



**Alfredo Vigil, MD**  
Secretary

DEPARTMENT OF

*Building a Healthy New Mexico!*

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Deputy Secretary

**Karen Armitage, MD**  
Chief Medical Officer

Date: August 17, 2009

To: Eddie Romero, Executive Director  
Provider: Northern New Mexico Quality Care, LLC  
Address: 1101 Johnnie Roybal  
State/City/Zip: Espanola, New Mexico 87532

E-mail Address: ecromero@cybermesa.com

Region: Northeast  
Survey Date: July 27 – 30, 2009  
Program Surveyed: Developmental Disabilities Waiver  
Service Surveyed: Community Living (Family Living) & Community Inclusion (Community Access)  
Survey Type: Routine  
Team Leader: Barbara Czinger, MSW, LISW, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau  
Team Members: Anthony Fragua, BA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; Cynthia Nielsen, RN, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau & Marti Madrid, LBSW, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Mr. Romero,

The Division of Health Improvement/Quality Management Bureau has completed a quality review survey of the services identified above. The purpose of the survey was to determine compliance with federal and state standards; to assure the health, safety, and welfare of individuals receiving services through the Developmental Disabilities Waiver; and to identify opportunities for improvement.

**Quality Management Approval Rating:**

The Division of Health Improvement is granting your agency a “STANDARD” certification for basic compliance with DDS Standards and regulations.

**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 900 Albuquerque, NM 87108
2. Developmental Disabilities Supports Division Regional Office for region of service surveyed.

*“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 900 • Albuquerque, New Mexico 87108  
(505) 222-8623 • FAX: (505) 841-5815

DHI Quality Review Survey Report – Northern New Mexico Quality Care - NE Region – July 27 - 30, 2009

Report #: Q10.01.86286854.NE.001.RTN.01

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 #900  
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 505-476-9023, if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,

*Barbara Czinger, MSW, LISW*

Barbara Czinger, MSW, LISW  
Team Lead/Healthcare Surveyor  
Division of Health Improvement  
Quality Management Bureau

## Survey Process Employed:

Entrance Conference Date: July 27, 2009

Present: **Northern New Mexico Quality Care, LLC**  
Terry Waters, Nursing Supervisor

**DOH/DHI/QMB**

Barbara Czinger, MSW, LISW, Team Lead/Healthcare Surveyor  
Marti Madrid, LBSW, Healthcare Surveyor  
Tony Fragua, BA, Healthcare Surveyor

Exit Conference Date: July 30, 2009

Present: **Northern New Mexico Quality Care, LLC**  
Eddie Romero, Executive Director  
Terry Waters, Nursing Supervisor

**DOH/DHI/QMB**

Barbara Czinger, MSW, LISW, Team Lead/Healthcare Surveyor  
Marti Madrid, LBSW, Healthcare Surveyor  
Cynthia Nielsen, RN, Healthcare Surveyor

**DDSD - NE Regional Office**

Charlene Cain, NERO Manager (via phone)

Homes Visited Number: 10

Administrative Locations Visited Number: 1

Total Sample Size Number: 10  
2 - Jackson Class Members  
8 - Non-Jackson Class Members  
10 - Family Living  
3 - Community Access

Persons Served Interviewed Number: 3

Persons Served Observed Number: 7 (4 Individuals did not respond to Surveyor questions & 3 Individuals were not home during the on-site visits)

Records Reviewed (Persons Served) Number: 10

Administrative Files Reviewed

- Billing Records
- Medical Records
- Incident Management Records
- Personnel Files
- Training Records
- Agency Policy and Procedure
- Caregiver Criminal History Screening Records
- Employee Abuse Registry
- Human Rights Notes and/or Meeting Minutes
- Nursing personnel files
- Evacuation Drills
- Quality Improvement/Quality Assurance Plan

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

## 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 505-222-8624.
- 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 (505-841-5815), 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 505-222-8624 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.

## **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:** Northern New Mexico Quality Care, LLC - Northeast Region  
**Program:** Developmental Disabilities Waiver  
**Service:** Community Living (Family Living) & Community Inclusion (Community Access)  
**Monitoring Type:** Routine Survey  
**Date of Survey:** July 27 – 30, 2009

Statute	Deficiency	Agency Plan of Correction and Responsible Party	Date Due
<b>Tag # 1A08 Agency Case File</b>	<b>Scope and Severity Rating: A</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>D. Provider Agency Case File for the Individual:</b> All Provider Agencies shall maintain at the administrative office a confidential case file for each individual. Case records belong to the individual receiving services and copies shall be provided to the receiving agency whenever an individual changes providers. The record must also be made available for review when requested by DOH, HSD or federal government representatives for oversight purposes. The individual's case file shall include the following requirements:</p> <p>(1) Emergency contact information, including the individual's address, telephone number, names and telephone numbers of relatives, or guardian or conservator, physician's name(s) and telephone number(s), pharmacy name, address and telephone number, and health plan if appropriate;</p> <p>(2) The individual's complete and current ISP, with all supplemental plans specific to the individual,</p>	<p>Based on record review, the Agency failed to maintain at the administrative office a confidential case file for 1 of 10 individuals.</p> <p>Review of the Agency individual case files revealed the following items were not found, incomplete, and/or not current:</p> <ul style="list-style-type: none"> <li>• Speech Therapy Plan (#8)</li> </ul>		

