HEALTH CARE
AUTHORITY

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Kathy Slater Huff, Deputy Secretary
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Dana Flannery, Medicaid Director

Date:	May 23, 2025
To:	Diane Dahl-Nunn, Executive Director
Provider: Address: State/Zip:	The New Beginnings, LLC 8908 Washington St NE Albuquerque, New Mexico 87113
E-mail Address:	dnunn@tnbabq.com
Region: Routine Survey: Verification Survey:	Metro, Northeast, and Northwest September 23 – October 7, 2024 April 28 – May 8, 2025
Program Surveyed:	Developmental Disabilities Waiver
Service Surveyed:	Supported Living, Family Living, Intensive Medical Living Services, Customized In-Home Supports, and Customized Community Supports
Survey Type:	Verification
Team Leader:	Verna Newman-Sikes, AA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau
Team Members:	Sally Rel, MS, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Ms. Diane Dahl-Nunn,

The Division of Health Improvement/Quality Management Bureau has completed a Verification survey of the services identified above. The purpose of the survey was to determine compliance with your Plan of Correction submitted to DHI regarding the *Routine Survey on September 23 – October 7, 2024*.

Determination of Compliance:
The Division of Health Improvement, Quality Management Bureau has determined your agency is in:

Partial Compliance with Standard Level Tags and Conditions of Participation Level Tags: This determination is based on noncompliance with one to five (1 – 5) Condition of Participation Level Tags *(refer to Attachment D for details)*. The attached QMB Report of Findings indicates Standard Level and Condition of Participation Level deficiencies identified and requires completion and implementation of a Plan of Correction.

The following tags are identified as Condition of Participation Level:

- Tag # 1A09 Medication Delivery Routine Medication Administration ***(New / Repeat Findings)***
- Tag # 1A09.1 Medication Delivery PRN Medication Administration ***(New / Repeat Findings)***

The following tags are identified as Standard Level:

- Tag # 1A43.1 General Events Reporting: Individual Reporting ***(New Findings)***

However, due to the new/repeat deficiencies your agency will be required to contact your DDSD Regional Office for technical assistance and follow up and complete the Plan of Correction document attached at the end of this report. Please respond to the Plan of Correction Coordinator within 10 business days of receipt of this letter.

Plan of Correction:

The attached Report of Findings identifies the new/repeat Standard Level deficiencies found during your agency's verification compliance review. You are required to complete and implement a Plan of Correction. Your agency has a total of 10 business days from the receipt of this letter to submit the Plan of Correction (POC). The POC must include the following:

1. Evidence your agency has contacted your DDSD Regional Office for technical assistance;
2. A Plan of Correction detailing Corrective Action for any new/repeat deficiencies and Quality Assurance/Quality Improvement processes to prevent your agency from receiving deficiencies in the future;
3. Upon notification that your POC has been approved, you will have 3 days to submit documents verifying that all deficiencies have been corrected and evidence of the ongoing Quality Assurance/Quality Improvement (QA/QI) processes.

Submission of your Plan of Correction:

Please submit your agency's Plan of using the format at the end of this report within 10 business days of receipt of this letter to the parties below:

4. **Quality Management Bureau, Monica Valdez, Plan of Correction Coordinator**
   MonicaE.Valdez@hca.nm.gov

5. **Developmental Disabilities Supports Division Regional Office for region of service surveyed**

Please submit documents electronically within 3 business days of the POC being approved according to the following: If the documents do not contain protected Health information (PHI) then you may submit your documents electronically scanned and attached to the POC Coordinator at Monicae.valdez@hca.nm.gov. If documents contain PHI **do not** submit PHI directly to the State email account. *You may submit PHI **only** when **replying** to a **secure** email received from the State email account*. When possible, please submit requested documentation using a "zipped/compressed" file to reduce file size. You may also submit documents via S-Comm (Therap), or another electronic format, i.e. flash drive.

Failure to submit your POC and documents within the allotted timeframes may result in the imposition of a $200 per day Civil Monetary Penalty until it is received, completed and/or implemented.

Please contact the Plan of Correction Coordinator, Monica Valdez at 505-273-1930 or Monicae.valdez@hca.nm.gov if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,

Verna Newman-Sikes, AA

Verna Newman-Sikes, AA
Team Lead/Advanced Healthcare Surveyor
Division of Health Improvement
Quality Management Bureau

Survey Process Employed:

Administrative Review Start Date:	April 28, 2025
Contact:	**The New Beginnings, LLC** Christian Satterfield, Quality Assurance **HCA/DHI/QMB** Verna Newman-Sikes, AA, Team Lead/Advanced Healthcare Surveyor
Entrance Conference Date:	April 28, 2025
Present:	**The New Beginnings, LLC** Christian Satterfield, Quality Assurance Molli Bass, Service Coordinator Maria Salazar, Nursing Director **HCA/DHI/QMB** Verna Newman-Sikes, AA, Team Lead/Advanced Healthcare Surveyor Sally Rel, MS, Healthcare Surveyor Amanda Castaneda-Holguín, MPA, Healthcare Surveyor Supervisor
Exit Conference Date:	May 8, 2025
Present:	**The New Beginnings, LLC** Diane Dahl-Nunn, Executive Director Christian Satterfield, Quality Assurance Molli Bass, Service Coordinator Maria Salazar, Nursing Director **HCA/DHI/QMB** Verna Newman-Sikes, AA, Team Lead/Advanced Healthcare Surveyor Sally Rel, MS, Healthcare Surveyor Amanda Castaneda-Holguín, MPA, Healthcare Surveyor Supervisor
Total Compliance Survey Sample Size:	26 6 - Supported Living 13 - Family Living 3 - Intensive Medical Living Services 4 - Customized In-Home Supports 16 - Customized Community Supports
Persons Served Records Reviewed	26
Direct Support Professional Records Reviewed	260
Direct Support Professional Interviewed during Routine Survey	29
Substitute Care/Respite Personnel Records Reviewed	42

