New Mexico HCA / DHI / QMB Living Care Arrangements & Community Inclusion: AGENCY INDIVIDUAL Record Review Survey Tool

Standard of Care Questions	(Tag #) Surveyor Notes / Deficiency Description	MET	NOT MET	NA

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

Individual Name and Identifier:

Services (Circle those that apply to the Individual**):**

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

Other Services: **PT - OT - SLP - BSC - Adult Nursing Services - Rep Payee – Other:**_____

Surveyor Instruction: *Item(s) which are required in THERAP system and will be accessed via Therap, unless specified to be a printed copy. Other items that are required, may be accessed via the Agency's electronic system or hardcopy file.*

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BUDGET / ADMINISTRATIVE INFORMATION				
1) Approved MAD 046 / Budget Worksheet (BWS) *Budget Term:* ***Surveyor Instruction:*** *This document is used to verify the DDW Services the individual receives. The Surveyor must document the term of the budget and services received by the Individual. Surveyors must also document the agency providing the service to ensure that correct documents are in the file from the correct provider. This information will guide the Surveyor to determine what is applicable to the person.*	*Tag #1A08* *List Approved Services and Service Providers:*			
2) Guardianship or Power of Attorney documents *(as applicable)* ***Surveyor Instruction:*** *Review ISP to determine if the Individual has a guardian. If guardian is present, document the name of the guardian / POA and type of guardianship. This is used to ensure that required documents are signed by the appropriate person. If the individual does not have a guardian this would be N/A. If the individual has a guardian, for this to be met there would need to be court-generated guardianship documentation or POA documentation.*	*Tag #1A08* Guardianship Name and type: Plenary or Limited			

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3) If the Agency provides Rep Payee for the individual, is there a monthly accounting of personal funds managed or used by the agency? ***Surveyor Instruction:*** *For individuals on the sample who receive rep payee services from the Agency you must verify there is a monthly accounting of the persons funds and funds are kept separate. You are to ask the agency to review the documents with you and ensure that they are following SSI procedures and the agency's policies and procedures. This is met if there is a monthly accounting of funds.*	*Tag #1A07 (CoP)*			
ISP Requirements				
4) Annual ISP ***Surveyor Instruction:*** *You are to ensure the Individual has a current ISP. For this to be met, there must be a current ISP. If ISP is not current this is a potential CoP.*	*Tag #1A08.3 (CoP)* Term of ISP:			
5) Client Rights, Grievance Process and ANE Reporting Acknowledgement Form (formerly Addendum A): ***Surveyor Instruction:*** *You are to ensure that there is an Addendum A that corresponds with the current ISP. If there is no Addendum A this is not met and a potential CoP.*	*Tag #1A08.3 (CoP)*			
6) Individual Specific Training Section of ISP (IST) ***Surveyor Instruction:*** *You are to ensure that there is an IST section of the ISP that corresponds with the current ISP. Review the IST and document any required plans. There may be instances that a plan is documented on the IST, but is not captured in the eCHAT or elsewhere. If this is the case, you will need to look for that plan as part of the file review. If there is no IST, then this is not met and a potential CoP.*	*Tag #1A08.3 (CoP)* *List Required Items in IST, i.e. support plans and crisis plans etc:*			

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7) Teaching & Support Strategies (TSS) ***Surveyor Instruction:*** *You are to look for required TSS which are only those applicable to the agency being surveyed. You will review the ISP "action plan for desired outcome in the …." section and look to determine if the box is checked under strategies / WDSIs needed. If checked "yes" this indicates a TSS is required. Surveyors must list complete Outcome and then Action Plans which require Teaching & Support Strategies. If the box is checked "yes" and there is no separate TSS document, then this cannot be met and a potential CoP.*	*Tag #1A08.3 (CoP)* List all Teaching and Support Strategies which the agency being surveyed is responsible for:			
BSC Documents				
8) Positive Behavior Support Plan *Date(s) of Plan* ***Surveyor Instruction:*** *If the individual receives BSC services, you must ensure the plan is current for the ISP year and it is a plan developed by the BSC provider listed in the MAD 046 / Budget Worksheet. If the plan is current for the ISP year and is developed by the BSC provider listed on the budget this would be met.*	*Tag #1A08*			
9) Behavior Crisis Intervention Plan *(Note: this may not always be required, it is based on PBSP)* *Date(s) of Plan:* ***Surveyor Instruction:*** *If the individual receives BSC services, you must review the PBSP and determine if a BCIP is required. (Note: a BCIP is not always required). You should also review the IST section of the ISP to see if the BCIP is checked as required. The BCIP must be current for the ISP year. If BCIP is current this would be met.*	*Tag #1A08*			

