



Alfredo Vigil, MD  
Secretary

DEPARTMENT OF

Building a Healthy New Mexico!

Bill Richardson, Governor

Katrina Hotrum  
Deputy Secretary

Duffy Rodriguez  
Deputy Secretary

Jessica Sutin  
Deputy Secretary

Karen Armitage, MD  
Chief Medical Officer

Date: January 19, 2009

To: Anita Westbrook, Executive Director of the Office of Facilities Management

Provider: Los Lunas Community Program/NMDOH  
Address: 445 Camino Del Ray SW, Suite A  
State/Zip: Los Lunas, New Mexico, 87031

Cc: Katrina Hotrum, Deputy Secretary, Department of Health (Board Chair)

E-mail Address: [katrina.hotrum@state.nm.us](mailto:katrina.hotrum@state.nm.us)

Region: Metro

Survey Date: November 2 - 4, 2009

Program Surveyed: Developmental Disabilities Waiver

Service Surveyed: Community Living (Supported Living & Family Living) & Community Inclusion (Adult Habilitation, Community Access & Supported Employment)

Survey Type: Focused

Team Leader: Tony Fragua, BFA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Team Members: Cyndi Nielsen, MSN, RN, ONC, CCM, Clinical Liaison, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Valerie V. Valdez, MS, Health Program Manager, Division of Health Improvement/Quality Management Bureau; Barbara Czinger, MSW, LISW, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Florie Alire, RN, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Stephanie Martinez de Berenger, MPA, GCDF, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; & Judy Parks, MSE, Deputy Director, Division of Health Improvement.

Dear Ms. Westbrook,

The Division of Health Improvement Quality Management Bureau has completed a focused survey of the service 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. The specific focus of the survey was to determine compliance in the Division of Health Improvement Incident Management Bureau request for follow up on appropriate administration of Metamucil, following Physicians orders; MARS completed by direct care staff; ensure no conflicts between Physicians orders and Mealtime Plans. In addition homes visits were completed to verify "ALERT" forms were placed in homes.

**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

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

**David Rodriguez, Division Director • Division of Health Improvement**

Division of Health Improvement • Quality Management Bureau • 5301 Central Ave NE • Suite 400 • Albuquerque, New Mexico 87108  
(505) 222-8633 • FAX: (505) 222-8661

DHI Quality Review Survey Report – Los Lunas - Metro, Region – November 2 - 4, 2009

Survey Report # Q10.02.D1977.METRO.001.FCD.01

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 505-231-7436, if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,

*Tony Fragua, BFA*

Tony Fragua, BFA  
Team Lead/Health Care Surveyor  
Division of Health Improvement  
Quality Management Bureau

## Survey Process Employed:

Entrance Conference Date: November 2, 2009

Present:

### **Los Lunas Community Program**

Anita Westbrook, Executive Director  
Andrew Smith, Residential Coordinator  
Dorothy Maya, Residential Coordinator  
Ruth Castillo, Residential Coordinator  
Annette Baca, Residential Coordinator  
Reginald Allen, Deputy Executive Manager  
Angie Brooks, Acting Program Manager  
Vicky Baker, Service Coordinator  
Raul Montano, Service Coordinator  
David Aragon, Director of Service Coordinators  
Debbie Duffee, RN  
Rosalie Leyba, Service Coordinator  
Virginia Aragon, Service Coordinator  
Paula Jean Walker, Service Coordinator/

### **DOH/DHI/QMB**

Tony Fragua, BFA, Team Lead/Healthcare Surveyor  
Cyndi Nielsen, MSN, RN, ONC, CCM, Clinical Liaison/Healthcare Surveyor  
Florie Alire, RN, Healthcare Surveyor  
Barbara Czinger, MSW, LISW, Healthcare Surveyor  
Stephanie Martinez de Berenger, MPA, Healthcare Surveyor  
Judy Parks, MSE, Deputy Director

Exit Conference Date: November 4, 2009

Present:

