

New Mexico Department of Health / Division of Health Improvement
 Community Living and Community Inclusion Services
 Healthcare Survey Field Tool – DSP Interview and Documentation Section

Agency & Region:	Location of Survey (home):
Date of Survey:	Date/Time:
Surveyor:	DSP Interviewed and title:
Is interviewee a CMA? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Consumer:	Age:
ISP Date:	IDT Date:
HAT Date Completed/Score:	MAAT Date Completed:

A nurse surveyor will be added to the survey team if the individual's Health Assessment Tool score is a 4 or higher and/or the individual's medication regime meets one of the following criteria:

1. The use of "old" psychotropic medications (Thorazine, Haldol, Cogentin....etc).
2. The use of 3 or more psychotropic medications.
3. Psychotropic medication dosages at or over the high end of typical use range.
4. Psychotropic medications are prescribed without a corresponding psychiatric diagnosis.
5. Dissociation between psychiatric diagnosis and treatment.
6. High utilization of PRN psychotropic medication.

Absence of or extended time GAP between formal or informal side effect monitoring.
A medical referral will be submitted to the DHI Medical Officer if an individual is receiving treatment for a medical diagnosis or condition that does not meet current standards of practice. For immediate health and safety concerns see the QMB Immediate Jeopardy policy/ procedure. (QMB Policy #13)

Question	Met	Not Met	N/A	Notes/Describe Deficiency
Does the individual have any high risk diagnoses, medical or health conditions? If yes, list: <hr/> <hr/> If yes, does the individual see a specialist for his/her specific diagnoses or health conditions?				Tell me about the individual's health needs. 1A22
Do you know what the individual's diagnoses are?				1A22
Does this individual require any type of assistive technology or adaptive devices? <i>(i.e. equipment)</i>				1A22
Does the individual have all the required equipment as described in the ISP or other therapy plans?				1A22
Do you know if the individual as any healthcare plans? <i>If Yes—Ask the following:</i> Can you tell me what the plan describes?				1A22
Do you know if the individual as any crisis plans? <i>(i.e. medical or behavioral)</i> <i>If Yes—Ask the following:</i> Can you tell me what the plan describes?				1A22

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<p><u>Describe the signs of an allergic reaction to food:</u></p> <ul style="list-style-type: none"> • Hives & itching, • swelling of the throat, lips, or tongue; • difficulty breathing or swallowing; • generalized flushing; • itching or redness of the skin (hives); • nausea & vomiting; • sudden feeling of weakness; • anxiety or an overwhelming sense of doom; <p>What do you do if you suspect an allergic reaction? <i>(Stop giving them the food. Call the nurse. Call the doctor or 911 are also acceptable answers)</i></p> <p>If someone has an allergic reaction to food, what could happen to that person if the reaction is left untreated? <i>(Could be life threatening)</i></p>				1A22
<p><u>Describe the signs of an adverse drug reaction</u></p> <ul style="list-style-type: none"> • Hives & itching, • swelling of the throat, lips, or tongue; • difficulty breathing or swallowing; • generalized flushing; • itching or redness of the skin (hives); • nausea & vomiting; • sudden feeling of weakness; • anxiety or an overwhelming sense of doom; <p>What do you do if you suspect an adverse drug reaction? <i>(Don't give them the medication. Check the pharmacy info or Pill Book. Call the Nurse. Call the Doctor, Call 911.</i></p> <p>If someone has an adverse drug reaction, what could happen to that person if the reaction is left untreated? <i>(Could be life threatening)</i></p>				1A22
<p>Does the individual have any food and/or medication allergies that could potentially be life threatening?</p>				1A22 or 1A28 based on seriousness

