



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: November 2, 2009

To: Herb Delone, Executive Director
Provider: The Opportunity Center
Address: 873 Wright Ave
State/Zip: Alamogordo, New Mexico 88310

CC: Scot Key, Board President
Address: 100 New York Ave. Room 301
State/Zip: Alamogordo, New Mexico 88310

E-mail Address: herb_oppcenter@hotmail.com

Region: Southwest
Survey Date: August 17 – 19, 2009
Program Surveyed: Developmental Disabilities Waiver
Service Surveyed: Community Living (Supported Living) & Community Inclusion (Adult Habilitation, Community Access & Supported Employment)

Survey Type: Routine
Team Leader: Stephanie R. Martinez de Berenger, MPA,GCDF, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Team Members: Deb Russell, BS, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau & Valerie V. Valdez, MS, Healthcare Program Manager, Division of Health Improvement/Quality Management

Dear Mr. Delone,

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 issuing your agency a “STANDARD” rating for basic compliance with DDSD 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 400 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 400 Albuquerque, New Mexico 87108
(505) 222-8633 • FAX: (505) 222-8661

DHI Quality Review Survey Report – The Opportunity Center - Southwest Region - August 17 - 19, 2009

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 505-222-8633, if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,

Stephanie R. Martinez de Berenger, MPA, GCDF

Stephanie R. Martinez de Berenger, MPA, GCDF
Team Lead/Healthcare Surveyor
Division of Health Improvement
Quality Management Bureau

Survey Process Employed:

Entrance Conference Date: August 17, 22009

Present: **The Opportunity Center**
Herb Delone, Executive Director

DOH/DHI/QMB

Stephanie R. Martinez de Berenger, MPA, GCDF
Team Lead/Healthcare Surveyor
Deb Russell, BS, Healthcare Surveyor
Valerie V. Valdez, MS, Healthcare Program Manager/Healthcare Surveyor

Exit Conference Date: August 19, 2009

Present: **The Opportunity Center**
Ericka Ahlbon - Arrellano, RN
Christina Martinez, Assistant Executive Director
Anna Alcala, Service Coordinator/Training Coordinator
Clarence Wallace, Quality Enhancement Coordinator/Incident Management Coordinator

DOH/DHI/QMB

Stephanie R. Martinez de Berenger, MPA, GCDF
Team Lead/Healthcare Surveyor
Deb Russell, BS, Healthcare Surveyor
Valerie V. Valdez, MS, Healthcare Program Manager/Healthcare Surveyor

DDSD SW Regional Office

Zach Robinson, Social & Community Services Coordinator

Homes Visited Number: 8

Administrative Locations Visited Number: 1

Total Sample Size Number: 10
2 - Jackson Class Members
8 - Non-Jackson Class Members
10 - Supported Living
10 - Adult Habilitation
7 - Supported Employment
3 - Community Access

Persons Served Interviewed Number: 10

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 505-222-8647.
- 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.

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: The Opportunity Center - Southwest Region
Program: Developmental Disabilities Waiver
Service: Community Living (Supported Living) & Community Inclusion (Adult Habilitation, Community Access & Supported Employment)
Monitoring Type: Routine Survey
Date of Survey: August 17 – 19, 2009

Statute	Deficiency	Agency Plan of Correction and Responsible Party	Date Due
Tag # 1A03 CQI System	Scope and Severity Rating: C		
Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007 CHAPTER 1 I. PROVIDER AGENCY ENROLLMENT PROCESS I. Continuous Quality Management System: Prior to approval or renewal of a DD Waiver Provider Agreement, the Provider Agency is required to submit in writing the current Continuous Quality Improvement Plan to the DOH for approval. In addition, on an annual basis DD Waiver Provider Agencies shall develop or update and implement the Continuous Quality Improvement Plan. The CQI Plan shall be used to 1) discover strengths and challenges of the provider agency, as well as strengths, and barriers individuals experience in receiving the quality, quantity, and meaningfulness of services that he or she desires; 2) build on strengths and remediate individual and provider level issues to improve the provider's service provision over time. At a minimum the CQI Plan shall address how the agency will collect, analyze, act on data and evaluate results related to: (1) Individual access to needed services and supports; (2) Effectiveness and timeliness of implementation of Individualized Service Plans; (3) Trends in achievement of individual outcomes in the Individual Service Plans; (4) Trends in medication and medical incidents	Based on record review, the Agency failed to develop and implement a Continuous Quality Management System. Based on record review, the Agency failed to update and implement their Continuous Quality Management System on an annual basis. The Agency's Continuous Quality Improvement Plan provided during the on-site survey (August 17 – 19, 2009) was not dated. No evidence was found indicating when the document had been updated.		

- leading to adverse health events;
- (5) Trends in the adequacy of planning and coordination of healthcare supports at both supervisory and direct support levels;
- (6) Quality and completeness documentation; and
- (7) Trends in individual and guardian satisfaction.

7.1.13.9 INCIDENT MANAGEMENT SYSTEM REPORTING REQUIREMENTS FOR COMMUNITY BASED SERVICE PROVIDERS:

E. Quality Improvement System for Community Based Service Providers: The community based service provider shall establish and implement a quality improvement system for reviewing alleged complaints and incidents. The incident management system shall include written documentation of corrective actions taken. The community based service provider shall maintain documented evidence that all alleged violations are thoroughly investigated, and shall take all reasonable steps to prevent further incidents. The community based service provider shall provide the following internal monitoring and facilitating quality improvement system:

- (1) community based service providers funded through the long-term services division to provide waiver services shall have current incident management policy and procedures in place, which comply with the department's current requirements;
- (2) community based service providers providing developmental disabilities services must have a designated incident management coordinator in place;
- (4) community based service providers providing developmental disabilities services must have an incident management committee to address internal and external incident reports for the purpose of looking at internal root causes and to take action on identified trends or issues.