Service Coordinator Records Reviewed	8
Administrative Interview completed during Routine Survey	1
Nurse Interview completed during Routine Survey	1

Administrative Processes and Records Reviewed:

- Medicaid Billing/Reimbursement Records for all Services Provided
- Oversight of Individual Funds
- Individual Agency / Residential / Site Case Files, including, but not limited to:
    - Individual Service Plans
    - Progress on Identified Outcomes
    - Healthcare Plans
    - Medication Administration Records
    - Physician Orders
    - Therapy Plans
    - Healthcare Documentation Regarding Appointments and Required Follow-Up
    - Other Required Health Information / Therap Required Documents
- Internal Incident Management Reports and System Process / General Events Reports
- Personnel Files:
    - Training Records
    - Caregiver Criminal History Screening Records
    - Employee Abuse Registry
- Interviews with the Individuals and Agency Personnel
- Human Rights Committee Notes and Meeting Minutes
- Quality Assurance / Improvement Plan
- Agency Policy and Procedure Manual

CC: Distribution List: HCA - Division of Health Improvement
HCA - Developmental Disabilities Supports Division
HCA - Medical Assistance Division

Attachment B

Division of Health Improvement / Quality Management Bureau
QMB Determination of Compliance Process

The Division of Health Improvement, Quality Management Bureau (QMB) surveys compliance of the Developmental Disabilities Waiver (DDW) standards and other state and federal regulations. For the purpose of the LCA / CI survey the CMS waiver assurances have been grouped into four (4) Service Domains: Plan of Care (ISP Implementation); Qualified Providers; Health, Welfare and Safety; and Administrative Oversight (note that Administrative Oversight listed in this document is not the same as the CMS assurance of Administrative Authority. Used in this context it is related to the agency's operational policies and procedures, Quality Assurance system and Medicaid billing and reimbursement processes.)

The QMB Determination of Compliance process is based on provider compliance or non-compliance with standards and regulations identified during the on-site survey process and as reported in the QMB Report of Findings. All areas reviewed by QMB have been agreed to by DDSD and DHI/QMB and are reflective of CMS requirements. All deficiencies (non-compliance with standards and regulations) are identified and cited as either a Standard level deficiency or a Condition of Participation level deficiency in the QMB Reports of Findings. All deficiencies require corrective action when non-compliance is identified.

Each deficiency in your Report of Findings has been predetermined to be a Standard Level Deficiency, a Condition of Participation Level Deficiency, if below 85% compliance or a non-negotiable Condition of Participation Level Deficiency. Your Agency's overall Compliance Determination is based on a Scope and Severity Scale which takes into account the number of Standard and Condition Level Tags cited as well as the percentage of Individuals affected in the sample.

Conditions of Participation (CoPs)

CoPs are based on the Centers for Medicare and Medicaid Services, Home and Community-Based Waiver required assurances, in addition to the New Mexico Developmental Disability Waiver (DDW) Service Standards. The Division of Health Improvement (DHI), in conjunction with the Developmental Disability Support Division (DDSD), has identified certain deficiencies that have the potential to be a Condition of Participation Level, if the tag falls below 85% compliance based on the number of people affected. Additionally, there are what are called non-negotiable Conditions of Participation, regardless if one person or multiple people are affected. In this context, a CoP is defined as an essential / fundamental regulation or standard, which when out of compliance directly affects the health and welfare of the Individuals served. If no deficiencies within a Tag are at the level of a CoP, it is cited as a Standard Level Deficiency.

Service Domains and CoPs for Living Care Arrangements and Community Inclusion are as follows:

Service Domain: Service Plan: ISP Implementation - *Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan.*

Potential Condition of Participation Level Tags, if compliance is below 85%:

- **1A08.3 –** Administrative Case File: Individual Service Plan / ISP Components
- **1A32 –** Administrative Case File: Individual Service Plan Implementation
- **LS14 –** Residential Service Delivery Site Case File (ISP and Healthcare Requirements)
- **IS14 –** CCS / CIES Service Delivery Site Case File (ISP and Healthcare Requirements)

Service Domain: Qualified Providers - *The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.*

Potential Condition of Participation Level Tags, if compliance is below 85%:

- **1A20 -** Direct Support Personnel Training
- **1A22 -** Agency Personnel Competency
- **1A37 –** Individual Specific Training

Non-Negotiable Condition of Participation Level Tags (one or more Individuals are cited):
- **1A25.1 –** Caregiver Criminal History Screening
- **1A26.1 –** Consolidated On-line Registry Employee Abuse Registry

Service Domain: Health, Welfare and Safety - *The State, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.*

Potential Condition of Participation Level Tags, if compliance is below 85%:
- **1A08.2 –** Administrative Case File: Healthcare Requirements & Follow-up
- **1A09 –** Medication Delivery Routine Medication Administration
- **1A09.1 –** Medication Delivery PRN Medication Administration
- **1A09.2 –** Medication Delivery Nurse Approval for PRN Medication
- **1A15.2 –** Administrative Case File: Healthcare Documentation (Therap and Required Plans)

Non-Negotiable Condition of Participation Level Tags (one or more Individuals are cited):
- **1A05 –** General Requirements / Agency Policy and Procedure Requirements
- **1A07 –** Social Security Income (SSI) Payments
- **1A15 –** Healthcare Documentation - Nurse Availability
- **1A31 –** Client Rights/Human Rights
- **LS25.1 –** Residential Reqts. (Physical Environment - Supported Living / Family Living / Intensive Medical Living)

Attachment C

Guidelines for the Provider
Informal Reconsideration of Finding (IRF) Process

Introduction:
Throughout the QMB Survey process, surveyors are openly communicating with providers. Open communication means surveyors have clarified issues and/or requested missing information before completing the review through the use of the signed/dated "Document Request," or "Administrative Needs," etc. forms. Regardless, there may still be instances where the provider disagrees with a specific finding. Providers may use the following process to informally dispute a finding.