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<p style="text-align: center;"><u>ASPIRATION</u></p> <p><i>If Yes—Ask the following: If No—Note answer and go on to next question.</i></p> <p>Does this person have a Mealtime Plan? <i>A person diagnosed with aspiration should have a mealtime plan if they take food and/or liquids by mouth. A person with a g-tube or j-tube with no oral intake will not have a MTP.</i></p> <p>1. How do you position the individual for eating? <i>Depending on the location of the aspiration (per swallow study), a person should be sitting upright to eat (see individual's MTP for details)</i></p> <p>2. How do you position the individual after eating? <i>Usually a person is left upright for 30 min to an hour after eating.</i></p> <p>3. Describe at least two signs of aspiration. <i>Coughing or gagging, choking, gurgling sounds in the throat while breathing, shortness of breath or wheezing not associated with asthma, tearing of the eyes, mucous build-up in the mouth, reduced alertness or responsiveness, unexplained low-grade fever.</i></p> <p>4. Describe what to do if there is aspiration, specific to this individual. <i>See the person's crisis plan for aspiration. Allow person to cough. Do not give liquids to stop the coughing. Reposition to ensure sitting up. Call the nurse and/or 911 if necessary.</i></p> <p>5. How do you track the individual's weight? <i>Nutritional evaluation is required at least annually, preferably quarterly. Because aspiration can lead to weight loss, weights should be taken monthly (best practice). Ask where the weights are done.</i></p> <p>6. Who provided you with training on the individual's Mealtime Plan? <i>SLP should be doing the training on the MTP. The nurse can reinforce the training.</i></p> <p>7. Based on the above, is the Direct Service Personnel trained on the individual's Mealtime plan?</p>				<p>1A22 When there is a deficiency ID which # relates to the deficiency.</p>

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<p style="text-align: center;"><u>FEEDING TUBE</u></p> <p><i>If Yes—Ask the following: If No—Note answer and go on to next question.</i></p> <p>1. Why does the individual need this tube? <i>Staff should be able to state because of aspiration or no longer able to take food/fluids by mouth or to supplement nutrition or fluids. Staff should be able to describe the type of tube (G-tube or J-Tube) or the area where the tube enters (the stomach or the Jejunum [part of the small intestine]).</i></p> <p>2. How is the tube used? <i>If staff has been trained they will have no hesitation in providing an explanation describing how a tube feeding is administered. The information that is provided by the Direct Service Personnel should be as reflected in the ISP and the Health Care Plan</i></p> <p>3. Describe 3 signs that something is wrong with the tube. <i>Tubes can fall out, become blocked, leak around the tube, the skin around the tube can become irritated and/or infected.</i></p> <p>4. Describe how to keep the tube from becoming obstructed. <i>Flushing the tube after the feeding with water.</i></p> <p>5. Describe what to do if the tube becomes obstructed. <i>Attempt to flush the tube with water. If this does not work call the agency nurse. If the tube cannot be flushed the physician should be contacted. The tube will need to be replaced.</i></p> <p>6. Describe what to do if the tube falls out. <i>When a G-tube or J-tube falls out it must be replaced within two hours. The individual should be taken to the emergency room.</i></p> <p>7. How do you position the consumer before and after feedings? <i>If not indicated in the ISP head of bed should be at 35 to 40 degrees during and for one hour after the feeding.</i></p> <p>8. Who provided you with training on the feeding tube? <i>The nurse should provide the training</i></p>				<p>1A22 When there is a deficiency ID which # relates to the deficiency.</p>

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<p style="text-align: center;"><u>DIABETES</u></p> <p>Does the individual have diabetes? <i>If Yes—Ask the following: If No—Note answer and go on to next question.</i></p> <p>1. What are the signs of low blood sugar? <i>Sign & Symptoms - Feeling shaky; being sweaty; feeling tired; being hungry; having a fast heartbeat; becoming crabby or confused; having blurred vision or a headache; having no symptoms at all.</i></p> <p>2. What do you do if there is low blood sugar? <i>Give the person some form of sugar, such as 3 glucose tablets, ½ cup of fruit juice, or 5-6 pieces of hard candy; eat a snack that contains protein and carbohydrates, such as saltine crackers and a glass of low fat milk.</i></p> <p>3. What are the signs of high blood sugar? <i>Sign & Symptoms: High levels of sugar in the urine, frequent urination, and increased thirst.</i></p> <p>4. What do you do if there is high blood sugar? <i>Staff should be able to state the treatment for high blood sugar as defined in the ISP or the Diabetes Plan. Can lower blood sugar by exercising, cutting down on the amount of food eaten, and/or medication.</i></p> <p>5. What medicines does the individual take to control diabetes? <i>Medications that lower the blood sugar that are taken by mouth include: Orinase, Diabinese, Dymelor, Tolinase, Micronase, Glucotrol, Metformin, Precose, Rezulin (off the market now), Pioglitazone, Rosiglitazone. The medication that is administered by injection for Diabetes is insulin.</i></p> <p>6. Who or how are medicines for diabetes administered? <i>Staff should be able to state who and how medications for diabetes are administered. Medication should be administered as defined in the ISP and the diabetes Plan and the Medication Administration Record.</i></p> <p>7. Describe the diet that the individual is to follow. <i>Staff should be able to describe the diet as defined in the ISP, the Diabetes Plan and the diet as prescribed by the Nutritionist.</i></p> <p>8. Describe what food should not be given to the individual. <i>Staff should be able to describe foods that should not be given as defined in the ISP, the Diabetes Plan and the diet as prescribed by the Nutritionist</i></p> <p>9. Who provided you training on diabetes? <i>The nurse should train on diabetes.</i></p>				<p>1A22 When there is a deficiency ID which # relates to the deficiency.</p>