Tag # 1A05 (CoP) General Requirements	Scope and Severity Rating: F		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS: 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>A. General Requirements:</p> <p>(2) The Provider Agency is required to develop and implement written policies and procedures that maintain and protect the physical and mental health of individuals and which comply with all DDS policies and procedures and all relevant New Mexico State statutes, rules and standards. These policies and procedures shall be reviewed at least every three years and updated as needed.</p>	<p>Based on record review, the Agency failed to review and update its written policies and procedures every three years or as needed.</p> <p>The following policies and procedures provided during the on-site survey (August 17 – 19, 2009) showed no evidence of being reviewed every three years or being updated as needed:</p> <ul style="list-style-type: none"> • “Abuse, Neglect, Exploitation, and Other Reportable Incidents, Prohibition.” Last reviewed December 31, 2002 and revised on August 3, 2003. • “Medication Policy” - Last reviewed 2005. • “On-Call System” – Last reviewed February 14, 2006. • “Human Rights Committee” - Last reviewed November 28, 2003 		

Tag # 1A08 Agency Case File	Scope and Severity Rating: B		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS: 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>D. Provider Agency Case File for the Individual: 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> <ol style="list-style-type: none"> (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; (2) The individual's complete and current ISP, with all supplemental plans specific to the individual, and the most current completed Health Assessment Tool (HAT); (3) Progress notes and other service delivery documentation; (4) Crisis Prevention/Intervention Plans, if there are any for the individual... 	<p>Based on record review, the Agency failed to maintain at the administrative office a confidential case file for 7 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"> • Current Emergency & Personal Identification Information <ul style="list-style-type: none"> ◦ Did not contain Pharmacy Information (#5) • ISP Signature Page (#1, 3 & 9) • Addendum A (#1, 2, 8 & 9) • Individual Specific Training Section (ISP) (#1) • ISP Teaching & Support Strategies (#1) • Occupational Therapy Plan (#1) • Physical Therapy Plan (#2, 5, 7 & 8) 		

Tag # 1A08 Agency Case File - Progress Notes	Scope & Severity Rating: A		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS: 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>D. Provider Agency Case File for the Individual: 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>(3) Progress notes and other service delivery documentation;</p>	<p>Based on record review, the Agency failed to maintain progress notes and other service delivery documentation for 1 of 10 Individuals.</p> <p>Supported Living Progress Notes/Daily Contact Logs</p> <ul style="list-style-type: none"> • Individual #5 - None found for 6/15/2009 		

Tag # 1A09 Medication Delivery (MAR) - Routine Medication	Scope and Severity Rating: E		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS: 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>E. Medication Delivery: 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"> 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; Prescribed dosage, frequency and method/route of administration, times and dates of administration; Initials of the individual administering or assisting with the medication; Explanation of any medication irregularity; Documentation of any allergic reaction or 	<p>Medication Administration Records (MAR) were reviewed for the months of May, June, July & August 2009.</p> <p>Based on record review, 6 of 10 individuals had Medication Administration Records, which contained missing medications entries and/or other errors:</p> <p>Individual #2 May 2009 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> Jevity 1.5 240ml (Every 3 hours from 6am – 9pm daily) – Blank May 14, 23 & 24, 2009 (6:00 AM) <p>June 2009 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> Jevity 1.5 240ml (Every 3 hours from 6am – 9pm daily) – Blank June 7, 2009 (3:00 PM; 6:00PM & 9:00PM) <p>July 2009 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> Prilosec 20mg (2 times daily) – Blank July 31, 2009 (8:00 PM) <p>Individual #3 May 2009 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> Risperdal .25mg (2 times daily) – Blank May 		

<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>NMAC 16.19.11.8 MINIMUM STANDARDS: A. MINIMUM STANDARDS FOR THE DISTRIBUTION, STORAGE, HANDLING AND RECORD KEEPING OF DRUGS:</p> <p>(d) The facility shall have a Medication Administration Record (MAR) documenting medication administered to residents, including over-the-counter medications. This documentation shall include:</p> <ul style="list-style-type: none"> (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 	<p>2, 2009 (8:00 PM)</p> <p>July 2009 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Prilosec 40mg (2 times daily) – Blank July 31, 2009. (8:00 AM & 5:00PM) • Claritin 10mg (1 time daily) – Blank July 29, 30, 31, 2009.(8:00AM) • Lexapro 20mg (1 time daily) – Blank July 29, 30, 31, 2009.(8:00AM) • Multivitamin (1 time daily) – Blank July 29, 30 & 31, 2009 • Predisone 50mg (1 time daily) – Blank July 29, 30 & 31, 2009. • Protonix 40mg (1 time daily) – Blank July 29, 30 & 31, 2009. <p>Medication Administration Records did not contain the diagnosis for which the medication is prescribed:</p> <ul style="list-style-type: none"> • Predisone 50mg (1 time daily) <p>Individual #4 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"> • Abilify 10mg (1 time daily) • Multivitamin (1 time daily) • Ferrous Sulfate 325mg (1 time daily) 		
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<p>or changed;</p> <p>(x) The name and initials of all staff administering medications.</p> <p>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.</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"> ➤ 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. 	<ul style="list-style-type: none"> • Fish oil 2gm (1 time daily) <p>June 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"> • Abilify 10mg (1 time daily) • Multivitamin (1 time daily) • Ferrous Sulfate 325mg (1 time daily) • Fish oil 2gm (1 time daily) <p>July 2009 During on-site survey Medication Administration Records were requested for months of May, June & July 2009. As of August 19, 2009, Medication Administration Records for the month of July 2009 had not been provided.</p> <p>Individual #5 May 2009 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Blood Sugar Checks (2 times daily) – Blank May 14, 15 & 16, 2009 (8:00AM & 8:00PM) <p>Individual #7 June 2009 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Muro (sodium chloride) 5% (3 times daily) – Blank June 17, 22, 23, 24, 25, 26, 29 & 30, 2009 (2:00PM) 		
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	<p>July 2009 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Advair 100/50 (2 times daily) – Blank July 11 & 12, 2009 (8:00PM) • Elavil 25mg (1 time daily) - Blank July 12 & 13, 2009. • Barley Grass 500mg (2 times daily) – Blank July 12 & 13, 2009. (8:00PM) • Muro (sodium chloride) 5% (3 times daily) – Blank July 12 & 13, 2009. (8:00PM) • Patanol .01% (2 times daily) - Blank July 12 & 13, 2009. (8:00PM) • Zaditor (2 times daily) – Blank July 12 & 13, 2009 (8:00PM) • Duoneb Sol (4 times daily) – Blank July 12 & 13, 2009. (4:00PM & 8:00PM) • Clonidine .2% (1 time daily) - Blank July 12 & 13, 2009 • Singulair 10mg (1 time daily) – Blank July 12 & 13, 2009. <p>August 2009 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Duoneb Sol (4 times daily) – Blank August 4, 2009. (8:00PM) • Fish Oil 1000mg (1 time daily) - Blank August 16, 2009. 		
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	<ul style="list-style-type: none"> • Muro (Sodium Chloride) 5% (3 times daily) – Blank August 14, 2009. (2:00PM) <p>Individual #9 May 2009</p> <p>Medication Administration Records did not contain the route of administration for the following medications:</p> <ul style="list-style-type: none"> • Flonase 0.05% (1 time daily) <p>Medication Administration Record did not contain the time the medication should be given. MAR indicated time as “AM, PM and/or Bedtime”:</p> <ul style="list-style-type: none"> • Flonase 0.05% (1 time daily) <p>Medication Administration Record did not contain the form (i.e. liquid, tablet, capsule, etc.) of medication for the following medications:</p> <ul style="list-style-type: none"> • Flonase 0.05% (1 time daily) 		
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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>CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS: 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>E. Medication Delivery: 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"> 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; Prescribed dosage, frequency and method/route of administration, times and dates of administration; Initials of the individual administering or assisting with the medication; Explanation of any medication irregularity; Documentation of any allergic reaction or 	<p>Based on record review, the Agency failed to maintain PRN Medication Administration Records which contained all elements required by standard for 4 of 10 Individuals.</p> <p>Individual #2 June 2009 Medication Administration Records did not contain the circumstance for which the medication is to be given:</p> <ul style="list-style-type: none"> Ativan 1mg (PRN) <p>No Signs/Symptoms were noted on the Medication Administration Record for the medication :</p> <ul style="list-style-type: none"> Ativan 1mg – PRN – June 24, 2009 (given 1 time daily) <p>No Effectiveness was noted on the Medication Administration Record for the following PRN medication:</p> <ul style="list-style-type: none"> Ativan 1mg – PRN – June 24, 2009 (given 1 time daily) <p>Individual #3 May 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"> Roloids (PRN) <p>June 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"> Roloids (PRN) <p>Individual #4 May 2009</p>		

