
Date: September 18, 2015

To: Deb Battista, Chief Executive Officer
Provider: Tresco, Inc.,
Address: 1800 Copper Loop
State/Zip: Las Cruces, New Mexico 88005

E-mail Address: dbattista@trescoinc.org

CC: Russell Foddrill, Board Chair

Board Chair
E-Mail Address: rfoddrill@firstamb.com

Region: Southwest
Routine Survey: March 9 – 12, 2015
Verification Survey: August 31 - September 1, 2015
Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: **2012:** *Living Supports* (Supported Living); *Inclusion Supports* (Customized Community Supports, Community Integrated Employment Services) and *Other* (Customized In-Home Supports)
2007: *Community Living* (Supported Living) and *Community Inclusion* (Adult Habilitation, Supported Employment)

Survey Type: Verification

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

Team Members: Tricia Hart, AAS, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Amanda Castaneda, MPA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Chris Melon, MPA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Ms. Battista;

The Division of Health Improvement/Quality Management Bureau has completed a Verification survey of the services identified above. The purpose of the survey was to determine compliance with your Plan of Correction submitted to DHI regarding the *Routine Survey on March 9 - 12, 2015*. In addition, agency policy and procedures, medical follow up and health care documentation were also reviewed to verify compliance with the Developmental Disabilities Waiver Service Standards and regulations.

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

Compliance with Conditions of Participation.

DIVISION OF HEALTH IMPROVEMENT

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

QMB Report of Findings – Tresco, Inc. – Southwest Region – August 31 – September 1, 2015

Survey Report #: Q.16.1.DDW.D1135.3.VER.01.15.261

However, due to the new/repeat standard level deficiencies your agency will be required to contact your DDSD Regional Office for technical assistance and follow up. You are also required to continue your Plan of Correction. Please respond to the Plan of Correction Coordinator within 10 business days of receipt of this letter.

Plan of Correction:

The attached Report of Findings identifies the new/repeat Standard Level deficiencies found during your agency's verification compliance review. You are required to complete and implement a Plan of Correction. Your agency has a total of 10 business days from the receipt of this letter. The Plan of Correction must include the following:

1. Evidence your agency has contacted your DDSD Regional Office for technical assistance;
2. A Plan of Correction detailing Quality Assurance/Quality Improvement processes to prevent your agency from receiving deficiencies in the future;
3. Documentation verifying that newly cited deficiencies have been corrected.

Submission of your Plan of Correction:

Please submit your agency's Plan of Correction and documentation verifying correction of survey deficiencies within 10 business days of receipt of this letter to the parties below:

1. **Quality Management Bureau, Attention: Plan of Correction Coordinator
1170 North Solano Suite D Las Cruces, New Mexico 88001**
2. **Developmental Disabilities Supports Division Regional Office for region of service surveyed**

Failure to submit your POC within the allotted 10 business days may result in the imposition of a \$200 per day Civil Monetary Penalty until it is received, completed and/or implemented.

Please call the Plan of Correction Coordinator at 575-373-5716, 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, 2015

Present:

Tresco, Inc.

Richard Aguilar, Vice President Financial Services
Laura Miller, Vice President Program Services
Nadia Morrow-Singh, Quality Assurance Supervisor
Belinda (Belle) Avalos, Quality Assurance Specialist
Analisa Martinez, Quality Assurance Manager

DOH/DHI/QMB

Deb Russell, BS, Team Lead/Healthcare Surveyor
Tricia Hart, AAS, Healthcare Surveyor
Amanda Castaneda, MPA, Plan of Correction Coordinator
Chris Melon, MPA, Healthcare Surveyor

Exit Conference Date: September 1, 2015

Present:

Tresco, Inc.

Laura Miller, Vice President Program Service
Nadia Morrow-Singh, Quality Assurance Supervisor
Analisa Martinez, Quality Assurance Manager

DOH/DHI/QMB

Deb Russell, BS, Team Lead/Healthcare Surveyor
Tricia Hart, AAS, Healthcare Surveyor
Amanda Castaneda, MPA, Plan of Correction Coordinator
Chris Melon, MPA, Healthcare Surveyor

DDSD - Southwest Regional Office

Jeana Caruthers, Southwest Regional Director, was briefed on the survey findings via telephone prior to the exit meeting.

Administrative Locations Visited

Number: 1

Total Sample Size

Number: 26

9 - *Jackson* Class Members
17 - Non-*Jackson* Class Members

16 - Supported Living
14 - Customized Community Supports
15 - Community Integrated Employment Services
7 - Adult Habilitation
6 - Supported Employment
7 - Customized In-Home Supports

Persons Served Records Reviewed

Number: 26

Direct Support Personnel Records Reviewed

Number: 171

Substitute Care/Respite Personnel
Records Reviewed

Number: 1

Service Coordinator Records Reviewed

Number: 3

QMB Report of Findings – Tresco, Inc. – Southwest Region – August 31 – September 1, 2015

Survey Report #: Q.16.1.DDW.D1135.3.VER.01.15.261

Administrative Processes and Records Reviewed:

- Medicaid Billing/Reimbursement Records for all Services Provided
- Accreditation Records
- Oversight of Individual Funds
- Individual Medical and Program Case Files, including, but not limited to:
 - Individual Service Plans
 - Progress on Identified Outcomes
 - Healthcare Plans
 - Medication Administration Records
 - Medical Emergency Response Plans
 - Therapy Evaluations and Plans
 - Healthcare Documentation Regarding Appointments and Required Follow-Up
 - Other Required Health Information
- Internal Incident Management Reports and System Process / General Events Reports
- Personnel Files, including nursing and subcontracted staff
- Staff Training Records, Including Competency Interviews with Staff
- Agency Policy and Procedure Manual
- Caregiver Criminal History Screening Records
- Consolidated Online Registry/Employee Abuse Registry
- Human Rights Committee Notes and Meeting Minutes
- Quality Assurance / Improvement Plan