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<p style="text-align: center;"><u>SEIZURE DISORDER</u></p> <p><i>If Yes—Ask the following: If No—Note answer and go on to next question.</i></p> <p>1. Describe what type of seizure the individual has.</p> <p>2. Have you ever witnessed a seizure?</p> <p>3. Describe what to do if there is a seizure. <i>Staff should be able to describe what to do if there is a seizure as defined in the ISP and the Seizure Plan and the Crisis Prevention Plan. Responses should focus on the personal safety of the individual, maintaining a patent airway, as well as timing and recording the seizure. Staff should know when to call 911 if the seizure should last longer than the prescribed time in the seizure plan or complications arise as described in the seizure plan.</i></p> <p>4. Who provided you training on the individual’s seizure disorder?</p> <p>5. Do you keep a seizure log?</p> <p>6. Describe how new staff are trained on what to do if there is a seizure. <i>New staff members should be trained on each individual’s Seizure Plan and should be provided with a class regarding seizures.</i></p> <p>7. Is there a person-specific seizure plan/crisis plan?</p> <p><i>There should be an individualized seizure plan in the person’s medical file in the home. The seizure plan should include a description of the type of seizures the individual has; it should describe the frequency and duration of a typical seizure and describe what to do when the individual has a seizure; the seizure plan should also include specific instructions so that staff have a resource should a complication occur such as aspiration or a prolonged seizure.</i></p>				<p>1A22 When there is a deficiency ID which # relates to the deficiency.</p>

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<p style="text-align: center;"><u>LIMITED MOBILITY</u></p> <p><i>If Yes—Ask the following: If No—Note answer and go on to next question.</i></p> <p>1. Describe how the individual is transferred.</p> <p>2. Has the individual had any falls or fractures?</p> <p>3. Describe how the individual is positioned. <i>The Direct Service Personnel should be able to state how the individual is to be positioned as identified in the ISP (usually related to aspiration prevention and/or prevention of skin breakdown). Aspiration prevention requires a specific position before and after meals. Prevention of GERD requires the individual to remain in an upright position for a prescribed amount of time after meals (usually the individual should not lie down for at least two hours after a meal).</i></p> <p>4. Who trained you on transferring and positioning?</p> <p>5. Have there been any pressure ulcers (bedsores, decubitus)?</p> <p>6. If Yes--Describe how to care for them.</p> <p>7. If ISP calls for PT/OT, can staff explain how PT/OT is performed?</p>				<p>1A22 When there is a deficiency ID which # relates to the deficiency.</p>
<p>Does the individual have any specific dietary and/or nutritional requirements? <i>(i.e. diabetic diet, low fat, low cal, puree, chopped etc)</i> <i>If Yes—Ask the following:</i></p> <p>Can you tell me what the plan describes and how you implement it?</p>				<p>1A22</p>

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<p>Do you assist the individual with their Medications? <i>If Yes—Ask the following:</i></p> <p>Have you completed Assisting with Medication (AWM) training?</p>				
<p>When you need to assist an individual with a PRN medication, what are the steps you need to take before assisting with the medication?</p> <ul style="list-style-type: none"> • Anyone assisting with meds <i>must obtain verbal authorization</i> from the Agency nurse prior to each administration of PRN medications; Unless related and in a Family Living situation. Must also document the symptoms and effects. 				
<p>Can you tell me what you are supposed to do if there is a medication error? <i>(i.e. missed, dropped, not filled, lost, etc.)</i></p>				
<p>Can you tell me what medications are prescribed for the individual and identify the purpose of each medication prescribed for the individual? <i>(i.e. staff may not always be able to identify each one and may look at medication book/MAR)</i></p>				
<p>Are there any task, treatments or activities that you do under the supervision of the Agency Nurse?</p>				

Additionally Notes: