (8PM) <p>Individual #8 March 2010 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Multivitamin OTC (1 time daily) - Blank 3/7 (8AM) 		
--	---	--	--

Tag # 1A09 Medication Delivery - PRN Medication	Scope and Severity Rating: E	
<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>(2) When required by the DDSD Medication Assessment and Delivery Policy, Medication Administration Records (MAR) shall be maintained and include:</p> <ol style="list-style-type: none"> 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; Prescribed dosage, frequency and method/route of administration, times and dates of administration; Initials of the individual administering or assisting with the medication; Explanation of any medication irregularity; Documentation of any allergic reaction or adverse medication effect; and 	<p>Based on record review, the Agency failed to maintain PRN Medication Administration Records which contained all elements required by standard for 6 of 8 Individuals.</p> <p>Individual #1 May 2010 No Effectiveness was noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> Acetaminophen 500mg – PRN – 5/7 (given 1 time) <p>Individual #2 May 2010 Physician's Orders indicated the following medication were to be given. The following Medications were not documented on the Medication Administration Records:</p> <ul style="list-style-type: none"> Aspirin 81mg (PRN) Clonazepam 2mg (PRN) <p>Individual #3 April 2010 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:</p> <ul style="list-style-type: none"> Nighttime Cold/Flu Relief OTC (PRN) <p>May 2010 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:</p> <ul style="list-style-type: none"> Nighttime Cold/Flu Relief OTC (PRN) <p>No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> Zolpidem Tartrate (Ambien) 10mg – PRN – 5/12 	

<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>NMAC 16.19.11.8 MINIMUM STANDARDS: A. MINIMUM STANDARDS FOR THE DISTRIBUTION, STORAGE, HANDLING AND RECORD KEEPING OF DRUGS:</p> <p>(d) The facility shall have a Medication Administration Record (MAR) documenting medication administered to residents, including over-the-counter medications. This documentation shall include:</p> <ul style="list-style-type: none"> (i) Name of resident; (ii) Date given; (iii) Drug product name; (iv) Dosage and form; (v) Strength of drug; (vi) Route of administration; (vii) How often medication is to be taken; (viii) Time taken and staff initials; (ix) Dates when the medication is discontinued 	<p>(given 1 time)</p> <ul style="list-style-type: none"> • Ibuprofen 400mg - PRN - 5/20 & 21 (given 1 time) <p>No Effectiveness was noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Zolpidem Tartrate (Ambien) 10mg – PRN – 5/12 (given 1 time) • Ibuprofen 400mg - PRN - 5/20 & 21 (given 1 time) <p>June 2010</p> <p>Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:</p> <ul style="list-style-type: none"> • Nighttime Cold/Flu Relief OTC (PRN) <p>No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Zilpidem Tartrate (Ambien) 10mg – PRN – 6/5, 13 & 18 (given 1 time) • Ibuprofen 400mg - PRN - 6/13 (given 1 time) <p>No Effectiveness was noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Zilpidem Tartrate (Ambien) 10mg – PRN – 6/5, 13 & 18 (given 1 time) • Ibuprofen 400mg - PRN - 6/13 (given 1 time) <p>Individual #4</p> <p>April 2010</p> <p>No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Acetaminophen 500mg – PRN – 4/7 & 8 (given 	
--	---	--

<p>or changed;</p> <p>(x) The name and initials of all staff administering medications.</p> <p>Model Custodial Procedure Manual D. Administration of Drugs Unless otherwise stated by practitioner, patients will not be allowed to administer their own medications. Document the practitioner's order authorizing the self-administration of medications.</p> <p>All PRN (As needed) medications shall have complete detail instructions regarding the administering of the medication. This shall include:</p> <ul style="list-style-type: none"> ➤ symptoms that indicate the use of the medication, ➤ exact dosage to be used, and ➤ the exact amount to be used in a 24 hour period. <p>Department of Health Developmental Disabilities Supports Division (DDSD) Medication Assessment and Delivery Policy - Eff. November 1, 2006 F. PRN Medication 3. Prior to self-administration, self-administration with physical assist or assisting with delivery of PRN medications, the direct support staff must contact the agency nurse to describe observed symptoms and thus assure that the PRN medication is being used according to instructions given by the ordering PCP. In cases of fever, respiratory distress (including coughing), severe pain, vomiting, diarrhea, change in responsiveness/level of consciousness, the nurse must strongly consider the need to conduct a face-to-face assessment to assure that the PRN does not mask a condition better treated by seeking medical attention. This does not apply to home based/family living settings where the provider is related by affinity or by consanguinity to the individual.</p>	<p>1 time)</p> <ul style="list-style-type: none"> • Lorazepam 0.5mg – PRN – 4/17, 20, 21, 27, 28 & 29 (given 1 time) <p>No Effectiveness was noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Acetaminophen 500mg – PRN – 4/7 & 8 (given 1 time) • Lorazepam 0.5mg – PRN – 4/17, 20, 21, 27, 28 & 29 (given 1 time) <p>May 2010 No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Acetaminophen 500mg – PRN – 5/2 & 4 (given 1 time) • Lorazepam 0.5mg – PRN – 5/7, 9, 11, 12, 13, 20, 21, 22, 24, 27, 28, 29 & 31 (given 1 time) & 5/10 (given 2 times) <p>No Effectiveness was noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Acetaminophen 500mg – PRN – 5/2 & 4 (given 1 time) • Lorazepam 0.5mg – PRN – 5/7, 9, 11, 12, 13, 20, 21, 22, 24, 27, 28, 29 & 31 (given 1 time) & 5/10 (given 2 times) <p>June 2010 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications:</p> <ul style="list-style-type: none"> • Chlorpromazine 100mg (PRN) • Hydrocodone APAP 5/500mg (PRN) 	
---	--	--

4. The agency nurse shall review the utilization of PRN medications routinely. Frequent or escalating use of PRN medications must be reported to the PCP and discussed by the Interdisciplinary for changes to the overall support plan (see Section H of this policy).

H. Agency Nurse Monitoring

1. Regardless of the level of assistance with medication delivery that is required by the individual or the route through which the medication is delivered, the agency nurses must monitor the individual's response to the effects of their routine and PRN medications. The frequency and type of monitoring must be based on the nurse's assessment of the individual and consideration of the individual's diagnoses, health status, stability, utilization of PRN medications and level of support required by the individual's condition and the skill level and needs of the direct care staff. Nursing monitoring should be based on prudent nursing practice and should support the safety and independence of the individual in the community setting. The health care plan shall reflect the planned monitoring of the individual's response to medication.

Department of Health Developmental Disabilities Supports Division (DDSD) - Procedure Title: Medication Assessment and Delivery Procedure Eff Date: November 1, 2006

C. 3. Prior to delivery of the PRN, direct support staff must contact the agency nurse to describe observed symptoms and thus assure that the PRN is being used according to instructions given by the ordering PCP. In cases of fever, respiratory distress (including coughing), severe pain, vomiting, diarrhea, change in responsiveness/level of consciousness, the nurse must strongly consider the need to conduct a face-to-face assessment to assure that the PRN does not mask a condition better treated by seeking medical attention.

