



**New Mexico Department of Health / Division of Health Improvement  
Community Living and Community Inclusion  
CORE FIELD TOOL**

<p><b>NMAC 7.1.13.9 E. Incident Management Quality Improvement System for Community Based Service Providers:</b> Does the Agency have an Incident Management Quality Improvement System, which includes:</p> <ul style="list-style-type: none"> <li>• A process for reviewing allegations, complaints &amp; incidents.</li> <li>• Documentation of internal investigations of alleged violations</li> <li>• Reasonable steps are taken to prevent further incidents</li> <li>• Documentation of corrective actions taken.</li> </ul>	1A28 CoP		
<p><b>NMAC 7.1.13 Incident Management System:</b></p> <ul style="list-style-type: none"> <li>• Policy and procedure for training and reporting A,N &amp; E; <i>(get copy and have administrator describe below)</i>'</li> </ul>	1A28 CoP		
<ul style="list-style-type: none"> <li>• Does Agency have DHI Incident Management Guide <i>(Current Version)</i></li> </ul>	1A28 CoP		
<ul style="list-style-type: none"> <li>• Does the Agency have an Incident Management Committee</li> </ul>	1A28 CoP		
<ul style="list-style-type: none"> <li>• Does the Agency have a designated Incident Management Coordinator? <i>(Name)</i></li> </ul>	1A28 CoP		
<ul style="list-style-type: none"> <li>• Does Agency have Failure To and/or Late Reporting of Incidents <i>(See IMS report)</i></li> </ul> <p><i>(Confirmed Incidents Only)</i></p>	1A27		
<ul style="list-style-type: none"> <li>• While on-site did Surveyors have to file State incident reports related to any suspected Abuse, Neglect, Exploitation or any other reportable incidents, which were found during the survey process and not reported by the Agency?</li> </ul>	1A27		
<ul style="list-style-type: none"> <li>• Does Agency have doc. proving parents or guardians have rec'd training in reporting procedures <i>(i.e. orientation packets, statement with signature acknowledging receipt, etc.</i></li> </ul>	1A28 CoP		
<ul style="list-style-type: none"> <li>• Are the posters (2) located in a conspicuous place <i>(Administrative Location)</i></li> </ul>	1A28 CoP		
<ul style="list-style-type: none"> <li>• Are the posters (2) located in a conspicuous place <i>(Residence Locations)</i></li> </ul>	1A28 CoP		
<ul style="list-style-type: none"> <li>• Did Agency documentation verify Agency Personnel received IMS training (Abuse, Neglect &amp; Exploitation) on an annual basis?</li> </ul>	1A28 CoP		
<p>7 NMAC 26.4.12.2 – The complaint procedure shall be available to individuals and their legal guardians <i>i.e., statement with signature acknowledging receipt, etc.</i></p>	1A29		
<p>DDSD DDW Standards Chapter 1. II. C – The Agency must have P&amp;P to address the use of an individual's <b>SSI payments.</b></p>	1A07		
<p><b>**DDSD DDW Std. Chapter 6.VIII.E (1-2) Agency shall account for use of Individual Funds on a monthly basis and provide doc. to individual or guardian upon request (paraphrased)</b></p>	1A07		

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<p><b>**DDSD DDW Service Std. Chapter 6.IX. A (1-3) for SL; 6.IX.B (1-3) for FL; 6.IX.D for IL– Billable activities</b> include any activities in which DSP provide in accordance with the scope of service.</p> <p><b>**Surveyor: A deficiency in any of the listed Tags makes this a Deficiency.</b></p>	<p>1A12 6L26 6L27 6L28 5I25 5I36 5I44</p>		
<p><b>**DDSD DDW Service Std. Chapter 1 IV. C (1-2) Orientation and Training Requirements:</b></p> <ul style="list-style-type: none"> <li>Do DSP, DSP Supervisors and Service Coordinators exhibit competencies for the individuals, which they serve?</li> </ul>	<p>1A22</p>		
<p><b>**DDSD DDW Std. Chapter 1.IV.F (4) Qualifications of Direct Service Personnel and House Managers</b></p> <ul style="list-style-type: none"> <li>Have DSP completed all required trainings as required by DDSD?</li> </ul>	<p>1A20</p>		
<p><b>**DDSD DDW Std. Chapter 1.IV.G.1.c Qualifications of Service Coordinators</b></p> <ul style="list-style-type: none"> <li>Have DSP completed all required trainings as required by DDSD?</li> </ul>	<p>1A36</p>		
<p><b>DDSD Policy Human Rights Committee</b> Requirements effective 5/15/03; <b>Required for all residential service providers – IV.</b> (Not applicable for Agencies only providing CI services).</p> <ul style="list-style-type: none"> <li>Does the Agency have a Human Rights Committee or part of an HRC?</li> <li>Does the Agency have a Policy regarding the frequency and purpose of the HRC?</li> </ul>	<p>1A31 CoP</p>		
<ul style="list-style-type: none"> <li>Does the Agency have HRC approval for the Individual's who require the use of restraints/restriction, as required by Standard, policy and/or regulation? (Surveyor: Verify individual requires HRC approval).</li> </ul>	<p>1A31 CoP</p>		
<p><b>**DDSD DDW Service Std. Chapter 1 I. PROVIDER AGENCY ENROLLMENT PROCESS &amp; Chapter 6. III. REQUIREMENTS UNIQUE TO FAMILY LIVING SERVICES</b></p> <ul style="list-style-type: none"> <li>Does the Family Living Provider Agency have: <ul style="list-style-type: none"> <li><b>DDSD Approval for subcontractor status (Family Living only)?</b></li> </ul> </li> </ul> <p><b>**Surveyor: This can either be an individual DDSD Sub-Contract Approval or an Agency Spreadsheet. Regardless of document the Agency uses document must contain end dates.</b></p>	<p>6L06 CoP</p>		
<p><b>NMAC 26.6.14 Accreditation</b> – Has the Agency acquired accreditation with 18 months of the signing of the original contract with DDSD</p> <p><input type="checkbox"/> <b>CARF</b>    <input type="checkbox"/> <b>The Council</b>    <input type="checkbox"/> <b>Other</b>    <input type="checkbox"/> <b>DDSD Waiver</b> (Agency must show verification of this)</p>	<p>1A02</p>		

