Date:	November 2, 2009
To:	Joe Madrid, Executive Director
Provider:	Tobosa Developmental Services, Inc.
Address:	110 East Summit
State/Zip:	Roswell, NM 88201
CC:	Doris Callaway, Board President
Address:	3100 South Main
State/Zip	Roswell, NM 88203
E-mail Address:	rrubio@trytobosa.org
Region:	Southeast
Survey Date:	August 31 – September 4, 2009
Program Surveyed:	Developmental Disabilities Waiver
Service Surveyed:	Community Living (Supported Living & Independent Living) & Community Inclusion (Adult Habilitation, Community Access & Supported Employment)
Survey Type:	Routine
Team Leader:	Deb Russell, BS, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau
Team Members:	Cyndie Neilsen, RN, MSN, Healthcare Surveyor; Division of Health Improvement/Quality Management Bureau; Florie Alire, RN, Healthcare Surveyor; Division of Health Improvement/Quality Management Bureau; Tony Fragua, BFA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau & Barbara Czinger, MSW, LISW, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Mr. Madrid,

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/Quality Management Bureau is granting your agency a "SUB-STANDARD" certification for significant non-compliance with DDSD Standards and regulations; additionally your agency is being referred to the Internal Review Committee for consideration of remedies and possible sanctions.

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
   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.

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

Please call the Team Leader at 505-690-4693, if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,

Deb Russell, BS

Deb Russell, BS
Team Lead/Healthcare Surveyor
Division of Health Improvement
Quality Management Bureau

Survey Process Employed:

Entrance Conference Date:	August 31, 2009
Present:	**Tobosa Developmental Services, Inc.** Rosie Rubio, Operations Officer **DOH/DHI/QMB** Deb Russell, BS, Team Lead/Healthcare Surveyor Cyndie Neilsen, RN, MSN, Healthcare Surveyor Florie Alire, RN, Healthcare Surveyor Tony Fragua, BFA, Healthcare Surveyor Barbara Czinger, MSW, LISW, Healthcare Surveyor
Exit Conference Date:	September 3, 2009
Present:	**Tobosa Developmental Services, Inc.** Joe Madrid, Executive Director Rosie Rubio, Operations Officer Joan Blodgett, Administration Michelle Lyons, Program Director **DOH/DHI/QMB** Deb Russell, BS, Team Lead/Healthcare Surveyor Cyndie Neilsen, RN, MSN, Healthcare Surveyor Florie Alire, RN, Healthcare Surveyor Tony Fragua, BFA, Healthcare Surveyor Barbara Czinger, MSW, LISW , Healthcare Surveyor **DDSD - Southeast Regional Office** Jon Hellebust, Regional Office Manager, by teleconference
Homes Visited	Number: 8
Administrative Locations Visited	Number: 1
Total Sample Size	Number: 14 2 - Jackson Class Members 12 - Non-Jackson Class Members 11 - Supported Living 3 - Independent Living 12 - Adult Habilitation 8 - Supported Employment 5 - Community Access
Persons Served Interviewed	Number: 9
Persons Served Observed	Number: 5 (1 Individual did not respond to questions asked by surveyors & 4 Individuals were not available during On-Site Survey)
Records Reviewed (Persons Served)	Number: 14
Administrative Files Reviewed	• Billing Records • Medical Records • Incident Management Records • Personnel Files • Training Records • Agency Policy and Procedure • Caregiver Criminal History Screening Records

- Employee Abuse Registry
- Human Rights Notes and/or Meeting Minutes
- Nursing personnel files
- Evacuation Drills
- Quality Improvement/Quality Assurance Plan

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

Attachment A

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.
- The following Deficiencies must be corrected within the deadlines below (after receipt of your Survey Report):

    - CCHS and EAR: 10 working days
    - Medication errors: 10 working days
    - IMS system/training: 20 working days
    - ISP related documentation: 30 working days
    - DDSD Training 45 working days

- If you have questions about the POC process, call the QMB POC Coordinator, George Perrault at 505-222-8647 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 #s.
- 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.

Attachment B

QMB Scope and Severity Matrix of survey results

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

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

Scope and Severity Definitions:

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

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

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

Key to Severity scale:
Low Impact Severity: (Blue)
Low level findings have no or minimal potential for harm to an individual. Providers that have no findings above a "C" level may receive a "Quality" Certification approval rating from QMB.

Medium Impact Severity: (Tan)
Medium level findings have a potential for harm to an individual. Providers that have no findings above a "F" level and/or no more than two F level findings and no F level Conditions of Participation may receive a "Merit" Certification approval rating from QMB.

High Impact Severity: (Green or Yellow)
High level findings are when harm to an individual has occurred. Providers that have no findings above "I" level may only receive a "Standard" Approval rating from QMB and will be referred to the IRC.

High Impact Severity: (Yellow)
"J, K, and L" Level findings:
This is a finding of Immediate Jeopardy. If a provider is found to have "I" level findings or higher, with an outcome of Immediate Jeopardy, including repeat findings or Conditions of Participation they will be referred to the Internal Review Committee.

Attachment C

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.