Instructions:
1. The Informal Reconsideration of the Finding (IRF) request must be received in writing to the QMB Bureau Chief **within 10 business days** of receipt of the final Report of Findings **(*Note: No extensions are granted for the IRF).***
2. The written request for an IRF *must* be completed on the QMB Request for Informal Reconsideration of Finding form available on the QMB website: Microsoft Word - IRF-QMB-Form.doc The written request for an IRF must specify in detail the request for reconsideration and why the finding is inaccurate.
3. The IRF request must include all supporting documentation or evidence.
5. If you have questions about the IRF process, email the IRF Chairperson, Valerie V. Valdez at valerie.valdez@hca.nm.gov for assistance.

The following limitations apply to the IRF process:
- The written request for an IRF and all supporting evidence must be received within 10 business 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 or requested 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 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 DHI/QMB determination of compliance or the length of their DDSD provider contract.

A Provider forfeits the right to an IRF if the request is not received within 10 business days of receiving the report and/or does not include all supporting documentation or evidence to show compliance with the standards and regulations.

The IRF Committee will review the request; 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 removed or modified, it will be noted and removed or modified from the Report of Findings. 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.

Attachment D

QMB Determinations of Compliance

Compliance:

The QMB determination of *Compliance* indicates that a provider has either no deficiencies found during a survey or that no deficiencies at the Condition of Participation Level were found. The agency has obtained a level of compliance such that there is a minimal potential for harm to individuals' health and safety. To qualify for a determination of *Compliance*, the provider must have received no Conditions of Participation Level Deficiencies and have a minimal number of Individuals on the sample affected by the findings indicated in the Standards Level Tags.

Partial-Compliance with Standard Level Tags:

The QMB determination of *Partial-Compliance with Standard Level Tags* indicates that a provider is in compliance with all Condition of Participation Level deficiencies but is out of compliance with a certain percentage of Standard Level deficiencies. This partial-compliance, if not corrected, may result in a negative outcome or the potential for more than minimal harm to individuals' health and safety. There are two ways to receive a determination of Partial Compliance with Standard Level Tags:

1. Your Report of Findings includes 16 or fewer Standards Level Tags with between 75% and 100% of the survey sample affected in any tag.

2. Your Report of Findings includes 17 or more Standard Level Tags with between 50% to 74% of the survey sample affected in any tag.

Partial-Compliance with Standard Level Tags and Condition of Participation Level Tags:

The QMB determination of *Partial-Compliance with Standard Level Tags and Condition of Participation Level Tags* indicates that a provider is out of compliance with standard level tags, as well as one to five (1 – 5) Condition of Participation Level Tags. This partial-compliance, if not corrected, may result in a serious negative outcome or the potential for more than minimal harm to individuals' health and safety.

Non-Compliance:

The QMB determination of *Non-Compliance* indicates a provider is significantly out of compliance with both Standard Level deficiencies and Conditions of Participation level deficiencies. This non-compliance, if not corrected, may result in a serious negative outcome or the potential for more than minimal harm to individuals' health and safety. There are two ways an agency can receive a determination of Non-Compliance:

1. Your Report of Findings includes 17 or more total Tags with 0 to 5 Condition of Participation Level Tags with 75% to 100% of the survey sample affected in any Condition of Participation Level tag.

2. Your Report of Findings includes any amount of Standard Level Tags with 6 or more Condition of Participation Level Tags.

Compliance Determination	Weighting						
	LOW		MEDIUM			HIGH	
Total Tags:	up to 16	17 or more	up to 16	17 or more	Any Amount	17 or more	Any Amount
	and	and	and	and	And/or	and	And/or
COP Level Tags:	0 COP	0 COP	0 COP	0 COP	1 to 5 COP	0 to 5 CoPs	6 or more COP
	and	and	and	and		and	
Sample Affected:	0 to 74%	0 to 49%	75 to 100%	50 to 74%		75 to 100%	
"Non-Compliance"						**17 or more** Total Tags with **75 to 100%** of the Individuals in the sample cited in any CoP Level tag.	**Any Amount** of Standard Level Tags and **6 or more** Conditions of Participation Level Tags.
"Partial Compliance with Standard Level tags and Condition of Participation Level Tags"					**Any Amount** Standard Level Tags, plus **1 to 5** Conditions of Participation Level tags.		
"Partial Compliance with Standard Level tags"			**up to 16** Standard Level Tags with **75 to 100%** of the individuals in the sample cited in any tag.	**17 or more** Standard Level Tags with **50 to 74%** of the individuals in the sample cited any tag.			
"Compliance"	**Up to 16** Standard Level Tags with **0 to 74%** of the individuals in the sample cited in any tag.	**17 or more** Standard Level Tags with **0 to 49%** of the individuals in the sample cited in any tag.					

Standard of Care	Routine Survey Deficiencies September 23 – October 7, 2024	Verification Survey New and Repeat Deficiencies April 28 – May 8, 2025
Service Domain: Qualified Providers – *The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.*		
Tag # 1A43.1 General Events Reporting: Individual Reporting	**N/A**	**Standard Level Deficiency**
Developmental Disabilities Waiver Service Standards Orig. Issue:11/1/2021 Reissue eff. 7.1.2024 **Chapter 19 Provider Reporting Requirements:** ***19.2 General Events Reporting (GER):*** The purpose of General Events Reporting (GER) is to report, track and analyze events, which pose a risk to adults in the DD Waiver program, but do not meet criteria for ANE or other reportable incidents as defined by the IMB. Analysis of GER is intended to identify emerging patterns so that preventative action can be taken at the individual, Provider Agency, regional and statewide level. On a quarterly and annual basis, DDSD analyzes GER data at the provider, regional and statewide levels to identify any patterns that warrant intervention. Non-compliance with GER requirements may result in DDSD Contract Management actions including but not limited to the imposition of Civil Monetary Penalties. Provider Agency use of GER in Therap is required as follows: 1. DD Waiver Provider Agencies approved to provide Customized In- Home Supports, Family Living, IMLS, Supported Living, Customized Community Supports, Community Integrated Employment, Adult Nursing and Case Management must use the GER … 2. The following events must be reported in GER:		**New Findings:** Based on record review, the Agency did not follow the General Events Reporting requirements as indicated by standards for 1 of 26 individuals. **The following events were not reported in the General Events Reporting System as required by policy:** **Individual #17** • Documentation reviewed indicates on 3/23/2025 the Individual missed the 8:00 pm dose of Baclofen 10 mg (Medication error). No GER was found. • Documentation reviewed indicates on 3/23/2025 the Individual missed the 8:00 pm dose of Famotidine 20 mg (Medication error). No GER was found. • Documentation reviewed indicates on 3/23/2025 the Individual missed the 8:00 pm dose of Ferosul 325 mg (Medication error). No GER was found. • Documentation reviewed indicates on 3/23/2025 the Individual missed the 8:00 pm dose of