<p>and the most current completed Health Assessment Tool (HAT);</p> <p>(3) Progress notes and other service delivery documentation;</p> <p>(4) Crisis Prevention/Intervention Plans, if there are any for the individual;</p> <p>(5) A medical history, which shall include at least demographic data, current and past medical diagnoses including the cause (if known) of the developmental disability, psychiatric diagnoses, allergies (food, environmental, medications), immunizations, and most recent physical exam;</p> <p>(6) When applicable, transition plans completed for individuals at the time of discharge from Fort Stanton Hospital or Los Lunas Hospital and Training School; and</p> <p>(7) Case records belong to the individual receiving services and copies shall be provided to the individual upon request.</p> <p>(8) The receiving Provider Agency shall be provided at a minimum the following records whenever an individual changes provider agencies:</p> <ul style="list-style-type: none"> <li>(a) Complete file for the past 12 months;</li> <li>(b) ISP and quarterly reports from the current and prior ISP year;</li> <li>(c) Intake information from original admission to services; and</li> <li>(d) When applicable, the Individual Transition Plan at the time of discharge from Los Lunas Hospital and Training School or Ft. Stanton Hospital.</li> </ul>			
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Tag # 1A09 Medication Delivery (MAR)	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> <ol style="list-style-type: none"> <li>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>Prescribed dosage, frequency and method/route of administration, times and dates of administration;</li> <li>Initials of the individual administering or assisting with the medication;</li> <li>Explanation of any medication irregularity;</li> <li>Documentation of any allergic reaction or adverse medication effect; and</li> <li>For PRN medication, an explanation for the</li> </ol>	<p>Medication Administration Records (MAR) were reviewed for the months of April, May &amp; June 2009.</p> <p>Based on record review, 4 of 10 individuals had Medication Administration Records, which contained missing medications entries and/or other errors:</p> <p>Individual #2 May 2009 Medication Administration Record document did not contain a signature page that designates the full name that corresponds to each initial used to document administered or assisted delivery of each dose for the following medications:</p> <ul style="list-style-type: none"> <li>Haldol 2mg (1 time daily)</li> </ul> <p>June 2009 Medication Administration Record did not contain the time the medication should be given. MAR indicated time as "Bedtime":</p> <ul style="list-style-type: none"> <li>Haldol 2mg (1 time daily)</li> </ul> <p>Individual #5 April 2009 No Medication Administration Records were found for the following medications:</p> <ul style="list-style-type: none"> <li>Vitamins</li> <li>Digestive Enzymes</li> </ul> <p>No Physician's Orders were found for the following medications:</p> <ul style="list-style-type: none"> <li>Vitamins</li> <li>Digestive Enzymes</li> </ul> <p>May 2009 No Medication Administration Records were found for the following medications:</p> <ul style="list-style-type: none"> <li>Vitamins</li> <li>Digestive Enzymes</li> </ul>	

<p>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 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>No Physician's Orders were found for the following medications:</p> <ul style="list-style-type: none"> <li>• Vitamins</li> <li>• Digestive Enzymes</li> </ul> <p>June 2009  No Medication Administration Records were found for the following medications.</p> <ul style="list-style-type: none"> <li>• Vitamins</li> <li>• Digestive Enzymes</li> </ul> <p>No Physician's Orders were found for the following medications:</p> <ul style="list-style-type: none"> <li>• Vitamins</li> <li>• Digestive Enzymes</li> </ul> <p>Individual #9  April 2009  Medication Administration Records did not contain the strength of the medication which is to be given:</p> <ul style="list-style-type: none"> <li>• Tegretol (3 times daily)</li> </ul> <p>May 2009  Medication Administration Records did not contain the strength of the medication which is to be given:</p> <ul style="list-style-type: none"> <li>• Tegretol (3 times daily)</li> </ul> <p>June 2009  Medication Administration Records did not contain the strength of the medication which is to be given:</p> <ul style="list-style-type: none"> <li>• Tegretol (3 times daily)</li> </ul> <p>Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> <li>• Tegretol (3 times daily) – Blank 06/10/2009 (10AM)</li> </ul>		
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**Model Custodial Procedure Manual**

***D. Administration of Drugs***

Unless otherwise stated by practitioner, patients will not be allowed to administer their own medications. Document the practitioner's order authorizing the self-administration of medications.

All PRN (As needed) medications shall have complete detail instructions regarding the administering of the medication. This shall include:

- symptoms that indicate the use of the medication,
- exact dosage to be used, and
- the exact amount to be used in a 24 hour period.

Individual #10

April 2009

Medication Administration Records did not contain the diagnosis for which the medication is prescribed:

- Glyburide 5mg (2 times daily)
- Januvia 100mg (1 time daily)
- Lisinopril-HCTZ 20/25mg (2 times daily)
- Aspirin 81mg (1 time daily)
- Metformin 1000mg (1 time daily)

Medication Administration Records did not contain the specific time(s) the medication should be given, for the following medications:

- Glyburide 5mg (2 times daily)
- Januvia 100mg (1 time daily)
- Lisinopril-HCTZ 20/25mg (2 times daily)
- Aspirin 81mg (1 time daily)
- Metformin 1000mg (1 time daily)

May 2009

Medication Administration Records did not contain the diagnosis for which the medication is prescribed:

- Glyburide 5mg (2 times daily)
- Januvia 100mg (1 time daily)
- Lisinopril-HCTZ 20/25mg (2 times daily)
- Aspirin 81mg (1 time daily)
- Metformin 1000mg (1 time daily)

