



Alfredo Vigil, MD
Secretary

DEPARTMENT OF

Building a Healthy New Mexico!

Bill Richardson, Governor



Katrina Hotrum
Deputy Secretary

Duffy Rodriguez
Deputy Secretary

Jessica Sutin
Deputy Secretary

Karen Armitage, MD
Chief Medical Officer

Date: September 12, 2008

To: Bruce Bryan, 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

Region: Southwest

Survey Date: August 18 - 20, 2008

Program Surveyed: Developmental Disabilities Waiver

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

Survey Type: Routine

Team Leader: Valerie V. Valdez, M.S., Health Program Manager/Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Team Members: Cindy Nielsen, RN, MSN, ONC, CCM, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau
Deb Russell, B.S., Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Survey #: Q09.01.D1556.SW.001.RTN.01

Dear Mr. Bryan,

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

Quality Management Approval Rating:

The Division of Health Improvement is granting your agency a "STANDARD" certification for basic compliance with 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 900 Albuquerque, NM 87108
2. Developmental Disabilities Supports Division Regional Office for region of service surveyed.

Upon notification from QMB that your Plan of Correction has been approved, you must implement all remedies and corrective actions within 45 working days. If your plan of correction is denied, you must resubmit a revised plan ASAP for approval. All remedies must still be completed within 45 working days of the original submission.

Failure to submit, complete or implement your POC within the required time frames will result in the imposition of a \$200 per day Civil Monetary Penalty until it is received, completed and/or implemented.

Request for Informal Reconsideration of Findings (IRF):

If you disagree with a determination of noncompliance (finding) you have 10 working days upon receipt of this notice to request an IRF. Submit your request for an IRF in writing to:

QMB Deputy Bureau Chief
5301 Central Ave NE Suite #900
Albuquerque, NM 87108
Attention: IRF request

A request for an IRF will not delay the implementation of your Plan of Correction which must be completed within 45 working days. Providers may not appeal the nature or interpretation of the standard or regulation, the team composition, sampling methodology or the Scope and Severity of the finding.

If the IRF approves the change or removal of a finding, you will be advised of any changes.

This IRF process is separate and apart from the Informal Dispute Resolution (IDR) and Fair Hearing Process for Sanctions from DOH.

Please call the Team Leader at 575-528-5037, if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,



Valerie V. Valdez, M.S.
Team Lead/Health Program Manager/Healthcare Surveyor
Division of Health Improvement
Quality Management Bureau

Survey Process Employed:

Entrance Conference Date:

August 18, 2008

Present:

The Opportunity Center

Bruce Bryan, Executive Director

DOH/DHI/QMB

Valerie V. Valdez, M.S., Team Lead/Health Program Manager/Healthcare Surveyor

Debbie Russell, B.S., Healthcare Surveyor

Cynthia Nielsen, RN, MSN, ONC, CCM, Clinical Liaison/Healthcare Surveyor

Exit Conference Date:

August 20, 2008

Present:

The Opportunity Center

Bruce Bryan, Executive Director

Ericka Arellano, RN

Christina Martinez, Office Manager

Teresa Anschutz, Service Coordinator

DOH/DHI/QMB

Valerie V. Valdez, M.S., Team Lead/Health Program Manager/Healthcare Surveyor

Debbie Russell, B.S., Healthcare Surveyor

Cynthia Nielsen, RN, MSN, ONC, CCM, Clinical Liaison/Healthcare Surveyor

Homes Visited

Number: 6

Administrative Locations Visited

Number: 1

Total Sample Size

Number: 7
6 - Supported Living
1 - Independent Living
7 - Adult Habilitation
3 - Supported Employment
2 - Community Access

Persons Served Interviewed

Number: 5

Persons Served Observed

Number: 2 (Surveyors unable to complete interview)

Records Reviewed (Persons Served)

Number: 7

Administrative Files Reviewed

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

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

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

- After a QMB Quality Review, your Survey Report will be sent to you via certified mail. You may request that it also be sent to you electronically by calling George Perrault, Plan of Correction Coordinator at 505-222-8624.
- Within 10 business days of the date you received your survey report, you must develop and send your Plan of Correction response to the QMB office. (Providers who do not pick up their mail will be referred to the Internal Review Committee [IRC]).
- For each Deficiency in your Survey Report, include specific information about HOW you will correct each Deficiency, WHO will fix each Deficiency (“Responsible Party”), and by WHEN (“Date Due”).
- Your POC must not only address HOW, WHO and WHEN each Deficiency will be corrected, but must also address overall systemic issues to prevent the Deficiency from reoccurring, i.e., Quality Assurance (QA). Your description of your QA must include specifics about your self-auditing processes, such as HOW OFTEN you will self-audit, WHO will do it, and WHAT FORMS will be used.
- Corrective actions should be incorporated into your agency’s Quality Assurance/Quality Improvement policies and procedures.
- You may send your POC response electronically to George.Perrault@state.nm.us, by fax (505-841-5815), or by postal mail.
- Do not send supporting documentation to QMB until after your POC has been approved by QMB.
- QMB will notify you if your POC has been “Approved” or “Denied”.
- Whether your POC is “Approved” or “Denied”, you have a maximum of 45 business days to correct all survey Deficiencies from the date of receipt of your Survey Report. If your POC is “Denied” it must be revised and resubmitted ASAP, as the 45 working day limit is in effect. Providers whose revised POC is denied will be referred to the IRC.
- The POC must be completed on the official QMB Survey Report and Plan of Correction Form, unless approved in advance by the POC Coordinator.
- The following Deficiencies must be corrected within the deadlines below (after receipt of your Survey Report):
 - CCHS and EAR: 10 working days
 - Medication errors: 10 working days
 - IMS system/training: 20 working days
 - ISP related documentation: 30 working days
 - DDSD Training 45 working days
- If you have questions about the POC process, call the QMB POC Coordinator, George Perrault at 505-222-8624 for assistance.
- For Technical Assistance (TA) in developing or implementing your POC, contact your local DDSD Regional Office.
- Once your POC has been approved by QMB, the POC may not be altered or the dates changed.
- Requests for an extension or modification of your POC (post approval) must be made in writing and submitted to the POC Coordinator at QMB, and are approved on a case-by case basis.