No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication:

- Lorazepam 0.5mg – PRN – 6/1, 3, 4, 7, 10, 11, 12, 13, 15, 18 & 28 (given 1 time) & 6/30 (given 2 times daily)
- Chlorpromazine 100mg – PRN – 6/17 & 18 (given 1 time)
- Pain Reliever 325mg - PRN - 6/1 & 7 (given 1 time daily)

No Effectiveness was noted on the Medication Administration Record for the following PRN medication:

- Lorazepam 0.5mg – PRN – 6/1, 3, 4, 7, 10, 11, 12, 13, 15, 17, 18, 24 & 28 (given 1 time); 6/2, 16 & 30 (given 2 times daily) & 6/14 (given 3 times daily)
- Chlorpromazine 100mg – PRN – 6/17 & 18 (given 1 time)
- Pain Reliever 325mg - PRN - 6/1 & 7 (given 1 time daily)

Individual #6
March 2010

No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication:

- Lorazepam (Ativan) 1mg - PRN - 3/10 & 11 (given 1 time)
- Benzotropine 1mg - PRN - 3/28 (given 1 time)
- Pain Reliever 500mg - PRN - 3/6 (given 1 time)
- Ibuprofen 200mg - PRN - 3/13 (given 1 time)

<p>(References: Psychotropic Medication Use Policy, Section D, page 5 Use of PRN Psychotropic Medications; and, Human Rights Committee Requirements Policy, Section B, page 4 Interventions Requiring Review and Approval – Use of PRN Medications).</p> <p>a. Document conversation with nurse including all reported signs and symptoms, advice given and action taken by staff.</p> <p>4. Document on the MAR each time a PRN medication is used and describe its effect on the individual (e.g., temperature down, vomiting lessened, anxiety increased, the condition is the same, improved, or worsened, etc.).</p>	<p>No Effectiveness was noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Lorazepam (Ativan) 1mg - PRN - 3/10 & 11 (given 1 time) • Benzotropine 1mg - PRN - 3/28 (given 1 time) • Pain Reliever 500mg - PRN - 3/06 (given 1 time) • Ibuprofen 200mg - PRN - 3/13 (given 1 time) <p>April 2010 No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Lorazepam (Ativan) 1mg - PRN - 4/17, 18, 24 & 25 (given 1 time) <p>No Effectiveness was noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Lorazepam (Ativan) 1mg - PRN - 4/17, 18, 24 & 25 (given 1 time) <p>May 2010 No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> • Benzotropine 1mg - PRN - 5/01 & 16 (given 1 time) • Lorazepam (Ativan) 1mg - PRN - 5/01 (given 1 time) • Stomach Relief Max STK - PRN - 5/2, 9, 23 & 25 (given 1 time) <p>No Effectiveness was noted on the Medication Administration Record for the following PRN medication:</p>		
---	--	--	--

	<ul style="list-style-type: none"> •Benzotropine 1mg - PRN - 5/1 & 16 (given 1 time) •Lorazepam (Ativan) 1mg - PRN - 5/1 (given 1 time) •Stomach Relief Max STK - PRN - 5/2, 9, 23 & 25 (given 1 time) •Pain Reliever 500mg - PRN - 5/1, 2 & 15 (given 1 time) <p>June 2010 No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> •Lorazepam (Ativan) 1mg - PRN - 6/13 (given 1 time) •Pain Reliever 500mg - PRN - 6/12 (given 1 time) •Tylenol XS 500mg - PRN - 6/26 (given 1 time) <p>No Effectiveness was noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> •Lorazepam (Ativan) 1mg - PRN - 6/13 (given 1 time) •Pain Reliever 500mg - PRN - 6/12 (given 1 time) •Tylenol XS 500mg - PRN - 6/26 (given 1 time) <p>Individual #8 March 2010 As indicated by the Medication Administration Records the individual is to take Diazepam (Valium) 2mg (as needed for anxiety). According to the Physician's Orders, Diazepam 2mg is to be taken prior to dental appointments. Medication</p>		
--	---	--	--

	<p>Administration Record & Physician's Orders do not match.</p> <p>April 2010 As indicated by the Medication Administration Records the individual is to take Diazepam (Valium) 2mg (as needed for anxiety). According to the Physician's Orders, Diazepam 2mg is to be taken prior to dental appointments. Medication Administration Record & Physician's Orders do not match.</p> <p>May 2010 As indicated by the Medication Administration Records the individual is to take Diazepam (Valium) 2mg (as needed for anxiety). According to the Physician's Orders, Diazepam 2mg is to be taken prior to dental appointments. Medication Administration Record & Physician's Orders do not match.</p> <p>June 2010 As indicated by the Medication Administration Records the individual is to take Diazepam (Valium) 2mg (as needed for anxiety). According to the Physician's Orders, Diazepam 2mg is to be taken prior to dental appointments. Medication Administration Record & Physician's Orders do not match.</p>		
--	--	--	--

Tag # 1A11 (CoP) Transportation Training	Scope and Severity Rating: E		
<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 DDSD 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>Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) Policy Training Requirements for Direct Service Agency Staff Policy Eff Date: March 1, 2007</p>	<p>Based on interview, the Agency failed to provide staff training regarding the safe operation of the vehicle, assisting passengers and safe lifting procedures for 3 of 8 Direct Service Personnel.</p> <p>When DSP were asked if they had received transportation training including training on wheelchair tie downs and van lift safety the following was reported:</p> <ul style="list-style-type: none"> • DSP #42 stated, "No." (Individual #2) • DSP #51 stated, "No, just to pull over." (Individual #3) • DSP #61 stated, "No transportation training." (Individual #6) 		

II. POLICY STATEMENTS:

1. Staff providing direct services shall complete safety training within the first thirty (30) days of employment and before working alone with an individual receiving services. The training shall address at least the following:

1. Operating a fire extinguisher
2. Proper lifting procedures
3. General vehicle safety precautions (e.g., pre-trip inspection, removing keys from the ignition when not in the driver's seat)
4. Assisting passengers with cognitive and/or physical impairments (e.g., general guidelines for supporting individuals who may be unaware of safety issues involving traffic or those who require physical assistance to enter/exit a vehicle)
5. Operating wheelchair lifts (if applicable to the staff's role)
6. Wheelchair tie-down procedures (if applicable to the staff's role)
7. Emergency and evacuation procedures (e.g., roadside emergency, fire emergency)

Tag # 1A20 DSP Training Documents	Scope and Severity Rating: E		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 IV. GENERAL REQUIREMENTS FOR PROVIDER AGENCY SERVICE</p> <p>PERSONNEL: The objective of this section is to establish personnel standards for DD Medicaid Waiver Provider Agencies for the following services: Community Living Supports, Community Inclusion Services, Respite, Substitute Care and Personal Support Companion Services. These standards apply to all personnel who provide services, whether directly employed or subcontracting with the Provider Agency. Additional personnel requirements and qualifications may be applicable for specific service standards.</p> <p>C. Orientation and Training Requirements: Orientation and training for direct support staff and his or her supervisors shall comply with the DDS/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>Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) Policy - Policy Title: Training Requirements for Direct Service Agency Staff Policy - Eff. March 1, 2007 - II. POLICY STATEMENTS:</p> <p>A. Individuals shall receive services from competent and qualified staff.</p> <p>B. Staff shall complete individual-specific (formerly known as "Addendum B") training requirements in</p>	<p>Based on record review, the Agency failed to ensure that Orientation and Training requirements were met for 17 of 32 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"> • Basic Health/Orientation (DSP #51, 65 & 71) • Person-Centered Planning (1-Day) (DSP #48, 54 & 61) • First Aid (DSP #46, 55, 56, 59, 66 & 69) • CPR (DSP #46, 55, 56, 59, 66 & 69) • Rights & Advocacy (DSP #57, 58, 62 & 69) • Participatory Communication & Choice Making (DSP #42, 57, 58, 62, 63 & 69) 		

accordance with the specifications described in the individual service plan (ISP) of each individual served.