	<p>Medication Administration Records did not contain the specific time(s) the medication should be given, for the following medications:</p> <ul style="list-style-type: none"> <li>• Glyburide 5mg (2 times daily)</li> <li>• Januvia 100mg (1 time daily)</li> <li>• Lisinopril-HCTZ 20/25mg (2 times daily)</li> <li>• Aspirin 81mg (1 time daily)</li> <li>• Metformin 1000mg (1 time daily)</li> </ul> <p>June 2009</p> <p>Medication Administration Records did not contain the diagnosis for which the medication is prescribed:</p> <ul style="list-style-type: none"> <li>• Glyburide 5mg (2 times daily)</li> <li>• Januvia 100mg (1 time daily)</li> <li>• Lisinopril-HCTZ 20/25mg (2 times daily)</li> <li>• Aspirin 81mg (1 time daily)</li> <li>• Metformin 1000mg (1 time daily)</li> </ul> <p>Medication Administration Records did not contain the specific time(s) the medication should be given, for the following medications:</p> <ul style="list-style-type: none"> <li>• Glyburide 5mg (2 times daily)</li> <li>• Januvia 100mg (1 time daily)</li> <li>• Lisinopril-HCTZ 20/25mg (2 times daily)</li> <li>• Aspirin 81mg (1 time daily)</li> <li>• Metformin 1000mg (1 time daily)</li> </ul>		
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Tag # 1A09 Medication Delivery - PRN	Scope and Severity Rating: D	
<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 adverse medication effect; and</li> <li>(f) For PRN medication, an explanation for the</li> </ul>	<p>Based on record review, the Agency failed to maintain PRN Medication Administration Records which contained all elements required by standard for 1 of 10 Individuals.</p> <p>Individual #4 April 2009 Medication Administration Records did not contain the exact amount to be used in a 24 hour period: • Colace 200mg (PRN)</p> <p>No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication: • Colace 200mg – PRN – April 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29 &amp; 30 (given 1 time daily)</p> <p>No Effectiveness was noted on the Medication Administration Record for the following PRN medication: • Colace 200mg – PRN – April 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29 &amp; 30 (given 1 time daily)</p> <p>May 2009 Medication Administration Records did not contain the exact amount to be used in a 24 hour period: • Colace 200mg (PRN)</p> <p>No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication: • Colace 200mg – PRN – May 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 25, 26, 27, 28, 29, 30 &amp; 31 (given 1 time daily)</p>	

<p>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>Department of Health Developmental Disabilities Supports Division (DDSD) Medication Assessment and Delivery Policy - Eff. November 1, 2006</b></p> <p><b>F. PRN Medication</b></p> <p>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 where the provider is related by affinity or by</p>	<p>No Effectiveness was noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> <li>• Colace 200mg – PRN – May 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 25, 26, 27, 28, 29, 30 &amp; 31 (given 1 time daily)</li> </ul> <p>June 2009</p> <p>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>• Colace 200mg (PRN)</li> </ul> <p>No Signs/Symptoms were noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> <li>• Colace 200mg – PRN – June 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29 &amp; 30 (given 1 time daily)</li> </ul> <p>No Effectiveness was noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> <li>• Colace 200mg – PRN – June 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29 &amp; 30 (given 1 time daily)</li> </ul>		
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consanguinity to the individual.

**NMAC 16.19.11.8 MINIMUM STANDARDS:  
A. MINIMUM STANDARDS FOR THE  
DISTRIBUTION, STORAGE, HANDLING AND  
RECORD KEEPING OF DRUGS:**

(d) The facility shall have a Medication Administration Record (MAR) documenting medication administered to residents, **including over-the-counter medications**. This documentation shall include:

- (i) Name of resident;
- (ii) Date given;
- (iii) Drug product name;
- (iv) Dosage and form;
- (v) Strength of drug;
- (vi) Route of administration;
- (vii) How often medication is to be taken;
- (viii) Time taken and staff initials;
- (ix) Dates when the medication is discontinued or changed;
- (x) The name and initials of all staff administering medications.

**Model Custodial Procedure Manual**

***D. Administration of Drugs***

Unless otherwise stated by practitioner, patients will not be allowed to administer their own medications. Document the practitioner's order authorizing the self-administration of medications.

All PRN (As needed) medications shall have complete detail instructions regarding the administering of the medication. This shall include:

- symptoms that indicate the use of the medication,
- exact dosage to be used, and
- the exact amount to be used in a 24 hour period.

Tag # 1A11 (CoP) Transportation P&P	Scope and Severity Rating: F		
<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>G. Transportation:</b> Provider agencies that provide Community Living, Community Inclusion or Non-Medical Transportation services shall have a written policy and procedures regarding the safe transportation of individuals in the community, which comply with New Mexico regulations governing the operation of motor vehicles to transport individuals, and which are consistent with DDSD guidelines issued July 1, 1999 titled "Client Transportation Safety". The policy and procedures must address at least the following topics:</p> <ol style="list-style-type: none"> <li>(1) Drivers' requirements,</li> <li>(2) Individual safety, including safe locations for boarding and disembarking passengers, appropriate responses to hazardous weather and other adverse driving conditions,</li> <li>(3) Vehicle maintenance and safety inspections,</li> <li>(4) Staff training regarding the safe operation of the vehicle, assisting passengers and safe lifting procedures,</li> <li>(5) Emergency Plans, including vehicle evacuation techniques,</li> <li>(6) Documentation, and</li> <li>(7) Accident Procedures.</li> </ol> <p><b>Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) Policy Training Requirements for Direct Service Agency</b></p>	<p>Based on record review, the Agency failed to have a written policies and procedures regarding the safe transportation of individuals in the community, which comply with New Mexico regulations governing the operation of motor vehicles to transport individuals.</p> <p>Review of Agency's policies and procedures indicated the following elements were not found:</p> <ol style="list-style-type: none"> <li>(1) Drivers' requirements,</li> <li>(2) Individual safety, including safe locations for boarding and disembarking passengers, appropriate responses to hazardous weather and other adverse driving conditions,</li> <li>(3) Vehicle maintenance and safety inspections,</li> <li>(4) Staff training regarding the safe operation of the vehicle, assisting passengers and safe lifting procedures,</li> <li>(5) Emergency Plans, including vehicle evacuation techniques,</li> <li>(6) Documentation, and</li> <li>(7) Accident Procedures</li> </ol>		

Staff Policy **Eff Date:** March 1, 2007

**II. POLICY STATEMENTS:**

I. Staff providing direct services shall complete safety training within the first thirty (30) days of employment and before working alone with an individual receiving services. The training shall address at least the following:

1. Operating a fire extinguisher
2. Proper lifting procedures
3. General vehicle safety precautions (e.g., pre-trip inspection, removing keys from the ignition when not in the driver's seat)
4. Assisting passengers with cognitive and/or physical impairments (e.g., general guidelines for supporting individuals who may be unaware of safety issues involving traffic or those who require physical assistance to enter/exit a vehicle)
5. Operating wheelchair lifts (if applicable to the staff's role)
6. Wheelchair tie-down procedures (if applicable to the staff's role)
7. Emergency and evacuation procedures (e.g., roadside emergency, fire emergency)