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

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

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

Agency: **Tobosa Developmental Services, Inc. - Southeast Region**
Program: Developmental Disabilities Waiver
Service: Community Living (Supported Living & Independent Living) & Community Inclusion (Adult Habilitation, Community Access & Supported Employment)
Monitoring Type: Routine Survey
Date of Survey: **August 31, 2009 – September 4, 2009**

Statute	Deficiency	Agency Plan of Correction and Responsible Party	Date Due
Tag # 1A08 Agency Case File	**Scope and Severity Rating: NA**		
Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007 **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. **D. Provider Agency Case File for the Individual:** All Provider Agencies shall maintain at the administrative office a confidential case file for each individual. Case records belong to the individual receiving services and copies shall be provided to the receiving agency whenever an individual changes providers. The record must also be made available for review when requested by DOH, HSD or federal government representatives for oversight purposes. The individual's case file shall include the following requirements: (1) Emergency contact information, including the individual's address, telephone number, names and telephone numbers of relatives, or guardian or conservator, physician's name(s) and telephone number(s), pharmacy name, address and telephone number, and health plan if appropriate…	Based on record review, the Agency failed to maintain at the administrative office a confidential case file for 1 of 14 individuals. Review of the Agency individual case files revealed the following item was not found, incomplete, and/or not current: • Addendum A (#3) No plan of correction required - due diligence was shown by the agency during the on-site survey.		

Tag # 1A09 Medication Delivery (MAR) - Routine Medication	Scope and Severity Rating: E		
Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007 **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. **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. (2) When required by the DDSD Medication Assessment and Delivery Policy, Medication Administration Records (MAR) shall be maintained and include: (a) The name of the individual, a transcription of the physician's written or licensed health care provider's prescription including the brand and generic name of the medication, diagnosis for which the medication is prescribed; (b) Prescribed dosage, frequency and method/route of administration, times and dates of administration; (c) Initials of the individual administering or assisting with the medication; (d) Explanation of any medication irregularity; (e) Documentation of any allergic reaction or	Medication Administration Records (MAR) were reviewed for May, June, July & August 2009. Based on record review, 10 of 14 individuals had Medication Administration Records, which contained missing medications entries and/or other errors: Individual #1 June 2009 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Citrucel 500mg (2 times daily) – Blank 6/10 (7:00 AM) • Oxybutrin 5mg (2 times daily) – Blank 6/10 (7:00 PM) August 2009 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Flomax 0.4mg (1 time daily) – Blank 8/1 & 8 (9:00 PM) • Depakote ER 500mg (1 time daily) – Blank 8/1 & 8 (9:00 PM) • Proscar 5mg (1 time daily) – Blank 8/1 & 8 (9:00 PM) • Zyprexa 5mg (1 time daily) – Blank 8/1 & 8 (9:00 PM) • Lisinopril HCT 10/12.5 (1 time daily) – Blank 8/8 (9:00 PM) • Colace 100mg (2 times daily) – Blank 8/2 (7:00 AM & 8/1 & 8 (7:00 PM)		

adverse medication effect; and (f) For PRN medication, an explanation for the use of the PRN medication shall include observable signs/symptoms or circumstances in which the medication is to be used, and documentation of effectiveness of PRN medication administered. (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; (4) MARs are not required for individuals participating in Independent Living who self-administer their own medications; (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 administrating the medication, signs and symptoms of adverse events and interactions with other medications; **NMAC 16.19.11.8 MINIMUM STANDARDS:** A. MINIMUM STANDARDS FOR THE DISTRIBUTION, STORAGE, HANDLING AND RECORD KEEPING OF DRUGS: (d) The facility shall have a Medication Administration Record (MAR) documenting medication administered to residents, **including over-the-counter medications.** This documentation shall include: (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	• Citrucel 500mg (2 times daily – Blank 8/2 (7:00 AM & 8/1 & 8 (7:00 PM) • Oxybutrin 5mg (2 times daily) – Blank 8/2 (7:00 AM) & 8/1 & 8 (7:00 PM) • Flunisolide Nasal Solution (2 times daily) – Blank 8/2 (7:00 AM) & 8/1 & 8 (7:00 PM) • Cerumenex (1 time daily) – Blank 8/2 & 8 (7:00 PM) Individual #2 May 2009 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Peridex Oral Rinse (2 times daily) – Blank 5/20, 21, 22 & 23 (7:00 AM) & 5/19, 20, 21, 22 & 23 (9:00 PM) June 2009 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Peridex Oral Rinse (2 times daily) – Blank 6/14, 15 & 16 (7:00 AM) July 2009 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Lisinopril 20mg (1 time daily) – Blank 7/23 (8:00 PM) Individual #3 May 2009 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:		

or changed; (x) The name and initials of all staff administering medications. **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. All PRN (As needed) medications shall have complete detail instructions regarding the administering of the medication. This shall include: ➢ 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.	• Cogentin 2mg (2 times daily) – Blank 5/21 (5:00 PM) June 2009 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Risperdal IM 37.5mg (every 2 weeks) – Blank 6/8 July 2009 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Depakote ER 500mg (1 time daily) – Blank 7/8 (9:00 PM) Individual #4 June 2009 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Lubriderm Lotion with Hydrocortisone (2 times daily) – Blank 6/4 & 12 (7:00 PM) Individual #5 May 2009 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Cerovite (1 time daily) – Blank 5/17 (7:00 AM) June 2009 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Famotidine 40mg (2 times daily) – Blank 6/8, 9, & 10 (7:00 AM) & 6/9 & 10 (7:00 PM) July 2009 Medication Administration Records contained		