C. Staff shall complete training on DOH-approved incident reporting procedures in accordance with 7 NMAC 1.13.

D. Staff providing direct services shall complete training in universal precautions on an annual basis. The training materials shall meet Occupational Safety and Health Administration (OSHA) requirements.

E. Staff providing direct services shall maintain certification in first aid and CPR. The training materials shall meet OSHA requirements/guidelines.

F. Staff who may be exposed to hazardous chemicals shall complete relevant training in accordance with OSHA requirements.

G. Staff shall be certified in a DDSD-approved behavioral intervention system (e.g., Mandt, CPI) before using physical restraint techniques. Staff members providing direct services shall maintain certification in a DDSD-approved behavioral intervention system if an individual they support has a behavioral crisis plan that includes the use of physical restraint techniques.

H. Staff shall complete and maintain certification in a DDSD-approved medication course in accordance with the DDSD Medication Delivery Policy M-001.

I. Staff providing direct services shall complete safety training within the first thirty (30) days of employment and before working alone with an individual receiving services.

Tag # 1A22 Staff Competence	Scope and Severity Rating: E		
<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> <p>(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;</p> <p>(2) Direct service personnel shall have the ability to read and carry out the requirements in an ISP;</p> <p>(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;</p> <p>(4) Direct service personnel shall meet the qualifications specified by DDSD in the Policy</p>	<p>Based on interview, the Agency failed to ensure that training competencies were met for 7 of 10 Direct Service Personnel.</p> <p>When DSP were asked to give examples of what they learned from the Individual's ISP, the following was reported:</p> <ul style="list-style-type: none"> • DSP #61 stated, "I can't remember." (Individual #6) <p>When DSP were asked if they were able to attend the individual's Annual ISP meeting and if they were not able to attend if they were able to give their input, the following was reported:</p> <ul style="list-style-type: none"> • DSP #51 stated, "I don't attend their ISP meeting and I think I could give my input but I don't know how. (Individual #3) <p>When DSP were asked if they received training on the Individual's Positive Behavioral Supports Plan and what the plan covered, the following was reported:</p> <ul style="list-style-type: none"> • DSP #51 stated, "No." According to the Individual Specific Training Section of the ISP, the Individual requires a Positive Behavioral Supports Plan. (Individual #3) <p>When DSP were asked if the individual had a Positive Behavioral Crisis Plan and what the plan covered, the following was reported:</p> <ul style="list-style-type: none"> • DSP #51 stated, "No." According to the Individual Specific Training Section of the ISP, the individual has Positive Behavioral Crisis Plan. (Individual #3) • DSP #61 stated, "I don't know." According to the Individual Specific Training Section of the ISP, 		

<p>Governing the Training Requirements for Direct Support Staff and 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 DDSD Statewide Training Database as specified in DDSD 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 DDSD 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 DDSD Statewide Training Database to reflect new hires, terminations, inter-provider Agency position changes, and name changes.</p> <p>Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) Policy - Policy Title: Training Requirements for Direct Service Agency Staff Policy - Eff. March 1, 2007 - II. POLICY STATEMENTS:</p> <p>A. Individuals shall receive services from competent and qualified staff.</p>	<p>the individual has Positive Behavioral Crisis Plan. (Individual #6)</p> <p>When DSP were asked if they received training on the Individual’s Speech Therapy Plan and what the plan covered, the following was reported:</p> <ul style="list-style-type: none"> • DSP #60 stated, “No, not on his speech.” According to the Individual Specific Training Section of the ISP, the Individual requires a Speech Therapy Plan. (Individual #8) • DSP #64 stated, “No, I don’t know if she has a plan but she does have a speech therapist.” According to the Individual Specific Training Section of the ISP, the Individual requires a Speech Therapy Plan. (Individual #1) <p>When DSP were asked if they received training on the Individual’s Occupational Therapy Plan and what the plan covered, the following was reported:</p> <ul style="list-style-type: none"> • DSP #56 stated, “I haven’t been trained.” According to the Individual Specific Training Section of the ISP, the Individual requires an Occupational Therapy Plan. (Individual #5) <p>When DSP were asked if they received training on the Individual’s Physical Therapy Plan and what the plan covered, the following was reported:</p> <ul style="list-style-type: none"> • DSP #64 stated, “No.” According to the Individual Specific Training Section of the ISP, the Individual requires a Physical Therapy Plan. (Individual #1) <p>When DSP were asked if they had received training regarding the individual’s Seizure Disorder, the following was reported:</p>		
---	--	--	--

	<ul style="list-style-type: none"> • DSP #61 stated, “I didn’t receive training.” According to the ISP, the individual has a diagnosis of Seizures. (Individual #6) • DSP #64 stated, “I didn’t receive training.” According to documentation reviewed, the individual has a diagnosis of Seizures. (Individual #1) <p>When DSP were asked what type of seizures the individual had, the following was reported:</p> <ul style="list-style-type: none"> • DSP #43 stated, “I don’t know.” As indicated by documentation reviewed, the individual has a diagnosis of Seizures. (Individual #1) • DSP #64 stated, “TBI?” As indicated by documentation reviewed, the individual has a diagnosis of Seizures. (Individual #1) <p>When DSP were asked what to do if the individual has a seizure, the following was reported:</p> <ul style="list-style-type: none"> • DSP #64 stated, “Call 911, call nurse, make sure not choking.” Per the individual’s Seizure Crisis Plan, staffs are supposed to monitor, remove any dangerous items and note the time. Call 911 if individual is unconscious for than 10 minutes, if the seizure lasts longer than 5 minutes or if the individual is having repeat seizures. (Individual #1) <p>When DSP were asked if the individual had a person-specific seizure plan/crisis plan, the following was reported:</p> <ul style="list-style-type: none"> • DSP #43 stated, “I don’t know if she has a plan.” According to documentation reviewed the individual has a seizure crisis plan. (Individual #1) 		
--	--	--	--

	<ul style="list-style-type: none"> • DSP #61 stated, “I wouldn’t have a clue, wait he does have a crisis plan for seizures but I have never been trained.” According to the Individual Specific Training Section of the ISP, the individual has a seizure crisis plan. (Individual #6) <p>When DSP were asked, what are the steps did they need to take before assisting an individual with PRN medication, the following was reported:</p> <ul style="list-style-type: none"> • DSP #51 stated, “Ask her what she is feeling and if she needs anything.” According to DDS Policy Number M-001 prior to self-administration, self-administration with physical assist or assisting with delivery of PRN medications, the direct support staff must contact the agency nurse to describe observed symptoms and thus assure that the PRN medication is being used according to instructions given by the ordering PCP. (Individual #3) • DSP #55 stated, “I would mark in the book, time date and initial. I don’t have to contact anyone as long as it’s the book listed as a PRN.” According to DDS Policy Number M-001 prior to self-administration, self-administration with physical assist or assisting with delivery of PRN medications, the direct support staff must contact the agency nurse to describe observed symptoms and thus assure that the PRN medication is being used according to instructions given by the ordering PCP. (Individual #4) <p>When DSP were asked if they had received training on the Individual’s diagnosis of Diabetes, the following was reported:</p> <ul style="list-style-type: none"> • DSP #43 stated, “No.” Per documentation reviewed, Individual has a diagnosis of Diabetes. 		
--	--	--	--