### **Los Lunas Community Program**

Anita Westbrook, Executive Director  
Angie Brooks, Acting Program Manager  
Raul Montano, Service Coordinator  
Virginia Chavira, Day Habilitation Manager  
Amanda Aragon, Day Habilitation Service Coordinator  
Virginia Aragon, Day Habilitation Service Coordinator  
Kelly Ann Scalf, Employment Supervisor  
Debra Humiston, RN  
David Aragon, Director of Service Coordinators  
Andrew Smith, Residential Coordinator  
Dorothy Maya, Residential Coordinator  
Ruth Castillo, Residential Coordinator  
Annette Baca, Residential Coordinator  
Colleen Montoya, Records Manager  
Paula Jean Walker, Service Coordinator/Secretary

### **DOH/DHI/QMB**

Tony Fragua, BFA, Team Lead/Healthcare Surveyor  
Valerie V. Valdez, MS, Healthcare Program Manager/Healthcare Surveyor  
Cyndi Nielsen, MSN, RN, ONC, CCM, Clinical Liaison/Healthcare Surveyor  
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Barbara Czinger, MSW, LISW, Healthcare Surveyor  
Stephanie Martinez de Berenger, MPA, Healthcare Surveyor  
Judy Parks, MSE, Deputy Director

Homes Visited	Number:	10
Administrative Locations Visited	Number:	1
Total Sample Size	Number:	12 8 - Jackson Class Members 4 - Non-Jackson Class Members 12 - Supported Living 10 - Adult Habilitation 2 - Community Access 2 - Supported Employment
Records Reviewed (Persons Served)	Number:	12
Administrative Files Reviewed		<ul style="list-style-type: none"> <li>• Medical Records</li> <li>• Training Records</li> <li>• Agency Policy and Procedure</li> <li>• Nursing personnel files</li> <li>• Action Plan for Individuals on Metamucil/Benefiber</li> <li>• Placement of "ALERT" forms in homes</li> </ul>

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

## Provider Instructions for Completing the QMB Plan of Correction (POC) Process

- After a QMB Quality Review, your Survey Report will be sent to you via certified mail. You may request that it also be sent to you electronically by calling George Perrault, Plan of Correction Coordinator at 505-222-8647.
- Within 10 business days of the date you received your survey report, you must develop and send your Plan of Correction response to the QMB office. (Providers who do not pick up their mail will be referred to the Internal Review Committee [IRC]).
- For each Deficiency in your Survey Report, include specific information about HOW you will correct each Deficiency, WHO will fix each Deficiency (“Responsible Party”), and by WHEN (“Date Due”).
- Your POC must not only address HOW, WHO and WHEN each Deficiency will be corrected, but must also address overall systemic issues to prevent the Deficiency from reoccurring, i.e., Quality Assurance (QA). Your description of your QA must include specifics about your self-auditing processes, such as HOW OFTEN you will self-audit, WHO will do it, and WHAT FORMS will be used.
- Corrective actions should be incorporated into your agency’s Quality Assurance/Quality Improvement policies and procedures.
- You may send your POC response electronically to George.Perrault@state.nm.us, by fax (505-222-8661), or by postal mail.
- Do not send supporting documentation to QMB until after your POC has been approved by QMB.
- QMB will notify you if your POC has been “Approved” or “Denied”.
- Whether your POC is “Approved” or “Denied”, you have a maximum of 45 business days to correct all survey Deficiencies from the date of receipt of your Survey Report. If your POC is “Denied” it must be revised and resubmitted ASAP, as the 45 working day limit is in effect. Providers whose revised POC is denied will be referred to the IRC.
- The POC must be completed on the official QMB Survey Report and Plan of Correction Form, unless approved in advance by the POC Coordinator.
- 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.

**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.

### **The QMB Approval Rating**

The QMB approval rating is the provider incentive to encourage quality service and correlates the review outcome with the QMB review frequency and its recommendation to DDSD to determine the length of the provider agreement. The "Approval rating" is based on the Scope and Severity of the review findings. There are five levels of "Approval" that a provider may receive. They are:

#### **"Quality" Approval Rating:**

The QMB DD Manager will review the Report of Findings and determine if the provider qualifies for a "Quality" Rating. To qualify for a QMB "Quality" rating of approval" and a three (3) year QMB review cycle and provider agreement recommendation, the provider must not have any findings that are a condition of participation and no findings of "F" level or higher on the Scope and Severity Matrix with no more that three (3) D or E level findings.