Tag # 1A11 (CoP) Transportation Training	Scope and Severity Rating: F		
<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>G. Transportation:</b> Provider agencies that provide Community Living, Community Inclusion or Non-Medical Transportation services shall have a written policy and procedures regarding the safe transportation of individuals in the community, which comply with New Mexico regulations governing the operation of motor vehicles to transport individuals, and which are consistent with DDSD guidelines issued July 1, 1999 titled "Client Transportation Safety". The policy and procedures must address at least the following topics:</p> <ol style="list-style-type: none"> <li>(1) Drivers' requirements,</li> <li>(2) Individual safety, including safe locations for boarding and disembarking passengers, appropriate responses to hazardous weather and other adverse driving conditions,</li> <li>(3) Vehicle maintenance and safety inspections,</li> <li>(4) Staff training regarding the safe operation of the vehicle, assisting passengers and safe lifting procedures,</li> <li>(8) Emergency Plans, including vehicle evacuation techniques,</li> <li>(9) Documentation, and</li> <li>(10) Accident Procedures.</li> </ol> <p><b>Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) Policy</b> Training Requirements for Direct Service Agency</p>	<p>Based on record review and interview, the Agency failed to provide staff training regarding the safe operation of the vehicle, assisting passengers and safe lifting procedures for 32 of 36 Direct Service Personnel.</p> <p>No documented evidence was found of the following required training:</p> <ul style="list-style-type: none"> <li>• Transportation (DSP #13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 43, 44, 45, 46, 48, &amp; 49)</li> </ul>		

Staff Policy **Eff Date:** March 1, 2007

**II. POLICY STATEMENTS:**

I. Staff providing direct services shall complete safety training within the first thirty (30) days of employment and before working alone with an individual receiving services. The training shall address at least the following:

1. Operating a fire extinguisher
2. Proper lifting procedures
3. General vehicle safety precautions (e.g., pre-trip inspection, removing keys from the ignition when not in the driver's seat)
4. Assisting passengers with cognitive and/or physical impairments (e.g., general guidelines for supporting individuals who may be unaware of safety issues involving traffic or those who require physical assistance to enter/exit a vehicle)
5. Operating wheelchair lifts (if applicable to the staff's role)
6. Wheelchair tie-down procedures (if applicable to the staff's role)
7. Emergency and evacuation procedures (e.g., roadside emergency, fire emergency)

Tag # 1A12 Reimbursement/Billable Units	Scope and Severity Rating: C		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 1 III. PROVIDER AGENCY DOCUMENTATION OF SERVICE DELIVERY AND LOCATION</b></p> <p><b>A. General:</b> All Provider Agencies shall maintain all records necessary to fully disclose the service, quality, quantity and clinical necessity furnished to individuals who are currently receiving services. The Provider Agency records shall be sufficiently detailed to substantiate the date, time, individual name, servicing Provider Agency, level of services, and length of a session of service billed.</p> <p><b>B. Billable Units:</b> The documentation of the billable time spent with an individual shall be kept on the written or electronic record that is prepared prior to a request for reimbursement from the HSD. For each unit billed, the record shall contain the following:</p> <ol style="list-style-type: none"> <li>(1) Date, start and end time of each service encounter or other billable service interval;</li> <li>(2) A description of what occurred during the encounter or service interval; and</li> <li>(3) The signature or authenticated name of staff providing the service.</li> </ol> <p><b>MAD-MR: 03-59 Eff 1/1/2004</b></p> <p><b>8.314.1 BI RECORD KEEPING AND DOCUMENTATION REQUIREMENTS:</b></p> <p>Providers must maintain all records necessary to fully disclose the extent of the services provided to the Medicaid recipient. Services that have been billed to Medicaid, but are not substantiated in a treatment plan and/or patient records for the recipient are subject to recoupment.</p>	<p>Based on record review, the Agency failed to provide written or electronic documentation as evidence for each unit billed, which contained the required information for 10 of 10 individuals.</p> <p>Individual #1 April 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 30 units of Family Living from 04/01/2009 through 04/30/2009. Documentation did not contain a signature/authenticated name of the staff providing the service to justify billing.</li> </ul> <p>May 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 31 units of Family Living from 05/01/2009 through 05/31/2009. Documentation did not contain a signature/authenticated name of the staff providing the service to justify billing.</li> </ul> <p>June 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 30 units of Family Living from 06/01/2009 through 06/30/2009. Documentation did not contain a signature/authenticated name of the staff providing the service to justify billing.</li> </ul> <p>Individual #2 April 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 30 units of Family Living from 04/01/2009 through 04/30/2009. Documentation did not contain a signature/authenticated name of the staff providing the service to justify billing.</li> </ul> <p>May 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 31 units of Family Living from 05/01/2009 through 05/31/2009. Documentation did not contain a signature/authenticated name of the staff providing the service to justify billing.</li> </ul>		