<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>NMAC 16.19.11.8 MINIMUM STANDARDS: A. MINIMUM STANDARDS FOR THE DISTRIBUTION, STORAGE, HANDLING AND RECORD KEEPING OF DRUGS:</p> <p>(d) The facility shall have a Medication Administration Record (MAR) documenting medication administered to residents, including over-the-counter medications. This documentation shall include:</p> <ul style="list-style-type: none"> (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; 	<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"> • Mucinex (PRN) <p>June 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"> • Mucinex (PRN) <p>Individual #6 May 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"> • Fleets Enema (PRN) <p>June 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"> • Fleets Enema (PRN) <p>July 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"> • Fleets Enema (PRN) 		
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- (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.

Department of Health

Developmental Disabilities Supports Division (DDSD) Medication Assessment and Delivery Policy - Eff. November 1, 2006

F. PRN Medication

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 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.

Department of Health Developmental Disabilities Supports Division (DDSD) - Procedure Title: Medication Assessment and Delivery Procedure Eff Date: November 1, 2006

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 # 1A11 (CoP) Transportation Training	Scope and Severity Rating: E		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 II. PROVIDER AGENCY REQUIREMENTS: 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>G. Transportation: 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"> (1) Drivers' requirements, (2) Individual safety, including safe locations for boarding and disembarking passengers, appropriate responses to hazardous weather and other adverse driving conditions, (3) Vehicle maintenance and safety inspections, (4) Staff training regarding the safe operation of the vehicle, assisting passengers and safe lifting procedures, (5) Emergency Plans, including vehicle evacuation techniques, (6) Documentation, and (7) Accident Procedures. <p>Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) Policy</p>	<p>Based on record review, the Agency failed to provide staff training regarding the safe operation of the vehicle, assisting passengers and safe lifting procedures for 6 of 32 Direct Service Personnel.</p> <p>No documented evidence was found of the following required training:</p> <ul style="list-style-type: none"> • Transportation (DSP #44, 46, 65, 66, 67 & 68) 		

Training Requirements for Direct Service Agency 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 # 1A20 DSP Training Documents	Scope and Severity Rating: E		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 IV. GENERAL REQUIREMENTS FOR PROVIDER AGENCY SERVICE</p> <p>PERSONNEL: 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>C. Orientation and Training Requirements: 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> <ol style="list-style-type: none"> (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 (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>Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) Policy - Policy Title: Training Requirements for Direct Service Agency Staff Policy - Eff. March 1, 2007</p> <p>II. POLICY STATEMENTS:</p> <p>A. Individuals shall receive services from competent and qualified staff.</p>	<p>Based on record review, the Agency failed to ensure that Orientation and Training requirements were met for 21 of 32 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"> • Pre-Service (DSP #65, 67 & 72) • Basic Health/Orientation (DSP #47, 65, 67 & 72) • Person-Centered Planning (1-Day) (DSP #59, 65 & 66) • First Aid (DSP #40, 41, 42, 45, 46, 49, 50, 51, 52, 56, 57, 58, 59, 62, 63, 65, 66 & 70) • CPR (DSP #40, 41, 42, 45, 46, 49, 50, 51, 52, 56, 57, 58, 59, 62, 63, 65, 66 & 70) 		

B. Staff shall complete individual-specific (formerly known as “Addendum B”) training requirements in accordance with the specifications described in the individual service plan (ISP) of each individual served.

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

D. Staff providing direct services shall complete training in universal precautions on an annual basis. The training materials shall meet Occupational Safety and Health Administration (OSHA) requirements.

E. Staff providing direct services shall maintain certification in first aid and CPR. The training materials shall meet OSHA requirements/guidelines.

F. Staff who may be exposed to hazardous chemicals shall complete relevant training in accordance with OSHA requirements.

G. Staff shall be certified in a DDS-D-approved behavioral intervention system (e.g., Mandt, CPI) before using physical restraint techniques. Staff members providing direct services shall maintain certification in a DDS-D-approved behavioral intervention system if an individual they support has a behavioral crisis plan that includes the use of physical restraint techniques.

H. Staff shall complete and maintain certification in a DDS-D-approved medication course in accordance with the DDS-D Medication Delivery Policy M-001.

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.

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Tag # 1A22 Staff Competence	Scope and Severity Rating: D		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 IV. GENERAL REQUIREMENTS FOR PROVIDER AGENCY SERVICE</p> <p>PERSONNEL: 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>F. Qualifications for Direct Service Personnel: 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>Based on interview, the Agency failed to ensure that training competencies were met for 2 of 12 Direct Service Personnel.</p> <p>When DSP were asked if they received training on the Individual's ISP and what the plan covered, the following was reported:</p> <ul style="list-style-type: none"> • DSP#61 stated, "No." (Individual #10) <p>When DSP were asked if they received training on the Individual's Positive Behavioral Supports Plan and what the plan covered, the following was reported:</p> <ul style="list-style-type: none"> • DSP #70 stated, "Somewhat from the house lead, most is from what I read." According to the Individual Specific Training Section of the ISP, the Individual requires a Positive Behavioral Supports Plan. (Individual #6) • DSP#61 stated, "No." According to the Individual Specific Training Section of the ISP, the Individual requires a Positive Behavioral Supports Plan. (Individual #10) <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"> • DSP #70 stated, "Not Yet." According to the Individual Specific Training Section of the ISP, the Individual requires an Occupational Therapy Plan. (Individual #6) 		

