

**New Mexico Department of Health / Division of Health Improvement  
Community Living  
Residence Individual Case File  
DDSD DDW Service Standards Chapter 6. VIII. A (1-11)**

<b>Agency/Region:</b>				
<b>Service (Circle One):</b> <u>Supported Living</u> <u>Family Living</u>				
Therapies (Circle all that apply): <b>PT    OT    BT    SLP    Nutritional</b>				
<b>Individual Name &amp; Identifier:</b>				
<b>Surveyor:</b>				<b>Date/Time:</b>
<b>Required Documents:</b>	<b>MET</b>	<b>NOT MET</b>	<b>N/A</b>	<b>Dates/Notes:</b>
<p><b>Current Emergency &amp; Personal Identification Information</b> <i>(Must include the following:</i></p> <ul style="list-style-type: none"> <li>• <i>Individual's Address</i></li> <li>• <i>Individual's phone number</i></li> <li>• <i>Names and phone numbers of relatives, or guardian or conservator</i></li> <li>• <i>Physician's name(s) &amp; phone number(s)</i></li> <li>• <i>Pharmacy name, address and phone number</i></li> <li>• <i>Health Plan (Insurance; Medicaid, Medicare, etc, if appropriate)</i></li> </ul> <p><b>Document must contain Individual's current information to be considered met.</b></p> <p><b><u>Surveyor:</u> Info maybe part of ISP (if all elements are included) or separate document. Team Lead is to verify with Agency what is used. Then proceed.</b></p>				6L14
Annual ISP				6L14
Individual Specific Training <i>(Previously Addendum B)</i>				6L14
<p><b>Teaching &amp; Support Strategies</b> <i>(Only those applicable to the CL Services being received by the Individual)</i></p> <p><i>(List Action Plans which require Teaching &amp; Support Strategies)</i></p>				6L14

**New Mexico Department of Health / Division of Health Improvement  
Community Living  
Residence Individual Case File  
DDSD DDW Service Standards Chapter 6. VIII. A (1-11)**

Positive Behavior Support Plan <i>Date(s) of Plan:</i>				6L14
Positive Behavior Support Crisis Plan <i>(Note: this may not always be require, it is based on PBP)</i> <i>Date(s) of Plan:</i>				6L14
Speech Therapy Plan <i>Date(s) of Plan:</i>				6L14
Occupational Therapy Plan <i>Date(s) of Plan:</i>				6L14
Physical Therapy Plan <i>Date(s) of Plan:</i>				6L14
Progress Notes/Daily Contact Logs <b>(Current Month Only)</b>				6L14
Data Collection/Data Tracking <i>(i.e. outcome/action steps refer to ISP for completeness)</i> <i>(Verify outcomes are being completed at the frequency required for the current month when on-site visit is completed)</i> <b>(Current Month Only)</b>				6L14
<b>NURSING/MEDICAL SECTION</b>				
Health Care Plans <i>(Required for Individuals with HAT score of 4, 5 or 6) (Must be reviewed quarterly) (LIST EACH ONE APPLICABLE)</i> <i>(**Ensure HCP are being reviewed quarterly. It must be individualized)</i>				6L14
Crisis Plans: i.e. <u>Crisis Plans for Chronic and/or Life Threatening Conditions</u> <i>(Must be reviewed quarterly) (LIST EACH ONE APPLICABLE)</i>				6L14

**New Mexico Department of Health / Division of Health Improvement  
Community Living  
Residence Individual Case File**

DDSD DDW Service Standards Chapter 6. VIII. A (1-11)