#### **"Merit" Approval Rating:**

The QMB DD Manager will review the Report of Findings and determine if the provider qualifies for a "Merit" Rating. To qualify for a QMB "Merit" rating of approval" and a two (2) year QMB review cycle and provider agreement recommendation, the provider must not have more than three (3) findings that are a condition of participation and no more than three (3) "F" level findings with no findings of a "G" level or higher on the Scope and Severity Matrix and no more than six (6) D or E level findings.

#### **"Standard" Approval Rating:**

The QMB DD Manager will review the Report of Findings and determine if the provider qualifies for a "Standard" Rating. To qualify for a QMB "Standard" rating of approval" and a one (1) year QMB review cycle and provider agreement recommendation, the provider must not have more than six (6) findings that are a condition of participation and no more than six (6) "F" level findings with no findings of a "G" level or higher on the Scope and Severity Matrix and no more than six (6) D or E level findings.

#### **"Sub-Standard" Approval Rating:**

The QMB DD Manager will review the Report of Findings and determine if the provider has "Sub-standard" performance. To qualify for a QMB "Sub-Standard" rating of approval" and a three to six month QMB review cycle, with a referral to the Internal Review Committee and provider agreement recommendation, the provider may have any of the following findings:

- seven (7) or more findings that are a condition of participation
- seven (7) or more "F" level findings
- any findings of a "G" level or higher
- nine (9) or more D or E level findings

A referral to the IRC is required for any "Sub-standard" rating. Depending upon the egregious nature of the findings the IRC shall take appropriate sanction actions up to and including contract termination.

#### **"Provisional" Approval Rating:**

New DD service providers may qualify for a QMB "Provisional" Approval Rating upon successfully completing their initial QMB Quality Survey.

The QMB DD Manager will review the Report of Findings and determine if the provider has achieved at least a standard rating of approval. If successful, the provider may receive a one (1) year contract extension. QMB will notify the DDSD Contract unit of the "Provisional" approval rating.

## **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:** Los Lunas Community Programs – Metro Region  
**Program:** Developmental Disabilities Waiver  
**Service:** Community Living (Supported Living & Family Living) & Community Inclusion (Adult Habilitation, Community Access & Supported Employment)  
**Monitoring Type:** Focused Survey  
**Date of Survey:** November 2 - 4, 2009

Statute	Deficiency	Agency Plan of Correction and Responsible Party	Date Due
<b>Tag # 1A09 Medication Delivery (MAR) - Routine Medication</b>	<b>Scope and Severity Rating: E</b>		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS:</b> The objective of these standards is to establish Provider Agency policy, procedure and reporting requirements for DD Medicaid Waiver program. These requirements apply to all such Provider Agency staff, whether directly employed or subcontracting with the Provider Agency. Additional Provider Agency requirements and personnel qualifications may be applicable for specific service standards.</p> <p><b>E. Medication Delivery:</b> Provider Agencies that provide Community Living, Community Inclusion or Private Duty Nursing services shall have written policies and procedures regarding medication(s) delivery and tracking and reporting of medication errors in accordance with DDSD Medication Assessment and Delivery Policy and Procedures, the Board of Nursing Rules and Board of Pharmacy standards and regulations.</p> <p>(2) When required by the DDSD Medication Assessment and Delivery Policy, Medication Administration Records (MAR) shall be maintained and include:</p> <p>(a) The name of the individual, a transcription of the physician’s written or licensed health care</p>	<p>Medication Administration Records (MAR) were reviewed for the months of August, September &amp; November, 2009.</p> <p>Based on record review, 6 of 12 individuals had Medication Administration Records, which contained missing medications entries and/or other errors:</p> <p>Individual #1 August 2009</p> <p>Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> <li>• Dicyclomine 10mg (4 times daily) – Blank 8/31 (8 PM)</li> <li>• Colace 100mg (1 time daily) – Blank 8/31 (8 PM)</li> <li>• Simvastatin 20mg (1 time daily) – Blank 8/31</li> <li>• Salt Water Nasal Spray (2 times daily) – Blank 8/31 (8 PM)</li> <li>• Tegretol 150mg (1 time daily) – Blank 8/31 (7PM)</li> <li>• Hydrocortisone 1% Cream (2 times daily) –</li> </ul>		