a. Emergency Room/Urgent Care/Emergency Medical Services b. Falls Without Injury c. Person not eating, drinking or receiving nutritional or hydration support for more than 48 hours d. Injury (including Falls, Choking, Skin Breakdown and Infection) e. Law Enforcement Use f. All Medication Errors g. Medication Documentation Errors h. Missing Person/Elopement **i.** Out of Home Placement- Medical: Hospitalization, Long Term Care, Skilled Nursing or Rehabilitation Facility Admission j. PRN Psychotropic Medication k. Restraint Related to Behavior l. Suicide Attempt or Threat 3. Reporting Provider Agencies must have a system in place to enter information into and approve GERs per Appendix B GER Requirements and as identified by DDSD. 4. Each agency that is required to participate in General Event Reporting via Therap should ensure information from the staff and/or individual with the most direct knowledge is part of the report. Provider agencies may use GER reporting for events that are not required at their discretion. When using the GER to report such events, the report must have a modification level that must be low, be entered and approved within two business days of the event. Events that are tracked for internal agency purposes and do not meet reporting requirements per DD Waiver Service Standards must be marked with a notification level of "Low" to indicate that it is being used internal to the provider agency. **Appendix B GER Requirements**		Glycopyrrolate 1 mg (Medication error). No GER was found. • Documentation reviewed indicates on 3/23/2025 the Individual missed the 8:00 pm dose of Melatonin 1 mg (Medication error). No GER was found. • Documentation reviewed indicates on 3/23/2025 the Individual missed the 8:00 pm dose of Stimulant Laxative Plus 8.6 - 50 mg (Medication error). No GER was found. • Documentation reviewed indicates on 3/23/2025 the Individual missed the 8:00 pm dose of Trazadone HCL 50 mg (Medication error). No GER was found.

Standard of Care	Routine Survey Deficiencies September 23 – October 7, 2024	Verification Survey New and Repeat Deficiencies April 28 – May 8, 2025
Service Domain: Health and Welfare – *The state, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.*		
Tag # 1A09 Medication Delivery Routine Medication Administration *(Modified by IRF - RTN Survey)*	**Condition of Participation Level Deficiency**	**Condition of Participation Level Deficiency**
Developmental Disabilities Waiver Service Standards Eff 11/1/2023 rev. 12/2023 **Chapter 10 Living Care Arrangements (LCA): 10.3.5 Medication Assessment and Delivery:** Living Supports Provider Agencies must support and comply with: 1. the processes identified in the DDSD AWMD training; 2. the nursing and DSP functions identified in the Chapter 13.3 Adult Nursing Services; 3. all Board of Pharmacy regulations as noted in Chapter 16.5 Board of Pharmacy; and 4. documentation requirements in a Medication Administration Record (MAR) as described in Chapter 20 5.7 Medication Administration Record (MAR) **Chapter 20 Provider Documentation and Client Records: 20.5.7 Medication Administration Record (MAR):** Administration of medications apply to all provider agencies of the following services: living supports, customized community supports, community integrated employment, intensive medical living supports. 1. Primary and secondary provider agencies are to utilize the Medication Administration Record (MAR) online in Therap. 2. Medication/Treatment must be recorded online per assisting with medication delivery per the DDSD Assisting with Medication Delivery (AWMD) program. 3. Family Living Providers may opt not to use MARs if they are the **sole** provider who supports the person and are related by affinity or consanguinity. However, if there are services provided by unrelated DSP, ANS for Medication Oversight must be	After an analysis of the evidence, it has been determined there is a significant potential for a negative outcome to occur. Medication Administration Records (MAR) were reviewed for the months of June, July and August 2024. Based on record review, 12 of 13 individuals had Medication Administration Records (MAR), which contained missing medications entries and/or other errors: Individual #6 August 2024 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications: • Azelastine HCL 0.05% (2 times daily) • Citalopram HBR 40 mg (1 time daily) • Memantine HCL 10 mg (1 time daily) September 2024 As indicated by the Medication Administration Records the following medication the following medication is to be taken, however was not found in the home: • Selenium Sulfide (1 time a week) Individual #7 August 2024	**New / Repeat Findings:** After an analysis of the evidence it has been determined there is a significant potential for a negative outcome to occur. Medication Administration Records (MAR) were reviewed for the month of March 2025. Based on record review, 3 of 10 individuals had Medication Administration Records (MAR), which contained missing medications entries and/or other errors: Individual #6 March 2025 No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications: • Melatonin 5 mg (1 time daily) • Reguloid 3 gram / 5.4 gram (1 time daily) • Lotion (aquafer) (1 time daily) Individual #15 March 2025 No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications: • Saline Solution (1 time daily) Individual #18 March 2025