	<p>(Individual #1)</p> <ul style="list-style-type: none"> • DSP #55 stated, "I didn't get training." Per documentation reviewed, Individual has a diagnosis of Diabetes. (Individual #4) • DSP #64 stated, "No I didn't get trained." Per documentation reviewed, Individual has a diagnosis of Diabetes. (Individual #1) <p>When DSP were asked what to do if the individual experiences low blood sugar, the following was reported:</p> <ul style="list-style-type: none"> • DSP #43 stated, "I don't know." (Individual #1) • DSP #64 stated, "Call the nurse or take her to the doctor, I don't know." (Individual #1) <p>When DSP were asked what are the signs of high blood sugar, the following was reported:</p> <ul style="list-style-type: none"> • DSP #55 stated, "I don't know." (Individual #4) • DSP #64 stated, "I don't know." (Individual #1) <p>When DSP were asked what to do if the individual experiences high blood sugar, the following was reported:</p> <ul style="list-style-type: none"> • DSP #43 stated, "I have no idea." (Individual #1) • DSP #55 stated, "She doesn't have a plan for high blood sugar so I don't know." (Individual #4) • DSP #64 stated, "I don't know." (Individual #1) <p>When DSP were asked to describe the signs and symptoms of an adverse reaction to a food or medication, the following was reported:</p> <ul style="list-style-type: none"> • DSP #51 stated, "I don't know, I guess she might 		
--	--	--	--

	<p>feel dizzy.” When asked if there were any other signs or symptoms, #51 stated, “I don’t know.” (Individual #3)</p> <p>When DSP were asked if someone has an allergic reaction to food, what could happen to that person if the reaction is left untreated, the following was reported:</p> <ul style="list-style-type: none"> • DSP #51 stated, “She could feel dizzy.” (Individual #3) <p>When DSP were asked if someone has an adverse drug reaction, what could happen to that person if the reaction is left untreated, the following was reported:</p> <ul style="list-style-type: none"> • DSP #51 stated, “Maybe she would go to the hospital.” (Individual #3) <p>When DSP were asked if they had been trained on the individual’s assistive technology or adaptive devices, the following was reported:</p> <ul style="list-style-type: none"> • DSP #64 stated, “I haven’t been trained but I did it on my own by watching other staff.” According to individual’s ISP she requires the use of a gait belt, wheelchair, walker and grab bars in the shower. (Individual #1) 		
--	--	--	--

Tag # 1A25 (CoP) CCHS	Scope and Severity Rating: E		
<p>NMAC 7.1.9.8 CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS: F. Timely Submission: Care providers shall submit all fees and pertinent application information for all individuals who meet the definition of an applicant, caregiver or hospital caregiver as described in Subsections B, D and K of 7.1.9.7 NMAC, no later than twenty (20) calendar days from the first day of employment or effective date of a contractual relationship with the care provider.</p> <p>NMAC 7.1.9.9 CAREGIVERS OR HOSPITAL CAREGIVERS AND APPLICANTS WITH DISQUALIFYING CONVICTIONS: A. Prohibition on Employment: A care provider shall not hire or continue the employment or contractual services of any applicant, caregiver or hospital caregiver for whom the care provider has received notice of a disqualifying conviction, except as provided in Subsection B of this section.</p> <p>NMAC 7.1.9.11 DISQUALIFYING CONVICTIONS. The following felony convictions disqualify an applicant, caregiver or hospital caregiver from employment or contractual services with a care provider: A. homicide; B. trafficking, or trafficking in controlled substances; C. kidnapping, false imprisonment, aggravated assault or aggravated battery; D. rape, criminal sexual penetration, criminal sexual contact, incest, indecent exposure, or other related felony sexual offenses; E. crimes involving adult abuse, neglect or financial exploitation; F. crimes involving child abuse or neglect; G. crimes involving robbery, larceny, extortion, burglary, fraud, forgery, embezzlement, credit card fraud, or receiving stolen property; or H. an attempt, solicitation, or conspiracy involving</p>	<p>Based on record review, the Agency failed to maintain documentation indicating no “disqualifying convictions” or documentation of the timely submission of pertinent application information to the Caregiver Criminal History Screening Program was on file for 15 of 33 Agency Personnel.</p> <p>The following Agency Personnel Files contained no evidence of Caregiver Criminal History Screenings:</p> <ul style="list-style-type: none"> • #51 – Date of hire 05/03/2010 • #53 - Date of hire 04/21/2010 • #65 - Date of hire 05/03/2010 • #71 - Date of hire 05/03/2010 <p>The following Agency Personnel Files contained Caregiver Criminal History Screenings, which were completed later than twenty (20) calendar days from the first day of employment or effective date of a contractual relationship with the care provider:</p> <ul style="list-style-type: none"> • #40 - Date of hire 10/01/08 • #43 – Date of hire 11/10/2009 • #44 - Date of hire 12/15/2009 • #47 - Date of hire 07/11/2008 • #49 - Date of hire 04/21/2007 • #54 - Date of hire 10/22/2009 • #56 - Date of hire 12/22/2009 • #59 - Date of hire 12/29/2009 • #60 - Date of hire 11/30/2009 • #64 - Date of hire 11/05/2009 • #67 - Date of hire 11/27/2009 		

any of the felonies in this subsection.

Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007

Chapter 1.IV. General Provider Requirements.

D. Criminal History Screening: All personnel shall be screened by the Provider Agency in regard to the employee's qualifications, references, and employment history, prior to employment. All Provider Agencies shall comply with the Criminal Records Screening for Caregivers 7.1.12 NMAC and Employee Abuse Registry 7.1.12 NMAC as required by the Department of Health, Division of Health Improvement.

Tag # 1A26 (CoP) COR / EAR	Scope and Severity Rating: E		
<p>NMAC 7.1.12.8 REGISTRY ESTABLISHED; PROVIDER INQUIRY REQUIRED: Upon the effective date of this rule, the department has established and maintains an accurate and complete electronic registry that contains the name, date of birth, address, social security number, and other appropriate identifying information of all persons who, while employed by a provider, have been determined by the department, as a result of an investigation of a complaint, to have engaged in a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider. Additions and updates to the registry shall be posted no later than two (2) business days following receipt. Only department staff designated by the custodian may access, maintain and update the data in the registry.</p> <p>A. Provider requirement to inquire of registry. A provider, prior to employing or contracting with an employee, shall inquire of the registry whether the individual under consideration for employment or contracting is listed on the registry.</p> <p>B. Prohibited employment. A provider may not employ or contract with an individual to be an employee if the individual is listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider.</p> <p>D. Documentation of inquiry to registry. The provider shall maintain documentation in the employee's personnel or employment records that evidences the fact that the provider made an inquiry to the registry concerning that employee prior to employment. Such documentation must include evidence, based on the response to such inquiry received from the custodian by the provider, that the employee was not listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation.</p>	<p>Based on record review, the Agency failed to maintain documentation in the employee's personnel records that evidenced inquiry to the Employee Abuse Registry prior to employment for 26 of 33 Agency Personnel.</p> <p>The following Agency Personnel records contained evidence that indicated the Employee Abuse Registry was completed after hire:</p> <ul style="list-style-type: none"> • #42 – Date of hire 06/27/2008. Completed 07/01/2008. • #43 - Date of hire 11/10/2009. Completed 12/01/2009. • #44 - Date of hire 12/15/2009. Completed 12/29/2009. • #45 - Date of hire 02/27/2007. Completed 10/04/2007. • #46 - Date of hire 03/24/2010. Completed 03/25/2010. • #49 - Date of hire 04/21/2007. Completed 10/04/2007. • #50 - Date of hire 04/01/2010. Completed 04/06/2010. • #51 - Date of hire 05/03/2010. Completed 05/06/2010. • #52 - Date of hire 04/01/2010. Completed 04/06/2010. • #53 - Date of hire 04/21/2010. Completed 05/06/2010. • #54 - Date of hire 10/22/2009. Completed 		