Tag # 1A25 (CoP) CCHS	Scope and Severity Rating: D		
<p>NMAC 7.1.9.8 CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS: F. Timely Submission: Care providers shall submit all fees and pertinent application information for all individuals who meet the definition of an applicant, caregiver or hospital caregiver as described in Subsections B, D and K of 7.1.9.7 NMAC, no later than twenty (20) calendar days from the first day of employment or effective date of a contractual relationship with the care provider.</p> <p>NMAC 7.1.9.9 CAREGIVERS OR HOSPITAL CAREGIVERS AND APPLICANTS WITH DISQUALIFYING CONVICTIONS: A. Prohibition on Employment: A care provider shall not hire or continue the employment or contractual services of any applicant, caregiver or hospital caregiver for whom the care provider has received notice of a disqualifying conviction, except as provided in Subsection B of this section.</p> <p>NMAC 7.1.9.11 - DISQUALIFYING CONVICTIONS. The following felony convictions disqualify an applicant, caregiver or hospital caregiver from employment or contractual services with a care provider: A. homicide; B. trafficking, or trafficking in controlled substances; C. kidnapping, false imprisonment, aggravated assault or aggravated battery; D. rape, criminal sexual penetration, criminal sexual contact, incest, indecent exposure, or other related felony sexual offenses; E. crimes involving adult abuse, neglect or financial exploitation; F. crimes involving child abuse or neglect; G. crimes involving robbery, larceny, extortion, burglary, fraud, forgery, embezzlement, credit card fraud, or receiving stolen property; or H. an attempt, solicitation, or conspiracy involving any of the felonies in this subsection.</p>	<p>Based on record review, the Agency failed to maintain documentation indicating no “disqualifying convictions” or documentation of the timely submission of pertinent application information to the Caregiver Criminal History Screening Program was on file for 1 of 34 Agency Personnel.</p> <p>The following Agency Personnel Files contained no evidence of Caregiver Criminal History Screenings:</p> <ul style="list-style-type: none"> • #61 – Date of hire 07/24/2006 		

Tag # 1A26 (CoP) COR / EAR	Scope and Severity Rating: E		
<p>NMAC 7.1.12.8 REGISTRY ESTABLISHED; PROVIDER INQUIRY REQUIRED: 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. Provider requirement to inquire of registry. 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. Prohibited employment. 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. Documentation of inquiry to registry. 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 13 of 34 Agency Personnel.</p> <p>The following Agency personnel records contained NO evidence of the Employee Abuse Registry being completed:</p> <ul style="list-style-type: none"> • #47 – Date of hire 10/01/2008 • #48 – Date of hire 11/14/2008 • #53 – Date of hire 08/28/2008 • #54 – Date of hire 12/22/2008 • #57 – Date of hire 02/25/2009 • #58 – Date of hire 02/15/2009 • #61 – Date of hire 07/26/2006 • #62 – Date of hire 03/26/2009 • #63 – Date of hire 02/25/2009 • #67 – Date of hire 05/28/2009 • #69 – Date of hire 06/03/2009 • #70 – Date of hire 02/24/2009 • #72 – Date of hire 06/15/2009 		

Tag # 1A28 (CoP) Incident Mgt. System - Parent/Guardian Training	Scope & Severity Rating: E		
<p>NMAC 7.1.13.10 INCIDENT MANAGEMENT SYSTEM REQUIREMENTS:</p> <p>A. General: All licensed health care facilities and community based service providers shall establish and maintain an incident management system, which emphasizes the principles of prevention and staff involvement. The licensed health care facility or community based service provider shall ensure that the incident management system policies and procedures requires all employees to be competently trained to respond to, report, and document incidents in a timely and accurate manner.</p> <p>E. Consumer and Guardian Orientation Packet: Consumers, family members and legal guardians shall be made aware of and have available immediate accessibility to the licensed health care facility and community based service provider incident reporting processes. The licensed health care facility and community based service provider shall provide consumers, family members or legal guardians an orientation packet to include incident management systems policies and procedural information concerning the reporting of abuse, neglect or misappropriation. The licensed health care facility and community based service provider shall include a signed statement indicating the date, time, and place they received their orientation packet to be contained in the consumer's file. The appropriate consumer, family member or legal guardian shall sign this at the time of orientation.</p>	<p>Based on record review, the Agency failed to provide documentation indicating consumer, family members, or legal guardians had received an orientation packet including incident management system policies and procedural information concerning the reporting of Abuse, Neglect and Misappropriation of Consumers' Property, for 8 of 10 individuals.</p> <ul style="list-style-type: none"> • Parent/Guardian Incident Management Training (Abuse, Neglect & Misappropriation of Consumers' Property) (#1, 2, 3, 4, 5, 6, 7 &10) 		

Tag # 1A29 Complaints / Grievances - Acknowledgement	Scope and Severity Rating: B		
<p>NMAC 7.26.3.6 A. These regulations set out rights that the department expects all providers of services to individuals with developmental disabilities to respect. These regulations are intended to complement the department's Client Complaint Procedures (7 NMAC 26.4) [now 7.26.4 NMAC].</p> <p>NMAC 7.26.3.13 Client Complaint Procedure Available. A complainant may initiate a complaint as provided in the client complaint procedure to resolve complaints alleging that a service provider has violated a client's rights as described in Section 10 [now 7.26.3.10 NMAC]. The department will enforce remedies for substantiated complaints of violation of a client's rights as provided in client complaint procedure. [09/12/94; 01/15/97; Recompiled 10/31/01]</p> <p>NMAC 7.26.4.13 Complaint Process: A. (2). The service provider's complaint or grievance procedure shall provide, at a minimum, that: (a) the client is notified of the service provider's complaint or grievance procedure</p>	<p>Based on record review, the Agency failed to provide documentation, the complaint procedure had been made available to individuals or their legal guardians for 4 of 10 individuals.</p> <ul style="list-style-type: none"> Grievance/Complaint Procedure Acknowledgement (#5, 6, 7 & 10) 		

Tag # 1A31 (CoP) Client Rights/Human Rights	Scope and Severity Rating: E		
<p>7.26.3.11 RESTRICTIONS OR LIMITATION OF CLIENT'S RIGHTS:</p> <p>A. A service provider shall not restrict or limit a client's rights except:</p> <p>(1) where the restriction or limitation is allowed in an emergency and is necessary to prevent imminent risk of physical harm to the client or another person; or</p> <p>(2) where the interdisciplinary team has determined that the client's limited capacity to exercise the right threatens his or her physical safety; or</p> <p>(3) as provided for in Section 10.1.14 [now Subsection N of 7.26.3.10 NMAC].</p> <p>B. Any emergency intervention to prevent physical harm shall be reasonable to prevent harm, shall be the least restrictive intervention necessary to meet the emergency, shall be allowed no longer than necessary and shall be subject to interdisciplinary team (IDT) review. The IDT upon completion of its review may refer its findings to the office of quality assurance. The emergency intervention may be subject to review by the service provider's behavioral support committee or human rights committee in accordance with the behavioral support policies or other department regulation or policy.</p> <p>C. The service provider may adopt reasonable program policies of general applicability to clients served by that service provider that do not violate client rights. [09/12/94; 01/15/97; Recompiled 10/31/01]</p> <p>Long Term Services Division Policy Title: Human Rights Committee Requirements Eff Date: March 1, 2003 IV. POLICY STATEMENT - Human Rights Committees are required for residential service</p>	<p>A review of Agency Individual files indicated 3 of 4 Individuals required Human Rights Committee Approval for restrictions.</p> <p>No documentation was found regarding Human Rights Approval for the following:</p> <ul style="list-style-type: none"> • Physical Restraint (MANDT) (Individual #4, 8 & 9) • Psychotropic Medications to control behaviors. No evidence found of Human Rights Committee approval. (Individual #9) 		

provider agencies. The purpose of these committees with respect to the provision of Behavior Supports is to review and monitor the implementation of certain Behavior Support Plans.