CC: Distribution List: DOH - Division of Health Improvement
DOH - Developmental Disabilities Supports Division
DOH - Office of Internal Audit
HSD - Medical Assistance Division
MFEAD – NM Attorney General

Attachment B

Department of Health, Division of Health Improvement QMB Determination of Compliance Process

The Division of Health Improvement, Quality Management Bureau (QMB) surveys compliance of the Developmental Disabilities Waiver (DDW) standards and state and federal regulations. QMB has grouped the CMS assurances into five Service Domains: Level of Care; Plan of Care; Qualified Providers; Health, Welfare and Safety; and Administrative Oversight (note that Administrative Oversight listed in this document is not the same as the CMS assurance of Administrative Authority. Used in this context it is related to the agency's operational policies and procedures, Quality Management system and Medicaid billing and reimbursement processes.)

The QMB Determination of Compliance process is based on provider compliance or non-compliance with standards and regulations identified in the QMB Report of Findings. All deficiencies (non-compliance with standards and regulations) are identified and cited as either a Standard level deficiency or a Condition of Participation level deficiency in the QMB Reports of Findings. All deficiencies require corrective action when non-compliance is identified.

Within the QMB Service Domains there are fundamental regulations, standards, or policies with which a provider must be in essential compliance in order to ensure the health and welfare of individuals served known as Conditions of Participation (CoPs).

The Determination of Compliance for each service type is based on a provider's compliance with CoPs in three (3) Service Domains.

Case Management Services:

- Level of Care
- Plan of Care
- Qualified Providers

Community Inclusion Supports/ Living Supports:

- Qualified Provider
- Plan of Care
- Health, Welfare and Safety

Conditions of Participation (CoPs)

A CoP is an identified fundamental regulation, standard, or policy with which a provider must be in compliance in order to ensure the health and welfare of individuals served. CoPs are based on the Centers for Medicare and Medicaid Services, Home and Community-Based Waiver required assurances. A provider must be in compliance with CoPs to participate as a waiver provider.

QMB surveyors use professional judgment when reviewing the critical elements of each standard and regulation to determine when non-compliance with a standard level deficiency rises to the level of a CoP out of compliance. Only some deficiencies can rise to the level of a CoP (See the next section for a list of CoPs). The QMB survey team analyzes the relevant finding in terms of scope, actual harm or potential for harm, unique situations, patterns of performance, and other factors to determine if there is the potential for a negative outcome which would rise to the level of a CoP. A Standard level deficiency becomes a CoP out of compliance when the team's analysis establishes that there is an identified potential for significant harm or actual harm. It is then cited as a CoP out of compliance. If the deficiency does not rise to the level of a CoP out of compliance, it is cited as a Standard Level Deficiency.

The Division of Health Improvement (DHI) and the Developmental Disabilities Supports Division (DDSD) collaborated to revise the current Conditions of Participation (CoPs). There are seven Conditions of Participation in which providers must be in compliance.

CoPs and Service Domains for Case Management Supports are as follows:

Service Domain: Level of Care

Condition of Participation:

1. **Level of Care:** The Case Manager shall complete all required elements of the Long Term Care Assessment Abstract (LTCAA) to ensure ongoing eligibility for waiver services.

Service Domain: Plan of Care

Condition of Participation:

2. **Individual Service Plan (ISP) Creation and Development:** Each individual shall have an ISP. The ISP shall be developed in accordance with DDSD regulations and standards and is updated at least annually or when warranted by changes in the individual's needs.

Condition of Participation:

3. **ISP Monitoring and Evaluation:** The Case Manager shall ensure the health and welfare of the individual through monitoring the implementation of ISP desired outcomes.

CoPs and Service Domain for ALL Service Providers is as follows:

Service Domain: Qualified Providers

Condition of Participation:

4. **Qualified Providers:** Agencies shall ensure support staff has completed criminal background screening and all mandated trainings as required by the DDSD.

CoPs and Service Domains for Living Supports and Inclusion Supports are as follows:

Service Domain: Plan of Care

Condition of Participation:

5. **ISP Implementation:** Services provided shall be consistent with the components of the ISP and implemented to achieve desired outcomes.

Service Domain: Health, Welfare and Safety

Condition of Participation:

6. **Individual Health, Safety and Welfare: (Safety)** Individuals have the right to live and work in a safe environment.

Condition of Participation:

7. **Individual Health, Safety and Welfare (Healthcare Oversight):** The provider shall support individuals to access needed healthcare services in a timely manner. Nursing, healthcare services and healthcare oversight shall be available and provided as needed to address individuals' health, safety and welfare.

QMB Determinations of Compliance

Compliance with Conditions of Participation

The QMB determination of *Compliance with Conditions of Participation* indicates that a provider is in compliance with all Conditions of Participation, (CoP). The agency has obtained a level of compliance such that there is a minimal potential for harm to individuals' health and safety. To qualify for a determination of Compliance with Conditions of Participation, the provider must be in compliance with all Conditions of Participation in all relevant Service Domains. The agency may also have Standard level deficiencies (deficiencies which are not at the condition level) out of compliance in any of the Service Domains.