budgeted, a MAR online in Therap must be created and used by the DSP. 4. Provider Agencies must configure and use the MAR when assisting with medication. 5. Provider Agencies Continually communicate any changes about medications and treatments between Provider Agencies to assure health and safety. 6. Provider agencies must include the following on the MAR: a. The name of the person, a transcription of the physician's or licensed health care provider's orders including the brand and generic names for all ordered routine and PRN medications or treatments, and the diagnoses for which the medications or treatments are prescribed. b. The prescribed dosage, frequency and method or route of administration; times and dates of administration for all ordered routine and PRN medications and other treatments; all over the counter (OTC) or "comfort" medications or treatments; all self-selected herbal preparation approved by the prescriber, and/or vitamin therapy approved by prescriber. c. Documentation of all time limited or discontinued medications or treatments. d. The initials of the person administering or assisting with medication delivery. e. Documentation of refused, missed, or held medications or treatments. f. Documentation of any allergic reaction that occurred due to medication or treatments. g. For PRN medications or treatments including all physician approved over the counter medications and herbal or other supplements: i. instructions for the use of the PRN medication or treatment which must include observable signs/symptoms or circumstances in which the medication or treatment is to be used and the number of doses that may be used in a 24-hour period; ii. clear follow-up detailed documentation that the DSP contacted the agency nurse or physician service prior to assisting with the medication or treatment; and	Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications: • Amox-Clav 875-125 mg (2 times daily) • Nystop (3 times daily) Individual #8 August 2024 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications: • Alendronate Sodium, 70 MG (1 time a week) • Povidone-Iodine 10% (2 times daily) Individual #9 August 2024 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications: • Daily Vite (1 time daily) Individual #15 August 2024 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications: • Fenofibrate 160 mg (2 times daily) • Ferrous Sulfate 325 mg (1 time daily) • Fexofenadine Hcl 180 mg (1 time daily) • Fluoxetine 20 mg (1 time daily) • Levothyroxine 112 mcg (1 time daily) • Losartan Potassium 50 mg (1 time daily) • Omeprazole Dr 40 mg (1 time daily)	No Physician's Orders were found for medications listed on the Medication Administration Records for the following medications: • Stridex Natural Control (2 times daily)

iii. documentation of the effectiveness of the PRN medication or treatment. **NMAC 16.19.11.8 MINIMUM STANDARDS:** A. MINIMUM STANDARDS FOR THE DISTRIBUTION, STORAGE, HANDLING AND RECORD KEEPING OF DRUGS: (d) The facility shall have a Medication Administration Record (MAR) documenting medication administered to residents, **including over-the-counter medications.** This documentation shall include: (i) Name of resident; (ii) Date given; (iii) Drug product name; (iv) Dosage and form; (v) Strength of drug; (vi) Route of administration; (vii) How often medication is to be taken; (viii) Time taken and staff initials; (ix) Dates when the medication is discontinued or changed; (x) The name and initials of all staff administering medications. **Model Custodial Procedure Manual** ***D. Administration of Drugs*** Unless otherwise stated by practitioner, patients will not be allowed to administer their own medications. Document the practitioner's order authorizing the self-administration of medications. All PRN (As needed) medications shall have complete detail instructions regarding the administering of the medication. This shall include: ➢ symptoms that indicate the use of the medication, ➢ exact dosage to be used, and ➢ the exact amount to be used in a 24-hour period.	• Topiramate 100 mg (1 time daily) • Zyprexa 7.5 mg (1 time daily) Individual #16 August 2024 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications: • Aripiprazole 20 mg (1 time daily) Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Aripiprazole 15 mg (1 time daily) – Blank 8/1 - 31 (8:00pm) • Aripiprazole 20 mg (1 time daily) – Blank 8/26 (8:00pm) • Melatonin 10 mg (1 time daily) – Blank 8/26 (8:00pm) • Olanzapine 10 mg (1 time daily) – Blank 8/26 (8:00pm) Individual #17 August 2024 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Nystatin 100,000-unit gram (2 times daily) – Blank 8/30 - 31 (8am and 8pm) Individual #18 August 2024 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications: • Adapalene 0.1% (1 time daily) • Benzoyl Peroxide 5% (1 time daily) • Citalopram HBR 20 mg (1 time daily)	

	• Depo-Provera 150 mg/ml (Every 90 days) • Fish Oil Omega-3 – 360 – 1,200 mg (2 times daily) • Junnel 1.5 – 30 mg – mcg (1 time daily) • Lamotrigine 100 mg (2 times daily) • Melatonin 5 mg (1 time daily) • Multivitamin with Iron 18-400 mg– mcg (1 time monthly) • Naltrexone HCL- 50 mg (1 time daily) • Risperidone 1 mg (1 time daily) • Senna 8.6 mg (Every other day) • Stridex Natural Control 1 Med Pad (2 times daily) • Tab-A-Vite Multivitamin with Iron (1 time daily) • Topiramate 25 mg (2 times daily) Individual #24 August 2024 Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Alprazolam 1mg (1 time daily) – Blank 8/19, 30, 31 (8pm) • Benztropine Mesylate 1 mg (1 time daily) – Blank 8/19, 30, 31 (8pm) • Calcium 500 Vitamin D3 (2 times daily) – Blank 8/19, 30, 31 (8pm)	

	• Chlorpromazine HCL 50 mg (2 times daily) – Blank 8/19, 30, 31 (8pm) • Clotrimazole cream 1% (2 times daily) – Blank 8/19, 30, 31 (8pm) • Divalproex DR 500 mg (2 times daily) – Blank 8/19, 30, 31 (8pm) • Docusate Sodium 100 mg – Blank 8/19, 30 (8pm) (2 times daily) • Ferosul 325 mg (2 times daily) – Blank 8/19, 8/30, 8/31 (8pm) • Gabapentin 800 mg (3 times daily) – Blank 8/19, 30, 31 (8pm), and 8/30, 31 (3pm) • Lactulose 10-gram 15 ml (2 times daily) – Blank 8/19, 30, 31 (8pm) • Melatonin 5mg (1 time daily) – Blank 8/19, 30, 31 (8pm) • Omeprazole 20 mg (2 times daily) – Blank 88/19, 30, 31 (8pm) • OS Calcium Vit D 500 mg, 10 mcg, 400 unit (2 times daily) – Blank 8/19, 30, 31 (8pm) • Trazadone 100 mg (1 time daily) – Blank 8/19, 30, 31 (8pm) • Triamcinolone 0.1% (2 times daily) – Blank 8/19, 30, 31 (8pm) • Oxygen 3 liter (1 time daily) – Blank 8/19, 30, 31 (8pm) Individual #25 August 2024	