	missing entries. No documentation found indicating reason for missing entries: • Blue Oral Rinse (2 times daily) – Blank 7/7 (9:00 PM) Individual #7 June 2009 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Prilosec 20mg (1 time daily) – Blank 6/3 (7:00 AM) Individual #9 June 2009 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Risperdal (Respiradone) 0.5mg (1 time daily) – Blank 6/20 (12:00 PM) • Naltrexone (Nevia) 50mg (1 time daily) – Blank 6/20 (12:00 PM) Individual #10 July 2009 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Dilantin 100mg (1 time daily) – Blank 7/5 (7:00 AM) August 2009 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Milk of Magnesia (1 times daily) – Blank 8/6 & 10 (7:00 AM) Individual #11 July 2009		

	Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Atorvastatin 10mg (1 time daily) – Blank 7/12 (7:00 PM) Individual #12 May 2009 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Synthroid (Levothyroxine) 50 mcg (1 time daily) – Blank 5/25 (5:30 AM) • Loratadine 10 mg (1 time daily) – Blank 5/25 (7:00 AM) • Prilosec 20 mg (1 time daily) – Blank 5/25 (7:00am) June 2009 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Over-The-Counter Nasal Spray (3 times daily) – Blank 6/13 (4:00 PM) • Pepcid 40mg (2 times daily) – Blank 6/15 (7:00 AM) & 6/14 & 21 (7:00 PM) • Trazadone 100mg (1 time daily) – Blank 6/21 (9:00 PM) • Allopurinol 300mg (1 time daily) – Blank 6/21 (7:00 AM) • Colace 100mg (2 times daily) – Blank 6/21 (7:00 PM) • Prevident 5000 plus (1 time daily) – Blank 6/21 (7:00 AM)		

	July 2009 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: ° Pepcid 40mg (2 times daily) – Blank 7/1 (7:00 PM) ° Trazadone 100mg (1 time daily) – Blank		

Tag # 1A09 Medication Delivery - PRN Medication	Scope and Severity Rating: E		
Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007 **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. **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. (2) When required by the DDSD Medication Assessment and Delivery Policy, Medication Administration Records (MAR) shall be maintained and include: (a) The name of the individual, a transcription of the physician's written or licensed health care provider's prescription including the brand and generic name of the medication, diagnosis for which the medication is prescribed; (b) Prescribed dosage, frequency and method/route of administration, times and dates of administration; (c) Initials of the individual administering or assisting with the medication; (d) Explanation of any medication irregularity; (e) Documentation of any allergic reaction or	Based on record review, the Agency failed to maintain PRN Medication Administration Records which contained all elements required by standard for 9 of 14 Individuals. Individual #1 June 2009 No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication: • Ibuprofen 200mg – PRN – 6/9 (given 1 time daily) No Effectiveness was noted on the Medication Administration Record for the following PRN medication: • Ibuprofen 200mg – PRN – 6/9 (given 1 time daily) Individual #2 June 2009 No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication: • Acetaminophen 500mg – PRN – 6/10 (given 1 time daily) No Effectiveness was noted on the Medication Administration Record for the following PRN medication: • Acetaminophen 500mg – PRN – 6/10 (given 1 time daily) July 2009 No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication: • Ibuprofen 200mg – PRN – 7/8 (given 1 time daily)		

adverse medication effect; and (f) For PRN medication, an explanation for the use of the PRN medication shall include observable signs/symptoms or circumstances in which the medication is to be used, and documentation of effectiveness of PRN medication administered. (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; (4) MARs are not required for individuals participating in Independent Living who self-administer their own medications; (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 administrating the medication, signs and symptoms of adverse events and interactions with other medications; **NMAC 16.19.11.8 MINIMUM STANDARDS:** **A. MINIMUM STANDARDS FOR THE DISTRIBUTION, STORAGE, HANDLING AND RECORD KEEPING OF DRUGS:** (d) The facility shall have a Medication Administration Record (MAR) documenting medication administered to residents, **including over-the-counter medications.** This documentation shall include: (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;	No Effectiveness was noted on the Medication Administration Record for the following PRN medication: • Ibuprofen 200mg – PRN – 7/8 (given 1 time daily) Individual #3 May 2009 No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication: • Ibuprofen 200mg – PRN – 5/26 (given 1 time daily) • Diphenhydramine 25mg – PRN – 5/26 (given 1 time daily) No Effectiveness was noted on the Medication Administration Record for the following PRN medication: • Ibuprofen 200mg – PRN – 5/26 (given 1 time daily) • Diphenhydramine 25mg – PRN – 5/26 (given 1 time daily) June 2009 No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication: • Diphenhydramine 25mg – PRN – 6/4, 8 & 24 (given 1 time daily) No Effectiveness was noted on the Medication Administration Record for the following PRN medication: • Diphenhydramine 25mg – PRN – 6/4, 8 &24 (given 1 time daily) July 2009		