Partial-Compliance with Conditions of Participation

The QMB determination of *Partial-Compliance with Conditions of Participation* indicates that a provider is out of compliance with Conditions of Participation in one (1) to two (2) Service Domains. The agency may have one or more Condition level tags within a Service Domain. This partial-compliance, if not corrected, may result in a serious negative outcome or the potential for more than minimal harm to individuals' health and safety. The agency may also have Standard level deficiencies (deficiencies which are not at the condition level) in any of the Service Domains.

Providers receiving a repeat determination of Partial-Compliance for repeat deficiencies at the level of a Condition in any Service Domain may be referred by the Quality Management Bureau to the Internal Review Committee (IRC) for consideration of remedies and possible actions or sanctions.

Non-Compliance with Conditions of Participation

The QMB determination of *Non-Compliance with Conditions of Participation* indicates a provider is significantly out of compliance with Conditions of Participation in multiple Service Domains. The agency may have one or more Condition level tags in each of 3 relevant Service Domains. This non-compliance, if not corrected, may result in a serious negative outcome or the potential for more than minimal harm to individuals' health and safety. The agency may also have Standard level deficiencies (deficiencies which are not at the condition level) in any of the Service Domains

Providers receiving a repeat determination of Non-Compliance will be referred by Quality Management Bureau to the Internal Review Committee (IRC) for consideration of remedies and possible actions or sanctions.

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

Introduction:

Throughout the QMB Survey process, surveyors are openly communicating with providers. Open communication means surveyors have clarified issues and/or requested missing information before completing the review through the use of the signed/dated “Document Request,” or “Administrative Needs,” etc. forms. Regardless, there may still be instances where the provider disagrees with a specific finding. Providers may use the following process to informally dispute a finding.

Instructions:

1. The Informal Reconsideration of the Finding (IRF) request must be received in writing to the QMB Deputy Bureau Chief **within 10 business days** of receipt of the final Report of Findings.
2. The written request for an IRF *must* be completed on the QMB Request for Informal Reconsideration of Finding form available on the QMB website: <http://dhi.health.state.nm.us/qmb>
3. The written request for an IRF must specify in detail the request for reconsideration and why the finding is inaccurate.
4. The IRF request must include all supporting documentation or evidence.
5. If you have questions about the IRF process, email the IRF Chairperson, Crystal Lopez-Beck at Crystal.Lopez-Beck@state.nm.us for assistance.

The following limitations apply to the IRF process:

- The written request for an IRF and all supporting evidence must be received within 10 business days.
- Findings based on evidence requested during the survey and not provided may not be subject to reconsideration.
- The supporting documentation must be new evidence not previously reviewed or requested by the survey team.
- Providers must continue to complete their Plan of Correction during the IRF process
- Providers may not request an IRF to challenge the sampling methodology.
- Providers may not request an IRF based on disagreement with the nature of the standard or regulation.
- Providers may not request an IRF to challenge the team composition.
- Providers may not request an IRF to challenge the DHI/QMB determination of compliance or the length of their DDSD provider contract.

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

The IRF Committee will review the request, the Provider will be notified in writing of the ruling; no face-to-face meeting will be conducted.

When a Provider requests that a finding be reconsidered, it does not stop or delay the Plan of Correction process. **Providers must continue to complete the Plan of Correction, including the finding in dispute regardless of the IRF status.** If a finding is removed or modified, it will be noted and removed or modified from the Report of Findings. It should be noted that in some cases a Plan of Correction may be completed prior to the IRF process being completed. The provider will be notified in writing on the decisions of the IRF committee.

Agency: Tresco, Inc. - Southwest Region
Program: Developmental Disabilities Waiver
Service: *2012: Living Supports* (Supported Living); *Inclusion Supports* (Customized Community Supports, Community Integrated Employment Services) and *Other* (Customized In-Home Supports)
2007: Community Living (Supported Living) and *Community Inclusion* (Adult Habilitation, Supported Employment)
Monitoring Type: Verification Survey
Routine Survey: March 9 – 12, 2015
Verification Survey: August 31 – September 1, 2015

Standard of Care	Routine Survey Deficiencies March 9 – 12, 2014	Verification Survey New and Repeat Deficiencies August 31 – September 1, 2015
Service Domain: Service Plans: ISP Implementation – Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan.		
Tag # 1A32 and LS14 / 6L14 Individual Service Plan Implementation	Condition of Participation Level Deficiency	Standard Level Deficiency
<p>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.</p> <p>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</p>	<p>After an analysis of the evidence it has been determined there is a significant potential for a negative outcome to occur.</p> <p>Based on record review, the Agency did not 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 13 of 26 individuals.</p> <p>As indicated by Individuals ISP the following was found with regards to the implementation of ISP Outcomes:</p> <p>Administrative Files Reviewed:</p> <p>Supported Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p>	<p>New / Repeat Findings:</p> <p>Based on record review, the Agency did not 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 6 of 26 individuals.</p> <p>As indicated by Individuals ISP the following was found with regards to the implementation of ISP Outcomes:</p> <p>Administrative Files Reviewed:</p> <p>Supported Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #22</p> <ul style="list-style-type: none"> None found regarding Live Outcome/ Action Step for "Will turn on her blanket" for 7/2015.

