Standard of Care	Surveyor Notes	MET	NOT MET	NA

Agency/Region:
Surveyor: **Date/Time:**

Administrative Personnel Interviewed and Title:

Services (Circle those that the Agency provides):

- **Living Care Arrangement: Supported Living – Family Living - Intensive Medical Living Supports - Customized In-Home Supports**
- **Community Inclusion: Customized Community Supports – Community Integrated Employment Services**

Surveyor Instruction: *This tool is used to determine the Agency's compliance with Agency requirements not related to Individual specific services. If needed the surveyor may need to interview the administrator to get clarification or seek verification. If area is NOT MET, surveyor must meet with the Administrator to ask for evidence and implementation, prior to citing, as evidence may change finding to "MET".*

Standard of Care	Surveyor Notes	MET	NOT MET	NA
General				
1) Does the Agency have an RN with current licensure on staff or contract? ***Surveyor Instruction:*** *A Registered Nurse (RN) licensed by the State of New Mexico must be an employee or a sub-contractor of Provider Agencies of Living Supports. An LPN may not provide service without an RN supervisor. The RN must provide face-to-face supervision of LPNs, CNAs and DSP who have been delegated nursing tasks as required by the New Mexico Nurse Practice Act and these service standards. Living Supports Provider Agencies must assure on-call nursing or New Mexico Licensed physician are available for coverage according to requirements. All DD Waiver Nursing services must be provided by a Registered Nurse (RN) or licensed practical nurse (LPN) with a current license in good standing in New Mexico or under the Nurse Licensure Compact (NLC). The Nurse Licensure Compact is an agreement between New Mexico and other states that allows reciprocity for licensed nurses. You will also need to verify the nurse license either by reviewing a copy of the license or looking it up at http://nmbon.sks.com/verification.aspx. For this to be met the agency must have an RN who is employed / sub-contracted and have a valid license to practice in New Mexico issued by the NM Board of Nursing or Interstate nursing compact agreement.*	*Tag #1A15 (CoP)*			

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2) Is the Agency using General Events Reporting (GER) as required by standards? ***Surveyor Instruction:*** *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. 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. If no one in your sample has a GER within the last 12-months, you must verify the Agency is using GER in Therap. Request evidence to show they are using Therap. This is met if the agency is using GER.*	*Tag #1A43*			
3) NEW: Does the agency have evidence they send the case managers the Immediate Action and Safety Plan (IASP) when instances of ANE occur? ***Surveyor Instruction:*** *Per DDW standards Upon discovery of any alleged incident of ANE, the DD Waiver Provider Agency shall:* *1. develop an Immediate Action and Safety Plans (IASP) for potentially endangered individuals;* *2. be immediately prepared to report the IASP verbally to the DHI during the reporting of the initial allegation;* *3. report the IASP in writing on the DHI- issued IASP form within 24 hours;* *4. revise the plan according to the DHI's direction, if necessary;* *5. Send the IASP to the Case Manager;* *6. closely follow and not change or deviate from the accepted IASP, without approval from the DHI.* *For this to be met, the agency must have evidence the IASP was sent to the case manage for individuals on the sample who have had ANE reports within the last 12 months. If no one in the sample has reported ANE's, ask the agency for evidence that this is completed.*	*Tag #1A27.0*			
Client Rights				

Standard of Care	Surveyor Notes	MET	NOT MET	NA
4) Does the Agency have a Human Rights Committee consisting of all required members? ***Surveyor Instructions:*** *HRCs are required for all Living Supports (Supported Living, Family Living, Intensive Medical Living Services), Customized Community Supports (CCS) and Community Integrated Employment (CIE) Provider Agencies.* *1. HRC membership must include:* *a. at least one member with a diagnosis of I/DD;* *b. a parent or guardian of a person with I/DD;* *c. a health care services professional (e.g., a physician or nurse); and* *d. a member from the community at large that is not directly associated (currently or within the past three (3) years) with DD Waiver services.* *For this to be met, there must be evidence of all required committee members.*	*Tag #1A31.2* *List Required Committee Members:* *Individual w/ I/DD: _____* *Parent/Guardian of Individual w/ I/DD: _____* *Health care services professional (e.g., a physician or nurse) : _____* *Member from the Community: _____*			
Quality Assurance / Quality Improvement				
5) Does the Agency have a Quality Improvement Committee, which meets quarterly? ***Surveyor Instructions:*** *(Review 4 Quarters) A QI committee must convene on at least a quarterly basis and more frequently if needed. The QI Committee convenes to review data; to identify any deficiencies, trends, patterns, or concerns; to remedy deficiencies; and to identify opportunities for QI. QI Committee meetings must be documented and include a review of at least the following:* *1. Activities or processes related to discovery, i.e., monitoring and recording the findings;* *2. The entities or individuals responsible for conducting the discovery/monitoring process;* *3. The types of information used to measure performance;* *4. The frequency with which performance is measured; and* *5. The activities implemented to improve performance.* *This will be met if there is evidence of four (4) quarterly meetings and there is evidence of review of data and remediation.*	*Tag #1A03* ***List Meeting Dates:***			