- When submitting supporting documentation, organize your documents by Tag #s, and annotate or label each document using Individual #s.
- Do not submit original documents, 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) 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 & Independent Living) & Community Inclusion (Community Access, Supported Employment & Adult Habilitation)
Monitoring Type: Routine
Date of Survey: August 18 - 20, 2008

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;	Based on record review, the Agency failed to implement a Continuous Quality Management System. Review of the Agency's FY '09 Quality Improvement Plan failed to address how the agency will collect, analyze, act on data and evaluate results related to the following areas: <ul style="list-style-type: none"> • Individual access to needed services and supports; • Effectiveness and timeliness of implementation of Individualized Service Plans; • Trends in achievement of individual outcomes in the Individual Service Plans; • Quality and completeness documentation; and • Trends in individual and guardian satisfaction. 		

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| <ul style="list-style-type: none">(4) Trends in medication and medical incidents 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. | | | |
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Tag # 1A07 SSI Payments	Scope and Severity Rating: C		
<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>C. Provider Agency Financial Records and Accounting: Each individual served will be presumed able to manage his or her own funds unless the ISP documents justified limitations or supports for self-management, and where appropriate, reflects a plan to increase this skill. All Provider Agencies shall maintain and enforce written policies and procedures regarding the use of the individual's SSI payments or other personal funds, including accounting for all spending by the Provider Agency, and outlining protocols for fulfilling the responsibilities as representative payee if the agency is so designated for an individual.</p>	<p>Based on record review and interview, the Agency failed to include in the Agency policy and procedure for Representative Payee, how the Agency would account for all spending by the Provider Agency and outlining protocols for fulfilling the responsibilities as representative payee if the agency is so designated for an individual.</p> <p>Review of the Agency policy and procedure did not indicate how the Agency would account for the funds of individuals.</p> <p>When #69 was asked to explain the Agency's policy and procedure, #69 was able to explain and show how funds are accounted for, yet there were no formal steps written within the Agency's policies.</p>		

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; (5) A medical history, which shall include at least demographic data, current and past medical diagnoses including the cause (if 	<p>Based on record review, the Agency failed to maintain at the administrative office a confidential case file for 4 of 7 individuals.</p> <p>Review of the Agency individual case files revealed the following items were missing, incomplete or not current:</p> <ul style="list-style-type: none"> • Annual ISP (#3) • Addendum A (#3) • Individual Specific Training (Addendum B) (#3, 4 & 7) • Positive Behavioral Plan (#1) • Speech Therapy Plan (#3 & 4) 		

<p>known) of the developmental disability, psychiatric diagnoses, allergies (food, environmental, medications), immunizations, and most recent physical exam;</p> <p>(6) When applicable, transition plans completed for individuals at the time of discharge from Fort Stanton Hospital or Los Lunas Hospital and Training School; and</p> <p>(7) Case records belong to the individual receiving services and copies shall be provided to the individual upon request.</p> <p>(8) The receiving Provider Agency shall be provided at a minimum the following records whenever an individual changes provider agencies:</p> <ul style="list-style-type: none"> (a) Complete file for the past 12 months; (b) ISP and quarterly reports from the current and prior ISP year; (c) Intake information from original admission to services; and (d) When applicable, the Individual Transition Plan at the time of discharge from Los Lunas Hospital and Training School or Ft. Stanton Hospital. 			
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Tag # 1A09 Medication Delivery (MAR)	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>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 adverse medication effect; and For PRN medication, an explanation for the use of the PRN medication shall 	<p>Medication Administration Records (MAR) were reviewed for the months of April, May, June & August (on-site visits) 2008 for 6 of 7 individuals receiving Community Living & Community Inclusion Services.</p> <p>The following MARs contained missing medications entries or other errors:</p> <p>Individual #1 June 2008 MAR contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> Carbatrol 300mg - 2 times daily - Blank 6/21 & 22 (0800 & 2000) & 6/27, 28 & 29 (2000). Adderall XR 20mg - 1 time daily - Blank 6/21 & 22. Loratadine 10mg - 1 time daily - Blank 6/21 & 22. Advair Diskus 100/50 - 2 times daily - Blank 6/21 & 22 (0800 & 2000) <p>Individual #2 April 2008 MAR did not indicate the form (i.e. liquid, tablet, capsule, injections, etc.) for the following medication:</p> <ul style="list-style-type: none"> Effexor XR 150mg - 1 time daily. Klonopin 0.5mg - 3 times daily. <p>May 2008 MAR did not indicate the form (i.e. liquid, tablet, capsule, injections, etc.) for the following medication:</p> <ul style="list-style-type: none"> Effexor XR 150mg - 1 time daily. Klonopin 0.5mg - 3 times daily. <p>June 2008 MAR contained missing entries. No documentation found indicating reason for</p>		