	Medication Administration Records contained missing entries. No documentation found indicating reason for missing entries: • Risperidone 3mg (2 times daily) – Blank 8/8, 29, 30, 31 (8am), 8/11, 12, 29, 30, 31 (9pm) • Sucralfate 100 mg/ml (2 times daily) – Blank 8/1 – 4, 8 – 12, 29 – 31 (8am) 4, 11, 12, 16, 29 – 31 (8pm) • Trazadone 150 mg (1 time daily) – Blank 8/1, 4, 11, 12, 16, 29 – 31 (9pm) September 2024 As indicated by the Medication Administration Records the following medication the following medication is to be taken, however was not found in the home: • Calcium CARB: (2 times daily) • Sucralfate 100mg: 10ml (2 times daily) As indicated by the observation of the medication in the home, the following medication was found. No Medication Administration Records was found for the medication: • Chlorhexidine Gluconate Oral Rinse.12% (2 times daily) Individual #29 August 2024 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications: • Chlorhexidine 0.12% (2 times daily) • Famotidine 20 mg (2 times daily) • Polyethylene Glycol 3350 17gram (2 times daily) • Senna 8.6 mg (2 times daily) *(The findings for Physician's Orders for Individual #4 are removed by IRF. Findings for Individual #6, 7,*	

	8, 17 are modified by IRF, Findings for Individual #9,18,29 are upheld by IRF).	

Tag # 1A09.1 Medication Delivery PRN Medication Administration	Condition of Participation Level Deficiency	Condition of Participation Level Deficiency
Developmental Disabilities Waiver Service Standards Eff 11/1/2023 rev. 12/2023 **Chapter 10 Living Care Arrangements (LCA): 10.3.5 Medication Assessment and Delivery:** Living Supports Provider Agencies must support and comply with: 1. the processes identified in the DDSD AWMD training; 2. the nursing and DSP functions identified in the Chapter 13.3 Adult Nursing Services; 3. all Board of Pharmacy regulations as noted in Chapter 16.5 Board of Pharmacy; and 4. documentation requirements in a Medication Administration Record (MAR) as described in Chapter 20 5.7 Medication Administration Record (MAR) **Chapter 20 Provider Documentation and Client Records: 20.5.7 Medication Administration Record (MAR):** Administration of medications apply to all provider agencies of the following services: living supports, customized community supports, community integrated employment, intensive medical living supports. 1. Primary and secondary provider agencies are to utilize the Medication Administration Record (MAR) online in Therap. 2. Medication/Treatment must be recorded online per assisting with medication delivery per the DDSD Assisting with Medication Delivery (AWMD) program. 3. Family Living Providers may opt not to use MARs if they are the **sole** provider who supports the person and are related by affinity or consanguinity. However, if there are services provided by unrelated DSP, ANS for Medication Oversight must be budgeted, a MAR online in Therap must be created and used by the DSP. 4. Provider Agencies must configure and use the MAR when assisting with medication.	After an analysis of the evidence, it has been determined there is a significant potential for a negative outcome to occur. Medication Administration Records (MAR) were reviewed for the months of June, July and August 2024. Based on record review, 8 of 13 individuals had PRN Medication Administration Records (MAR), which contained missing elements as required by standard: Individual #6 August 2024 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications: • Clonazepam - 1 mg (PRN) • Cough drops 5.8 mg (PRN) • Ibuprofen 600 mg (PRN) • Ondansetron ODT 4 mg (PRN) As indicated by the Medication Administration Records the following medication is to be taken, however was not found in the home: • Clonazepam 1 mg (PRN) • Ondansetron ODT 4 mg (PRN) Individual #7 August 2024 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications: • Aerochamber Plus Flow-VU (PRN) • Bano Phen 25mg (PRN)	**New / Repeat Findings:** After an analysis of the evidence, it has been determined there is a significant potential for a negative outcome to occur. Medication Administration Records (MAR) were reviewed for the month of March 2025. Based on record review, 2 of 10 individuals had PRN Medication Administration Records (MAR), which contained missing elements as required by standard: Individual #6 March 2025 As indicated by the Medication Administration Records the individual is to take Banophen 25 mg (PRN) every 6 hours as needed for allergies. Not to exceed 4 doses / 24 hours. According to the Physician's Orders, Diphenhydramine (Benadryl) 25 mg is to be taken every 4 hours as needed. Not to exceed 6 tablets in a 24 hour time period. Medication Administration Record and Physician's Orders do not match. Individual #15 March 2025 As indicated by the Medication Administration Records the individual is to take Guaifenesin DM 200-20 mg / 10 ml (PRN) every 4 hours as needed, not to exceed 60 ml in a 24 hour time frame. According to the Physician's Orders, Guaifenesin 100 mg / 5 ml 2 teaspoons is to be taken every 6-8 hours, not to exceed 8 teaspoons in a 24 hr timeframe. Medication Administration Record and Physician's Orders do not match. As indicated by the Medication Administration Records the individual is to take Acetaminophen 500 mg (PRN) 1 - 2 tablets every four hours as