(viii) Time taken and staff initials; (ix) Dates when the medication is discontinued or changed; (x) The name and initials of all staff administering medications. **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. All PRN (As needed) medications shall have complete detail instructions regarding the administering of the medication. This shall include: ➢ 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. **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	No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication: • Diphenhydramine 25mg – PRN – 7/10 & 14 (given 1 time daily) • Risperdal M-tab 0.5mg – PRN – 7/18 (given 1 time daily) No Effectiveness was noted on the Medication Administration Record for the following PRN medication: • Diphenhydramine 25mg – PRN – 7/10 & 14 (given 1 time daily) • Risperdal M-tab 0.5mg – PRN – 7/18 (given 1 time daily) August 2009 No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication: • Ibuprofen 200mg – PRN – 8/1 (given 1 time daily) No Effectiveness was noted on the Medication Administration Record for the following PRN medication: • Ibuprofen 200mg – PRN – 8/1 (given 1 time daily) Individual #5 June 2009 No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication: • Ibuprofen 200mg – PRN – 6/14 (given 1 time daily) No Effectiveness was noted on the Medication Administration Record for the following PRN		

based/family living settings where the provider is related by affinity or by consanguinity to the individual. 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,	medication: • Ibuprofen 200mg – PRN – 6/14 (given 1 time daily) July 2009 No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication: • Triple Antibiotic Ointment – PRN – 7/18 (given 1 time daily) No Effectiveness was noted on the Medication Administration Record for the following PRN medication: • Triple Antibiotic Ointment – PRN – 7/18 (given 1 time daily) Individual #6 June 2009 No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication: • ProAir HFA 90mcg – PRN – 6/29 (given 1 time daily) • Percocet 5/325 – PRN – 6/29 & 30 (given 1 time daily) • Ibuprofen 600mg – PRN – 6/29 (given 2 times daily) No Effectiveness was noted on the Medication Administration Record for the following PRN medication: • ProAir HFA 90mcg – PRN – 6/29 (given 1 time daily) • Percocet 5/325 – PRN – 6/29 & 30 (given 1 time daily) • Ibuprofen 600mg – PRN – 6/29 (given 2 times		

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. (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). a. Document conversation with nurse including all reported signs and symptoms, advice given and action taken by staff. 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.).	daily) July 2009 No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication: • Ibuprofen 600mg – PRN – 7/1 & 5 (given 1 time daily) No Effectiveness was noted on the Medication Administration Record for the following PRN medication: • Ibuprofen 600mg – PRN – 7/1 & 5 (given 1 time daily) August 2009 No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication: • Ibuprofen 200mg – PRN – 8/7 (given 1 time daily) No Effectiveness was noted on the Medication Administration Record for the following PRN medication: • Ibuprofen 200mg – PRN – 8/7 (given 1 time daily) Individual #8 July 2009 No Effectiveness was noted on the Medication Administration Record for the following PRN medication: • Maalox 30ml – PRN – 7/17, 19 & 21 (given 1 time daily) Individual #10 May 2009 No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication:		

	• Lorazepam 1mg – PRN – 5/23 (given 1 time daily) No Effectiveness was noted on the Medication Administration Record for the following PRN medication: • Lorazepam 1mg – PRN – 5/23 (given 1 time daily) June 2009 No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication: • Lorazepam 1mg – PRN – 6/26 & 28 (given 1 time daily) No Effectiveness was noted on the Medication Administration Record for the following PRN medication: • Lorazepam 1mg – PRN – 6/26 & 28 (given 1 time daily) July 2009 No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication: • Hydrocortisone Cream 1% – PRN – 7/3 (given 2 times daily) & 7/4 & 5 (given 3 times daily) No Effectiveness was noted on the Medication Administration Record for the following PRN medication: • Hydrocortisone Cream 1% – PRN – 7/3 (given 2 times daily) & 7/4 & 5 (given 3 times daily) Individual #11 May 2009 No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication: • Maalox 30ml – PRN – 5/21 (given 1 time daily)		

	No Effectiveness was noted on the Medication Administration Record for the following PRN medication: • Maalox 30ml – PRN – 5/21 (given 1 time daily) July 2009 No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication: • Diphenhydramine 25mg – PRN – 7/17 (given 1 time daily) • Ibuprofen 200mg – PRN – 7/18 (given 1 time daily) No Effectiveness was noted on the Medication Administration Record for the following PRN medication: • Diphenhydramine 25mg – PRN – 7/17 (given 1 time daily) • Ibuprofen 200mg – PRN – 7/18 (given 1 time daily) Individual #12 June 2009 No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication: • Phenergan 25mg – PRN – 6/13 (given 1 time daily) No Effectiveness was noted on the Medication Administration Record for the following PRN medication: • Phenergan 25mg – PRN – 6/13 (given 1 time daily)		

Tag # 1A11 (CoP) Transportation Training	Scope and Severity Rating: D		
Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007 **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. **G. Transportation:** … **Department of Health (DOH)** **Developmental Disabilities Supports Division (DDSD) Policy -** Training Requirements for Direct Service Agency Staff Policy **Eff Date:** March 1, 2007 **II. POLICY STATEMENTS: -** I. Staff providing direct services shall complete safety training within the first thirty (30) days of employment and before working alone with an individual receiving services. The training shall address at least the following: 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)	Based on record review, the Agency failed to provide staff training regarding the safe operation of the vehicle, assisting passengers and safe lifting procedures for 1 of 114 Direct Service Personnel. No documented evidence was found of the following required training: • Transportation (DSP #73)		