<p>provider's prescription including the brand and generic name of the medication, diagnosis for which the medication is prescribed;</p> <p>(b) Prescribed dosage, frequency and method/route of administration, times and dates of administration;</p> <p>(c) Initials of the individual administering or assisting with the medication;</p> <p>(d) Explanation of any medication irregularity;</p> <p>(e) Documentation of any allergic reaction or adverse medication effect; and</p> <p>(f) For PRN medication, an explanation for the use of the PRN medication shall include observable signs/symptoms or circumstances in which the medication is to be used, and documentation of effectiveness of PRN medication administered.</p> <p>(3) The Provider Agency shall also maintain a signature page that designates the full name that corresponds to each initial used to document administered or assisted delivery of each dose;</p> <p>(4) MARs are not required for individuals participating in Independent Living who self-administer their own medications;</p> <p>(5) Information from the prescribing pharmacy regarding medications shall be kept in the home and community inclusion service locations and shall include the expected desired outcomes of administering the medication, signs and symptoms of adverse events and interactions with other medications;</p> <p><b>NMAC 16.19.11.8 MINIMUM STANDARDS:</b>  <b>A. MINIMUM STANDARDS FOR THE DISTRIBUTION, STORAGE, HANDLING AND RECORD KEEPING OF DRUGS:</b></p> <p>(d) The facility shall have a Medication Administration Record (MAR) documenting medication administered to residents, <b>including</b></p>	<p>Blank 8/4, 5, 8 &amp; 31 (PM) &amp; 8/9 (AM)</p> <ul style="list-style-type: none"> <li>• A &amp; D Ointment (2 times daily) – Blank 8/4, 5, 8 &amp; 31 (PM)</li> <li>• Bisacodyl Suppository (3 times weekly) – Blank 8/4, 8 &amp; 27.</li> </ul> <p>Individual #6  August 2009  Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> <li>• Despotestosterone Injection 400mg (2cc) (1 time monthly) – Blank 8/2009</li> </ul> <p>Medication Administration Records did not contain the frequency of medication to be given:</p> <ul style="list-style-type: none"> <li>• Keppra 750mg</li> </ul> <p>As indicated by the Medication Administration Records the individual is to take Keppra 750mg (1 time daily). According to the Physician's Orders, Keppra 750mg is to be taken 2 times daily Medication Administration Record &amp; Physician's Orders do not match.</p> <p>Individual #9  September 2009  Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> <li>• Levothroid 75mcg (1 time daily) – Blank 9/11 (8 AM)</li> </ul> <p>Individual #10  August 2009  Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> <li>• Calcium 600mg+Vit D (2 times daily) – Blank</li> </ul>		
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<p><b>over-the-counter medications.</b> This documentation shall include:</p> <ul style="list-style-type: none"> <li>(i) Name of resident;</li> <li>(ii) Date given;</li> <li>(iii) Drug product name;</li> <li>(iv) Dosage and form;</li> <li>(v) Strength of drug;</li> <li>(vi) Route of administration;</li> <li>(vii) How often medication is to be taken;</li> <li>(viii) Time taken and staff initials;</li> <li>(ix) Dates when the medication is discontinued or changed;</li> <li>(x) The name and initials of all staff administering medications.</li> </ul> <p><b>Model Custodial Procedure Manual</b>  <b>D. Administration of Drugs</b>  Unless otherwise stated by practitioner, patients will not be allowed to administer their own medications. Document the practitioner's order authorizing the self-administration of medications.