<p>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>missing entries:</p> <ul style="list-style-type: none"> • Simvastatin 10mg - 1 time daily - Blank 6/21 & 22. • Metoprolol 25mg - 1 time daily - Blank 6/21, 22 & 23. • Magnesium oxide 400mg - 2 times weekly - Blank 6/23. • Advair Diskus 500/50 - 2 times daily - Blank 6/21 & 22 (0800 & 2000) & 6/23 (0800). • Protonix 40mg - 1 time daily - Blank 6/21, 22 & 23. • Nortriptyline 25mg - 1 time daily - Blank 6/21 & 22. • Effexor XR 150mg - 1 time daily - Blank 6/21 & 22. • Klonopin 0.5mg - 3 times daily - Blank 6/21 & 22 (0800; 1400; 2000) • Depakote 500mg - 2 times daily - Blank 6/21 & 22 (0800 & 2000). • Levothyroxin .50mg - 1 time daily - Blank 6/21 & 22. • Multivitamin - 1 time daily - Blank 6/21 & 22. • Niaspan 500mg - 1 time daily - Blank 6/21 & 22. • Abilify 10mg - 1 time daily - Blank 6/21 & 22. • QVAR inhaler 80mcg - 2 times daily - Blank 6/21 & 22 (0800 & 2000). • Zantac 150mg - 2 times daily - Blank 6/21 & 22 (0800 & 2000). <p>MAR did not indicate the form (i.e. liquid, tablet, capsule, injections, etc.) for the following medication:</p> <ul style="list-style-type: none"> • Effexor XR 150mg - 1 time daily. • Klonopin 0.5mg - 3 times daily. <p>August 2008 (On-site visit conducted 8/18) MAR contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Magnesium oxide 400mg - 2 times weekly - Blank 8/11. 		
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	<ul style="list-style-type: none"> • Depakote 500mg - 2 times daily - Blank 8/9, 10, 11 & 12 (0800) & 8/8, 9, 10 (2000). • Klonopin 0.5mg - 3 times daily - Blank 8/9, 10, 11 & 18 (0800 & 1400). • Zantac 150mg - 2 times daily - Blank 8/9, 10, 11 & 18 (0800) & 8/8, 9 & 10 (2000). • Zocor 10mg - 1 time daily - Blank 8/8, 9 & 10. • Niaspan 500mg 1 time daily - Blank 8/8, 9 & 10. • QVAR inhaler 80mcg - 2 times daily - Blank 8/9, 10, 11 & 18 (0800) & 8/8, 9 & 10 (2000). • Advair Diskus 500/50 - 2 times daily - Blank 8/9, 10, 11 & 18 (0800) & 8/8, 9 & 10 (2000). • Nortriptyline 25mg - 1 time daily - Blank 8/8, 9 & 10. • Patanol .1% - 2 times daily - Blank 8/9, 10, 11 & 18 (0800) & 8/8, 9 & 10 (2000). <p>Individual #3 April 2008 MAR did not indicate the frequency for the following medication:</p> <ul style="list-style-type: none"> • Promethazine 25mg. <p>MAR did not indicate the form (i.e. liquid, tablet, capsule, injections, etc.) for the following medication:</p> <ul style="list-style-type: none"> • Lamictal 250mg - 2 times daily. <p>May 2008 MAR contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Lamictal 200mg - 2 times daily - Blank 5/31 (0800 & 2000). • Lamictal 100mg - 2 times daily - Blank 5/31 (0800 & 2000). • Claritin 10mg - 1 time daily - Blank 5/31. • Multivitamin - 1 time daily - Blank 5/31. <p>MAR did not indicate the form (i.e. liquid,</p>		
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	<p>tablet, capsule, injections, etc.) for the following medication:</p> <ul style="list-style-type: none"> • Lamictal 200mg - 2 times daily. <p>June 2008 MAR did not indicate the form (i.e. liquid, tablet, capsule, injections, etc.) for the following medication:</p> <ul style="list-style-type: none"> • Lamictal 200mg - 2 times daily. <p>Individual #4 April 2008 MAR contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Risperdal 2mg - 2 times daily - Blank 4/8 (2000). <p>May 2008 MAR contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Seroquel 100mg - 1 time daily - Blank 5/28. • Trileptal 150mg - 1 time daily - Blank 5/28. • Luvox 100mg - 2 times daily - Blank 5/28 (2000). • Abilify 15mg - 1 time daily - Blank 5/4. • Abilify 10mg - 1 time daily - Blank 5/4. <p>August 2008 (On-site visit conducted on 8/18) MAR contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Seroquel 100mg - 1 time daily - Blank 8/11. • Trileptal 150mg - 1 time daily - Blank 8/11. • Luvox 100mg - 2 times daily - Blank 8/12 (0800) & 8/11 (2200). <p>Individual #5 April 2008 MAR contained missing entries. No documentation found indicating reason for</p>		
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	<p>missing entries:</p> <ul style="list-style-type: none"> • Calcium - 3 times daily - Blank 4/28, 29 & 30 (1500). • Ciprodex Otic Sol 5 drops in each ear - 3 times daily - Blank 4/23, 28, 29 & 30 (1500). • Lexapro 10mg - 1 time daily - Blank 4/16. • Diovan 80mg - 1 time daily - Blank 4/16. • Spironolactone 25mg - 1 time daily - Blank 4/16. <p>May 2008 MAR contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Calcium - 3 times daily - Blank 5/7, 12, 13, 14, 19, 20, 21, 27 & 29 (1500). • Ciprodex Otic Sol 5 drops in each ear - 3 times daily - Blank 5/5, 6, 7, 12, 13, 14, 19, 20, 21, 27 & 28 (1500). • Furosemide (lasix) - 1 time daily - Blank 5/7. • Lexapro 10mg - 1 time daily - Blank 5/7. • Diovan 80mg - 1 time daily - Blank 5/7. • Spironolactone 25mg - 1 time daily - Blank 5/7. <p>June 2008 MAR contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Calcium - 3 times daily - Blank 6/11 (1500). • Ciprodex Otic Sol 5 drops in each ear - 3 times daily - Blank 6/11 (1500). • Triamcinolon 0.1% - 2 times daily - Blank 6/30 (0800). <p>Individual #6 (Meds given via peg tube) April 2008 MAR contained missing entries. No documentation found indicating reason for missing entries:</p> <ul style="list-style-type: none"> • Therapeutic tab - 1 time daily - Blank 4/1 & 2. 		
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- Bupropin 100mg - 1 time daily - Blank 4/1, 2 & 3.
- Atenolol 50mg - 1 time daily - Blank 4/1 & 2.
- Prilosec 20mg - 2 times daily - Blank 4/1 & 2 (0800 & 2000).
- Miralax 17g - 2 times daily - Blank 4/1 & 2 (0800 & 2000).