Tag # 1A20 DSP Training Documents	Scope and Severity Rating: E		
Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007 **CHAPTER 1 IV. GENERAL REQUIREMENTS FOR PROVIDER AGENCY SERVICE PERSONNEL:** The objective of this section is to establish personnel standards for DD Medicaid Waiver Provider Agencies for the following services: Community Living Supports, Community Inclusion Services, Respite, Substitute Care and Personal Support Companion Services. These standards apply to all personnel who provide services, whether directly employed or subcontracting with the Provider Agency. Additional personnel requirements and qualifications may be applicable for specific service standards. **C. Orientation and Training Requirements:** Orientation and training for direct support staff and his or her supervisors shall comply with the DDSD/DOH Policy Governing the Training Requirements for Direct Support Staff and Internal Service Coordinators Serving Individuals with Developmental Disabilities to include the following: (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 (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. **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:** A. Individuals shall receive services from competent and qualified staff…	Based on record review, the Agency failed to ensure that Orientation and Training requirements were met for 25 of 114 Direct Service Personnel. Review of Direct Service Personnel training records found no evidence of the following required DOH/DDSD trainings and certification being completed: • Pre- Service (DSP #75, 77, 78 & 80) • Basic Health/Orientation (DSP #69 & 77) • Person-Centered Planning (1-Day) (DSP #112 & 126) • First Aid (DSP #68, 89, 91, 95, 111, 112, 113, 126, 140, 142, 143 & 148) • CPR (DSP #68, 93. 94, 98, 105, 125, 126 & 148) • Assisting With Medications (DSP#105 & 118) • Level 1 Health (DSP #112) • Teaching & Support Strategies (DSP #48) • Positive Behavior Supports Strategies (DSP #149)		

Tag # 1A22 Staff Competence	Scope and Severity Rating: E		
Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007 **CHAPTER 1 IV. GENERAL REQUIREMENTS FOR PROVIDER AGENCY SERVICE PERSONNEL:** The objective of this section is to establish personnel standards for DD Medicaid Waiver Provider Agencies for the following services: Community Living Supports, Community Inclusion Services, Respite, Substitute Care and Personal Support Companion Services. These standards apply to all personnel who provide services, whether directly employed or subcontracting with the Provider Agency. Additional personnel requirements and qualifications may be applicable for specific service standards. **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: (1) Direct service personnel shall be eighteen (18) years or older. Exception: Adult Habilitation can employ direct care personnel under the age of eighteen 18 years, but the employee shall work directly under a supervisor, who is physically present at all times; (2) Direct service personnel shall have the ability to read and carry out the requirements in an ISP; (3) Direct service personnel shall be available to communicate in the language that is functionally required by the individual or in the use of any specific augmentative communication system utilized by the individual; (4) Direct service personnel shall meet the	Based on interview, the Agency failed to ensure that training competencies were met for 3 of 15 Direct Service Personnel. **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:** • DSP #90 stated, "No." According to the Individual Specific Training Section of the ISP, the Individual requires a Positive Behavioral Supports Plan. (Individual #1) **When DSP were asked if they received training on the Individual's Speech Therapy Plan and what the plan covered, the following was reported:** • DSP #147 stated, "No." According to the Individual Specific Training Section of the ISP, the Individual requires a Speech Therapy Plan. (Individual #2) **When DSP were asked if they received training on the Individual's Occupational Therapy Plan and what the plan covered, the following was reported:** • DSP #147 stated, "No." According to the Individual Specific Training Section of the ISP, the Individual requires an Occupational Therapy Plan. (Individual #1) • DSP #147 stated, "No." According to the Individual Specific Training Section of the ISP, the Individual requires an Occupational Therapy Plan. (Individual #2) **When DSP were asked if they received training**		

qualifications specified by DDSD in the Policy Governing the Training Requirements for Direct Support Staff and Internal Service Coordinators, Serving Individuals with Developmental Disabilities; and (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. (6) Report required personnel training status to the DDSD Statewide Training Database as specified in DDSD policies as related to training requirements as follows: (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; (b) Staff who do not wish to use his or her Social Security Number may request an alternative tracking number; and (c) Quarterly personnel update reports sent to DDSD Statewide Training Database to reflect new hires, terminations, inter-provider Agency position changes, and name changes.	**on the Individual's Physical Therapy Plan and what the plan covered, the following was reported:** • DSP #147 stated, "No." According to the Individual Specific Training Section of the ISP, the Individual requires a Physical Therapy Plan. (Individual #1) **When DSP were asked if the Individual had any food or medication allergies, the following was reported:** • DSP #63 stated, "No." As according to the Individual Specific Training section of the ISP the individual has an allergy to Pediazole (Individual #3)		