<p>E. Documentation for other staff. With respect to all employed or contracted individuals providing direct care who are licensed health care professionals or certified nurse aides, the provider shall maintain documentation reflecting the individual's current licensure as a health care professional or current certification as a nurse aide.</p> <p>F. Consequences of noncompliance. The department or other governmental agency having regulatory enforcement authority over a provider may sanction a provider in accordance with applicable law if the provider fails to make an appropriate and timely inquiry of the registry, or fails to maintain evidence of such inquiry, in connection with the hiring or contracting of an employee; or for employing or contracting any person to work as an employee who is listed on the registry. Such sanctions may include a directed plan of correction, civil monetary penalty not to exceed five thousand dollars (\$5000) per instance, or termination or non-renewal of any contract with the department or other governmental agency.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>Chapter 1.IV. General Provider Requirements.</p> <p>D. Criminal History Screening: All personnel shall be screened by the Provider Agency in regard to the employee's qualifications, references, and employment history, prior to employment. All Provider Agencies shall comply with the Criminal Records Screening for Caregivers 7.1.12 NMAC and Employee Abuse Registry 7.1.12 NMAC as required by the Department of Health, Division of Health Improvement.</p>	<p>10/26/2009.</p> <ul style="list-style-type: none"> • #55 - Date of hire 03/22/2010. Completed 03/25/2010. • #56 - Date of hire 12/22/2009. Completed 12/29/2009. • #57 - Date of hire 03/28/2009. Completed 03/30/2009. • #58 - Date of hire 07/16/2008. Completed 08/08/2008. • #59 - Date of hire 12/29/2009. Completed 12/31/2009. • #60 - Date of hire 11/30/2009. Completed 12/01/2009. • #61 - Date of hire 03/04/2010. Completed 03/08/2010. • #62 - Date of hire 04/28/2009. Completed 05/05/2009. • #63 - Date of hire 07/24/2006. Completed 10/04/2007. • #65 - Date of hire 05/03/2010. Completed 05/06/2010. • #67 - Date of hire 11/27/2009. Completed 12/01/2009. • #68 - Date of hire 12/26/2009. Completed 12/31/2009. • #69 - Date of hire 03/18/2009. Completed 03/30/2009. • #70 - Date of hire 05/10/2010. Completed 		
---	---	--	--

05/19/2010.

- #71 - Date of hire 05/03/2010. Completed 05/19/2010.

Tag # 1A27.2 (CoP) Duty to Report - IRs Filed During On-Site and/or IRs Not Reported by Provider	Scope and Severity Rating: D		
<p>7.1.13.9 INCIDENT MANAGEMENT SYSTEM REPORTING REQUIREMENTS FOR COMMUNITY BASED SERVICE PROVIDERS:</p> <p>A. Duty To Report:</p> <p>(1) All community based service providers shall immediately report abuse, neglect or misappropriation of property to the adult protective services division.</p> <p>(2) All community based service providers shall report to the division within twenty four (24) hours : abuse, neglect, or misappropriation of property, unexpected and natural/expected deaths; and other reportable incidents to include:</p> <p>(a) an environmental hazardous condition, which creates an immediate threat to life or health; or</p> <p>(b) admission to a hospital or psychiatric facility or the provision of emergency services that results in medical care which is unanticipated or unscheduled for the consumer and which would not routinely be provided by a community based service provider.</p> <p>(3) All community based service providers shall ensure that the reporter with direct knowledge of an incident has immediate access to the division incident report form to allow the reporter to respond to, report, and document incidents in a timely and accurate manner.</p> <p>B. Notification:</p> <p>(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</p>	<p>Based on record review, 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 8 Individuals.</p> <p>During the on-site survey June 28 - July 2, 2010, surveyors observed the following incident:</p> <p>Surveyors noted that there were many holes in the wall at Individual residence. When staff was asked about the holes, they stated the holes were made by Individual #1 when she had fallen and that she had numerous falls over the past few months. Upon further investigation, surveyors found that Individual #1 had a total of 43 falls from the beginning of June to the present. There was no evidence that the team had met to discuss this increase in falls. Also another staff member reported she had not been trained on Individual #1's Physical Therapy Plan and would occasionally work alone with her.</p> <p>As a result of what was observed the following incident(s) was reported:</p> <p>Individual #1</p> <ul style="list-style-type: none"> • A State Incident Report of Neglect was filed on Incident date 06/30/2010 (5PM). 		

or may be obtained from the department by calling the toll free number.

(2) Division Incident Report Form and Notification by Community Based Service Providers:

The community based service provider shall report incidents utilizing the division's incident report form consistent with the requirements of the division's incident management system guide. The community based service provider shall ensure all incident report forms alleging abuse, neglect or misappropriation of consumer property submitted by a reporter with direct knowledge of an incident are completed on the division's incident report form and received by the division within twenty-four (24) hours of an incident or allegation of an incident or the next business day if the incident occurs on a weekend or a holiday. The community based service provider shall ensure that the reporter with the most direct knowledge of the incident prepares the incident report form.

Tag # 1A28.1 (CoP) Incident Mgt. System - Personnel Training	Scope & Severity Rating: D		
<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>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>Policy Title: Training Requirements for Direct Service Agency Staff Policy - Eff. March 1, 2007</p> <p>II. POLICY STATEMENTS:</p> <p>A. Individuals shall receive services from competent and qualified staff.</p> <p>C. Staff shall complete training on DOH-approved incident reporting procedures in accordance with 7 NMAC 1.13.</p>	<p>Based on record review and interview, the Agency failed to provide documentation verifying completion of Incident Management Training for 3 of 33 Agency Personnel.</p> <p>When DSP were asked what two State Agencies must be contacted when there is suspected Abuse, Neglect & Misappropriation of Consumers' Property, the following was reported:</p> <ul style="list-style-type: none"> • DSP #51 stated, "Adult Protective Services." DSP failed to mention the Department of Health/Division of Health Improvement/Incident Management Bureau. <p>When DSP were asked to give examples of Abuse, Neglect & Misappropriation of Consumers' Property, the following was reported:</p> <ul style="list-style-type: none"> • DSP #51 was unable to give examples of abuse or exploitation. • DSP #64 stated, "I don't know an example exploitation." <p>Review of Incident Management Training for all Agency Personnel indicated Agency Personnel were trained, however, when DSP were asked specific questions regarding the reporting of Abuse, Neglect & Misappropriation of Consumers' Property or any other reportable incident, the following was reported:</p> <ul style="list-style-type: none"> • DSP #63 stated, "... I haven't taken the Incident Management Training." 		