<p>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.</p> <p>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]</p>	<p>Individual #1</p> <ul style="list-style-type: none"> • None found regarding: Fun Outcome/Action Step: “Will need to deposit at least \$50 a month into a travel account” for 12/2014. <p>Individual #3</p> <ul style="list-style-type: none"> • None found regarding: Live Outcome/Action Step: “Will purchase and use beauty products” for 12/2014 – 1/2015. <p>Individual #5</p> <ul style="list-style-type: none"> • According to the Live Outcome; Action Step for “Will work on putting the car together” is to be completed 1 time per week, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 1/2015. <p>Individual #10</p> <ul style="list-style-type: none"> • According to the Live Outcome; Action Step for Will get together with roommates to plan what activities to do and when to do them” is to be completed 1 time per week evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 2/2015. <p>Individual #12</p> <ul style="list-style-type: none"> • According to the Fun Outcome; Action Step for “Research and plan trips” is to be completed 1 time per week evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 12/2014 – 1/2015. • None found regarding: Fun Outcome/Action Step: “Research and plan trips” for 2/2015. <p>Individual #22</p>	<p>Customized-In Home Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #4</p> <ul style="list-style-type: none"> • According to the Fun Outcome; Action Step for “Will work on an art project” is to be completed 1 time per week evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 3/2015 – 4/2015. <p>Individual #9</p> <ul style="list-style-type: none"> • None found regarding: Live Outcome/Action Step: “Will pay his utility bills” for 3/2015 – 5/2015. • None found regarding: Live Outcome/Action Step: “Will reconcile and balance his account” for 3/2015 – 6/2015. <p>Customized Community Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #5</p> <ul style="list-style-type: none"> • None found regarding: Fun Outcome/Action Step: “Will attend art classes with her peers weekly” for 5/2015 – 7/2015. • None found regarding: Fun Outcome/Action Step: “Will create and choose the item to display or give away” for 5/2015 – 7/2015. <p>Individual #8</p> <ul style="list-style-type: none"> • According to the Work/learn Outcome; Action Step for “Will research and create a visual presentation” is to be completed 1 time per week, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 3/2015, 6/2015 – 7/2015.
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	<ul style="list-style-type: none"> • According to the Live Outcome; Action Step for “Will make choice to plan her event” is to be completed 1 time per week evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 12/2014 – 2/2015. <p>Customized In Home Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #4</p> <ul style="list-style-type: none"> • None found regarding: Work/learn Outcome/Action Step: “Will be prepared and ready for work” for 12/2014 – 2/2015. • None found regarding: Fun Outcome/Action Step: “Will work on an art project” for 12/2014 – 2/2015. <p>Individual #9</p> <ul style="list-style-type: none"> • None found regarding: Live Outcome/Action Step: “Will pay his utility bills” for 1/2015. • None found regarding: Live Outcome/Action Step: “Will reconcile and balance his account” for 12/2014 – 2/2015. <p>Individual #11</p> <ul style="list-style-type: none"> • None found regarding: Live Outcome/Action Step: “Will fill his medication pill box with staff supervision” for 12/2014 – 2/2015. • None found regarding: Live Outcome/Action Step: “Will take medication with staff checking afterwards” for 12/2014 – 2/2015. <p>Customized Community Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p>	<ul style="list-style-type: none"> • According to the Work/learn Outcome; Action Step for “Will job search” is to be completed 1 time per week, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 3/2015. <p>Individual #9</p> <ul style="list-style-type: none"> • None found regarding: Fun Outcome/Action Step: “Will attend photo class” for 3/2015. • According to the Fun Outcome; Action Step for “Will attend photo class” is to be completed 1 time per week, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 4/2015, 6/2015. • None found regarding: Fun Outcome/Action Step: “Will develop his photographs and include in his photo album to share with family and friends” for 3/2015 – 6/2015. <p>Adult Habilitation Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #7</p> <ul style="list-style-type: none"> • According to the Fun Outcome; Action Step for “Will take pictures of friends, activities and events at AH” is to be completed 1 time per week, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 3/2015 - 4/2015. <p>Supported Employment Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #7</p> <ul style="list-style-type: none"> • According to the Work/learn Outcome; Action Step for “Will be available to work with supported employment staff” is to be completed 1 time per week evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 4/2015.
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	<p>Individual #5</p> <ul style="list-style-type: none"> • According to the Fun Outcome; Action Step for “Will choose a group activity to join” is to be completed 2 times per week, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 1/2015 – 2/2015. • According to the Fun Outcome; Action Step for “Will participate with others in the activity without incidents” is to be completed 2 times per week, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 1/2015 – 2/2015. <p>Individual #8</p> <ul style="list-style-type: none"> • According to the Work/learn Outcome; Action Step for “Will research and create a visual presentation” is to be completed 1 time per week, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 12/2014 – 2/2015. • None found regarding: Work/learn Outcome/Action Step: “Will attend DVR appointments” for 12/2014 – 2/2015. • None found regarding: Work/learn Outcome/Action Step: “Will job search” for 12/2014 – 2/2015. <p>Individual #9</p> <ul style="list-style-type: none"> • None found regarding: Fun Outcome/Action Step: “Will attend photo class” for 12/2014 – 2/2015. • None found regarding: Fun Outcome/Action Step: “Will develop his photographs and include in his photo album to share with family and friends” for 12/2014 – 2/2015. 	<ul style="list-style-type: none"> • According to the Work/learn Outcome; Action Step for “Will work on his computer and attend computer class” is to be completed 1 time per week evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 3/2015 – 4/2015.
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	<p>Individual #10</p> <ul style="list-style-type: none"> • According to the Fun Outcome; Action Step for “Will announce attend and participate in assisting with the Zumba class” is to be completed 2 times per week, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 1/2015 – 2/2015. • According to the Fun Outcome; Action Step for “Will get the Zumba DVD and play it on the computer without verbal prompts” is to be completed 2 times per week, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 1/2015 – 2/2015. <p>Individual #11</p> <ul style="list-style-type: none"> • None found regarding: Fun Outcome/Action Step: “Will participate in physical activity” for 12/2014 – 2/2015. <p>Individual #12</p> <ul style="list-style-type: none"> • No Outcomes or DDSD exemption/decision justification found for Customized Community Supports Services. As indicated by NMAC 7.26.5.14 “Outcomes are required for any life area for which the individual receives services funded by the developmental disabilities Medicaid waiver.” <p>Adult Habilitation Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #1</p> <ul style="list-style-type: none"> • None found regarding: Work/learn Outcome/Action Step: “Will pick an activity.” for 12/2014 – 2/2015 <p>Individual #5</p>	
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- According to the Fun Outcome; Action Step for “Will take pictures of friends, activities and events at AH” is to be completed 1 time per week, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 12/2014 – 1/2015.