June 2008

MAR contained missing entries. No documentation found indicating reason for missing entries:

- Miralax 17g - 2 times daily - Blank 6/30 (2000).

Tag # 1A09 Medication Delivery - PRN	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>(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>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</p>	<p>Based on record review the Agency failed to consistently maintain Medication Administration Records, which includes the following: amount of PRN medication to be used in a 24-hour period, an explanation for the use of the PRN medication, including observable signs/symptoms or circumstances in which the medication is to be used, documentation of effectiveness, and/or documentation indicating Direct Service Personnel contacted the Agency nurse for PRN approval for 4 of 7 individuals. (Individual #2, 3, 4 & 6)</p> <p>Individual #2 April 2008</p> <ul style="list-style-type: none"> • Ativan 1mg - PRN - 4/11 no results noted. <p>May 2008</p> <ul style="list-style-type: none"> • Ativan 1mg - PRN - 5/1 no results noted. <p>June 2008</p> <ul style="list-style-type: none"> • Tylenol 500mg - PRN - 5/13 no results noted and no nurse approval documented. <p>August 2008</p> <ul style="list-style-type: none"> • Ativan 1mg - PRN - 8/3, 13 & 14 no results noted. <p>Individual #3 June 2008</p> <ul style="list-style-type: none"> • Enema - PRN - 6/1 no results noted and no nurse approval documented. <p>August 2008 (On-site visit conducted on 8/19)</p> <ul style="list-style-type: none"> • Milk of Magnesia - PRN - did not contain the exact amount to be used in a 24 hour period. • Calmoseptine Ointment - PRN - did not contain the exact amount to be used in a 24 hour period. • A&D Ointment - PRN - did not contain the exact amount to be used in a 24 hour period 		

<p>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. 	<p>Individual #4 May 2008</p> <ul style="list-style-type: none"> • Ativan 2mg - PRN - 5/1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 23, 24, 25, 26 & 27 no results noted and no nurse approval documented. • Haldol 5mg - PRN - 5/1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 15, 16, 19, 20, 23, 26 & 27 no results noted and no nurse approval documented. • Ibuprofen 600mg - PRN - 5/16 no symptoms and/or results noted and no nurse approval documented. <p>June 2008</p> <ul style="list-style-type: none"> • Ibuprofen 600mg - PRN - 6/12 & 13 no results noted and no nurse approval documented. <p>Individual #6 April 2008</p> <ul style="list-style-type: none"> • Tussin DM - PRN - 4/20 & 23 no symptoms and/or results noted and no nurse approval documented. • Ibuprofen 100/5ml - PRN - 4/3, 4, 5 & 6 no symptoms and/or results noted and no nurse approval documented. • Fleet Enema - PRN - 4/28 no symptoms and/or results noted and no nurse approval documented. <p>May 2008</p> <ul style="list-style-type: none"> • Tussin DM - PRN - 5/1, 6, 10, 14 & 31 no symptoms and/or results noted and no nurse approval documented. • Mucinex - PRN - 5/31 no symptoms and/or results noted and no nurse approval documented. <p>June 2008</p> <ul style="list-style-type: none"> • Lactulose - PRN - 6/20 no symptoms and/or 		
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	<p>results noted and no nurse approval documented</p> <ul style="list-style-type: none">• Fleet Enema - PRN - 6/13, 16 & 21 no symptoms and/or results noted and no nurse approval documented.• Guiatuss DM - PRN - 6/6, 7, 8, 9, 13 & 21 no symptoms and/or results noted and no nurse approval documented• Fexofenadine 180mg - PRN - 6/17 no symptoms and/or results noted and no nurse approval documented		
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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 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 DDSD/DOH Policy Governing the Training Requirements for Direct Support Staff and Internal Service Coordinators Serving Individuals with Developmental Disabilities to include the following:</p> <p>(1) Each new employee shall receive appropriate orientation, including but not limited to, all policies relating to fire prevention, accident prevention, incident management and reporting, and emergency procedures; and</p> <p>(2) Individual-specific training for each individual under his or her direct care, as described in the individual service plan, prior to working alone with the individual.</p>	<p>Based on record review, the Agency failed to ensure that Orientation and Training requirements were met for 17 of 24 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 #42) • Basic Health/Orientation (DSP #42) • Person-Centered Planning (1-Day) (DSP #59) • First Aid (DSP #40, 43, 45, 47, 49, 50, 51, 53, 54 & 62) • CPR (DSP #40, 43, 45, 47, 49, 50, 51, 53, 54 & 62) • Assisting With Medications (DSP #41, 43, 44, 47, 49, 52, 54, 55 & 56) • Rights & Advocacy (DSP #53) 		

Tag # 1A22 Staff Competence	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 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> <ol style="list-style-type: none"> (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; (2) Direct service personnel shall have the ability to read and carry out the requirements in an ISP; (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; (4) Direct service personnel shall meet the qualifications specified by DDSD in the Policy Governing the Training Requirements for Direct Support Staff and Internal Service Coordinators, Serving 	<p>Based on interview, the Agency failed to ensure that training competencies were met for 3 of 8 Direct Service Personnel.</p> <p>When DSP were asked if they received training on the Individual's Positive Behavioral Plan, the following was reported:</p> <ul style="list-style-type: none"> • DSP #42 stated, "No...I haven't seen the plan. I know the BT comes, but she's suppose to train." (Individual #2) <p>When DSP were asked if they received training on the Individual's Speech Therapy Plan, the following was reported:</p> <ul style="list-style-type: none"> • DSP #64 stated, "No." DSP reported not being aware that the individual had Speech Therapy. (Individual #7) <p>When DSP were asked if the Individual had diabetes, the following was reported:</p> <ul style="list-style-type: none"> • DSP #64 stated, "No." DSP #64 could not describe the signs of low and/or high blood sugars. Per medical records reviewed the individual has a diagnosis of Diabetes. (Individual #7) <p>When DSP were asked if the Individual had any specific dietary and/or nutritional requirements they had to implement, the following was reported:</p> <ul style="list-style-type: none"> • DSP #42 stated, "We just give him what he like, he walks a lot." Per ISP Individual #2 has a Nutritional Plan due to his High Cholesterol. During the DSP interview, Individual #2 stated, "I'm on a low carb diet." (Individual #2) <p>When DSP were asked if they knew what medications are prescribed for the Individual and what was the purpose of each medication, the following was reported:</p> <ul style="list-style-type: none"> • DSP #42 stated, "I don't assist with any of 		

<p>Individuals with Developmental Disabilities; and</p> <p>(5) Direct service Provider Agencies of Respite Services, Substitute Care, Personal Support Services, Nutritional Counseling, Therapists and Nursing shall demonstrate basic knowledge of developmental disabilities and have training or demonstrable qualifications related to the role he or she is performing and complete individual specific training as required in the ISP for each individual he or she support.</p> <p>(6) Report required personnel training status to the DDS Statewide Training Database as specified in DDS policies as related to training requirements as follows:</p> <p>(a) Initial comprehensive personnel status report (name, date of hire, Social Security number category) on all required personnel to be submitted to DDS Statewide Training Database within the first ninety (90) calendar days of providing services;</p> <p>(b) Staff who do not wish to use his or her Social Security Number may request an alternative tracking number; and</p> <p>(c) Quarterly personnel update reports sent to DDS Statewide Training Database to reflect new hires, terminations, inter-provider Agency position changes, and name changes.</p>	<p>his meds. I don't know." (Individual #2)</p> <p>When DSP were asked if they assisted the Individual with their medications and if they had completed the Assisting with Medications training, the following was reported:</p> <ul style="list-style-type: none"> • DSP #54 reported he had not received the training and was assisting Individual #5 with medications. 		
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Tag # 1A25 (CoP) CCHS	Scope and Severity Rating: E		
<p>NMAC 7.1.9.9 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>Chapter 1.IV. General Provider Requirements. D. Criminal History Screening: All personnel shall be screened by the Provider Agency in regard to the employee’s qualifications, references, and employment history, prior to employment. All Provider Agencies shall comply with the Criminal Records Screening for Caregivers 7.1.12 NMAC and Employee Abuse Registry 7.1.12 NMAC as required by the Department of Health, Division of Health Improvement.</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 8 of 25 Agency Personnel.</p> <ul style="list-style-type: none"> • #45 – Date of hire 9/20/2007 • #48 – Date of hire 5/20/2008 • #58 – Date of hire 7/21/2008 • #59 – Date of hire 6/19/2008 • #60 – Date of hire 5/7/2008 • #61 – Date of hire 4/28/2008 • #62 – Date of hire 10/18/2007 • #63 – Date of hire 7/24/2008 		

Tag # 1A27 Late/Failure/Duty to Report	Scope and Severity Rating: E		
<p>7.1.13.9 INCIDENT MANAGEMENT SYSTEM REPORTING REQUIREMENTS FOR COMMUNITY BASED SERVICE PROVIDERS:</p> <p>A. Duty To Report:</p> <p>(1) All community based service providers shall immediately report abuse, neglect or misappropriation of property to the adult protective services division.</p> <p>(2) All community based service providers shall report to the division within twenty four (24) hours : abuse, neglect, or misappropriation of property, unexpected and natural/expected deaths; and other reportable incidents to include: 7.1.13 NMAC 4</p> <p>(a) an environmental hazardous condition, which creates an immediate threat to life or health; or</p> <p>(b) admission to a hospital or psychiatric facility or the provision of emergency services that results in medical care which is unanticipated or unscheduled for the consumer and which would not routinely be provided by a community based service provider.</p> <p>(3) All community based service providers shall ensure that the reporter with direct knowledge of an incident has immediate access to the division incident report form to allow the reporter to respond to, report, and document incidents in a timely and accurate manner.</p> <p>B. Notification: (1) Incident Reporting: Any consumer, employee, family member or legal guardian may report an incident independently or through the community based service provider to the division by telephone call, written correspondence or other forms of communication utilizing the division's incident report form. The incident report form and instructions for the completion and filing are available at the division's website, http://dhi.health.state.nm.us/elibrary/ironline/ir.php or may be obtained from the department by calling the toll free number.</p>	<p>Based on record review, the Agency failed to immediately report abuse, neglect or misappropriation of property to the Division of Health Improvement.</p> <p>Based on the Incident Management Bureau's Late and Failure Reports, the agency filed late reports and/or failed to report suspected abuse, neglect, or misappropriation of property, unexpected and natural/expected deaths; or other reportable incidents for 2 of 7 individuals.</p> <p>Individual #3</p> <ul style="list-style-type: none"> • Alleged Incident of neglect occurred on 3/28/2008. Incident was reported late to DHI/IMB on 4/1/2008. DHI confirmed neglect. • Alleged Incident of neglect occurred on 4/24/2008. Incident was reported late to DHI/IMB on 5/2/2008. DHI confirmed neglect. 		

Tag # 1A28 (CoP) Incident Mgt. System	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>D. Training Documentation: All licensed health care facilities and community based service providers shall prepare training documentation for each employee to include a signed statement indicating the date, time, and place they received their incident management reporting instruction. The licensed health care facility and community based service provider shall maintain documentation of an employee's training for a period of at least twelve (12) months, or six (6) months after termination of an employee's employment. Training curricula shall be kept on the provider premises and made available on request by the department. Training documentation shall be made available immediately upon a division representative's request. Failure to provide employee training documentation shall subject the licensed health care facility or community based service provider to the penalties provided for in this rule.</p>	<p>Based on record review, the Agency failed to provide documentation verifying completion of Incident Management Training for 8 of 25 Agency Personnel.</p> <ul style="list-style-type: none"> • Abuse, Neglect & Exploitation (#40, 41, 48, 51, 54, 56, 60 & 61) 		

Tag # 1A28 (CoP) Incident Mgt. System	Scope & Severity Rating: D		
<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>F. Posting of Incident Management Information Poster: All licensed health care facilities and community based service providers shall post two (2) or more posters, to be furnished by the division, in a prominent public location which states all incident management reporting procedures, including contact numbers and Internet addresses. All licensed health care facilities and community based service providers operating sixty (60) or more beds shall post three (3) or more posters, to be furnished by the division, in a prominent public location which states all incident management reporting procedures, including contact numbers and Internet addresses. The posters shall be posted where employees report each day and from which the employees operate to carry out their activities. Each licensed health care facility or community based service provider shall take steps to insure that the notices are not altered, defaced, removed, or covered by other material. [7.1.13.10 NMAC - N, 02/28/06]</p>	<p>Based on observation, the Agency failed to post two (2) or more Incident Management Information posters in a prominent public location for the following locations:</p> <p>Residence of :</p> <ul style="list-style-type: none"> • Individual #3 		

Tag # 1A29 Complaints / Grievances	Scope and Severity Rating: A		
<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 that the complaint procedure had been made available to individuals or their legal guardians for 2 of 7 individuals.</p> <ul style="list-style-type: none"> Grievance/Complaint Procedure (#4 & 7) 		

Tag # 1A31 (CoP) Client Rights	Scope and Severity Rating: E		
<p>NMAC 7.26.3.11 RESTRICTIONS OR LIMITATION OF CLIENT'S RIGHTS: A. A service provider shall not restrict or limit a client's rights except: (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 (2) where the interdisciplinary team has determined that the client's limited capacity to exercise the right threatens his or her physical safety; or (3) as provided for in Section 10.1.14 [now Subsection N of 7.26.3.10 NMAC]. 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. 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>DDSD Policy Title: Human Rights Committee Requirements eff. 3/1/2003 A. HUMAN RIGHTS COMMITTEE ROLE IN BEHAVIOR SUPPORTS 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</p>	<p>Based on record review and interview, the Agency failed to adopt reasonable program policies of general applicability to clients served by that service provider that do not violate client rights.</p> <p>A review of the Agency Individual files indicated 3 of 7 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"> • PRN Ativan (#2) • Physical Restriction , i.e. CPI, MANDT or Handle with Care per Positive Behavior Plan (#4 & 7) <p>When surveyors asked #69 for documentation regarding Human Rights Committee Approval for the above mentioned, surveyors were presented with the Human Rights Committee Meeting Minutes (August 2007 - July 18, 2008). No evidence was found indicating approval had been given for the listed restrictions.</p>		

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.

B. INTERVENTIONS REQUIRING REVIEW AND APPROVAL

1. Behavior Support Plans or Crisis Plans designed to assist individuals in changing or adapting behavior that include any of the following characteristics must be reviewed by the Human Rights Committee prior to implementation.

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 3 of 7 individuals.</p> <p>Per Individuals' ISPs the following was found with regards to the implementation of ISP Outcomes:</p> <p>Community Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <ul style="list-style-type: none"> • None found (4/2008 - 8/2008) (Individual #1) • None found (6/2008 - 8/2008) (Individual #3) <p>Adult Habilitation Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <ul style="list-style-type: none"> • None found (4/2008 - 8/2008) (Individual #1) • None found (4/2008 - 8/2008) (Individual #2) • None found (6/2008 - 8/2008) (Individual #3) <p>Supported Employment Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <ul style="list-style-type: none"> • None found (4/2008 - 8/2008) (Individual #2) <p>Community Access Data Collection/Data Tracking/Progress with regards to ISP Outcomes:</p> <ul style="list-style-type: none"> • None found (6/2008 - 8/2008) (Individual #3) 		

Tag #1A33 Board of Pharmacy - Med Storage	Scope and Severity Rating: E		
<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>Based on observation, the Agency failed to ensure proper storage of medication for 1 of 6 individuals.</p> <p>Observation included:</p> <p>Individual #5</p> <ul style="list-style-type: none"> • During on-site visit on 8/19/2008, surveyor observed the individual's nasal spray (Desmopressin Accutate) stored in the butter compartment of the refrigerator and was not stored in a locked area. 		

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 and interview 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 the following:</p> <p>Individual Residence:</p> <ul style="list-style-type: none"> • Current Custodial Drug Permit from the NM Board of Pharmacy (#2) • Current registration from the consultant pharmacist (#2) • Current NM Board of Pharmacy Inspection report (#2 & 4) <p>When DSP were asked for the above listed information, DSP were unable to find the information in the homes.</p>		

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 DDSD/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>Based on record review, the Agency failed to ensure that Individual Specific Training requirements were met for 4 of 25 Agency Personnel.</p> <ul style="list-style-type: none"> Individual Specific Training (DSP #42, 57, 58 & 59) 		

Tag # 5I11 Reporting Requirements	Scope and Severity Rating: A		
<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> <p>(1) Identification and implementation of a meaningful day definition for each person served;</p> <p>(2) Documentation summarizing the following:</p> <p>(a) Daily choice-based options; and</p> <p>(b) Daily progress toward goals using age-appropriate strategies specified in each individual's action plan in the ISP.</p> <p>(3) Significant changes in the individual's routine or staffing;</p> <p>(4) Unusual or significant life events;</p> <p>(5) Quarterly updates on health status, including changes in medication, assistive technology needs and durable medical equipment needs;</p> <p>(6) Record of personally meaningful community inclusion;</p> <p>(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</p> <p>(8) Any additional reporting required by DDSD.</p>	<p>Based on record review the Agency failed to complete quarterly reports as required for 1 of 7 individuals receiving Community Inclusion services.</p> <p>Adult Habilitation Quarterly Reports</p> <ul style="list-style-type: none"> • Individual #3 - None found for 1/2008 through 6/2008. <p>Community Access Quarterly Reports</p> <ul style="list-style-type: none"> • Individual #3 - None found for 1/2008 through 6/2008. 		