Tag # 1A31 (CoP) Client Rights/Human Rights	Scope and Severity Rating: E		
<p>7.26.3.11 RESTRICTIONS OR LIMITATION OF CLIENT'S RIGHTS:</p> <p>A. A service provider shall not restrict or limit a client's rights except:</p> <p>(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</p> <p>(2) where the interdisciplinary team has determined that the client's limited capacity to exercise the right threatens his or her physical safety; or</p> <p>(3) as provided for in Section 10.1.14 [now Subsection N of 7.26.3.10 NMAC].</p> <p>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.</p> <p>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>Long Term Services Division Policy Title: Human Rights Committee Requirements Eff Date: March 1, 2003 IV. POLICY STATEMENT - Human Rights Committees are required for residential service provider agencies. The purpose of these</p>	<p>Based on record review, the Agency failed to ensure the rights of Individuals was not restricted or limited for 2 of 8 Individuals.</p> <p>A review of Agency Individual files indicated 2 of 8 Individuals required Human Rights Committee Approval for restrictions.</p> <p>No documentation was found regarding Human Rights Approval for the following:</p> <ul style="list-style-type: none"> • Psychotropic Medications to control behaviors. No evidence found of Human Rights Committee approval. (Individual #4) • Limitation on telephone usage. No evidence found o Human Rights Committee approval. (Individual #4) • Music & Movie restrictions. No evidence found of Human Rights Committee approval. (Individual #7) <p>Based on record review, the Agency failed to follow DDSD Policy regarding Human Rights Committee Requirements.</p> <p>Review of the Agency Policy & Procedure found the policy did not address the frequency and purpose of meetings.</p>		

committees with respect to the provision of Behavior Supports is to review and monitor the implementation of certain Behavior Support Plans.

Human Rights Committees may not approve any of the interventions specifically prohibited in the following policies:

- Aversive Intervention Prohibitions
- Psychotropic Medications Use
- Behavioral Support Service Provision.

A Human Rights Committee may also serve other agency functions as appropriate, such as the review of internal policies on sexuality and incident management follow-up.

A. HUMAN RIGHTS COMMITTEE ROLE IN BEHAVIOR SUPPORTS

Only those Behavior Support Plans with an aversive intervention included as part of the plan or associated Crisis Intervention Plan need to be reviewed prior to implementation. Plans not containing aversive interventions do not require Human Rights Committee review or approval.

2. The Human Rights Committee will determine and adopt a written policy stating the frequency and purpose of meetings. Behavior Support Plans approved by the Human Rights Committee will be reviewed at least quarterly.

3. Records, including minutes of all meetings will be retained at the agency with primary responsibility for implementation for at least five years from the completion of each individual's Individual Service Plan.

**Department of Health Developmental Disabilities Supports Division (DDSD) - Procedure Title: Medication Assessment and Delivery Procedure
Eff Date: November 1, 2006**

B. 1. e. If the PRN medication is to be used in

response to psychiatric and/or behavioral symptoms in addition to the above requirements, obtain current written consent from the individual, guardian or surrogate health decision maker and submit for review by the agency's Human Rights Committee (References: Psychotropic Medication Use Policy, Section D, page 5 Use of PRN Psychotropic Medications; and, Human Rights Committee Requirements Policy, Section B, page 4 Interventions Requiring Review and Approval – Use of PRN Medications).

Tag # 1A33 Board of Pharmacy - Med Storage	Scope and Severity Rating: B		
<p>New Mexico Board of Pharmacy Model Custodial Drug Procedures Manual</p> <p>E. Medication Storage:</p> <ol style="list-style-type: none"> 1. Prescription drugs will be stored in a locked cabinet and the key will be in the care of the administrator or designee. 2. Drugs to be taken by mouth will be separate from all other dosage forms. 3. A locked compartment will be available in the refrigerator for those items labeled "Keep in Refrigerator." The temperature will be kept in the 36°F - 46°F range. An accurate thermometer will be kept in the refrigerator to verify temperature. 4. Separate compartments are required for each resident's medication. 5. All medication will be stored according to their individual requirement or in the absence of temperature and humidity requirements, controlled room temperature (68-77°F) and protected from light. Storage requirements are in effect 24 hours a day. 6. Medication no longer in use, unwanted, outdated, or adulterated will be placed in a quarantine area in the locked medication cabinet and held for destruction by the consultant pharmacist. <p>8. References</p> <p>A. Adequate drug references shall be available for facility staff</p> <p>H. Controlled Substances (Perpetual Count Requirement)</p> <ol style="list-style-type: none"> 1. Separate accountability or proof-of-use sheets shall be maintained, for each controlled substance, indicating the following information: <ol style="list-style-type: none"> a. date b. time administered c. name of patient 	<p>Based on record review and observation, the Agency failed to ensure proper storage of medication for 3 of 8 individuals.</p> <p>Observation included:</p> <p>Individual #1</p> <ul style="list-style-type: none"> • Nystatin/Triamcinolone Acetonide Cream is an external medication and not kept separate from all other dosage forms. <p>Individual #2</p> <ul style="list-style-type: none"> • Eardrops 6.5% - bottle empty but not discarded or stored separately. <p>Individual #6</p> <ul style="list-style-type: none"> • 57 GM LDR Pain Relieving Rub is an external medication and not kept separate from all other dosage forms. • Clindamycin gel 1% is an external medication and not kept separate from all other dosage forms. 		

d. dose
e. practitioner's name
f. signature of person administering or assisting with the administration the dose
g. balance of controlled substance remaining.

Tag # 1A33 Board of Pharmacy - Lic	Scope and Severity Rating: B		
<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, 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 3 of 4 residences:</p> <p>Individual Residence:</p> <ul style="list-style-type: none"> • Current Registration of Consulting Pharmacist (#3 & 4) • Current NM Board of Pharmacy Inspection report (#1, 2, 5 & 6) <p>Note: Individuals 1 & 2, 3 & 4, 5 & 6, each share a residence.</p>		

Tag # 1A37 Individual Specific Training	Scope and Severity Rating: D		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 IV. GENERAL REQUIREMENTS FOR PROVIDER AGENCY SERVICE</p> <p>PERSONNEL: The objective of this section is to establish personnel standards for DD Medicaid Waiver Provider Agencies for the following services: Community Living Supports, Community Inclusion Services, Respite, Substitute Care and Personal Support Companion Services. These standards apply to all personnel who provide services, whether directly employed or subcontracting with the Provider Agency. Additional personnel requirements and qualifications may be applicable for specific service standards.</p> <p>C. Orientation and Training Requirements: Orientation and training for direct support staff and his or her supervisors shall comply with the DDS/DOH Policy Governing the Training Requirements for Direct Support Staff and Internal Service Coordinators Serving Individuals with Developmental Disabilities to include the following:</p> <p>(2) Individual-specific training for each individual under his or her direct care, as described in the individual service plan, prior to working alone with the individual.</p> <p>Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) Policy - Policy Title: Training Requirements for Direct Service Agency Staff Policy - Eff. March 1, 2007 - II. POLICY STATEMENTS:</p> <p>A. Individuals shall receive services from competent and qualified staff.</p> <p>B. Staff shall complete individual-specific (formerly known as "Addendum B") training requirements in accordance with the specifications described in the individual service plan (ISP) of each individual served.</p>	<p>Based on record review, the Agency failed to ensure that Individual Specific Training requirements were met for 1 of 33 Agency Personnel.</p> <p>Review of personnel records found no evidence of the following:</p> <ul style="list-style-type: none"> • Individual Specific Training (#65) 		