Tag # 1A25 (CoP) CCHS	Scope and Severity Rating: D		
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. **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. **NMAC 7.1.9.11** **DISQUALIFYING CONVICTIONS.** The following felony convictions disqualify an applicant, caregiver or hospital caregiver from employment or contractual services with a care provider: **A.** homicide; **B.** trafficking, or trafficking in controlled substances; **C.** kidnapping, false imprisonment, aggravated assault or aggravated battery; **D.** rape, criminal sexual penetration, criminal sexual contact, incest, indecent exposure, or other related felony sexual offenses; **E.** crimes involving adult abuse, neglect or financial exploitation; **F.** crimes involving child abuse or neglect; **G.** crimes involving robbery, larceny, extortion, burglary, fraud, forgery, embezzlement, credit card fraud, or receiving stolen property; or **H**. an attempt, solicitation, or conspiracy involving any of the felonies in this subsection.	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 16 of 114 Agency Personnel. The following Agency Personnel Files contained no evidence of Caregiver Criminal History Screenings: • #54 – Date of hire 2/20/2007 • #55 – Date of hire 3/5/2009 • #61 – Date of hire 3/13/2009 • #66 – Date of hire 4/30/2009 • #67 – Date of hire 4/30/2009 • #68 – Date of hire 4/30/2009 • #69 – Date of hire 5/8/2009 • #72 – Date of hire 6/11/2009 • #73 – Date of hire 6/11/2009 • #74 – Date of hire 6/29/2009 • #76 – Date of hire 7/24/2009 • #77 – Date of hire 7/30/2009 • #79 – Date of hire 7/31/2009 • #81 – Date of hire 8/3/2009 • #82 – Date of hire 8/14/2009 • #85 – Date of hire 6/30/2009		

Tag # 1A26 (CoP) COR / EAR	Scope and Severity Rating: D		
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. 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. 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. 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…	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 6 of 114 Agency Personnel. The following Agency Personnel records contained evidence that indicated the Employee Abuse Registry was completed after hire: • #61 – Date of hire 3/13/2009 • #69 – Date of hire 5/8/2009 • #71 – Date of hire 3/18/2009 • #74 – Date of hire 6/29/2009 • #75 – Date of hire 7/23/2009 • #151 – Date of hire 6/5/2008		

Tag # 1A28 (CoP) Incident Mgt. System - Personnel Training	Scope & Severity Rating: E		
NMAC 7.1.13.10 INCIDENT MANAGEMENT SYSTEM REQUIREMENTS: **A. General:** All licensed health care facilities and community based service providers shall establish and maintain an incident management system, which emphasizes the principles of prevention and staff involvement. The licensed health care facility or community based service provider shall ensure that the incident management system policies and procedures requires all employees to be competently trained to respond to, report, and document incidents in a timely and accurate manner. **D. Training Documentation:** All licensed health care facilities and community based service providers shall prepare training documentation for each employee to include a signed statement indicating the date, time, and place they received their incident management reporting instruction. The licensed health care facility and community based service provider shall maintain documentation of an employee's training for a period of at least twelve (12) months, or six (6) months after termination of an employee's employment. Training curricula shall be kept on the provider premises and made available on request by the department. Training documentation shall be made available immediately upon a division representative's request. Failure to provide employee training documentation shall subject the licensed health care facility or community based service provider to the penalties provided for in this rule.	Based on record review and interview, the Agency failed to provide documentation verifying completion of Incident Management Training for 19 of 114 Agency Personnel. • Incident Management Training (Abuse, Neglect & Misappropriation of Consumers' Property) (#77, 78, 79, 80, 87, 89, 91, 92, 93, 99, 103, 104, 109, 112, 116, 123 & 142) 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: • DSP #47 stated, “DOH.” DSP #47 did not state, Adult Protective Service. • DSP #40 stated, “Department of Health.” DSP #40 did not state, Adult Protective Service. • DSP #103 stated, “DOH.” DSP #103 did not state, Adult Protective Service.		

Tag # 1A28 (CoP) Incident Mgt. System - Parent/Guardian Training	Scope & Severity Rating: F		
NMAC 7.1.13.10 INCIDENT MANAGEMENT SYSTEM REQUIREMENTS: **A. General:** All licensed health care facilities and community based service providers shall establish and maintain an incident management system, which emphasizes the principles of prevention and staff involvement. The licensed health care facility or community based service provider shall ensure that the incident management system policies and procedures requires all employees to be competently trained to respond to, report, and document incidents in a timely and accurate manner. **E. Consumer and Guardian Orientation Packet:** Consumers, family members and legal guardians shall be made aware of and have available immediate accessibility to the licensed health care facility and community based service provider incident reporting processes. The licensed health care facility and community based service provider shall provide consumers, family members or legal guardians an orientation packet to include incident management systems policies and procedural information concerning the reporting of abuse, neglect or misappropriation. The licensed health care facility and community based service provider shall include a signed statement indicating the date, time, and place they received their orientation packet to be contained in the consumer's file. The appropriate consumer, family member or legal guardian shall sign this at the time of orientation.	Based on record review, the Agency failed to provide documentation indicating consumer, family members, or legal guardians had received an orientation packet including incident management system policies and procedural information concerning the reporting of Abuse, Neglect and Misappropriation of Consumers' Property, for 12 of 14 individuals. • Parent/Guardian Incident Management Training (Abuse, Neglect & Misappropriation of Consumers' Property) (#1, 2, 3, 4, 6, 7, 9, 10, 11, 12, 13 &14)		