- According to the Fun Outcome; Action Step for Will up load the pictures into the computer” is to be completed 1 time per month, evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 12/2014 – 2/2015.

**Community Integrated Employment Services
Data Collection/Data Tracking/Progress with
regards to ISP Outcomes:**

Individual #9

- None found regarding: Work/learn Outcome/Action Step: “Will meet with his supervisor to discuss any issues/problems” for 12/2014 – 2/2015.

Individual #19

- None found regarding: Work/learn Outcome/Action Step: “Will dress in my clean uniform each day I work” for 12/2014 – 2/2015.

**Supported Employment Data Collection/Data
Tracking/Progress with regards to ISP Outcomes:**

Individual #5

- None found regarding: Work/learn Outcome/Action Step: “Will be available to work with supported employment staff” for 12/2014.
- None found regarding: Work/learn Outcome/Action Step: “Will be available to Discovery Project staff” for 12/2014.

- None found regarding: Work/learn Outcome/Action Step: "Will work on his computer and attend computer class" for 12/2014.

Residential Files Reviewed:

Supported Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:

Individual #18

- None found regarding: Live Outcome/Action Step: "Will choose chore to complete from chore list" for 3/1 – 6, 2015. Action Step is to be implemented 2 times per week.

Individual #26

- According to the Live Outcome; Actions Steps for "Will develop and practice hone skills" is to be completed 3 times per week evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 3/1 – 6, 2015.

Standard of Care	Routine Survey Deficiencies March 9 - 12, 2014	Verification Survey New and Repeat Deficiencies August 31 – September 1, 2015
<p>Service Domain: Qualified Providers – <i>The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.</i></p>		
Tag # 1A28.1 Incident Mgt. System - Personnel Training	Standard Level Deficiency	Standard Level Deficiency
<p>NMAC 7.1.14 ABUSE, NEGLECT, EXPLOITATION, AND DEATH REPORTING, TRAINING AND RELATED REQUIREMENTS FOR COMMUNITY PROVIDERS</p> <p>NMAC 7.1.14.9 INCIDENT MANAGEMENT SYSTEM REQUIREMENTS:</p> <p>A. General: All community-based service providers shall establish and maintain an incident management system, which emphasizes the principles of prevention and staff involvement. The community-based service provider shall ensure that the incident management system policies and procedures requires all employees and volunteers to be competently trained to respond to, report, and preserve evidence related to incidents in a timely and accurate manner.</p> <p>B. Training curriculum: Prior to an employee or volunteer’s initial work with the community-based service provider, all employees and volunteers shall be trained on an applicable written training curriculum including incident policies and procedures for identification, and timely reporting of abuse, neglect, exploitation, suspicious injury, and all deaths as required in Subsection A of 7.1.14.8 NMAC. The trainings shall be reviewed at annual, not to exceed 12-month intervals. The training curriculum as set forth in Subsection C of 7.1.14.9 NMAC may include computer-based</p>	<p>Based on record review and interview, the Agency did not ensure Incident Management Training for 8 of 193 Agency Personnel.</p> <p>Direct Support Personnel (DSP):</p> <ul style="list-style-type: none"> Incident Management Training (Abuse, Neglect and Exploitation) (DSP# 202, 223, 276, 298, 375, 382, 384) <p>When Direct Support Personnel were asked what State Agency must be contacted when there is suspected Abuse, Neglect and Exploitation, the following was reported:</p> <ul style="list-style-type: none"> DSP #283 stated, “I have the number but can’t remember the agency.” Staff was not able to identify the State Agency as Division of Health Improvement. 	<p>Repeat Findings:</p> <p>Based on record review, the Agency did not ensure Incident Management Training for 8 of 175 Agency Personnel.</p> <p>Direct Support Personnel (DSP):</p> <ul style="list-style-type: none"> Incident Management Training (Abuse, Neglect and Exploitation) (DSP# 276, 283, 384)

training. Periodic reviews shall include, at a minimum, review of the written training curriculum and site-specific issues pertaining to the community-based service provider's facility. Training shall be conducted in a language that is understood by the employee or volunteer.