Tag # 5144 AH Reimbursement	Scope and Severity Rating: C	
<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>MAD-MR: 03-59 Eff 1/1/2004</p> <p>8.314.1 BI RECORD KEEPING AND DOCUMENTATION REQUIREMENTS:</p> <p>Providers must maintain all records necessary to fully disclose the extent of the services provided to the Medicaid recipient. Services that have been billed to Medicaid, but are not substantiated in a treatment plan and/or patient records for the recipient are subject to recoupment.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 5 XVI. REIMBURSEMENT</p> <p>A. Billable Unit. A billable unit for Adult Habilitation</p>	<p>Based on record review, the Agency failed to provide written or electronic documentation as evidence for each unit billed for Adult Habilitation Services for 3 of 3 individuals.</p> <p>Individual #1 March 2010</p> <ul style="list-style-type: none"> • The Agency billed 120 units of Adult Habilitation from 03/08/2010 through 03/12/2010. Documentation received accounted for 104 units. • The Agency billed 120 units of Adult Habilitation from 03/15/2010 through 03/19/2010. Documentation received accounted for 108 units. • The Agency billed 120 units of Adult Habilitation from 03/22/2010 through 03/26/2010. Documentation received accounted for 112 units. • The Agency billed 120 units of Adult Habilitation from 03/29/2010 through 04/02/2010. Documentation received accounted for 104 units. <p>April 2010</p> <ul style="list-style-type: none"> • The Agency billed 120 units of Adult Habilitation from 04/05/2010 through 04/09/2010. Documentation received accounted for 36 units. • The Agency billed 72 units of Adult Habilitation from 04/12/2010 through 04/16/2010. No documentation found to justify billing. • The Agency billed 72 units of Adult Habilitation from 04/19/2010 through 04/23/2010. No documentation found to justify billing. • The Agency billed 120 units of Adult Habilitation 	

<p>Services is in 15-minute increments hour. The rate is based on the individual's level of care.</p> <p>B. Billable Activities</p> <p>(1) The Community Inclusion Provider Agency can bill for those activities listed and described on the ISP and within the Scope of Service. Partial units are allowable. Billable units are face-to-face, except that Adult Habilitation services may be non- face-to-face under the following conditions: (a) Time that is non face-to-face is documented separately and clearly identified as to the nature of the activity; and(b) Non face-to-face hours do not exceed 5% of the monthly billable hours.</p> <p>(2) Adult Habilitation Services can be provided with any other services, insofar as the services are not reported for the same hours on the same day, except that Therapy Services and Case Management may be provided and billed for the same hours</p>	<p>from 04/26/2010 through 04/30/2010. No documentation found to justify billing.</p> <p>May 2010</p> <ul style="list-style-type: none"> • The Agency billed 72 units of Adult Habilitation from 05/10/2010 through 05/14/2010. No documentation found to justify billing. • The Agency billed 72 units of Adult Habilitation from 05/17/2010 through 05/21/2010. Documentation received accounted for 60 units. • The Agency billed 72 units of Adult Habilitation from 05/24/2010 through 05/28/2010. No documentation found to justify billing. <p>Individual #5</p> <p>March 2010</p> <ul style="list-style-type: none"> • The Agency billed 120 units of Adult Habilitation from 03/08/2010 through 03/12/2010. Documentation received accounted for 96 units. • The Agency billed 120 units of Adult Habilitation from 03/15/2010 through 03/19/2010. Documentation received accounted for 56 units. • The Agency billed 120 units of Adult Habilitation from 03/22/2010 through 03/26/2010. Documentation received accounted for 32 units. <p>April 2010</p> <ul style="list-style-type: none"> • The Agency billed 120 units of Adult Habilitation from 04/05/2010 through 04/09/2010. Documentation received accounted for 116 units. • The Agency billed 120 units of Adult Habilitation from 04/12/2010 through 04/16/2010. Documentation received accounted for 116 units. • The Agency billed 120 units of Adult Habilitation 		
---	---	--	--

	<p>from 04/19/2010 through 04/23/2010. Documentation received accounted for 116 units.</p> <ul style="list-style-type: none"> • The Agency billed 120 units of Adult Habilitation from 04/26/2010 through 04/30/2010. Documentation received accounted for 92 units. <p>May 2010</p> <ul style="list-style-type: none"> • The Agency billed 120 units of Adult Habilitation from 05/03/2010 through 05/07/2010. Documentation received accounted for 104 units. • The Agency billed 120 units of Adult Habilitation from 05/10/2010 through 05/14/2010. Documentation received accounted for 84 units. • The Agency billed 120 units of Adult Habilitation from 05/17/2010 through 05/21/2010. Documentation received accounted for 92 units. • The Agency billed 120 units of Adult Habilitation from 05/24/2010 through 05/28/2010. Documentation received accounted for 104 units. <p>Individual #7 March 2010</p> <ul style="list-style-type: none"> • The Agency billed 72 units of Adult Habilitation from 03/01/2010 through 03/03/2010. Documentation did not contain start and end time of service interval to justify billing on 03/02. Per Service Coordinator/Assistant Director #72 start and end times were documented as start and end times of staff shifts not start and end times of services provided. • The Agency billed 312 units of Adult Habilitation from 03/17/2010 through 04/02/2010. Documentation did not contain start and end time of service interval to justify billing on 03/19, 		
--	--	--	--

	<p>20, 21, 22, 23, 24, 25, 27, 29, 30, 31 & 04/02. Per Service Coordinator/Assistant Director #72 start and end times were documented as start and end times of staff shifts not start and end times of services provided.</p> <p>April 2010</p> <ul style="list-style-type: none"> • The Agency billed 120 units of Adult Habilitation from 04/05/2010 through 04/09/2010. Documentation did not contain start and end time of service interval to justify billing on 04/06, 07 & 08. Per Service Coordinator/Assistant Director #72 start and end times were documented as start and end times of staff shifts not start and end times of services provided. • The Agency billed 120 units of Adult Habilitation from 04/12/2010 through 04/16/2010. Documentation did not contain start and end time of service interval to justify billing on 04/12, 13, 14, 15 & 16. Per Service Coordinator/Assistant Director #72 start and end times were documented as start and end times of staff shifts not start and end times of services provided. • The Agency billed 120 units of Adult Habilitation from 04/19/2010 through 04/23/2010. Documentation did not contain start and end time of service interval to justify billing on 04/19, 20, 21, 22 & 23. Per Service Coordinator/Assistant Director #72 start and end times were documented as start and end times of staff shifts not start and end times of services provided. • The Agency billed 120 units of Adult Habilitation from 04/26/2010 through 04/30/2010. Documentation did not contain start and end time of service interval to justify billing on 04/26, 27, 28, 29 & 30. Per Service 		
--	---	--	--

	<p>Coordinator/Assistant Director #72 start and end times were documented as start and end times of staff shifts not start and end times of services provided.</p> <p>May 2010</p> <ul style="list-style-type: none"> • The Agency billed 240 units of Adult Habilitation from 05/03/2010 through 05/14/2010. Documentation did not contain start and end time of service interval to justify billing on 05/03, 04, 05, 06, 08, 09, 10, 12, 13 & 14. Per Service Coordinator/Assistant Director #72 start and end times were documented as start and end times of staff shifts not start and end times of services provided. • The Agency billed 120 units of Adult Habilitation from 05/17/2010 through 05/21/2010. Documentation did not contain start and end time of service interval to justify billing on 05/17, 19, 20 & 21. Per Service Coordinator/Assistant Director #72 start and end times were documented as start and end times of staff shifts not start and end times of services provided. • The Agency billed 120 units of Adult Habilitation from 05/24/2010 through 05/28/2010. Documentation did not contain start and end time of service interval to justify billing on 05/25, 26, 27 & 28. Per Service Coordinator/Assistant Director #72 start and end times were documented as start and end times of staff shifts not start and end times of services provided. 		
--	---	--	--

Tag # 6L13 (CoP) - CL Healthcare Reqts.	Scope and Severity Rating: E		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 6. VI. GENERAL REQUIREMENTS FOR COMMUNITY LIVING</p> <p>G. Health Care Requirements for Community Living Services.</p> <p>(1) The Community Living Service providers shall ensure completion of a HAT for each individual receiving this service. The HAT shall be completed 2 weeks prior to the annual ISP meeting and submitted to the Case Manager and all other IDT Members. A revised HAT is required to also be submitted whenever the individual's health status changes significantly. For individuals who are newly allocated to the DD Waiver program, the HAT may be completed within 2 weeks following the initial ISP meeting and submitted with any strategies and support plans indicated in the ISP, or within 72 hours following admission into direct services, which ever comes first.</p> <p>(2) Each individual will have a Health Care Coordinator, designated by the IDT. When the individual's HAT score is 4, 5 or 6 the Health Care Coordinator shall be an IDT member, other than the individual. The Health Care Coordinator shall oversee and monitor health care services for the individual in accordance with these standards. In circumstances where no IDT member voluntarily accepts designation as the health care coordinator, the community living provider shall assign a staff member to this role.</p> <p>(3) For each individual receiving Community Living Services, the provider agency shall ensure and document the following:</p> <p>(a) Provision of health care oversight consistent with these Standards as detailed in Chapter One section III E: Healthcare Documentation by Nurses For Community Living Services, Community Inclusion Services and Private Duty Nursing Services.</p> <p>b) That each individual with a score of 4, 5, or 6</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 5 of 8 individuals receiving Community Living Services.</p> <ul style="list-style-type: none"> • Annual Physical (#4) • Vision Exam <ul style="list-style-type: none"> ◦ Individual #1 - As indicated by the documentation reviewed, exam was completed on 10/02/2008. Follow-up was to be completed in 1 Year. No evidence of follow-up found. ◦ Individual #2 - As indicated by the documentation reviewed, exam was completed on 05/12/2009. Follow-up was to be completed in 1 Year. No evidence of follow-up found. ◦ Individual #8 - As indicated by the documentation reviewed, exam was completed on 05/15/2009. Follow-up was to be completed in 1 Year. No evidence of follow-up found. • Pap Smear Exam <ul style="list-style-type: none"> ◦ Individual #4 - As indicated by documentation review, referral for examination made on 02/18/2010. No evidence of follow-up on recommendation or a decision justification for not completing the exam. • Abnormal Involuntary Movement Screening and/or Tardive Dyskinesia Screenings <ul style="list-style-type: none"> ◦ None found 05/2009 - 05/2010 for Haloperidol (#1) ◦ None found 05/2009 - 05/2010 for Zyprexa (#2) ◦ None found 05/2009 - 05/2010 for Geodone (#3) 		

<p>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>			
--	--	--	--

Tag # 6L14 Residential Case File	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>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 response to identified changes in condition for at least the past month;</p> <p>(7) Physician's or qualified health care providers written orders;</p> <p>(8) Progress notes documenting implementation of</p>	<p>Based on record review, the Agency failed to maintain a complete and confidential case file in the residence for 7 of 8 Individuals receiving Supported Living Services.</p> <p>The following was not found, incomplete and/or not current:</p> <ul style="list-style-type: none"> • Current Emergency & Personal Identification Information <ul style="list-style-type: none"> ◦ Did not contain Individual's address and/or phone number Information (#2, 3 & 7) ◦ Did not contain Pharmacy Information (#2 & 3) ◦ Health Plan Information (#2) • Annual ISP (#1) • Individual Specific Training (Addendum B) (#1) • Positive Behavioral Plan (#1) • Positive Behavioral Crisis Plan (#5 & 6) • Crisis Plan <ul style="list-style-type: none"> ◦ Diabetes (#4) ◦ Respiratory (#6) 		

<p>a physician's or qualified health care provider's order(s);</p> <p>(9) Medication Administration Record (MAR) for the past three (3) months which includes:</p> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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. <p>(10) Record of visits to healthcare practitioners including any treatment provided at the visit and a record of all diagnostic testing for the current ISP year; and</p> <p>(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</p>			
--	--	--	--

discharge summaries for past twelve (12) months, past medical history including hospitalizations, surgeries, injuries, family history and current physical exam.

Tag # 6L25 (CoP) Residential Health & Safety (Supported Living & Family Living)	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>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 4 Supported Living residences.</p> <p>The following items were not found, not functioning or incomplete:</p> <p>Supported Living Requirements:</p> <ul style="list-style-type: none"> • A blood borne pathogens kit - applicable due to an individual's health status (#3 & 4) • Accessible telephone numbers of poison control centers located within the line of sight of the telephone (#3 & 4; 7 & 8) • 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 (#5 & 6) 		

Tag # 6L26 SL Reimbursement	Scope and Severity Rating: B		
<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>MAD-MR: 03-59 Eff 1/1/2004</p> <p>8.314.1 BI RECORD KEEPING AND DOCUMENTATION REQUIREMENTS:</p> <p>Providers must maintain all records necessary to fully disclose the extent of the services provided to the Medicaid recipient. Services that have been billed to Medicaid, but are not substantiated in a treatment plan and/or patient records for the recipient are subject to recoupment.</p> <p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 6. IX. REIMBURSEMENT FOR COMMUNITY LIVING SERVICES</p>	<p>Based on record review, the Agency failed to provide written or electronic documentation as evidence for each unit billed for Supported Living Services for 2 of 8 individuals.</p> <p>Individual #1 April 2010</p> <ul style="list-style-type: none"> • The Agency billed 7 units of Supported Living from 04/05/2010 through 04/11/2010. Documentation insufficient to justify billing on 04/07 & 08. <p>Individual #2 April 2010</p> <ul style="list-style-type: none"> • The Agency billed a total of 7 units of Supported Living Services on 03/29/2010 through 04/04/2010. Documentation indicated that the individual was out of services on 4/3 & 4. <p>May 2010</p> <ul style="list-style-type: none"> • The Agency billed 7 units of Supported Living from 05/24/2010 through 05/30/2010. Documentation received accounted for 5 units. No documentation was found for 5/29 & 30. 		

<p>A. Reimbursement for Supported Living Services</p> <p>(1) Billable Unit. The billable Unit for Supported Living Services is based on a daily rate. The daily rate cannot exceed 340 billable days a year.</p> <p>(2) Billable Activities</p> <p>(a) Direct care provided to an individual in the residence any portion of the day.</p> <p>(b) Direct support provided to an individual by community living direct service staff away from the residence, e.g., in the community.</p> <p>(c) Any activities in which direct support staff provides in accordance with the Scope of Services.</p> <p>(3) Non-Billable Activities</p> <p>(a) The Supported Living Services provider shall not bill DD Waiver for Room and Board.</p> <p>(b) Personal care, respite, nutritional counseling and nursing supports shall not be billed as separate services for an individual receiving Supported Living Services.</p> <p>(c) The provider shall not bill when an individual is hospitalized or in an institutional care setting.</p>			
--	--	--	--