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10) Human Rights Committee Meeting Minutes/Approval Restriction(s) requiring approval: ***Surveyor Instruction:*** *If the individual receives BSC services, you must review the PBSP and BCIP and determine if there are restrictions. Positive Behavior Support Plans (PBSPs) not containing aversive interventions do not require HRC review or approval. If the PBSP or the BCIP notes a restriction you must document restriction. If the restriction requires HRC approval, you will need to review HRC minutes to determine if there is a current approval (See DDW Standards Chapter 3.3.3 for review schedule and 3.3.5 for categories requiring review). Must also be reviewed if the individual has restriction noted in documentation but there is no BSC. HRC approval must be current and completed as required for this to be met.*	*Tag #1A31 (CoP)* If approval(s) is/are not current, what was the date of the last approval? _____			
SERVICE SPECIFIC DOCUMENTATION				
11) Living Care Arrangements *(SL, FL, CIHS, IMLS)*: Progress Notes/Daily Contact Logs: ***Surveyor Instruction:*** *If the Individual receives LCA services the agency is required to maintain the current and prior year for service provided. You will review documents for a **3-month period** (billing period identified as part of the survey). You will review these documents and complete the billing tools at the same time to ensure all required components are present. This cannot be met if there is no documentation found for the period reviewed.* *For billing, you must review daily notes to ensure they contain the name of the individual, date, time in/out, description of service and signature of staff providing the service (this may be in electronic or paper version). If there are missing components within the documentation or services were provided concurrently this will be cited in billing, when the agency billed for the given date. For missing components the Providers need to utilize the Medicaid Portal for all billing procedures and instructions, to include void and adjust.*	*Tag #1A08.1* *List dates if any are not found*			

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12) Living Care Arrangements: Data Collection/Data Tracking: *(i.e. Outcomes/Action Steps Implementation Tracking)* ***Surveyor Instruction:*** *You will review the prior 3-months, up to and including the months since the start of the current ISP year to ensure outcomes and action steps are being implemented as called for in the ISP. This includes:* *1. Frequency of outcome and action step being completed as called for in the ISP;* *2. Presence of outcome / action step data, i.e. documentation;* *3. Agency outcomes / action steps match the current ISP;* *4. There are outcomes for life area for which the individual receives services funded by the DDW* *This is not met if data tracking is not completed at frequency, blank documentation or Outcome / Action Steps do not match current ISP. Surveyors are to determine the frequency at which the outcome is to be completed.*	*Tag #1A32 (CoP) / 1A32.1* *List specific outcome/action plan which is not met and list time frame if any are not found / Must document frequency if not completed as required.*			
13) Community Inclusion *(CCS)*: Progress Notes/Daily Contact Logs: ***Surveyor Instruction:*** *If the Individual receives CCS the agency is required to maintain the current and prior year for service provided. You will review documents for a **3-month period** (billing period identified as part of the survey). You will review these documents and complete the billing tools at the same time to ensure all required components are present. This cannot be met if there is no documentation found for the period reviewed.* *For billing, you must review daily notes to ensure they contain the name of the individual, date, time in/out, description of service and signature of staff providing the service (this may be in electronic or paper version). If there are missing components within the documentation or services were provided concurrently this will be cited in billing, when the agency billed for the given date. For missing components the Providers need to utilize the Medicaid Portal for all billing procedures and instructions, to include void and adjust.*	*Tag #1A08.1* *List dates if any are not found*			