	<p>June 2009</p> <ul style="list-style-type: none"> <li>The Agency billed 30 units of Family Living from 06/01/2009 through 06/30/2009. Documentation did not contain a signature/authenticated name of the staff providing the service to justify billing.</li> </ul> <p>Individual #3</p> <p>April 2009</p> <ul style="list-style-type: none"> <li>The Agency billed 30 units of Family Living from 04/01/2009 through 04/30/2009. Documentation did not contain a signature/authenticated name of the staff providing the service to justify billing.</li> </ul> <p>May 2009</p> <ul style="list-style-type: none"> <li>The Agency billed 31 units of Family Living from 05/01/2009 through 05/31/2009. Documentation did not contain a signature/authenticated name of the staff providing the service to justify billing.</li> </ul> <p>June 2009</p> <ul style="list-style-type: none"> <li>The Agency billed 30 units of Family Living from 06/01/2009 through 06/30/2009. Documentation did not contain a signature/authenticated name of the staff providing the service to justify billing.</li> </ul> <p>Individual #4</p> <p>April 2009</p> <ul style="list-style-type: none"> <li>The Agency billed 30 units of Family Living from 04/01/2009 through 04/30/2009. Documentation did not contain a signature/authenticated name of the staff providing the service to justify billing.</li> </ul> <p>May 2009</p> <ul style="list-style-type: none"> <li>The Agency billed 31 units of Family Living from 05/01/2009 through 05/31/2009. Documentation did not contain a</li> </ul>		
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	<p>signature/authenticated name of the staff providing the service to justify billing.</p> <p>June 2009</p> <ul style="list-style-type: none"> <li>The Agency billed 30 units of Family Living from 06/01/2009 through 06/30/2009. Documentation did not contain a signature/authenticated name of the staff providing the service to justify billing.</li> </ul> <p>Individual #5</p> <p>April 2009</p> <ul style="list-style-type: none"> <li>The Agency billed 30 units of Family Living from 04/01/2009 through 04/30/2009. Documentation did not contain a signature/authenticated name of the staff providing the service to justify billing.</li> </ul> <p>May 2009</p> <ul style="list-style-type: none"> <li>The Agency billed 31 units of Family Living from 05/01/2009 through 05/31/2009. Documentation did not contain a signature/authenticated name of the staff providing the service to justify billing.</li> </ul> <p>June 2009</p> <ul style="list-style-type: none"> <li>The Agency billed 30 units of Family Living from 06/01/2009 through 06/30/2009. Documentation did not contain a signature/authenticated name of the staff providing the service to justify billing.</li> </ul> <p>Individual #6</p> <p>April 2009</p> <ul style="list-style-type: none"> <li>The Agency billed 30 units of Family Living from 04/01/2009 through 04/30/2009. Documentation did not contain a signature/authenticated name of the staff providing the service to justify billing.</li> </ul> <p>May 2009</p> <ul style="list-style-type: none"> <li>The Agency billed 31 units of Family Living from</li> </ul>		
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	<p>05/01/2009 through 05/31/2009. Documentation did not contain a signature/authenticated name of the staff providing the service to justify billing.</p> <p>June 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 30 units of Family Living from 06/01/2009 through 06/30/2009. Documentation did not contain a signature/authenticated name of the staff providing the service to justify billing.</li> </ul> <p>Individual #7</p> <p>April 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 30 units of Family Living from 04/01/2009 through 04/30/2009. Documentation did not contain a signature/authenticated name of the staff providing the service to justify billing.</li> </ul> <p>May 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 31 units of Family Living from 05/01/2009 through 05/31/2009. Documentation did not contain a signature/authenticated name of the staff providing the service to justify billing.</li> </ul> <p>June 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 30 units of Family Living from 06/01/2009 through 06/30/2009. Documentation did not contain a signature/authenticated name of the staff providing the service to justify billing.</li> </ul> <p>Individual #8</p> <p>April 2009</p> <ul style="list-style-type: none"> <li>• The Agency billed 30 units of Family Living from 04/01/2009 through 04/30/2009. Documentation did not contain a signature/authenticated name of the staff providing the service to justify billing.</li> </ul>		
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	<p>May 2009</p> <ul style="list-style-type: none"> <li>The Agency billed 31 units of Family Living from 05/01/2009 through 05/31/2009. Documentation did not contain a signature/authenticated name of the staff providing the service to justify billing.</li> </ul> <p>June 2009</p> <ul style="list-style-type: none"> <li>The Agency billed 30 units of Family Living from 06/01/2009 through 06/30/2009. Documentation did not contain a signature/authenticated name of the staff providing the service to justify billing.</li> </ul> <p>Individual #9</p> <p>April 2009</p> <ul style="list-style-type: none"> <li>The Agency billed 30 units of Family Living from 04/01/2009 through 04/30/2009. Documentation did not contain a signature/authenticated name of the staff providing the service to justify billing.</li> </ul> <p>May 2009</p> <ul style="list-style-type: none"> <li>The Agency billed 31 units of Family Living from 05/01/2009 through 05/31/2009. Documentation did not contain a signature/authenticated name of the staff providing the service to justify billing.</li> </ul> <p>June 2009</p> <ul style="list-style-type: none"> <li>The Agency billed 30 units of Family Living from 06/01/2009 through 06/30/2009. Documentation did not contain a signature/authenticated name of the staff providing the service to justify billing.</li> </ul> <p>Individual #10</p> <p>April 2009</p> <ul style="list-style-type: none"> <li>The Agency billed 30 units of Family Living from 04/01/2009 through 04/30/2009. Documentation did not contain a signature/authenticated name of the staff</li> </ul>		
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	<p>providing the service to justify billing.</p> <p>May 2009</p> <ul style="list-style-type: none"> <li>The Agency billed 31 units of Family Living from 05/01/2009 through 05/31/2009. Documentation did not contain a signature/authenticated name of the staff providing the service to justify billing.</li> </ul> <p>June 2009</p> <ul style="list-style-type: none"> <li>The Agency billed 30 units of Family Living from 06/01/2009 through 06/30/2009. Documentation did not contain a signature/authenticated name of the staff providing the service to justify billing.</li> </ul>		
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Tag # 1A20 DSP Training Documents	Scope and Severity Rating: D		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 1 IV. GENERAL REQUIREMENTS FOR PROVIDER AGENCY SERVICE</b></p> <p><b>PERSONNEL:</b> The objective of this section is to establish personnel standards for DD Medicaid Waiver Provider Agencies for the following services: Community Living Supports, Community Inclusion Services, Respite, Substitute Care and Personal Support Companion Services. These standards apply to all personnel who provide services, whether directly employed or subcontracting with the Provider Agency. Additional personnel requirements and qualifications may be applicable for specific service standards.</p> <p><b>C. Orientation and Training Requirements:</b> Orientation and training for direct support staff and his or her supervisors shall comply with the DDS/DOH Policy Governing the Training Requirements for Direct Support Staff and Internal Service Coordinators Serving Individuals with Developmental Disabilities to include the following:</p> <p>(1) Each new employee shall receive appropriate orientation, including but not limited to, all policies relating to fire prevention, accident prevention, incident management and reporting, and emergency procedures; and</p> <p>(2) Individual-specific training for each individual under his or her direct care, as described in the individual service plan, prior to working alone with the individual.</p>	<p>Based on record review, the Agency failed to ensure that Orientation and Training requirements were met for 10 of 36 Direct Service Personnel.</p> <p>Review of Direct Service Personnel training records found no evidence of the following required DOH/DDSD trainings and certification being completed:</p> <ul style="list-style-type: none"> <li>• Person-Centered Planning (1-Day) (DSP #26 &amp; 30)</li> <li>• First Aid (DSP #16, 19 &amp; 29)</li> <li>• CPR (DSP #16, 19 &amp; 29)</li> <li>• Assisting With Medications (DSP #25, 26, 27, 46 &amp; 49)</li> <li>• Rights &amp; Advocacy (DSP #26, 30 &amp; 33)</li> <li>• Level 1 Health (DSP #26, 30 &amp; 49)</li> <li>• Teaching &amp; Support Strategies (DSP #26, 30 &amp; 33)</li> <li>• Positive Behavior Supports Strategies (DSP #26, 30 &amp; 49)</li> <li>• Participatory Communication &amp; Choice Making (DSP #26)</li> </ul>		

Tag # 1A22 Staff Competence	Scope and Severity Rating: E	
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 1 IV. GENERAL REQUIREMENTS FOR PROVIDER AGENCY SERVICE</b></p> <p><b>PERSONNEL:</b> The objective of this section is to establish personnel standards for DD Medicaid Waiver Provider Agencies for the following services: Community Living Supports, Community Inclusion Services, Respite, Substitute Care and Personal Support Companion Services. These standards apply to all personnel who provide services, whether directly employed or subcontracting with the Provider Agency. Additional personnel requirements and qualifications may be applicable for specific service standards.</p> <p><b>F. Qualifications for Direct Service Personnel:</b> The following employment qualifications and competency requirements are applicable to all Direct Service Personnel employed by a Provider Agency:</p> <p>(1) Direct service personnel shall be eighteen (18) years or older. Exception: Adult Habilitation can employ direct care personnel under the age of eighteen 18 years, but the employee shall work directly under a supervisor, who is physically present at all times;</p> <p>(2) Direct service personnel shall have the ability to read and carry out the requirements in an ISP;</p> <p>(3) Direct service personnel shall be available to communicate in the language that is functionally required by the individual or in the use of any specific augmentative communication system utilized by the individual;</p> <p>(4) Direct service personnel shall meet the qualifications specified by DDS in the Policy</p>	<p>Based on interview, the Agency failed to ensure that training competencies were met for 3 of 13 Direct Service Personnel.</p> <p>When DSP were asked if they received training on the Individual's Speech Therapy Plan and what the plan covered, the following was reported:</p> <ul style="list-style-type: none"> <li>DSP #50 stated, "No, I don't think she does." According to the Individual Specific Training Section of the ISP, the Individual requires a Speech Therapy Plan. (Individual #3)</li> </ul> <p>When DSP were asked if they received training on the Individual's Occupational Therapy Plan and what the plan covered, the following was reported:</p> <ul style="list-style-type: none"> <li>DSP #50 stated, "Yes, I don't know what the plan covers". According to the Individual Specific Training Section of the ISP, the Individual does not receive Occupational Therapy. (Individual #3)</li> </ul> <p>When DSP were asked, what are the steps did they need to if there was a medication error, the following was reported:</p> <ul style="list-style-type: none"> <li>DSP #34 stated, "I don't know".</li> </ul> <p>When DSP were asked what the individual's Diagnosis were, the following was reported:</p> <ul style="list-style-type: none"> <li>DSP #50 stated, "I don't know". According to the individuals ISP, she is diagnosed with Cerebral Palsy and Spastic Quadriplegic. (Staff did not discuss the listed diagnosis) (Individual #3)</li> </ul> <p>When DSP were asked to describe what to do if there is high blood sugar, the following was reported:</p>	

<p>Governing the Training Requirements for Direct Support Staff and Internal Service Coordinators, Serving Individuals with Developmental Disabilities; and</p> <p>(5) Direct service Provider Agencies of Respite Services, Substitute Care, Personal Support Services, Nutritional Counseling, Therapists and Nursing shall demonstrate basic knowledge of developmental disabilities and have training or demonstrable qualifications related to the role he or she is performing and complete individual specific training as required in the ISP for each individual he or she support.</p> <p>(6) Report required personnel training status to the DDSD Statewide Training Database as specified in DDSD policies as related to training requirements as follows:</p> <p>(a) Initial comprehensive personnel status report (name, date of hire, Social Security number category) on all required personnel to be submitted to DDSD Statewide Training Database within the first ninety (90) calendar days of providing services;</p> <p>(b) Staff who do not wish to use his or her Social Security Number may request an alternative tracking number; and</p> <p>(c) Quarterly personnel update reports sent to DDSD Statewide Training Database to reflect new hires, terminations, inter-provider Agency position changes, and name changes.</p>	<ul style="list-style-type: none"> <li>• DSP #44 stated, "I don't really know, call Terry". According to the ISP and diagnosis in file, individual has a diagnosis of diabetes. (Individual #10)</li> </ul>		
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Tag # 1A26 (CoP) COR / EAR	Scope and Severity Rating: D		
<p><b>NMAC 7.1.12.8</b>  <b>REGISTRY ESTABLISHED; PROVIDER INQUIRY REQUIRED:</b> Upon the effective date of this rule, the department has established and maintains an accurate and complete electronic registry that contains the name, date of birth, address, social security number, and other appropriate identifying information of all persons who, while employed by a provider, have been determined by the department, as a result of an investigation of a complaint, to have engaged in a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider. Additions and updates to the registry shall be posted no later than two (2) business days following receipt. Only department staff designated by the custodian may access, maintain and update the data in the registry.</p> <p>A. <b>Provider requirement to inquire of registry.</b> A provider, prior to employing or contracting with an employee, shall inquire of the registry whether the individual under consideration for employment or contracting is listed on the registry.</p> <p>B. <b>Prohibited employment.</b> A provider may not employ or contract with an individual to be an employee if the individual is listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider.</p> <p>D. <b>Documentation of inquiry to registry.</b> The provider shall maintain documentation in the employee's personnel or employment records that evidences the fact that the provider made an inquiry to the registry concerning that employee prior to employment. Such documentation must include evidence, based on the response to such inquiry received from the custodian by the provider, that the employee was not listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation.</p>	<p>Based on record review, the Agency failed to maintain documentation in the employee's personnel records that evidenced inquiry to the Employee Abuse Registry prior to employment for 5 of 39 Agency Personnel.</p> <p>The following Agency Personnel records contained evidence that indicated the Employee Abuse Registry was completed after hire:</p> <ul style="list-style-type: none"> <li>• #13 – Date of hire 06/01/2009</li> <li>• #30 – Date of hire 03/01/2008</li> <li>• #35 – Date of hire 03/01/2008</li> <li>• #41 – Date of hire 08/25/2008</li> <li>• #43 – Date of hire 10/01/2008</li> </ul>		