C. Incident management system training curriculum requirements:

- (1) The community-based service provider shall conduct training or designate a knowledgeable representative to conduct training, in accordance with the written training curriculum provided electronically by the division that includes but is not limited to:
 - (a) an overview of the potential risk of abuse, neglect, or exploitation;
 - (b) informational procedures for properly filing the division's abuse, neglect, and exploitation or report of death form;
 - (c) specific instructions of the employees' legal responsibility to report an incident of abuse, neglect and exploitation, suspicious injury, and all deaths;
 - (d) specific instructions on how to respond to abuse, neglect, or exploitation;
 - (e) emergency action procedures to be followed in the event of an alleged incident or knowledge of abuse, neglect, exploitation, or suspicious injury.
- (2) All current employees and volunteers shall receive training within 90 days of the effective date of this rule.
- (3) All new employees and volunteers shall receive training prior to providing services to consumers.

D. Training documentation: All community-based service providers shall prepare training documentation for each employee and volunteer to include a signed statement indicating the date, time, and place they received their incident management reporting instruction. The

community-based service provider shall maintain documentation of an employee or volunteer's training for a period of at least three years, or six months after termination of an employee's employment or the volunteer's work. Training curricula shall be kept on the provider premises and made available upon request by the department. Training documentation shall be made available immediately upon a division representative's request. Failure to provide employee and volunteer training documentation shall subject the community-based service provider to the penalties provided for in this rule.

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

Standard of Care	Routine Survey Deficiencies March 9 – 12, 2014	Verification Survey New and Repeat Deficiencies August 31 – September 1, 2015
<p>Service Domain: Health and Welfare – <i>The state, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.</i></p>		
<p>Tag # 1A27 Incident Mgt. Late and Failure to Report</p>	<p>Standard Level Deficiency</p>	<p>Standard Level Deficiency</p>
<p>NMAC 7.1.14 ABUSE, NEGLECT, EXPLOITATION, AND DEATH REPORTING, TRAINING AND RELATED REQUIREMENTS FOR COMMUNITY PROVIDERS</p> <p>NMAC 7.1.14.8 INCIDENT MANAGEMENT SYSTEM REPORTING REQUIREMENTS FOR COMMUNITY-BASED SERVICE PROVIDERS:</p> <p>A. Duty to report: (1) All community-based providers shall immediately report alleged crimes to law enforcement or call for emergency medical services as appropriate to ensure the safety of consumers. (2) All community-based service providers, their employees and volunteers shall immediately call the department of health improvement (DHI) hotline at 1-800-445-6242 to report abuse, neglect, exploitation, suspicious injuries or any death and also to report an environmentally hazardous condition which creates an immediate threat to health or safety. B. Reporter requirement. All community-based service providers shall ensure that the employee or volunteer with knowledge of the alleged abuse, neglect, exploitation, suspicious injury, or death calls the division’s hotline to report the incident.</p>	<p>Based on the Incident Management Bureau’s Late and Failure Reports, the Agency did not report suspected abuse, neglect, or exploitation, unexpected and natural/expected deaths; or other reportable incidents to the Division of Health Improvement, as required by regulations for 12 of 36 individuals.</p> <p>Individual #3</p> <ul style="list-style-type: none"> Incident date 11/19/2014. Allegation was Neglect. Incident report was received on 11/23/2014. Late Reporting. IMB Late and Failure Report indicated incident of Neglect was “Open.” <p>Individual #23</p> <ul style="list-style-type: none"> Incident date 9/3/2014. Allegation was Neglect. Incident report was received on 9/24/2014. Late Reporting. IMB Late and Failure Report indicated incident of Neglect was “Confirmed.” <p>Individual #27</p> <ul style="list-style-type: none"> Incident date 12/5/2013. Allegation was Neglect. Incident report was received on 3/17/2014. Failure to Report. IMB Late and Failure Report indicated incident of Neglect was “Unconfirmed.” <p>Individual #28</p> <ul style="list-style-type: none"> Incident date 3/26/2014. Allegation was Neglect. Incident report was received on 3/27/2014. Failure to Report. IMB Late and Failure Report indicated incident of Neglect was “Confirmed.” 	<p>New / Repeat Findings:</p> <p>Based on the Incident Management Bureau’s Late and Failure Reports, the Agency did not report suspected abuse, neglect, or exploitation, unexpected and natural/expected deaths; or other reportable incidents to the Division of Health Improvement, as required by regulations for 7 of 41 individuals.</p> <p>Individual #15</p> <ul style="list-style-type: none"> Incident date 00/00/0000 [sic]. (Exact date of incident could not be determined.) Allegation was Abuse. Incident report was received on 3/17/2014. Late Reporting. IMB Late and Failure Report indicated incident of Abuse was “Unconfirmed.” <p>Individual #31</p> <ul style="list-style-type: none"> Incident date 00/00/0000 [sic]. (Exact date of incident could not be determined.) Allegation was Neglect. Incident report was received on 3/17/2014. Late Reporting. IMB Late and Failure Report indicated incident of Neglect was “Open.” <p>Individual #37</p> <ul style="list-style-type: none"> Incident date 00/00/0000 [sic]. (Exact date of incident could not be determined.) Allegation was Exploitation. Incident report was received on 3/25/2015. Failure to Report. IMB Late and Failure Report indicated incident of Exploitation was “Unconfirmed.”