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14) Community Inclusion *(CCS)*: Data Collection/Data Tracking: *(i.e. Outcomes/Action Steps Implementation Tracking)* ***Surveyor Instruction:*** *You will review the prior 3-months, up to and including the months since the start of the current ISP year to ensure outcomes and action steps are being implemented as called for in the ISP. This includes:* *1. frequency of outcome and action step being completed as called for in the ISP;* *2. Presence of outcome / action step data, i.e. documentation;* *3. Agency outcomes / action steps match the current ISP;* *4. There are outcomes for life area for which the individual receives services funded by the DDW* *This is not met if data tracking is not completed at frequency, blank documentation or Outcome / Action Steps do not match current ISP. Surveyors are to determine the frequency at which the outcome is to be completed.*	*Tag #1A32 (CoP) / 1A32.1* *List specific outcome/action plan which is not met and list time frame if any are not found / Must document frequency if not completed as required.*			
15) Community Inclusion *(CIES / SE)*: Progress Notes/Daily Contact Logs: ***Surveyor Instruction:*** *If the Individual receives CIES the agency is required to maintain the current and prior year for service provided. You will review documents for a **3-month period** (billing period identified as part of the survey). You will review these documents and complete the billing tools at the same time to ensure all required components are present. This cannot be met if there is no documentation found for the period reviewed.* *For billing, you must review daily notes to ensure they contain the name of the individual, date, time in/out, description of service and signature of staff providing the service (this may be in electronic or paper version). If there are missing components within the documentation or services were provided concurrently this will be cited in billing, when the agency billed for the given date. For missing components, the Providers need to utilize the Medicaid Portal for all billing procedures and instructions, to include void and adjust.*	*Tag #1A08.1* *List dates if any are not found*			

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16) Community Inclusion *(CIES / SE)*: Data Collection/Data Tracking: *(i.e. Outcomes/Action Steps Implementation Tracking)* ***Surveyor Instruction:*** *You will review the prior 3-months, up to and including the months since the start of the current ISP year to ensure outcomes and action steps are being implemented as called for in the ISP. This includes:* 1. *Frequency of outcome and action step being completed as called for in the ISP;* 2. *Presence of outcome / action step data, i.e., documentation;* 3. *Agency outcomes / action steps match the current ISP;* 4. *There are outcomes for life area for which the individual receives services funded by the DDW* *This is not met if data tracking is not completed at frequency, blank documentation or Outcome / Action Steps do not match current ISP. Surveyors are to determine the frequency at which the outcome is to be completed.*	*Tag #1A32 (CoP) / 1A32.1* *List specific outcome/action plan which is not met and list time frame if any are not found / Must document frequency if not completed as required.*			
17) Living Care Arrangements: Semi-Annuals ***Surveyor Instruction:*** *The first semi-annual report will cover the time from the start of the person's ISP year until the end of the subsequent six-month period (180 calendar days) and is due ten calendar days after the period ends (190 calendar days). The second semi-annual report is integrated into the annual report or professional assessment/annual re-evaluation when applicable and is due 14 calendar days prior to the annual ISP meeting. You are to determine if the reports were completed within the required timeframe by the agency currently providing service. If an individual changes provider during the course of the ISP year, the provider is only responsible for the semi-annual from the period the individual came to the new provider. Semi-annual reports can be stored in individual document storage in Therap. This will be NA if the 1st semi-annual is not due at the time of the survey. The surveyor will document due date if marked NA. If due and the semi-annual is not completed by the provider, this is not met.*	*Tag #1A38* *List time frame of required report, document report not found:*			