Tag # 5I25 SE Reimbursement	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>E. Reimbursement</p> <p>(1) Billable Unit:</p> <p>(a) Job Development is a single flat fee unit per ISP year payable once an individual is placed in a job.</p> <p>(b) The billable unit for Individual Supported Employment is one hour with a maximum of four hours a month. The Individual Supported Employment hourly rate is for face-to-face time which is supported by non face-to-face activities as specified in the ISP and the performance based contract as negotiated annually with the provider agency. Individual Supported Employment is a minimum of one unit per month. If an individual needs less than one hour of face-to-face service per month the IDT Members shall consider whether Supported Employment Services need to be continued. Examples of non face-to-face services include:</p> <p>(i) Researching potential employers via telephone, Internet, or visits;</p> <p>(ii) Writing, printing, mailing, copying, emailing applications, resume, references and corresponding documents;</p> <p>(iii) Arranging appointments for job tours, interviews, and job trials;</p> <p>(iv) Documenting job search and acquisition progress;</p> <p>(v) Contacting employer, supervisor, co-workers and other IDT team members to assess individual's progress, needs and satisfaction; and</p> <p>(vi) Meetings with individual surrounding job development or retention not at the employer's site.</p> <p>(c) Intensive Supported Employment services</p>	<p>Based on record review, the Agency failed to provide written or electronic documentation as evidence for each unit billed for Supported Employment Services for 1 of 3 individuals</p> <p>Individual #7</p> <ul style="list-style-type: none"> • May 19, 2008 Agency billed 1 unit of Supported Employment. No documentation found to justify billing. 		

<p>are intended for individuals who need one-to-one, face-to-face support for 32 or more hours per month. The billable unit is one hour.</p> <p>(d) Group Supported Employment is a fifteen-minute unit.</p> <p>(e) Self-employment is a fifteen minute unit.</p> <p>(4) Billable Activities include:</p> <p>(a) Activities conducted within the scope of services;</p> <p>(b) Job development and related activities for up to ninety (90) calendar days) that result in employment of the individual for at least thirty (30) calendar days; and</p> <p>(c) Job development services shall not exceed ninety (90) calendar days, without written approval from the DDS Regional Office.</p>			
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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 2 individuals.</p> <p>Individual #3</p> <ul style="list-style-type: none"> • April 1 - 4, 2008 - Agency billed 3 units of Community Access. No documentation found to justify billing. 		

Tag # 5144 AH Reimbursement	Scope and Severity Rating: B		
<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 6 of 7 individuals.</p> <p>Individual #1</p> <ul style="list-style-type: none"> • May 12 - 18, 2008 - Agency billed 60 units of Adult Habilitation. Documentation received accounted for 46 units. <p>Individual #2</p> <ul style="list-style-type: none"> • April 1 - 4, 2008 - Agency billed 72 units of Adult Habilitation. Documentation received accounted for 60 units. • April 7 - 11, 2008 - Agency billed 120 units of Adult Habilitation. Documentation received accounted for 104 units. • April 14 - 18, 2008 - Agency billed 120 units of Adult Habilitation. Documentation received accounted for 112 units. • June 16 - 20, 2008 - Agency billed 106 units of Adult Habilitation. Documentation received accounted for 82 units. <p>Individual #3</p> <ul style="list-style-type: none"> • April 28 - 30, 2008 - Agency billed 24 units of Adult Habilitation. Documentation received accounted for 16 units. • May 5 - 9, 2008 - Agency billed 120 units of Adult Habilitation. Documentation received accounted for 112 units. <p>Individual #5</p> <ul style="list-style-type: none"> • May 19 - 23, 2008 - Agency billed 108 units of Adult Habilitation. Documentation received accounted for 60 units. <p>Individual #6</p> <ul style="list-style-type: none"> • June 16 - 20, 2008 - Agency billed 100 units of Adult Habilitation. Documentation received accounted for 84 units. 		

Individual #7

- April 1 - 4, 2008 - Agency billed 72 units of Adult Habilitation. Documentation received accounted for 48 units.

Tag # 6L13 (CoP) - CL Healthcare Reqts.	Scope and Severity Rating: D		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 6. VI. GENERAL REQUIREMENTS FOR COMMUNITY LIVING</p> <p>G. Health Care Requirements for Community Living Services.</p> <p>(1) The Community Living Service providers shall ensure completion of a HAT for each individual receiving this service. The HAT shall be completed 2 weeks prior to the annual ISP meeting and submitted to the Case Manager and all other IDT Members. A revised HAT is required to also be submitted whenever the individual's health status changes significantly. For individuals who are newly allocated to the DD Waiver program, the HAT may be completed within 2 weeks following the initial ISP meeting and submitted with any strategies and support plans indicated in the ISP, or within 72 hours following admission into direct services, which ever comes first.</p> <p>(2) Each individual will have a Health Care Coordinator, designated by the IDT. When the individual's HAT score is 4, 5 or 6 the Health Care Coordinator shall be an IDT member, other than the individual. The Health Care Coordinator shall oversee and monitor health care services for the individual in accordance with these standards. In circumstances where no IDT member voluntarily accepts designation as the health care coordinator, the community living provider shall assign a staff member to this role.</p> <p>(3) For each individual receiving Community Living Services, the provider agency shall ensure and document the following:</p> <p>(a) Provision of health care oversight consistent with these Standards as detailed in Chapter One section III E: Healthcare Documentation by Nurses For Community Living Services, Community Inclusion Services and Private Duty Nursing Services.</p>	<p>Based on record review, the Agency failed to provide documentation of annual physical examinations and/or other examinations as specified by a licensed physician for 1 of 7 individuals receiving Community Living Services.</p> <p>The following were not found, not current or incomplete:</p> <ul style="list-style-type: none"> • Vision Exam (#4) • Pap Smear (#4) • Psychotropic Medication are not reviewed as called for by the physician (#4) • Abnormal Involuntary Movement Screening/TD Screening (#4) 		