<p>C. Initial reports, form of report, immediate action and safety planning, evidence preservation, required initial notifications:</p> <p>(1) Abuse, neglect, and exploitation, suspicious injury or death reporting: Any person may report an allegation of abuse, neglect, or exploitation, suspicious injury or a death by calling the division’s toll-free hotline number 1-800-445-6242. Any consumer, family member, or legal guardian may call the division’s hotline to report an allegation of abuse, neglect, or exploitation, suspicious injury or death directly, or may report through the community-based service provider who, in addition to calling the hotline, must also utilize the division’s abuse, neglect, and exploitation or report of death form. The abuse, neglect, and exploitation or report of death form and instructions for its completion and filing are available at the division’s website, http://dhi.health.state.nm.us, or may be obtained from the department by calling the division’s toll free hotline number, 1-800-445-6242.</p> <p>(2) Use of abuse, neglect, and exploitation or report of death form and notification by community-based service providers: In addition to calling the division’s hotline as required in Paragraph (2) of Subsection A of 7.1.14.8 NMAC, the community-based service provider shall also report the incident of abuse, neglect, exploitation, suspicious injury, or death utilizing the division’s abuse, neglect, and exploitation or report of death form consistent with the requirements of the division’s abuse, neglect, and exploitation reporting guide. The community-based service provider shall ensure all abuse, neglect, exploitation or death reports describing the alleged incident are completed on the division’s abuse, neglect, and exploitation or report of death form and</p>	<ul style="list-style-type: none"> • Incident date 9/10/2014. Allegation was Neglect. Incident report was received on 9/27/2014. Failure to Report. IMB Late and Failure Report indicated incident of Neglect was “Open.” <p>Individual #29</p> <ul style="list-style-type: none"> • Incident date 5/17/2014. Allegation was Emergency Services. Incident report was received on 5/21/2014. IMB issued a Late Reporting for Emergency Services. • Incident date 00/00/0000 [sic]. (Exact date of incident could not be determined.) Allegation was Abuse/Neglect. Incident report was received on 11/21/2014. Failure to Report. IMB Late and Failure Report indicated incident of Abuse/Neglect was “Unconfirmed.” <p>Individual #30</p> <ul style="list-style-type: none"> • Incident date 9/6/2014. Allegation was Neglect. Incident report was received on 9/8/2014. Late Reporting. IMB Late and Failure Report indicated incident of Neglect was “Confirmed.” <p>Individual #31</p> <ul style="list-style-type: none"> • Incident date 10/24/2014. Allegation was Neglect. Incident report was received on 10/27/2014. Late Reporting. IMB Late and Failure Report indicated incident of Neglect was “Open.” <p>Individual #32</p> <ul style="list-style-type: none"> • Incident date 10/10/2014. Allegation was Neglect. Incident report was received on 11/5/2014. Failure to Report. IMB Late and Failure Report indicated incident of Neglect was “Open.” <p>Individual #33</p> <ul style="list-style-type: none"> • Incident date 00/00/0000 [sic]. (Exact date of incident could not be determined.) Allegation was 	<p>Individual #38</p> <ul style="list-style-type: none"> • Incident date 5/8/2015. Allegation was Abuse. Incident report was received on 5/11/2015. Late Reporting. IMB Late and Failure Report indicated incident of Abuse was “Unconfirmed” and Neglect was “Confirmed” <p>Individual #39</p> <ul style="list-style-type: none"> • Incident date 00/00/0000 [sic]. (Exact date of incident could not be determined.) Allegation was Exploitation. Incident report was received on 5/20/2015. Late Reporting. IMB Late and Failure Report indicated incident of Exploitation was “Unconfirmed” and “Open.” <p>Individual #40</p> <ul style="list-style-type: none"> • Incident date 5/22/2015. Allegation was Neglect. Incident report was received on 5/26/2015. Late Reporting. IMB Late and Failure Report indicated incident of Neglect was “Confirmed.” <p>Individual #41</p> <ul style="list-style-type: none"> • Incident date 7/4/2015. Allegation was Neglect. Incident report was received on 7/6/2015. Late Reporting. IMB Late and Failure Report indicated incident of Neglect was “Open.”
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<p>received by the division within 24 hours of the verbal report. If the provider has internet access, the report form shall be submitted via the division's website at http://dhi.health.state.nm.us; otherwise it may be submitted via fax to 1-800-584-6057. The community-based service provider shall ensure that the reporter with the most direct knowledge of the incident participates in the preparation of the report form.</p> <p>(3) Limited provider investigation: No investigation beyond that necessary in order to be able to report the abuse, neglect, or exploitation and ensure the safety of consumers is permitted until the division has completed its investigation.</p> <p>(4) Immediate action and safety planning: Upon discovery of any alleged incident of abuse, neglect, or exploitation, the community-based service provider shall:</p> <p>(a) develop and implement an immediate action and safety plan for any potentially endangered consumers, if applicable;</p> <p>(b) be immediately prepared to report that immediate action and safety plan verbally, and revise the plan according to the division's direction, if necessary; and</p> <p>(c) Provide the accepted immediate action and safety plan in writing on the immediate action and safety plan form within 24 hours of the verbal report. If the provider has internet access, the report form shall be submitted via the division's website at http://dhi.health.state.nm.us; otherwise it may be submitted by faxing it to the division at 1-800-584-6057.</p> <p>(5) Evidence preservation: The community-based service provider shall preserve evidence related to an alleged incident of abuse, neglect, or exploitation, including records, and do nothing to disturb the</p>	<p>Abuse/Neglect. Incident report was received on 1/8/2015. Failure to Report. IMB Late and Failure Report indicated incident of Abuse/Neglect was "Open."</p> <p>Individual #34</p> <ul style="list-style-type: none"> • Incident date 1/12/2015. Allegation was Unexpected Death. Incident report was received on 1/16/2015. IMB Late and Failure Report indicated incident was "Open." <p>Individual #35</p> <ul style="list-style-type: none"> • Incident date 00/00/0000 [sic]. (Exact date of incident could not be determined.) Allegation was Neglect/Exploitation. Incident report was received on 2/16/2015. Failure to Report. IMB Late and Failure Report indicated incident of Neglect/Exploitation was "Open." <p>Individual #36</p> <ul style="list-style-type: none"> • Incident date 00/00/0000 [sic]. (Exact date of incident could not be determined.) Allegation was Abuse/Neglect. Incident report was received on 2/16/2015. Failure to Report. IMB Late and Failure Report indicated incident of Abuse/Neglect was "Open." 	
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<p>evidence. If physical evidence must be removed or affected, the provider shall take photographs or do whatever is reasonable to document the location and type of evidence found which appears related to the incident.</p> <p>(6) Legal guardian or parental notification: The responsible community-based service provider shall ensure that the consumer's legal guardian or parent is notified of the alleged incident of abuse, neglect and exploitation within 24 hours of notice of the alleged incident unless the parent or legal guardian is suspected of committing the alleged abuse, neglect, or exploitation, in which case the community-based service provider shall leave notification to the division's investigative representative.</p> <p>(7) Case manager or consultant notification by community-based service providers: The responsible community-based service provider shall notify the consumer's case manager or consultant within 24 hours that an alleged incident involving abuse, neglect, or exploitation has been reported to the division. Names of other consumers and employees may be redacted before any documentation is forwarded to a case manager or consultant.</p> <p>(8) Non-responsible reporter: Providers who are reporting an incident in which they are not the responsible community-based service provider shall notify the responsible community-based service provider within 24 hours of an incident or allegation of an incident of abuse, neglect, and exploitation</p>		
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Standard of Care	Routine Survey Deficiencies March 9 – 12, 2014	Verification Survey New and Repeat Deficiencies August 31 - September 1, 2015
Service Domain: Service Plans: ISP Implementation – Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan.		
Tag # 1A08 Agency Case File	Standard Level Deficiency	COMPLETED
Tag # LS14 / 6L14 Residential Case File	Standard Level Deficiency	COMPLETED
Tag # IH17 Reporting Requirements (Customized In-Home Supports Reports)	Standard Level Deficiency	COMPLETED
Service Domain: Qualified Providers – The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.		
Tag # 1A11.1 Transportation Training	Standard Level Deficiency	COMPLETED
Tag # 1A20 Direct Support Personnel Training	Standard Level Deficiency	COMPLETED
Tag # 1A22 Agency Personnel Competency	Standard Level Deficiency	COMPLETED
Tag # 1A37 Individual Specific Training	Condition of Participation Level Deficiency	COMPLETED
Service Domain: Health and Welfare – The state, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.		
Tag # 1A09 Medication Delivery Routine Medication Administration	Standard Level Deficiency	COMPLETED
Tag # 1A09.1 Medication Delivery PRN Medication Administration	Standard Level Deficiency	COMPLETED
Tag # 1A15.2 and IS09 / 5I09 Healthcare Documentation	Standard Level Deficiency	COMPLETED