5. Provider Agencies Continually communicate any changes about medications and treatments between Provider Agencies to assure health and safety. 6. Provider agencies must include the following on the MAR: a. The name of the person, a transcription of the physician's or licensed health care provider's orders including the brand and generic names for all ordered routine and PRN medications or treatments, and the diagnoses for which the medications or treatments are prescribed. b. The prescribed dosage, frequency and method or route of administration; times and dates of administration for all ordered routine and PRN medications and other treatments; all over the counter (OTC) or "comfort" medications or treatments; all self-selected herbal preparation approved by the prescriber, and/or vitamin therapy approved by prescriber. c. Documentation of all time limited or discontinued medications or treatments. d. The initials of the person administering or assisting with medication delivery. e. Documentation of refused, missed, or held medications or treatments. f. Documentation of any allergic reaction that occurred due to medication or treatments. g. For PRN medications or treatments including all physician approved over the counter medications and herbal or other supplements: i. instructions for the use of the PRN medication or treatment which must include observable signs/symptoms or circumstances in which the medication or treatment is to be used and the number of doses that may be used in a 24-hour period; ii. clear follow-up detailed documentation that the DSP contacted the agency nurse or physician service prior to assisting with the medication or treatment; and iii. documentation of the effectiveness of the PRN medication or treatment. **NMAC 16.19.11.8 MINIMUM STANDARDS:**	• Chest congestion relief DM (PRN) • Lorazepam 0.5 mg (PRN) • Naloxone HCL 4mg (PRN) • Olanzapine 5mg (PRN) Individual #8 August 2024 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications: • Boudreaux's Butt Paste 16% (PRN) • Guaifenesin 100 mg/5 ml (PRN) • Milk of Magnesium 400 mg / 5 mg (PRN) • Propranolol HCL 40 mg (PRN) • Propranolol HCL 20 mg (PRN) • Triple Antibiotic Ointment 3.5 Mg – 400 Unit – 5, 000 Unit/Gram (PRN) • Tums Tablet Chewable, 200 mg calcium (500 mg) (PRN) • Bacitracin 500 Unit/Gram (PRN) • Gentamicin Sulfate 0.1% (PRN) • Acetaminophen 500 mg (PRN) • Diazepam 5mg (PRN) • Propranolol HCL 10 mg (PRN) • Zonisamide 100 mg (PRN)	needed. Not to exceed 6 tablets in a 24 hour time period. According to the Physician's Orders, Acetaminophen 500 mg 1 - 2 tablets is to be taken every four hours, not to exceed 8 tablets in a 24 hour time period Medication Administration Record and Physician's Orders do not match. As indicated by the Medication Administration Records the individual is to take Diphenhydramine 25 mg (PRN) 1 tablet every 4 hrs as needed. Not to exceed 6 tablets in a 24 hour time period. According to the Physician's Orders, Diphenhydramine 25 mg 1 tablet is to be taken every 4 - 6 hours. Medication Administration Record and Physician's Orders do not match.

A. MINIMUM STANDARDS FOR THE DISTRIBUTION, STORAGE, HANDLING AND RECORD KEEPING OF DRUGS: (d) The facility shall have a Medication Administration Record (MAR) documenting medication administered to residents, **including over-the-counter medications.** This documentation shall include: (i) Name of resident; (ii) Date given; (iii) Drug product name; (iv) Dosage and form; (v) Strength of drug; (vi) Route of administration; (vii) How often medication is to be taken; (viii) Time taken and staff initials; (ix) Dates when the medication is discontinued or changed; (x) The name and initials of all staff administering medications. **Model Custodial Procedure Manual** ***D. Administration of Drugs*** Unless otherwise stated by practitioner, patients will not be allowed to administer their own medications. Document the practitioner's order authorizing the self-administration of medications. All PRN (As needed) medications shall have complete detail instructions regarding the administering of the medication. This shall include: ➢ symptoms that indicate the use of the medication, ➢ exact dosage to be used, and ➢ the exact amount to be used in a 24-hour period.	Individual #9 August 2024 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications: • Pink Bismuth 262mg / 15ml (PRN) • Bano Phen 25mg (PRN) As indicated by the Medication Administration Records the following medication is to be taken, however was not found in the home: • Lorazepam 1 mg (PRN) • Lorazepam 2 mg (PRN) Individual #15 August 2024 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications: • Benzonatate 100 mg (PRN) Individual #17 August 2024 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications: • Ibuprofen 200 mg (PRN) • Mupirocin 2% (PRN) • Robafen 100mg/5 ml (PRN) Individual #18 August 2024 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications: • Acetaminophen 500 mg (PRN) • Boudreaux's Butt Paste 16% (PRN)	

	• Boudreaux's Butt Paste 40% (PRN) • Deep Sea 0.65% Nose Spray (PRN) • Diphenhist 25 mg (PRN) • Ibuprofen 200 mg (PRN) • Mi Acid 200- 200 – 20 mg/5 ml (PRN) • Milk of Magnesia Suspension 400 mg/5 ml (PRN) • Pink Bismuth 262 mg/15 ml (PRN) • Robafen DM Cough 10-100 mg/5 ml (PRN) • Triple Antibiotic Ointment 3.5mg-400 unit-5,000 unit/gram (PRN) • Tums, 200 mg calcium (500 mg) (PRN) Individual #29 August 2024 Medication Administration Records contain the following medications. No Physician's Orders were found for the following medications: • Benzonatate 200 mg (PRN) • Fluticasone Propionate 50 mcg/actuation 2 Sprays (PRN) • Halls 5.8 mg (PRN) • Lactulose 15 ml Solution (PRN) • Ludens Lozenge (PRN) • Olanzapine 10 mg (PRN)	