<p>Special Health Care Needs (<i>i.e. Nutritional Plans, Nutritional Evaluation, Meal Time Plans, Oral hygiene Plans, Aspiration Risk Management, Special Diets, Medical Orders and/or Special Precautions, etc.</i>)</p>			6L14
<p>Progress Notes written by DSP and/or Nurses regarding Health Status and physical condition &amp; actions taken (<b>current month</b>) (<i>If applicable</i>)</p>			6L14
<p>Record of visits to healthcare practitioners including any treatment provided... (<i>Note: missing visits. Should have 1-year (ISP Year) worth of documentation</i>) (<i>i.e. doctor's appt, dental appt, etc.</i>)</p> <p><b>Surveyor:</b> <i>If these items are not in the office, verify if they are in the home.</i></p>			6L14
<p>Health Care Provider Written Orders (<i>as applicable</i>)</p> <p><b>Surveyor:</b> <i>This is reflective of any other orders besides medication orders, as you should receive medication orders as part of the Administrative Needs List.</i></p>			6L14
<b>Medication Records &amp; Observation:</b>			
<p><b>Medication Administration Records (For Current Month Only)</b> (<i>i.e. missing medication, blanks, incorrect information</i>)</p> <p>Medication administration records for each individual shall include:</p> <ol style="list-style-type: none"> <li>a. Name of resident;</li> <li>b. Date given (administered or assisted);</li> <li>c. Diagnosis for which the medication is prescribed</li> <li>d. Drug product name;</li> <li>e. Dosage and form (Liquid, tablet, capsule, injection, suppository)</li> <li>f. Strength of drug;</li> <li>g. Route of administration;</li> <li>h. How often the medication is to be taken;</li> <li>i. The name (initials) of the staff administering or assisting with the self-administration of the medication.</li> </ol>			1A09 Include specific details, including dates, time, medication name, dosage, etc for any deficiencies noted. <b>Note: Any Deficiencies found in Home for current month on Page 5 and/or back of field tool.</b>

**New Mexico Department of Health / Division of Health Improvement  
Community Living  
Residence Individual Case File**

DDSD DDW Service Standards Chapter 6. VIII. A (1-11)

<p>All <b>PRN</b> (as needed) medications shall have complete detailed instructions regarding the administration of the medication. <i>(For Current Month Only)</i></p> <p>This shall include:</p> <ul style="list-style-type: none"> <li>• The diagnosis for which the medication is being ordered</li> <li>• symptoms that indicate the use of the medication,</li> <li>• exact dosage to be used, and</li> <li>• the exact amount to be used in a 24 hour period.</li> <li>• Anyone assisting with meds must obtain verbal authorization from the Agency nurse prior to each administration of PRN medications; Unless related and in a Family Living situation.</li> <li>• Documentation describing the effect of the PRN Medication.</li> </ul>			<p>1A09 Include specific details, including dates, time, medication name, dosage, etc for any deficiencies noted. <b>Note: Any Deficiencies found in Home for current month on Page 5 and/or back of field tool.</b></p>
<p>Medications are stored in a locked container or area?</p> <p>If controlled drugs are not double-locked; see Agency policy.</p> <p><i>**Meds are not required to be locked in a Family Living setting. Unless specified in the ISP.</i></p> <p><b>List meds which are deficient</b></p>			<p>1A33 - Observation</p>
<p>Medications or ointments used externally are stored separately from medications taken internally?</p> <p><i>**Can be stored in same container, but must be bagged separately.</i></p> <p><b>List meds which are deficient</b></p>			<p>1A33 - Observation</p>
<p>Medications requiring refrigeration are stored in a locked container in the refrigerator?</p> <p><b>List meds which are deficient</b></p>			<p>1A33 - Observation</p>

**New Mexico Department of Health / Division of Health Improvement  
Community Living  
Residence Individual Case File**

DDSD DDW Service Standards Chapter 6. VIII. A (1-11)

<p>Are all expired medications kept separate from all other medications?</p> <p><i>List meds which are deficient</i></p>			<p>1A33 - Observation</p>
<p>I affirm that missing documents requested by the QMB Survey Team were not located in the home or could not be found by myself when asked to produce them during the on-site home visit:</p>			<p><b>DSP Signature and title/Date:</b></p> <hr/> <p><b>Surveyor Initials/Date:</b></p> <hr/>

**Additional Medication Review Notes/Other Notes (Complete on Back):**

Purpose: The purpose of this section is to determine if the individual is receiving his/her medications as prescribed by the prescriber. To ensure that the provider agency is assisting with or administering medications according to the five rights; the right medication, the right dosage, through the right route, at the right time and by staff who are trained to assist with or medications are administered by licensed staff. **(NOTE: Surveyors may take photographs of MAR or medications containers).**