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**Administrator Interview**

**Interviewee & Title:**

**Surveyor:**

**Date/Time:**

1. Explain your Agency's back-up or on-call policy and procedure (1A06)

2. Describe how your Agency provides nursing over-site for all individuals served, including after hours and the on-call process. (1A09)

3. **Individual Funds:** (1A07)

- Does your Agency act as rep-payee for any of the individuals your serve? *(if yes, ask next question; if no, skip next question)*
  
- Does each individual have a separate account?
  
- Explain your Agencies policies and procedures addressing this.

4. How do you make your Agency's complaint procedure available to individuals and their guardians? (1A29)

5. Describe your Agency's policy and procedure for training staff to report Abuse, Neglect & Exploitation; *(including who trains and the timelines involved)* (1A28)

6. What is your process for completing State Incident Reports as it relates to Abuse, Neglect, Exploitation and other reportable incidents? Do you conduct investigations?

7. Who is your Incident Management Coordinator?

How do you oversee the, that all reportable incidents are reported, tracked & trended by the Incident Management Coordinator, as required by the Incident Management Quality Improvement System for Community Based Service Providers?

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8. **(Surveyor: If the agency has incidents on the late and failure report, explain the report to them and then go through the incidents. Then ask the following:** As the Administrator, Do you receive notification from the Incident Management Bureau informing you this has occurred?

If this does occur, what process do you have in place to ensure that late reporting or failure to report does not occur again?

9. **Transportation:** (1A11 CoP)

- How is transportation provided or arranged for appointments and community activities?
  
- Describe the safety and training requirements your Agency has in regards to transporting people and safe use of wheelchair tie-downs and van lifts.

Note type of training required by agency, if any?

10. **Client Rights:** (1A31 CoP)

- How does your Agency ensure Client Rights are not violated?
  
- Does your Agency have a Human Rights Committee or part of a Regional HRC?
  
- For individuals who may require restraints being or restricted rights, how does your Agency ensure staff receives training?
  
- How do you verify you have current HRC approvals for the individuals who require Human Rights Approval?

11. Describe how your Agency insures:

- Implementation of the “Employment First Principle” for each individual served (5103)
  
- Implementation of a “Meaningful Day” (5104)

12. Describe your Agency’s overall Quality Assurance Plan: (1A03)

- What is your QA process for: **(Ask to see examples)**
  - Agency case files:
  - Personnel files:
  - Community Inclusion Programs:
  - Community Living Programs:
  - Incident Management:

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**Incident Management Coordinator Interview**

**Interviewee & Title:**

**Surveyor:**

**Date/Time:**

1. Describe your Agency's policy and procedure for training staff to report Abuse, Neglect & Exploitation; *(including who trains and the timelines involved)* (1A28)

2. What is your process for completing State Incident Reports as it relates to Abuse, Neglect, Exploitation and other reportable incidents? Do you conduct investigations?

3. How do you oversee all reportable incidents are reported, tracked & trended, as required by the Incident Management Quality Improvement System for Community Based Service Providers?

4. ***(Surveyor: If the agency has incidents on the late and failure report, explain the report to them and then go through the incidents. Then ask the following:*** As the Incident Coordinator, Do you receive notification from the Incident Management Bureau informing you this has occurred?

If this does occur, what process do you have in place to ensure that late reporting or failure to report does not occur again?