Tag # 1A27.2 Duty to Report IRs Filed During On-Site and/or IRs Not Reported by Provider	Standard Level Deficiency	COMPLETED
Tag # 1A28.2 Incident Mgt. System - Parent/Guardian Training	Standard Level Deficiency	COMPLETED
Tag # LS13 / 6L13 Community Living Healthcare Reqts.	Standard Level Deficiency	COMPLETED
Tag # LS25 / 6L25 Residential Health and Safety (SL/FL)	Standard Level Deficiency	COMPLETED
<i>Service Domain: Medicaid Billing/Reimbursement – State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.</i>		
Tag # IS25 / 5I25 Community Integrated Employment Services / Supported Employment Reimbursement	Standard Level Deficiency	COMPLETED

Date: October 6, 2015

To: Deb Battista, Chief Executive Officer
Provider: Tresco, Inc.,
Address: 1800 Copper Loop
State/Zip: Las Cruces, New Mexico 88005

E-mail Address: dbattista@trescoinc.org

CC: Russell Foddrill, Board Chair

Board Chair
E-Mail Address rfoddrill@firstamb.com

Region: Southwest
Routine Survey: March 9 – 12, 2015
Verification Survey: August 31 - September 1, 2015
Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: **2012:** *Living Supports* (Supported Living); *Inclusion Supports* (Customized Community Supports, Community Integrated Employment Services) and *Other* (Customized In-Home Supports)
2007: *Community Living* (Supported Living) and *Community Inclusion* (Adult Habilitation, Supported Employment)

Survey Type: Verification

Dear Ms. Battista;

The Division of Health Improvement/Quality Management Bureau has received, reviewed and approved the supporting documents you submitted for your Plan of Correction. The documents you provided verified that all previously cited survey Deficiencies have been corrected.

The Plan of Correction process is now complete.

Furthermore, your agency is now determined to be in Compliance with all Conditions of Participation.

To maintain ongoing compliance with standards and regulations, continue to use the Quality Assurance (self-auditing) processes you described in your Plan of Correction.

Consistent use these Quality Assurance processes will enable you to identify and promptly respond to problems, enhance your service delivery, and result in fewer deficiencies cited in future QMB surveys.

Thank you for your cooperation with the Plan of Correction process, for striving to come into compliance with standards and regulations, and for helping to provide the health, safety and personal growth of the people you serve.

Sincerely,

Amanda Castañeda

Amanda Castañeda
Plan of Correction Coordinator
Quality Management Bureau/DHI

Q.16.1.DDW.D1135.3.VER.09.15.279