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18) Community Inclusion *(CCS)*: Semi-Annuals ***Surveyor Instruction:*** *The first semi-annual report will cover the time from the start of the person's ISP year until the end of the subsequent six-month period (180 calendar days) and is due ten calendar days after the period ends (190 calendar days). The second semi-annual report is integrated into the annual report or professional assessment/annual re-evaluation when applicable and is due 14 calendar days prior to the annual ISP meeting. You are to determine if the reports were completed within the required timeframe by the agency currently providing service. If an individual changes provider during the course of the ISP year, the provider is only responsible for the semi-annual from the period the individual came to the new provider. Semi-annual reports can be stored in individual document storage in Therap. This will be NA if the 1st semi-annual is not due at the time of the survey. The surveyor will document due date if marked NA. If due and the semi-annual is not completed by the provider, this is not met.*	*Tag #1A38* *List time frame of required report, document report not found:*			
19) Community Inclusion *(CIES)*: Semi-Annuals ***Surveyor Instruction:*** *The first semi-annual report will cover the time from the start of the person's ISP year until the end of the subsequent six-month period (180 calendar days) and is due ten calendar days after the period ends (190 calendar days). The second semi-annual report is integrated into the annual report or professional assessment/annual re-evaluation when applicable and is due 14 calendar days prior to the annual ISP meeting. You are to determine if the reports were completed within the required timeframe by the agency currently providing service. If an individual changes provider during the course of the ISP year, the provider is only responsible for the semi-annual from the period the individual came to the new provider. Semi-annual reports can be stored in individual document storage in Therap. This will be NA if the 1st semi-annual is not due at the time of the survey. The surveyor will document due date if marked NA. If due and the semi-annual is not completed by the provider, this is not met.*	*Tag #1A38* *List time frame of required report, document report not found:*			

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20) Nursing Semi-Annuals ***Surveyor Instruction:*** *The first semi-annual report will cover the time from the start of the person's ISP year until the end of the subsequent six-month period (180 calendar days) and is due ten calendar days after the period ends (190 calendar days). The second semi-annual report is integrated into the annual report or professional assessment/annual re-evaluation when applicable and is due 14 calendar days prior to the annual ISP meeting. You are to determine if the reports were completed within the required timeframe by the agency currently providing service. If an individual changes provider during the course of the ISP year, the provider is only responsible for the semi-annual from the period the individual came to the new provider. Semi-annual reports can be stored in individual document storage in Therap. This will be NA if the 1st semi-annual is not due at the time of the survey. The surveyor will document due date if marked NA. If due and the semi-annual is not completed by the provider, this is not met.*	*Tag #1A38* *List time frame of required report, document report not found:*			
Family Living Only Requirements:				
21) Home Study - *Family Living only* ***Surveyor Instruction:*** *An on-site Home Study is required to be conducted by the Family Living Provider agency initially, annually, and if there are any changes in the home location, household makeup, or other significant event. Home studies must include:* *1. The Home Study must include a health and safety checklist assuring adequate and safe:* *a. Heating, ventilation, air conditioning cooling;* *b. Fire safety and Emergency exits within the home;* *c. Electricity and electrical outlets; and* *d. Telephone service and access to internet, when possible.* *2. The Home Study must include a safety inspection of other possible hazards…* *This is met if there is a current Home Study. This is met if there is a current Home Study. This is NOT MET if it is not current or nor found.*	*Tag #LS06* If new to services: ☐Initial date:____ _____ If continued service: ☐Annual (most recent) date:___ _____			

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22) Is there Documentation of monthly face-to-face consultation in the FL home conducted by agency supervisors or internal service coordinators with the DSP and the person receiving services to include: ***Surveyor Instruction:*** *Provider must document monthly face-to-face consultation in the Family Living home conducted by agency supervisors or internal service coordinators with the DSP and the person receiving services to include:* *a. reviewing implementation of the person's ISP, Outcomes, Action Plans, and associated support plans, including HCPs, Health Passport, PBSP, CARMP, WDSI;* *b. scheduling of activities and appointments and advising the DSP regarding expectations and next steps, including the need for IST or retraining from a nurse, nutritionist, therapists or BSC; and* *c. assisting with resolution of service or support issues raised by the DSP or observed by the supervisor, service coordinator, or other IDT members.* *For this to be met, the identified areas must be addressed. If one or more is missing or not addressed this is not met.* ***Must review 1-year period.*	*Tag #LS06*			
Documents Supporting Healthcare Coordination (Therap & Required Plans):				
23) Electronic Comprehensive Health Assessment Tool (e-CHAT) ***(Review in THERAP if Primary Provider. If Secondary Provider request info via admin or DRF).*** ***Surveyor Instruction:*** *An e-CHAT is required for all persons in FL, SL, IMLS, or CCS-Group. All other DD Waiver individuals may obtain an e-CHAT if needed or desired by adding ANS to their budget. The e-CHAT may not be delegated by a licensed nurse to a non-licensed person. Only the Primary Provider Nurse (PPN) is required to complete an assessment which includes the ARST, MAAT, and eCHAT in collaboration with other nurses. The PPN must take the lead to communicate with nurses in other settings to gain information to complete the eCHAT assessment. This is critical if nurses in other settings are more familiar with the person. For this to be met, there must be a current e-CHAT in Therap.*	*Tag #1A15.2 (CoP)* *eCHAT Date Completed:* *eCHAT Date Approved:* *Document each revision found during the ISP year:*			