Human Rights Committees may not approve any of the interventions specifically prohibited in the following policies:

- Aversive Intervention Prohibitions
- Psychotropic Medications Use
- Behavioral Support Service Provision.

A Human Rights Committee may also serve other agency functions as appropriate, such as the review of internal policies on sexuality and incident management follow-up.

A. HUMAN RIGHTS COMMITTEE ROLE IN BEHAVIOR SUPPORTS

Only those Behavior Support Plans with an aversive intervention included as part of the plan or associated Crisis Intervention Plan need to be reviewed prior to implementation. Plans not containing aversive interventions do not require Human Rights Committee review or approval.

2. The Human Rights Committee will determine and adopt a written policy stating the frequency and purpose of meetings. Behavior Support Plans approved by the Human Rights Committee will be reviewed at least quarterly.

3. Records, including minutes of all meetings will be retained at the agency with primary responsibility for implementation for at least five years from the completion of each individual's Individual Service Plan.

Department of Health Developmental Disabilities Supports Division (DDSD) - Procedure Title: Medication Assessment and Delivery Procedure

Eff Date: November 1, 2006

B. 1. e. If the PRN medication is to be used in response to psychiatric and/or behavioral symptoms in addition to the above requirements, obtain current written consent from the individual, guardian or surrogate health decision maker and submit for review by the agency's Human Rights Committee (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).

Tag # 1A32 (CoP) ISP Implementation	Scope and Severity Rating: E		
<p>NMAC 7.26.5.16.C and D Development of the ISP. Implementation of the ISP. The ISP shall be implemented according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcomes and action plan.</p> <p>C. The IDT shall review and discuss information and recommendations with the individual, with the goal of supporting the individual in attaining desired outcomes. The IDT develops an ISP based upon the individual's personal vision statement, strengths, needs, interests and preferences. The ISP is a dynamic document, revised periodically, as needed, and amended to reflect progress towards personal goals and achievements consistent with the individual's future vision. This regulation is consistent with standards established for individual plan development as set forth by the commission on the accreditation of rehabilitation facilities (CARF) and/or other program accreditation approved and adopted by the developmental disabilities division and the department of health. It is the policy of the developmental disabilities division (DDD), that to the extent permitted by funding, each individual receive supports and services that will assist and encourage independence and productivity in the community and attempt to prevent regression or loss of current capabilities. Services and supports include specialized and/or generic services, training, education and/or treatment as determined by the IDT and documented in the ISP.</p> <p>D. The intent is to provide choice and obtain opportunities for individuals to live, work and play with full participation in their communities. The following principles provide direction and purpose in planning for individuals with developmental disabilities. [05/03/94; 01/15/97; Recompiled 10/31/01]</p>	<p>Based on record review, the Agency failed to implement the ISP according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcomes and action plan for 5 of 10 individuals.</p> <p>Per Individuals ISP the following was found with regards to the implementation of ISP Outcomes:</p> <p>Supported Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #3</p> <ul style="list-style-type: none"> • None found for 5/2009 - 7/2009 <p>Individual #4</p> <ul style="list-style-type: none"> • None found for 5/2009 - 7/2009 <p>Individual #5</p> <ul style="list-style-type: none"> • None found for 5/2009 - 7/2009 <p>Individual #6</p> <ul style="list-style-type: none"> • None found for 5/2009 - 7/2009 • ISP Outcomes do not match blank Outcome data tracking sheets found. ISP Outcomes are as follows: Serve dish to AMR 1 time weekly; Observe EMT 1 time weekly & group games 1 time weekly. Outcomes on the blank Data Sheets, state: Save money to buy a computer; earn GED & take trip to Indianapolis. <p>Individual #8</p> <ul style="list-style-type: none"> • None found for 5/2009 - 7/2009 <p>Adult Habilitation Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p>		

	<p>Individual #3</p> <ul style="list-style-type: none"> • None found for 5/2009 - 7/2009 <p>Individual #4</p> <ul style="list-style-type: none"> • None found for 5/2009 - 7/2009 <p>Individual #5</p> <ul style="list-style-type: none"> • None found for 5/2009 - 7/2009 <p>Individual #6</p> <ul style="list-style-type: none"> • None found for 5/2009 - 7/2009 • ISP Outcomes do not match blank Outcome data tracking sheets found. ISP Outcomes are as follows: Serve dish to AMR 1 time weekly; Observe EMT 1 time weekly & group games 1 time weekly. Outcomes on the blank Data Sheets, state: Save money to buy a computer; earn GED & take trip to Indianapolis. <p>Individual #8</p> <ul style="list-style-type: none"> • None found for 5/2009 - 7/2009 <p>Supported Employment Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <p>Individual #3</p> <ul style="list-style-type: none"> • None found for 5/2009 - 7/2009 <p>Individual #4</p> <ul style="list-style-type: none"> • None found for 5/2009 - 7/2009 <p>Individual #8</p> <ul style="list-style-type: none"> • None found for 5/2009 - 7/2009 <p>Community Access Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p>		
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Individual #3

- None found for 5/2009 - 7/2009

Tag # 1A33 Board of Pharmacy - Med Storage	Scope and Severity Rating: A		
<p>New Mexico Board of Pharmacy Model Custodial Drug Procedures Manual</p> <p>E. Medication Storage:</p> <ol style="list-style-type: none"> 1. Prescription drugs will be stored in a locked cabinet and the key will be in the care of the administrator or designee. 2. Drugs to be taken by mouth will be separate from all other dosage forms. 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. 4. Separate compartments are required for each resident's medication. 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. 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. <p>8. References</p> <p>A. Adequate drug references shall be available for facility staff</p> <p>H. Controlled Substances (Perpetual Count Requirement)...</p>	<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 #5</p> <ul style="list-style-type: none"> • Diabetic Tussin expired 5/2007. Expired medication was not kept separate from other medications as required by Board of Pharmacy Procedures. 		