</p> <p>All PRN (As needed) medications shall have complete detail instructions regarding the administering of the medication. This shall include:</p> <ul style="list-style-type: none"> <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> </ul>	<p>8/31 (7AM)</p> <ul style="list-style-type: none"> <li>• Multivitamin (1 time daily) – Blank 8/31 (7AM)</li> <li>• Docusate Sodium 100mg (1 time daily) – Blank 8/31 (7AM)</li> <li>• Oxybutynin 5mg (2 times daily) – Blank 8/31 (7AM)</li> <li>• Metamucil Powder (1 time daily) – Blank 8/31 (7AM)</li> </ul> <p>Individual #11  August 2009  Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> <li>• Forteo INJ 750mcg/3ml (1 time daily) – Blank 8/27 &amp; 28 (4PM)</li> </ul> <p>Individual #13  August 2009  Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> <li>• Trazadone 100mg (1 time daily) – Blank 8/24 (8PM)</li> </ul>		
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Tag # 1A09 Medication Delivery - PRN Medication	Scope and Severity Rating: E		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS:</b> The objective of these standards is to establish Provider Agency policy, procedure and reporting requirements for DD Medicaid Waiver program. These requirements apply to all such Provider Agency staff, whether directly employed or subcontracting with the Provider Agency. Additional Provider Agency requirements and personnel qualifications may be applicable for specific service standards.</p> <p><b>E. Medication Delivery:</b> Provider Agencies that provide Community Living, Community Inclusion or Private Duty Nursing services shall have written policies and procedures regarding medication(s) delivery and tracking and reporting of medication errors in accordance with DDSD Medication Assessment and Delivery Policy and Procedures, the Board of Nursing Rules and Board of Pharmacy standards and regulations.</p> <p>(2) When required by the DDSD Medication Assessment and Delivery Policy, Medication Administration Records (MAR) shall be maintained and include:</p> <ul style="list-style-type: none"> <li>(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;</li> <li>(b) Prescribed dosage, frequency and method/route of administration, times and dates of administration;</li> <li>(c) Initials of the individual administering or assisting with the medication;</li> <li>(d) Explanation of any medication irregularity;</li> <li>(e) Documentation of any allergic reaction or</li> </ul>	<p>Based on record review, the Agency failed to maintain PRN Medication Administration Records which contained all elements required by standard for 4 of 12 Individuals.</p> <p>Individual #3 September 2009 Per PRN Medication Administration Records, medication is to be given in the amount of 1 - 2 tablets. No documentation was found indicating how many tablets were given:</p> <ul style="list-style-type: none"> <li>• Lorazepam 2mg (PRN) – 9/1 (given 1 time)</li> </ul> <p>November 2009 Medication Administration Records did not contain the exact amount to be used in a 24 hour period:</p> <ul style="list-style-type: none"> <li>• Sudafed 60mg (PRN)</li> <li>• Albuterol 2mg/5ml (PRN)</li> <li>• Lactaid 3000IU (PRN)</li> </ul> <p>Medication Administration Records did not contain the circumstance for which the medication is to be used:</p> <ul style="list-style-type: none"> <li>• Albuterol 2mg/5ml (PRN)</li> <li>• Lactaid 3000IU (PRN)</li> </ul> <p>Individual #4 September 2009 No Effectiveness was noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> <li>• Benadryl 25mg – PRN – 9/10 &amp; 11 (given 1 time daily).</li> </ul>		