Standard of Care	Routine Survey Deficiencies September 23 – October 7, 2024	Verification Survey New and Repeat Deficiencies April 28 – May 8, 2025
Service Domain: Service Plans: ISP Implementation – *Services are delivered in accordance with the service plan, including type, scope, amount, duration and frequency specified in the service plan.*		
Tag # 1A08 Administrative Case File (Other Required Documents)	**Standard Level Deficiency**	**COMPLETE**
Tag # 1A08.1 Administrative and Residential Case File: Progress Notes	**Standard Level Deficiency**	**COMPLETE**
Tag # 1A08.3 Administrative Case File: Individual Service Plan / ISP Components	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A32 Administrative Case File: Individual Service Plan Implementation	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A32.1 Administrative Case File: Individual Service Plan Implementation *(Not Completed at Frequency)*	**Standard Level Deficiency**	**COMPLETE**
Tag # 1A32.2 Individual Service Plan Implementation (Residential Implementation)	**Standard Level Deficiency**	**COMPLETE**
Tag # 1A38 Living Care Arrangement / Community Inclusion Reporting Requirements *(Upheld by IRF - RTN Survey)*	**Standard Level Deficiency**	**COMPLETE**
Tag # LS14 Residential Service Delivery Site Case File (ISP and Healthcare Requirements)	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # LS14.1 Residential Service Delivery Site Case File (Other Req. Documentation)	**Standard Level Deficiency**	**COMPLETE**
Service Domain: Qualified Providers – *The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements. The State implements its policies and procedures for verifying that provider training is conducted in accordance with State requirements and the approved waiver.*		
Tag # 1A20 Direct Support Professional Training	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A22 Agency Personnel Competency	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A25.1 Caregiver Criminal History Screening	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A26 Employee Abuse Registry *(Modified by IRF - RTN Survey)*	**Standard Level Deficiency**	**COMPLETE**
Tag # 1A26.1 Employee Abuse Registry	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A37 Individual Specific Training	**Condition of Participation Level Deficiency**	**COMPLETE**
Service Domain: Health and Welfare – *The state, on an ongoing basis, identifies, addresses and seeks to prevent occurrences of abuse, neglect and exploitation. Individuals shall be afforded their basic human rights. The provider supports individuals to access needed healthcare services in a timely manner.*		

Tag #1A08.2 Administrative Case File: Healthcare Requirements & Follow-up *(Upheld by IRF - RTN Survey)*	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A09.2 Medication Delivery Nurse Approval for PRN Medication	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A27.2 Duty to Report IRs Filed During On-Site and/or IRs Not Reported by Provider	**Standard Level Deficiency**	**COMPLETE**
Tag # 1A31 Client Rights / Human Rights	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # LS06 Family Living Requirements	**Standard Level Deficiency**	**COMPLETE**
Tag # LS25 Residential Health & Safety (Supported Living / Family Living / Intensive Medical Living)	**Standard Level Deficiency**	**COMPLETE**
Tag # LS25.1 Residential Reqts. (Physical Environment - Supported Living / Family Living / Intensive Medical Living)	**Condition of Participation Level Deficiency**	**COMPLETE**
Service Domain: Medicaid Billing/Reimbursement – *State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.*		
Tag # IS30 Customized Community Supports Reimbursement *(Correction - RTN survey)*	**Standard Level Deficiency**	**COMPLETE**
Tag # LS26 Supported Living Reimbursement	**Standard Level Deficiency**	**COMPLETE**
Tag # LS27 Family Living Reimbursement	**Standard Level Deficiency**	**COMPLETE**
Tag #IH32 Customized In-Home Supports Reimbursement *(Correction - RTN survey)*	**Standard Level Deficiency**	**COMPLETE**
Tag # IM31 Intensive Medical Living Services Reimbursement	**Standard Level Deficiency**	**COMPLETE**

	Verification Survey Plan of Correction, On-going QA/QI and Responsible Party	Date Due
Tag # 1A43.1 General Events Reporting: Individual Reporting	**Provider:** **State your Plan of Correction for the deficiencies cited in this tag here** *(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?)*: → **Provider:** **Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here** *(What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?)*: →	
Tag # 1A09 Medication Delivery Routine Medication Administration	**Provider:** **State your Plan of Correction for the deficiencies cited in this tag here** *(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?)*: → **Provider:** **Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here** *(What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?)*: →	

Tag # 1A09.1 Medication Delivery PRN Medication Administration	**Provider:** **State your Plan of Correction for the deficiencies cited in this tag here** *(How is the deficiency going to be corrected? This can be specific to each deficiency cited or if possible an overall correction?)*: → **Provider:** **Enter your ongoing Quality Assurance/Quality Improvement processes as it related to this tag number here** *(What is going to be done? How many individuals is this going to affect? How often will this be completed? Who is responsible? What steps will be taken if issues are found?)*: →	

HEALTH CARE
AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Alex Castillo Smith, Deputy Secretary
Kathy Slater Huff, Deputy Secretary
Kyra Ochoa, Deputy Secretary
Dana Flannery, Medicaid Director

Date:	May 30, 2025
To:	Diane Dahl-Nunn, Executive Director
Provider:	The New Beginnings, LLC
Address:	8908 Washington St NE
State/Zip:	Albuquerque, New Mexico 87113
E-mail Address:	dnunn@tnbabq.com
Region:	Metro, Northeast, and Northwest
Routine Survey:	September 23 – October 7, 2024
Verification Survey:	April 28 – May 8, 2025
Program Surveyed:	Developmental Disabilities Waiver
Service Surveyed:	Supported Living, Family Living, Intensive Medical Living Services, Customized In-Home Supports, and Customized Community Supports
Survey Type:	Verification

Dear Ms. Diane Dahl-Nunn:

The Division of Health Improvement/Quality Management Bureau has received, reviewed and approved the supporting documents you submitted for your Plan of Correction. The documents you provided verified that all previously cited survey Deficiencies have been corrected.

The Plan of Correction process is now complete.

Furthermore, your agency is now determined to be in Compliance with all Conditions of Participation.

To maintain ongoing compliance with standards and regulations, continue to use the Quality Assurance (self-auditing) processes you described in your Plan of Correction.

Consistent use of these Quality Assurance processes will enable you to identify and promptly respond to problems, enhance your service delivery, and result in fewer deficiencies cited in future QMB surveys.

Thank you for your cooperation with the Plan of Correction process, for striving to come into compliance with standards and regulations, and for helping to provide the health, safety and personal growth of the people you serve.

Sincerely,

Kayla R. Benally, BSW

Kayla R. Benally, BSW
Healthcare Surveyor Advanced/Plan of Correction Coordinator
DHI - Quality Management Bureau