Tag # 1A33 Board of Pharmacy - Lic	Scope and Severity Rating: B		
<p>New Mexico Board of Pharmacy Model Custodial Drug Procedures Manual</p> <p>6. Display of License and Inspection Reports</p> <p>A. The following are required to be publicly displayed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current Custodial Drug Permit from the NM Board of Pharmacy <input type="checkbox"/> Current registration from the consultant pharmacist <input type="checkbox"/> Current NM Board of Pharmacy Inspection Report 	<p>Based on observation, the Agency failed to provide the current Custodial Drug Permit from the New Mexico Board of Pharmacy, the current registration from the Consultant Pharmacist, or the current New Mexico Board of Pharmacy Inspection Report for 2 of 7 residences:</p> <p>Individual Residence:</p> <ul style="list-style-type: none"> • Current NM Board of Pharmacy Inspection report (#2 & 10) 		

Tag # 1A37 Individual Specific Training	Scope and Severity Rating: D		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 1 IV. GENERAL REQUIREMENTS FOR PROVIDER AGENCY SERVICE PERSONNEL: 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>C. Orientation and Training Requirements: Orientation and training for direct support staff and his or her supervisors shall comply with the DDS/D/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>(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>Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) Policy - Policy Title: Training Requirements for Direct Service Agency Staff Policy - Eff. March 1, 2007 - II. POLICY STATEMENTS:</p> <p>A. Individuals shall receive services from competent and qualified staff.</p> <p>B. Staff shall complete individual-specific (formerly known as "Addendum B") training requirements in accordance with the specifications described in the individual service plan (ISP) of each individual served.</p>	<p>Based on record review, the Agency failed to ensure that Individual Specific Training requirements were met for 4 of 34 Agency Personnel.</p> <p>Review of personnel records found no evidence of the following:</p> <ul style="list-style-type: none"> • Individual Specific Training (#42, 65, 67 & 72) 		

Tag # 5I11 Reporting Requirements (Community Inclusion Quarterly Reports)	Scope and Severity Rating: B		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 5 IV. COMMUNITY INCLUSION SERVICES PROVIDER AGENCY REQUIREMENTS</p> <p>E. Provider Agency Reporting Requirements: All Community Inclusion Provider Agencies are required to submit written quarterly status reports to the individual's Case Manager no later than fourteen (14) calendar days following the end of each quarter. In addition to reporting required by specific Community Access, Supported Employment, and Adult Habilitation Standards, the quarterly reports shall contain the following written documentation:</p> <ol style="list-style-type: none"> (1) Identification and implementation of a meaningful day definition for each person served; (2) Documentation summarizing the following: <ol style="list-style-type: none"> (a) Daily choice-based options; and (b) Daily progress toward goals using age-appropriate strategies specified in each individual's action plan in the ISP. (3) Significant changes in the individual's routine or staffing; (4) Unusual or significant life events; (5) Quarterly updates on health status, including changes in medication, assistive technology needs and durable medical equipment needs; (6) Record of personally meaningful community inclusion; (7) Success of supports as measured by whether or not the person makes progress toward his or her desired outcomes as identified in the ISP; and (8) Any additional reporting required by DDS. 	<p>Based on record review, the Agency failed to complete quarterly reports as required for 3 of 10 individuals receiving Community Inclusion services.</p> <p>Adult Habilitation Quarterly Reports</p> <ul style="list-style-type: none"> • Individual #1 - None found for 12/2008 - 7/2009 • Individual #9 - None found for 4/2009 - 6/2009. • Individual #10 - None found for 1/2009 – 7/2009. <p>Supported Employment Quarterly Reports</p> <ul style="list-style-type: none"> • Individual #9 - None found for 4/2009 -6/2009 • Individual #10 – None found for 1/2009 – 7/2009 <p>Community Access Quarterly Reports</p> <ul style="list-style-type: none"> • Individual #1 - None found for 12/2008 - 7/2009 		

Tag # 5I22 SE Agency Case File	Scope and Severity Rating: A		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 5 VII. SUPPORTED EMPLOYMENT SERVICES REQUIREMENTS</p> <p>D. Provider Agency Requirements</p> <p>(1) Provider Agency Records: The provider adheres to the Department of Labor (DOL) wage laws and maintains required certificates and documentation. These documents are subject to review by the DDS. Each individual's earnings and benefits shall be monitored by the Provider Agency in accordance with the Fair Labor Standards Act. Each individual's earnings and benefits shall be reviewed at least semi-annually by the Supported Employment Provider to ensure the appropriateness of pay rates and benefits.</p> <p>(2) The Provider Agency shall maintain a confidential case file for each individual that includes all items listed in section IV.D. above and the following additional items:</p> <p>(a) Quarterly progress reports;</p> <p>(b) Vocational assessments ...</p> <p>(c) Career development plan as incorporated in the ISP...</p> <p>New Mexico Department of Health (DOH) Developmental Disabilities Supports Division (DDSD) Policy - Policy Title: Vocational Assessment Profile Policy Eff July 16, 2008</p> <p>I. PURPOSE</p> <p>The intent of the policy is to ensure that individuals are identified who could benefit from Vocational Assessment Profiles (VAPs) and are supported to access this support...</p>	<p>Based on record review, the Agency failed to maintain a confidential case file for each individual for 1 of 7 individuals receiving Supported Employment Services.</p> <p>The following were not found, incomplete and/or not current:</p> <ul style="list-style-type: none"> • Required Certificates & Documentation <ul style="list-style-type: none"> ◦ Earnings and Benefits (#2) 		

Tag # 5I36 CA Reimbursement	Scope and Severity Rating: A		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 5 XI. COMMUNITY ACCESS SERVICES REQUIREMENTS</p> <p>G. Reimbursement</p> <p>(1) Billable Unit: A billable unit is defined as one-quarter hour of service.</p> <p>(2) Billable Activities: The Community Access Provider Agency can bill for those activities listed in the Community Access Scope of Service. Billable units are typically provided face-to-face but time spent in non face-to-face activity may be claimed under the following conditions:</p> <ul style="list-style-type: none"> (a) Time that is non face-to-face is documented separately and clearly identified as to the nature of the activity, and is tied directly to the individual's ISP, Action Plan; (b) Time that is non face-to-face involves outreach and identification and training of community connections and natural supports; and (c) Non face-to-face hours do not exceed 10% of the monthly billable hours. <p>(3) Non-Billable Activities: Activities that the service Provider Agency may need to conduct, but which are not separately billable activities, may include:</p> <ul style="list-style-type: none"> (a) Time and expense for training service personnel; (b) Supervision of agency staff; (c) Service documentation and billing activities; or (d) Time the individual spends in segregated facility-based settings activities. 	<p>Based on record review, the Agency failed to provide written or electronic documentation as evidence for each unit billed for Community Access Services for 1 of 3 individuals.</p> <p>Individual #3 June 2009</p> <ul style="list-style-type: none"> • The Agency billed 4 units of Community Access on 06/19/2009. No documentation found to justify billing. 		

Tag # 5144 AH Reimbursement	Scope and Severity Rating: C		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 5 XVI. REIMBURSEMENT</p> <p>A. Billable Unit. A billable unit for Adult Habilitation Services is in 15-minute increments hour. The rate is based on the individual's level of care.</p> <p>B. Billable Activities</p> <p>(1) The Community Inclusion Provider Agency can bill for those activities listed and described on the ISP and within the Scope of Service. Partial units are allowable. Billable units are face-to-face, except that Adult Habilitation services may be non- face-to-face under the following conditions: (a) Time that is non face-to-face is documented separately and clearly identified as to the nature of the activity; and(b) Non face-to-face hours do not exceed 5% of the monthly billable hours.</p> <p>(2) Adult Habilitation Services can be provided with any other services, insofar as the services are not reported for the same hours on the same day, except that Therapy Services and Case Management may be provided and billed for the same hours</p>	<p>Based on record review, the Agency failed to provide written or electronic documentation as evidence for each unit billed for Adult Habilitation Services for 9 of 10 individuals.</p> <p>Individual #1 May 2009</p> <ul style="list-style-type: none"> The Agency billed 8 units of Adult Habilitation on 05/20/2009. No documentation found to justify billing. <p>June 2009</p> <ul style="list-style-type: none"> The Agency billed 12 units of Adult Habilitation on 06/01/2009. No documentation found to justify billing. <p>July 2009</p> <ul style="list-style-type: none"> The Agency billed 8 units of Adult Habilitation on 07/10/2009. No documentation found to justify billing. <p>Individual #2 June 2009</p> <ul style="list-style-type: none"> The Agency billed 80 units of Adult Habilitation from 06/02/2009 through 06/05/2009. Documentation received accounted for 76 units. The Agency billed 14 units of Adult Habilitation on 06/15/2009. Documentation received accounted for 12 units. <p>July 2009</p> <ul style="list-style-type: none"> The Agency billed 108 units of Adult Habilitation from 07/27/2009 through 07/31/2009. Documentation received accounted for 96 units. <p>Individual #3 May 2009</p>		

	<ul style="list-style-type: none"> • The Agency billed 104 units of Adult Habilitation from 05/18/2009 through 05/22/2009. Documentation received accounted for 100 units. <p>June 2009</p> <ul style="list-style-type: none"> • The Agency billed 104 units of Adult Habilitation from 06/01/2009 through 06/04/2009. Documentation received accounted for 80 units. • The Agency billed 96 units of Adult Habilitation from 06/15/2009 through 06/19/2009. Documentation received accounted for 80 units. <p>Individual #4</p> <p>May 2009</p> <ul style="list-style-type: none"> • The Agency billed 116 units of Adult Habilitation from 05/11/2009 through 05/15/2009. Documentation received accounted for 108 units. • The Agency billed 112 units of Adult Habilitation from 05/18/2009 through 05/22/2009. Documentation received accounted for 88 units. <p>June 2009</p> <ul style="list-style-type: none"> • The Agency billed 100 units of Adult Habilitation from 06/01/2009 through 06/06/2009. Documentation received accounted for 82 units. • The Agency billed 48 units of Adult Habilitation from 06/29/2009 through 06/30/2009. Documentation received accounted for 44 units. <p>July 2009</p> <ul style="list-style-type: none"> • The Agency billed 72 units of Adult Habilitation 		
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	<p>from 07/01/2009 through 07/03/2009. Documentation received accounted for 68 units.</p> <ul style="list-style-type: none"> • The Agency billed 113 units of Adult Habilitation from 07/06/2009 through 07/10/2009. Documentation received accounted for 112 units. <p>Individual #5 May 2009</p> <ul style="list-style-type: none"> • The Agency billed 120 units of Adult Habilitation from 05/20/2009 through 05/24/2009. Documentation received accounted for 76 units. • The Agency billed 84 units of Adult Habilitation from 05/26/2009 through 05/29/2009. Documentation received accounted for 68 units. <p>June 2009</p> <ul style="list-style-type: none"> • The Agency billed 104 units of Adult Habilitation from 06/01/2009 through 06/5/2009. Documentation received accounted for 62 units. • The Agency billed 96 units of Adult Habilitation from 06/15/2009 through 06/18/2009. Documentation received accounted for 24 units. • The Agency billed 49 units of Adult Habilitation from 06/22/2009 through 06/23/2009. Documentation received accounted for 40 units. <p>July 2009</p> <ul style="list-style-type: none"> • The Agency billed 24 units of Adult Habilitation on 07/21/2009. No documentation found to justify billing. 		
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	<ul style="list-style-type: none"> • The Agency billed 56 units of Adult Habilitation from 07/22/2009 through 07/24/2009. Documentation received accounted for 40 units. <p>Individual #6 May 2009</p> <ul style="list-style-type: none"> • The Agency billed 41 units of Adult Habilitation from 05/11/2009 through 05/15/2009. No documentation found to justify billing. <p>Individual #8 May 2009</p> <ul style="list-style-type: none"> • The Agency billed 111 units of Adult Habilitation from 05/11/2009 through 05/15/2009. Documentation received accounted for 104 units. • The Agency billed 72 units of Adult Habilitation on 05/26/2009 through 05/29/2009. Documentation received accounted for 68 units. <p>July 2009</p> <ul style="list-style-type: none"> • The Agency billed 108 units of Adult Habilitation from 07/06/2009 through 07/10/2009. Documentation received accounted for 104 units. • The Agency billed 88 units of Adult Habilitation from 07/13/2009 through 07/17/2009. Documentation received accounted for 84 units. • The Agency billed 108 units of Adult Habilitation from 07/27/2009 through 07/31/2009. Documentation received accounted for 104 units. <p>Individual #9</p>		
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	<p>May 2009</p> <ul style="list-style-type: none"> • The Agency billed 111 units of Adult Habilitation from 05/11/2009 through 05/15/2009. Documentation received accounted for 108 units. <p>July 2009</p> <ul style="list-style-type: none"> • The Agency billed 104 units of Adult Habilitation from 07/06/2009 through 07/09/2009. Documentation received accounted for 84 units. <p>Individual #10</p> <p>May 2009</p> <ul style="list-style-type: none"> • The Agency billed 44 units of Adult Habilitation from 05/26/2009 through 05/27/2009. Documentation received accounted for 40 units. <p>June 2009</p> <ul style="list-style-type: none"> • The Agency billed 19 units of Adult Habilitation from 06/26/2009 through 06/27/2009. Documentation received accounted for 16 units. • The Agency billed 24 units of Adult Habilitation on 06/29/2009. Documentation received accounted for 20 units. <p>July 2009</p> <ul style="list-style-type: none"> • The Agency billed 20 units of Adult Habilitation on 07/03/2009. No documentation found to justify billing. • The Agency billed 28 units of Adult Habilitation on 07/06/2009. Documentation received accounted for 24 units. 		
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Tag # 6L14 Residential Case File	Scope and Severity Rating: F		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 6. VIII. COMMUNITY LIVING SERVICE PROVIDER AGENCY REQUIREMENTS</p> <p>A. Residence Case File: 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</p>	<p>Based on record review, the Agency failed to maintain a complete and confidential case file in the residence for 10 of 10 Individuals receiving Supported Living Services.</p> <p>The following was not found, incomplete and/or not current:</p> <ul style="list-style-type: none"> • Current Emergency & Personal Identification Information <ul style="list-style-type: none"> ◦ Did not contain Pharmacy Information (#6) • Annual ISP (#1, 8, & 9) • Teaching & Support Strategies (#1) • ISP Signature Page (#1, 6, 7 & 9) • Addendum A (#1, 4, 6, 8 & 9) • Individual Specific Training (Addendum B) (#1, & 8) • Positive Behavioral Plan (#7) • Positive Behavioral Crisis Plan (#6) • Speech Therapy Plan (#9) • Occupational Therapy Plan (#1) • Physical Therapy Plan (#5, 7 & 8) • Special Health Care Needs <ul style="list-style-type: none"> ◦ Nutritional Plan (#3, 4, & 6) • Progress Notes/Daily Contacts Logs: <ul style="list-style-type: none"> ◦ Individual #1 - None found for July 2009 - 		

<p>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 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> <p>(a) The name of the individual;</p> <p>(b) A transcription of the healthcare practitioners prescription including the brand and generic name of the medication;</p> <p>(c) Diagnosis for which the medication is prescribed;</p> <p>(d) Dosage, frequency and method/route of delivery;</p> <p>(e) Times and dates of delivery;</p> <p>(f) Initials of person administering or assisting with medication; and</p> <p>(g) An explanation of any medication irregularity, allergic reaction or adverse effect.</p> <p>(h) For PRN medication an explanation for the use of the PRN must include:</p> <p>(i) Observable signs/symptoms or circumstances in which the medication is to be used, and</p> <p>(ii) Documentation of the effectiveness/result of the PRN delivered.</p> <p>(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.</p>	<p>August 17, 2009.</p> <ul style="list-style-type: none"> ◦ Individual #2 - None found for July 2009 - August 17, 2009. ◦ Individual #3 - None found for July 2009 ◦ Individual #4 - None found for July 2009 - August 17, 2009. ◦ Individual #5 - None found for July 2009 - August 16, 2009. ◦ Individual #6 - None found for July 2009 - August 16, 2009. ◦ Individual #7 - None found for July 2009 - August 16, 2009 ◦ Individual #8 - None found for July 2009 - August 17, 2009 ◦ Individual #9 - None found for July 2009 - August 17, 2009. ◦ Individual #10 - None found for July 2009 - August 17, 2009. <p>• Data Collection/Data Tracking:</p> <ul style="list-style-type: none"> ◦ Individual #1 - None found for August 2009. ◦ Individual #2 - None found for August 2009. ◦ Individual #5 - None found for August 2009. ◦ Individual #6 - ISP outcomes did not match the blank outcomes found in the home. As indicated by the ISP the Outcomes are follows: Serve dish to AMR 1 time month; Observe EMT 1 time weekly & group games 		
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<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 discharge summaries for past twelve (12) months, past medical history including hospitalizations, surgeries, injuries, family history and current physical exam.</p>	<p>1 time weekly. Outcomes found in the home were the following: Save money to buy laptop computer; earn GED and take trip to Indianapolis.</p> <ul style="list-style-type: none"> ◦ Individual #7 - None found for August 2009. ◦ Individual #8 - None found for August 2009. ◦ Individual #9 - None found for August 2009. ◦ Individual #10 - None found for August 2009. <ul style="list-style-type: none"> • Record of visits of healthcare practitioners (#2 & 5) • Health Care Providers Written Orders (#2) • Medication Administration Record <ul style="list-style-type: none"> ◦ Individual #1 - None found for July 2009 ◦ Individual #2 - None found for July 2009 ◦ Individual #3 - None found for July 2009 ◦ Individual #4 - None found for July 2009 ◦ Individual #5 - None found for July 2009 ◦ Individual #6 - None found for July 2009 ◦ Individual #7 - None found for July 2009 ◦ Individual #8 - None found for July 2009 ◦ Individual #9 - None found for July 2009 ◦ Individual #10 - None found for July 2009 		
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Tag # 6L17 Reporting Requirements (Community Living Quarterly Reports)	Scope and Severity Rating: B		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 6. VIII. COMMUNITY LIVING SERVICE PROVIDER AGENCY REQUIREMENTS</p> <p>D. Community Living Service Provider Agency Reporting Requirements: All Community Living Support providers shall submit written quarterly status reports to the individual's Case Manager and other IDT Members no later than fourteen (14) days following the end of each ISP quarter. The quarterly reports shall contain the following written documentation:</p> <ol style="list-style-type: none"> (1) Timely completion of relevant activities from ISP Action Plans (2) Progress towards desired outcomes in the ISP accomplished during the quarter; (3) Significant changes in routine or staffing; (4) Unusual or significant life events; (5) Updates on health status, including medication and durable medical equipment needs identified during the quarter; and (6) Data reports as determined by IDT members. 	<p>Based on record review, the Agency failed to complete written quarterly status reports for 4 of 10 individuals receiving Community Living Services.</p> <p>Supported Living Quarterly Reports:</p> <ul style="list-style-type: none"> • Individual #1 - None found for 12/2008 - 07/2009. • Individual #9 - None found for 4/2009 – 6/2009. • Individual #10 - None found for 1/2009 – 7/2009. 		

Tag # 6L26 SL Reimbursement	Scope and Severity Rating: A		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 6. IX. REIMBURSEMENT FOR COMMUNITY LIVING SERVICES</p> <p>A. Reimbursement for Supported Living Services</p> <p>(1) Billable Unit. The billable Unit for Supported Living Services is based on a daily rate. The daily rate cannot exceed 340 billable days a year.</p> <p>(2) Billable Activities</p> <p>(a) Direct care provided to an individual in the residence any portion of the day.</p> <p>(b) Direct support provided to an individual by community living direct service staff away from the residence, e.g., in the community.</p> <p>(c) Any activities in which direct support staff provides in accordance with the Scope of Services.</p> <p>(3) Non-Billable Activities</p> <p>(a) The Supported Living Services provider shall not bill DD Waiver for Room and Board.</p> <p>(b) Personal care, respite, nutritional counseling and nursing supports shall not be billed as separate services for an individual receiving Supported Living Services.</p> <p>(c) The provider shall not bill when an individual is hospitalized or in an institutional care setting.</p>	<p>Based on record review, the Agency failed to provide written or electronic documentation as evidence for each unit billed for Supported Living Services for 1 of 10 individuals.</p> <p>Individual #5 June 2009</p> <ul style="list-style-type: none"> • The Agency billed 1 unit of Supported Living on 06/15/2009. No documentation found to justify billing. 		