<p>adverse medication effect; and</p> <p>(f) For PRN medication, an explanation for the use of the PRN medication shall include observable signs/symptoms or circumstances in which the medication is to be used, and documentation of effectiveness of PRN medication administered.</p> <p>(3) The Provider Agency shall also maintain a signature page that designates the full name that corresponds to each initial used to document administered or assisted delivery of each dose;</p> <p>(4) MARs are not required for individuals participating in Independent Living who self-administer their own medications;</p> <p>(5) Information from the prescribing pharmacy regarding medications shall be kept in the home and community inclusion service locations and shall include the expected desired outcomes of administering the medication, signs and symptoms of adverse events and interactions with other medications;</p> <p><b>NMAC 16.19.11.8 MINIMUM STANDARDS: A. MINIMUM STANDARDS FOR THE DISTRIBUTION, STORAGE, HANDLING AND RECORD KEEPING OF DRUGS:</b></p> <p>(d) The facility shall have a Medication Administration Record (MAR) documenting medication administered to residents, <b>including over-the-counter medications</b>. This documentation shall include:</p> <ul style="list-style-type: none"> <li>(i) Name of resident;</li> <li>(ii) Date given;</li> <li>(iii) Drug product name;</li> <li>(iv) Dosage and form;</li> <li>(v) Strength of drug;</li> <li>(vi) Route of administration;</li> <li>(vii) How often medication is to be taken;</li> </ul>	<ul style="list-style-type: none"> <li>• Amoxicillin 500mg – PRN – 9/10 (given 1 time daily)</li> <li>• Day Time Cold 5-325/liquid 15ml – PRN – 9/11, 12 &amp; 13 (given 1 time daily)</li> <li>• Tylenol 325mg – PRN – 9/12 &amp; 16 (given 1 time daily)</li> </ul> <p>Individual #8 August 2009 Medication Administration Records did not contain the exact amount to be used in a 24 hour period:</p> <ul style="list-style-type: none"> <li>• Albuterol 2 puffs (PRN)</li> <li>• Acetaminophen (PRN)</li> </ul> <p>Medication Administration Records did not contain the dosage for the following medications:</p> <ul style="list-style-type: none"> <li>• Acetaminophen (PRN)</li> </ul> <p>September 2009 Medication Administration Records did not contain the exact amount to be used in a 24 hour period:</p> <ul style="list-style-type: none"> <li>• Albuterol 2 puffs (PRN)</li> <li>• Acetaminophen (PRN)</li> </ul> <p>Medication Administration Records did not contain the dosage for the following medications:</p> <ul style="list-style-type: none"> <li>• Acetaminophen (PRN)</li> </ul> <p>November 2009 Medication Administration Records did not contain the exact amount to be used in a 24 hour period:</p> <ul style="list-style-type: none"> <li>• Albuterol 2 puffs (PRN)</li> <li>• Acetaminophen (PRN)</li> </ul>		
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<p>(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.</p> <p><b>Model Custodial Procedure Manual</b>  <b>D. Administration of Drugs</b>  Unless otherwise stated by practitioner, patients will not be allowed to administer their own medications. Document the practitioner's order authorizing the self-administration of medications.</p> <p>All PRN (As needed) medications shall have complete detail instructions regarding the administering of the medication. This shall include:</p> <ul style="list-style-type: none"> <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> </ul> <p><b>Department of Health</b>  <b>Developmental Disabilities Supports Division (DDSD) Medication Assessment and Delivery Policy - Eff. November 1, 2006</b>  <b>F. PRN Medication</b>  3. Prior to self-administration, self-administration with physical assist or assisting with delivery of PRN medications, the direct support staff must contact the agency nurse to describe observed symptoms and thus assure that the PRN medication is being used according to instructions given by the ordering PCP. In cases of fever, respiratory distress (including coughing), severe pain, vomiting, diarrhea, change in responsiveness/level of consciousness, the nurse must strongly consider the need to conduct a face-to-face assessment to assure that the PRN does not mask a condition better treated by seeking medical attention. This does not apply to home based/family living settings</p>	<p>Medication Administration Records did not contain the dosage for the following medications:</p> <ul style="list-style-type: none"> <li>• Acetaminophen (PRN)</li> <li>• Naphcon Eye Drops (PRN)</li> <li>• Calcium/ Zinc/ Magnesium (PRN)</li> </ul> <p>Individual #13  August 2009  Medication Administration Records did not contain the exact amount to be used in a 24 hour period:  • Ibuprofen 200mg (PRN)</p> <p>September 2009  Medication Administration Records did not contain the exact amount to be used in a 24 hour period:  • Ibuprofen 200mg (PRN)</p>		
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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.

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C. 3. Prior to delivery of the PRN, direct support staff must contact the agency nurse to describe observed symptoms and thus assure that the PRN is being used according to instructions given by the ordering PCP. In cases of fever, respiratory distress (including coughing), severe pain, vomiting, diarrhea, change in responsiveness/level of

consciousness, the nurse must strongly consider the need to conduct a face-to-face assessment to assure that the PRN does not mask a condition better treated by seeking medical attention. (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.).

Tag # 6L14 Residential Case File	Scope and Severity Rating: E		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 6. VIII. COMMUNITY LIVING SERVICE PROVIDER AGENCY REQUIREMENTS</b></p> <p><b>A. Residence Case File:</b> For individuals receiving Supported Living or Family Living, the Agency shall maintain in the individual's home a complete and current confidential case file for each individual. For individuals receiving Independent Living Services, rather than maintaining this file at the individual's home, the complete and current confidential case file for each individual shall be maintained at the agency's administrative site. Each file shall include the following:</p> <p>(1) Complete and current ISP and all supplemental plans specific to the individual;</p> <p>(2) Complete and current Health Assessment Tool;</p> <p>(3) Current emergency contact information, which includes the individual's address, telephone number, names and telephone numbers of residential Community Living Support providers, relatives, or guardian or conservator, primary care physician's name(s) and telephone number(s), pharmacy name, address and telephone number and dentist name, address and telephone number, and health plan;</p> <p>(4) Up-to-date progress notes, signed and dated by the person making the note for at least the past month (older notes may be transferred to the agency office);</p> <p>(5) Data collected to document ISP Action Plan implementation</p> <p>(6) Progress notes written by direct care staff and by nurses regarding individual health status and physical conditions including action taken in response to identified changes in condition for at least the past month;</p>	<p>Based on record review, the Agency failed to maintain a complete and confidential case file in the residence for 5 of 12 Individuals receiving Supported Living Services.</p> <p>The following was not found, incomplete and/or not current:</p> <ul style="list-style-type: none"> <li>• Health Assessment Tool (#3)</li> <li>• <b>Health Care Plans</b> <ul style="list-style-type: none"> <li>◦ Alteration in thought process (#8)</li> <li>◦ Aspiration (#7)</li> <li>◦ Injury to self and others (#8)</li> <li>◦ Hypertension (#8)</li> </ul> </li> <li>• <b>Crisis Plan</b> <ul style="list-style-type: none"> <li>◦ Aspiration (#4, 7 &amp; 9)</li> <li>◦ Cardiac Condition (#9)</li> <li>◦ Constipation (#9)</li> <li>◦ Gastrointestinal (#9)</li> <li>◦ Hypertension (#8)</li> <li>◦ Respiratory Distress (#8 &amp; 9)</li> <li>◦ Skeletal Integrity (#8 &amp; 9)</li> <li>◦ Injury to self and others (#8)</li> <li>◦ Cervical Disability (#4)</li> </ul> </li> </ul>		

<p>(7) Physician's or qualified health care providers written orders;</p> <p>(8) Progress notes documenting implementation of a physician's or qualified health care provider's order(s);</p> <p>(9) Medication Administration Record (MAR) for the past three (3) months which includes:</p> <ul style="list-style-type: none"> <li>(a) The name of the individual;</li> <li>(b) A transcription of the healthcare practitioners prescription including the brand and generic name of the medication;</li> <li>(c) Diagnosis for which the medication is prescribed;</li> <li>(d) Dosage, frequency and method/route of delivery;</li> <li>(e) Times and dates of delivery;</li> <li>(f) Initials of person administering or assisting with medication; and</li> <li>(g) An explanation of any medication irregularity, allergic reaction or adverse effect.</li> <li>(h) For PRN medication an explanation for the use of the PRN must include: <ul style="list-style-type: none"> <li>(i) Observable signs/symptoms or circumstances in which the medication is to be used, and</li> <li>(ii) Documentation of the effectiveness/result of the PRN delivered.</li> </ul> </li> <li>(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.</li> </ul> <p>(10) Record of visits to healthcare practitioners including any treatment provided at the visit and a record of all diagnostic testing for the current ISP year; and</p> <p>(11) Medical History to include: demographic data, current and past medical diagnoses including the</p>			
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cause (if known) of the developmental disability and any psychiatric diagnosis, allergies (food, environmental, medications), status of routine adult health care screenings, immunizations, hospital discharge summaries for past twelve (12) months, past medical history including hospitalizations, surgeries, injuries, family history and current physical exam.