<p>b) That each individual with a score of 4, 5, or 6 on the HAT, has a Health Care Plan developed by a licensed nurse.</p> <p>(c) That an individual with chronic condition(s) with the potential to exacerbate into a life threatening condition, has Crisis Prevention/ Intervention Plan(s) developed by a licensed nurse or other appropriate professional for each such condition.</p> <p>(4) That an average of 3 hours of documented nutritional counseling is available annually, if recommended by the IDT.</p> <p>(5) That the physical property and grounds are free of hazards to the individual's health and safety.</p> <p>(6) In addition, for each individual receiving Supported Living or Family Living Services, the provider shall verify and document the following:</p> <p>(a) The individual has a primary licensed physician;</p> <p>(b) The individual receives an annual physical examination and other examinations as specified by a licensed physician;</p> <p>(c) The individual receives annual dental check-ups and other check-ups as specified by a licensed dentist;</p> <p>(d) The individual receives eye examinations as specified by a licensed optometrist or ophthalmologist; and</p> <p>(e) Agency activities that occur as follow-up to medical appointments (e.g. treatment, visits to specialists, changes in medication or daily routine).</p>			
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Tag # 6L14 Residential Case File	Scope and Severity Rating: E		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007 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 and physical conditions including action taken in response to identified changes in condition for at</p>	<p>Based on record review, the Agency failed to maintain a complete and confidential case file in the residence for 4 of 6 Individuals receiving Supported Living Services.</p> <ul style="list-style-type: none"> • Annual ISP (#2, 3, 4 & 7) • ISP Signature Page (#2, 3, 4 & 7) • Addendum A (#2, 3, 4 & 7) • Individual Specific Training (Addendum B) (#2, 3, 4 & 7) • Positive Behavioral Plan (#2, 4 & 7) • Positive Behavioral Crisis Plan (#2, 4 & 7) • Speech Therapy Plan (#3, 4 & 7) • Occupational Therapy Plan (#4) • Physical Therapy Plan (#7) • Special Health Care Needs <ul style="list-style-type: none"> • Nutritional Plan (#7) • Data Collection/Data Tracking (#2) • Progress Notes written by DSP and/or Nurses (#2) 		

least the past month;

(7) Physician's or qualified health care providers written orders;

(8) Progress notes documenting implementation of a physician's or qualified health care provider's order(s);

(9) Medication Administration Record (MAR) for the past three (3) months which includes:

- (a) The name of the individual;
- (b) A transcription of the healthcare practitioners prescription including the brand and generic name of the medication;
- (c) Diagnosis for which the medication is prescribed;
- (d) Dosage, frequency and method/route of delivery;
- (e) Times and dates of delivery;
- (f) Initials of person administering or assisting with medication; and
- (g) An explanation of any medication irregularity, allergic reaction or adverse effect.
- (h) For PRN medication an explanation for the use of the PRN must include:
 - (i) Observable signs/symptoms or circumstances in which the medication is to be used, and
 - (ii) Documentation of the effectiveness/result of the PRN delivered.
- (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.

(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

(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.

Tag # 6L17 Reporting Requirements	Scope and Severity Rating: A		
<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 1 of 7 individuals receiving Community Living Services.</p> <p>Community Living Quarterly Reports</p> <ul style="list-style-type: none"> • Individual #3 - None found for 1/2008 through 6/2008. 		

Tag # 6L25 (CoP) Residential Reqts.	Scope and Severity Rating: E		
<p>Developmental Disabilities (DD) Waiver Service Standards effective 4/1/2007</p> <p>CHAPTER 6. VIII. COMMUNITY LIVING SERVICE PROVIDER AGENCY REQUIREMENTS</p> <p>L. Residence Requirements for Family Living Services and Supported Living Services</p> <p>(1) Supported Living Services and Family Living Services providers shall assure that each individual's residence has:</p> <ul style="list-style-type: none"> (a) Battery operated or electric smoke detectors, heat sensors, or a sprinkler system installed in the residence; (b) General-purpose first aid kit; (c) When applicable due to an individual's health status, a blood borne pathogens kit; (d) Accessible written procedures for emergency evacuation e.g. fire and weather-related threats; (e) Accessible telephone numbers of poison control centers located within the line of sight of the telephone; (f) Accessible written documentation of actual evacuation drills occurring at least three (3) times a year. For Supported Living evacuation drills shall occur at least once a year during each shift; (g) Accessible written procedures for the safe storage of all medications with dispensing instructions for each individual that are consistent with the Assisting with Medication Administration training or each individual's ISP; and (h) Accessible written procedures for emergency placement and relocation of individuals in the event of an emergency evacuation that makes the residence unsuitable for occupancy. The emergency evacuation procedures shall address, but are not limited to, fire, chemical and/or hazardous waste spills, and flooding. 	<p>Based on observation, the Agency failed to ensure that each individual's residence met all requirements within the standard for 4 of 6 Supported Living residences.</p> <p>The following items were missing, not functioning or incomplete:</p> <ul style="list-style-type: none"> • General-purpose first aid kit (#2) • Accessible written procedures for emergency evacuation e.g. fire and weather-related threats (#2 & 7) • Accessible telephone numbers of poison control centers located within the line of sight of the telephone (#3) • Accessible written procedures for emergency placement and relocation of individuals in the event of an emergency evacuation that makes the residence unsuitable for occupancy. The emergency evacuation procedures shall address, but are not limited to, fire, chemical and/or hazardous waste spills, and flooding (#2, 4 & 7) 		

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 6 individuals.</p> <p>Individual #2</p> <ul style="list-style-type: none"> June 8, 2008 Agency billed 1 units of Support Living. Documentation found did not justify billing. Documentation reported individual was with his mother. 		