Tag # 1A31 (CoP) Client Rights/Human Rights	Scope and Severity Rating: E		
7.26.3.11 RESTRICTIONS OR LIMITATION OF CLIENT'S RIGHTS: A. A service provider shall not restrict or limit a client's rights except: (1) where the restriction or limitation is allowed in an emergency and is necessary to prevent imminent risk of physical harm to the client or another person; or (2) where the interdisciplinary team has determined that the client's limited capacity to exercise the right threatens his or her physical safety; or (3) as provided for in Section 10.1.14 [now Subsection N of 7.26.3.10 NMAC]. B. Any emergency intervention to prevent physical harm shall be reasonable to prevent harm, shall be the least restrictive intervention necessary to meet the emergency, shall be allowed no longer than necessary and shall be subject to interdisciplinary team (IDT) review. The IDT upon completion of its review may refer its findings to the office of quality assurance. The emergency intervention may be subject to review by the service provider's behavioral support committee or human rights committee in accordance with the behavioral support policies or other department regulation or policy. C. The service provider may adopt reasonable program policies of general applicability to clients served by that service provider that do not violate client rights. [09/12/94; 01/15/97; Recompiled 10/31/01] **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 committees with respect to the provision of	Based on record review, the Agency failed to ensure the rights of Individuals was not restricted or limited for 3 of 14 Individuals. A review of Agency Individual files found no documentation of Positive Behavior Plans and/or Positive Behavior Crisis Plans, which contain restrictions being reviewed at least quarterly by the Human Rights Committee. (#2, 9 & 10) No documentation was found regarding Human Rights Approval for the following: • Physical Restraint - (Individual #2 & 9) • Psychotropic Medications to control behaviors. No evidence found of Human Rights Committee approval: ° Lorazepam 1mg (PRN) (Individual #10)		

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			

Tag # 1A32 (CoP) ISP Implementation	Scope and Severity Rating: D		
NMAC **7.26.5.16.C and D** **Development of the ISP. Implementation of the ISP.** The ISP shall be implemented according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcomes and action plan. C. The IDT shall review and discuss information and recommendations with the individual, with the goal of supporting the individual in attaining desired outcomes. The IDT develops an ISP based upon the individual's personal vision statement, strengths, needs, interests and preferences. The ISP is a dynamic document, revised periodically, as needed, and amended to reflect progress towards personal goals and achievements consistent with the individual's future vision. This regulation is consistent with standards established for individual plan development as set forth by the commission on the accreditation of rehabilitation facilities (CARF) and/or other program accreditation approved and adopted by the developmental disabilities division and the department of health. It is the policy of the developmental disabilities division (DDD), that to the extent permitted by funding, each individual receive supports and services that will assist and encourage independence and productivity in the community and attempt to prevent regression or loss of current capabilities. Services and supports include specialized and/or generic services, training, education and/or treatment as determined by the IDT and documented in the ISP. D. The intent is to provide choice and obtain opportunities for individuals to live, work and play with full participation in their communities. The following principles provide direction and purpose in planning for individuals with developmental disabilities. [05/03/94; 01/15/97; Recompiled 10/31/01]	Based on record review the Agency failed to implement the ISP according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcomes and action plan for 2 of 14 individuals. Per Individuals ISP the following was found with regards to the implementation of ISP Outcomes: **Community Access Data Collection/Data Tracking/Progress with regards to ISP Outcomes:** • None found for 7/2008 - 7/2009 (Individual #4) • None found for 7/2008 - 7/2009 (Individual #10)		

Tag # 1A37 Individual Specific Training	Scope and Severity Rating: D		
Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007 **CHAPTER 1 IV. GENERAL REQUIREMENTS FOR PROVIDER AGENCY SERVICE PERSONNEL:** The objective of this section is to establish personnel standards for DD Medicaid Waiver Provider Agencies for the following services: Community Living Supports, Community Inclusion Services, Respite, Substitute Care and Personal Support Companion Services. These standards apply to all personnel who provide services, whether directly employed or subcontracting with the Provider Agency. Additional personnel requirements and qualifications may be applicable for specific service standards. **C. Orientation and Training Requirements…** (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. **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:** A. Individuals shall receive services from competent and qualified staff. 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. C. Staff shall complete training on DOH-approved incident reporting procedures in accordance with 7 NMAC 1.13...	Based on record review, the Agency failed to ensure that Individual Specific Training requirements were met for 14 of 114 Agency Personnel. Review of personnel records found no evidence of the following: • Individual Specific Training (#44, 54, 58, 59, 60, 61, 65, 75, 76, 77, 78, 79, 80 & 104)		

Tag # 5I11 Reporting Requirements (Community Inclusion Quarterly Reports)	Scope and Severity Rating: A		
Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007 **CHAPTER 5 IV. COMMUNITY INCLUSION SERVICES PROVIDER AGENCY REQUIREMENTS** **E. Provider Agency Reporting Requirements:** All Community Inclusion Provider Agencies are required to submit written quarterly status reports to the individual's Case Manager no later than fourteen (14) calendar days following the end of each quarter. In addition to reporting required by specific Community Access, Supported Employment, and Adult Habilitation Standards, the quarterly reports shall contain the following written documentation: (1) Identification and implementation of a meaningful day definition for each person served; (2) Documentation summarizing the following: (a) Daily choice-based options; and (b) Daily progress toward goals using age-appropriate strategies specified in each individual's action plan in the ISP. (3) Significant changes in the individual's routine or staffing; (4) Unusual or significant life events; (5) Quarterly updates on health status, including changes in medication, assistive technology needs and durable medical equipment needs; (6) Record of personally meaningful community inclusion; (7) Success of supports as measured by whether or not the person makes progress toward his or her desired outcomes as identified in the ISP; and (8) Any additional reporting required by DDSD.	Based on record review, the Agency failed to complete quarterly reports as required for 2 of 14 individuals receiving Community Inclusion services. **Community Access Quarterly Reports** • Individual #4 - None found for 7/2008 - 7/2009 • Individual #10 - None found for 7/2008 - 7/2009		

Tag # 5I44 AH Reimbursement	Scope and Severity Rating: A		
Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007 **CHAPTER 5 XVI. REIMBURSEMENT** **A. Billable Unit**. A billable unit for Adult Habilitation Services is in 15-minute increments hour. The rate is based on the individual's level of care. **B. Billable Activities** (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. (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	Based on record review, the Agency failed to provide written or electronic documentation as evidence for each unit billed for Adult Habilitation Services for 2 of 12 individuals. Individual #4 May 2009 • The Agency billed 442 units of Adult Habilitation on 5/1/2009 through 5/31/2009. Documentation received accounted for 400 units. June 2009 • The Agency billed 305 units of Adult Habilitation on 6/1/2009 through 6/30/2009. Documentation received accounted for 240 units. July 2009 • The Agency billed 460 units of Adult Habilitation on 7/1/2009 through 7/31/2009. Documentation received accounted for 382 units. Individual #5 July 2009 • The Agency billed 470 units of Adult Habilitation on 7/1/2009 through 7/31/2009. Documentation received accounted for 442 units.		

Tag # 6L14 Residential Case File	Scope and Severity Rating: E		
Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007 **CHAPTER 6. VIII. COMMUNITY LIVING SERVICE PROVIDER AGENCY REQUIREMENTS** **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: (1) Complete and current ISP and all supplemental plans specific to the individual; (2) Complete and current Health Assessment Tool; (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; (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); (5) Data collected to document ISP Action Plan implementation (6) Progress notes written by direct care staff and by nurses regarding individual health status and physical conditions including action taken in	Based on record review, the Agency failed to maintain a complete and confidential case file in the residence for 9 of 11 Individuals receiving Supported Living Services. The following was not found, incomplete and/or not current: • Annual ISP (#2, 7 & 10) • ISP Signature Page (#1, 2, 4 & 10) • Addendum A (#1, 2, 4, 7 & 10) • Individual Specific Training (Addendum B) (#2, 7 & 10) • Teaching & Support Strategies (#10) • Positive Behavioral Plan (#6) • Positive Behavioral Crisis Plan (#5) • Speech Therapy Plan (#4 & 6) • Occupational Therapy Plan (#1, 2 & 6) • Physical Therapy Plan (#6 & 10) • Health Assessment Tool (#1, 2, 4, 5, 7, 8, 9 & 10) • **Health Care Plans** ° Care for Suprapubic Catheter (#10) • **Crisis Plan** ° Allergies (#10) • **Progress Notes/Daily Contacts Logs:**		

response to identified changes in condition for at least the past month; (7) Physician's or qualified health care providers written orders; (8) Progress notes documenting implementation of a physician's or qualified health care provider's order(s); (9) Medication Administration Record (MAR) for the past three (3) months which includes: (a) The name of the individual; (b) A transcription of the healthcare practitioners prescription including the brand and generic name of the medication; (c) Diagnosis for which the medication is prescribed; (d) Dosage, frequency and method/route of delivery; (e) Times and dates of delivery; (f) Initials of person administering or assisting with medication; and (g) An explanation of any medication irregularity, allergic reaction or adverse effect. (h) For PRN medication an explanation for the use of the PRN must include: (i) Observable signs/symptoms or circumstances in which the medication is to be used, and (ii) Documentation of the effectiveness/result of the PRN delivered. (i) A MAR is not required for individuals participating in Independent Living Services who self-administer their own medication. However, when medication administration is provided as part of the Independent Living Service a MAR must be maintained at the individual's home and an updated copy must be placed in the agency file on a weekly basis. (10) Record of visits to healthcare …	° Individual #6 - None found for August 1 – 13, 2009 ° Individual #7 – None found for August 2009 ° Individual #8 – None found for August 2009 ° Individual #10 - None found for August 2009 • Health Care Providers Written Orders (#10)		

Tag # 6L25 (CoP) Residential Health & Safety (Supported Living)	Scope and Severity Rating: E		
Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007 **CHAPTER 6. VIII. COMMUNITY LIVING SERVICE PROVIDER AGENCY REQUIREMENTS - L. Residence Requirements for Family Living Services and Supported Living Services** (1) Supported Living Services and Family Living Services providers shall assure that each individual's residence has: (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 (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…	Based on observation, the Agency failed to ensure that each individual's residence met all requirements within the standard for 6 of 8 Supported Living residences. The following items were not found, not functioning or incomplete (**Individuals #1, 2 & 5 share a residence & Individuals #7 & 10 share a residence.): • General-purpose first aid kit (#1, 2 & 5) • Accessible written procedures for emergency evacuation e.g. fire and weather-related threats (#1, 2, 5 & 9) • 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 (#3, 4, 7, 9 & 10) • Accessible written procedures for emergency placement and relocation of individuals in the event of an emergency evacuation that makes the residence unsuitable for occupancy. The emergency evacuation procedures shall address, but are not limited to, fire, chemical and/or hazardous waste spills, and flooding (#1, 2, 3, 4, 5, 6, 7, 9 & 10)		