E. **Documentation for other staff.** With respect to all employed or contracted individuals providing direct care who are licensed health care professionals or certified nurse aides, the provider shall maintain documentation reflecting the individual's current licensure as a health care professional or current certification as a nurse aide.

Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007

**Chapter 1.IV. General Provider Requirements.**

**D. Criminal History Screening:** All personnel shall be screened by the Provider Agency in regard to the employee's qualifications, references, and employment history, prior to employment. All Provider Agencies shall comply with the Criminal Records Screening for Caregivers 7.1.12 NMAC and Employee Abuse Registry 7.1.12 NMAC as required by the Department of Health, Division of Health Improvement.

Tag # 1A33 Board of Pharmacy - Med Storage	Scope and Severity Rating: A		
<p><b>New Mexico Board of Pharmacy Model Custodial Drug Procedures Manual</b></p> <p><b>E. Medication Storage:</b></p> <ol style="list-style-type: none"> <li>1. Prescription drugs will be stored in a locked cabinet and the key will be in the care of the administrator or designee.</li> <li>2. Drugs to be taken by mouth will be separate from all other dosage forms.</li> <li>3. A locked compartment will be available in the refrigerator for those items labeled "Keep in Refrigerator." The temperature will be kept in the 36°F - 46°F range. An accurate thermometer will be kept in the refrigerator to verify temperature.</li> <li>4. Separate compartments are required for each resident's medication.</li> <li>5. All medication will be stored according to their individual requirement or in the absence of temperature and humidity requirements, controlled room temperature (68-77°F) and protected from light. Storage requirements are in effect 24 hours a day.</li> <li>6. Medication no longer in use, unwanted, outdated, or adulterated will be placed in a quarantine area in the locked medication cabinet and held for destruction by the consultant pharmacist.</li> </ol>	<p>Based on observation, the Agency failed to ensure proper storage of medication for 1 of 10 individuals.</p> <p>Observation included:</p> <p>Individual #3</p> <ul style="list-style-type: none"> <li>• Baclofen - Is not locked in a locked compartment/container. Per the Agency policy "all medication must be stored in boxes that are locked."</li> </ul>		

Tag # 6L13 (CoP) - CL Healthcare Reqts.	Scope and Severity Rating: D		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p><b>CHAPTER 6. VI. GENERAL REQUIREMENTS FOR COMMUNITY LIVING</b></p> <p><b>G. Health Care Requirements for Community Living Services.</b></p> <p>(1) The Community Living Service providers shall ensure completion of a HAT for each individual receiving this service. The HAT shall be completed 2 weeks prior to the annual ISP meeting and submitted to the Case Manager and all other IDT Members. A revised HAT is required to also be submitted whenever the individual's health status changes significantly. For individuals who are newly allocated to the DD Waiver program, the HAT may be completed within 2 weeks following the initial ISP meeting and submitted with any strategies and support plans indicated in the ISP, or within 72 hours following admission into direct services, which ever comes first.</p> <p>(2) Each individual will have a Health Care Coordinator, designated by the IDT. When the individual's HAT score is 4, 5 or 6 the Health Care Coordinator shall be an IDT member, other than the individual. The Health Care Coordinator shall oversee and monitor health care services for the individual in accordance with these standards. In circumstances where no IDT member voluntarily accepts designation as the health care coordinator, the community living provider shall assign a staff member to this role.</p> <p>(3) For each individual receiving Community Living Services, the provider agency shall ensure and document the following:</p> <p>(a) Provision of health care oversight consistent with these Standards as detailed in Chapter One section III E: Healthcare Documentation by Nurses For Community Living Services, Community Inclusion Services and Private Duty Nursing Services.</p> <p>b) That each individual with a score of 4, 5, or 6</p>	<p>Based on record review, the Agency failed to provide documentation of annual physical examinations and/or other examinations as specified by a licensed physician for 2 of 10 individuals receiving Community Living Services.</p> <ul style="list-style-type: none"> <li>• <b>Abnormal Involuntary Movement Screening</b> <ul style="list-style-type: none"> <li>◦ None found 9/2008 - 7/2009 for Haldol (#2)</li> </ul> </li> <li>• <b>Blood Levels/Lab Work</b> <ul style="list-style-type: none"> <li>◦ None found 10/2008 - 7/2009 (per Doctor's orders dated 10/15/2008) (#6)</li> </ul> </li> </ul>		

<p>on the HAT, has a Health Care Plan developed by a licensed nurse.</p> <p>(c) That an individual with chronic condition(s) with the potential to exacerbate into a life threatening condition, has Crisis Prevention/ Intervention Plan(s) developed by a licensed nurse or other appropriate professional for each such condition.</p> <p>(4) That an average of 3 hours of documented nutritional counseling is available annually, if recommended by the IDT.</p> <p>(5) That the physical property and grounds are free of hazards to the individual's health and safety.</p> <p>(6) In addition, for each individual receiving Supported Living or Family Living Services, the provider shall verify and document the following:</p> <p>(a) The individual has a primary licensed physician;</p> <p>(b) The individual receives an annual physical examination and other examinations as specified by a licensed physician;</p> <p>(c) The individual receives annual dental check-ups and other check-ups as specified by a licensed dentist;</p> <p>(d) The individual receives eye examinations as specified by a licensed optometrist or ophthalmologist; and</p> <p>(e) Agency activities that occur as follow-up to medical appointments (e.g. treatment, visits to specialists, changes in medication or daily routine).</p>			
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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>(7) Physician's or qualified health care providers written orders;</p> <p>(8) Progress notes documenting implementation of</p>	<p>Based on record review, the Agency failed to maintain a complete and confidential case file in the residence for 6 of 10 Individuals receiving Family Living Services.</p> <p>The following was not found, incomplete and/or not current:</p> <ul style="list-style-type: none"> <li>• Current Emergency &amp; Personal Identification Information <ul style="list-style-type: none"> <li>◦ Not Found (#10)</li> <li>◦ Did not contain Pharmacy Information (#3, 6 &amp; 9)</li> </ul> </li> <li>• ISP Signature Page (#2 &amp; 9)</li> <li>• Addendum A (#2, 6 &amp; 9)</li> <li>• Individual Specific Training (Addendum B) (#9)</li> <li>• Health Assessment Tool (#2)</li> <li>• <b>Crisis Plan</b> <ul style="list-style-type: none"> <li>◦ Asthma/Breathing (#6)</li> </ul> </li> <li>• Health Care Providers Written Orders (#2 &amp; 8)</li> </ul>	

<p>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 cause (if known) of the developmental disability and any psychiatric diagnosis, allergies (food, environmental, medications), status of routine adult health care screenings, immunizations, hospital</p>			
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discharge summaries for past twelve (12) months, past medical history including hospitalizations, surgeries, injuries, family history and current physical exam.

Tag # 6L25 (CoP) Residential Health & Safety (Family Living)	Scope and Severity Rating: F		
<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>L. Residence Requirements for Family Living Services and Supported Living Services</b></p> <p>(1) Supported Living Services and Family Living Services providers shall assure that each individual's residence has:</p> <p>(a) Battery operated or electric smoke detectors, heat sensors, or a sprinkler system installed in the residence;</p> <p>(b) General-purpose first aid kit;</p> <p>(c) When applicable due to an individual's health status, a blood borne pathogens kit;</p> <p>(d) Accessible written procedures for emergency evacuation e.g. fire and weather-related threats;</p> <p>(e) Accessible telephone numbers of poison control centers located within the line of sight of the telephone;</p> <p>(f) Accessible written documentation of actual evacuation drills occurring at least three (3) times a year. For Supported Living evacuation drills shall occur at least once a year during each shift;</p> <p>(g) Accessible written procedures for the safe storage of all medications with dispensing instructions for each individual that are consistent with the Assisting with Medication Administration training or each individual's ISP; and</p> <p>(h) Accessible written procedures for emergency placement and relocation of individuals in the event of an emergency evacuation that makes the residence unsuitable for occupancy. The emergency evacuation procedures shall address, but are not limited to, fire, chemical and/or hazardous waste spills, and flooding.</p>	<p>Based on observation, the Agency failed to ensure that each individual's residence met all requirements within the standard for 10 of 10 Family Living residences.</p> <p>The following items were not found, not functioning or incomplete:</p> <ul style="list-style-type: none"> <li>• Accessible written procedures for emergency evacuation e.g. fire and weather-related threats (#1, 3 &amp; 5)</li> <li>• Accessible written procedures for the safe storage of all medications with dispensing instructions for each individual that are consistent with the Assisting with Medication Administration training or each individual's ISP (#1, 2, 3, 4, 6, 7, 8, 9 &amp; 10)</li> <li>• Accessible written procedures for emergency placement and relocation of individuals in the event of an emergency evacuation that makes the residence unsuitable for occupancy. The emergency evacuation procedures shall address, but are not limited to, fire, chemical and/or hazardous waste spills, and flooding (#1, 2, 3 &amp; 5)</li> </ul>		



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: September 16, 2009  
To: Eddie Romero, Executive Director  
Provider: Northern New Mexico Quality Care, LLC  
Address: 1101 Johnnie Roybal  
State/Zip: Espanola, New Mexico 87532

RE: Request for an Informal Reconsideration of Findings

Region: Northeast  
Survey Date: July 27-30, 2009  
Program Surveyed: Developmental Disabilities Waiver  
Service Surveyed: Community Living, Community Inclusion  
Survey Type: Routine  
Team Leader: Barbara Czinger, MSW, LISW, Healthcare Surveyor  
Regarding Report #: Q10.01.86286854.NE.001.RTN.01

Dear Mr. Romero,

Your request for a Reconsideration of Findings was received on August 31, 2009. The IRF committee has reviewed your request and the supporting evidence provided. Based on the review of applicable DDSD standards and regulations, review of the survey process and the evidence you provided, the committee has made the following determinations:

**Regarding Tag #: 1A12**

**Determination: The IRF committee is removing the original finding from the report**

This concludes the Informal Reconsideration of Finding process. The IRF process is separate and apart from the Informal Dispute Resolution process or the Medicaid Fair Hearing process when DOH sanctions are imposed on a provider.

Thank you.  
Respectfully,

*Scott Good, MRC, CRC*

Scott Good, MRC, CRC  
Deputy Bureau Chief  
Informal Reconsideration of Finding Committee Chair

CC: Dan Maxwell, MS, Quality Management Bureau Chief  
Valerie Valdez, Program Manager  
Barbara Czinger, QMB, Survey Team Lead  
George Perrault, POC Coordinator  
DDSD