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24) Electronic Comprehensive Health Assessment Tool (e-CHAT) Summary ***(Review in THERAP if Primary Provider. If Secondary Provider request info via admin or DRF).*** ***Surveyor Instruction:*** *An e-CHAT is required for persons in FL, SL, IMLS, or CCS-Group. The e-CHAT Summary contains all the "required" and "to be considered" HCPs. For this to be met, there must be a current e-CHAT summary in Therap.*	*Tag #1A15.2 (CoP)* *eCHAT Acuity Level:* *List required "R" HCP plans:*			
25) Medication Administration Assessment Tool *(MAAT)* ***(Review in THERAP if Primary Provider. If Secondary Provider request info via admin or DRF).*** ***Surveyor Instruction:*** *The MAAT is a tool used to determine the individual's needs related to their medications and identifies if this can be done independently or with increasing levels of support. The MAAT tool is aligned with the DDSD Assisting with Medication Delivery (AWMD) program and addresses other means of medication delivery. The MAAT must indicate which of the following modes of medication delivery is to be done:* *1. Self-administration;* *2. Self-administration with physical assistance by staff;* *3. Assistance with medication delivery (AWMD) by staff;* *4. Medication administration by a nurse (RN, LPN) or Certified Medication Aide (CMA)* *This will be met if there is a current MAAT in Therap, which outlines the mode of medication delivery.*	*Tag #1A15.2 (CoP)* Date of MAAT: Mode of delivery:			
26) Aspiration Risk Screening Tool *(ARST)* ***(Review in THERAP if Primary Provider. If Secondary Provider request info via admin or DRF).*** ***Surveyor Instruction:*** *ARM screening is required for all adults and young adults on the DD Waiver who receive Living Supports (Family Living, Supported Living, Intensive Medical Living Services) and Customized Community Supports Group (CCS-Group). A licensed nurse completes the Aspiration Risk Management Screening tool (ARST). For this to be met, individuals at low-risk must have an annual ARST in Therap. Those with moderate or high risk, you must determine if a CARMP was developed or if there is a Decision Consultation Form.*	*Tag #1A15.2 (CoP)* Date of ARST: Risk level:			

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Healthcare Documentation and Follow-up:				
27) Annual Physical Exam **Date of Annual Physical** ***Surveyor Instruction:*** *Per Appendix A Client File Matrix all agencies providing LCA, CCS-G are required to maintain a copy of the annual physical. Surveyors are required to document any type of follow-up which is needed or any recommendations which are made during the annual physical. The surveyor will then determine if follow-up occurred or recommendation was completed. This cannot be met, if there is no current annual physical.*	*Tag #1A08.2 (CoP)* *Document what follow-up and / or recommendation is required:*			
28) Physician Consultation Form: Annual Dental **Date:** ***Surveyor Instruction:*** *Agencies providing **SL, FL and IMLS** services are required to maintain a copy of the annual dental exam. Surveyors are required to document any type of follow-up which is needed or any recommendations which are made. The surveyor will then determine if follow-up or recommendation is followed. For specific follow-up / recommendations look at tool to document in appropriate location. This cannot be met, if there is no current annual dental, or follow-up was not completed.*	*Tag #1A08.2 (CoP)* *Document what follow-up is needed and / or recommendations made:* *Was follow-up or recommendation completed?* *If not was **Decision Consultation Form (Medical)** completed?*			
29) Physician Consultation Form: Eye Examination *(if recommended)* **Date:** ***Surveyor Instruction:*** *Agencies providing **SL, FL , IMLS** services are required to maintain a copy of the eye examination if recommended. Surveyors are required to document any type of follow-up which is needed or any recommendations which are made. The surveyor will then determine if follow-up or recommendation is followed. For specific follow-up / recommendations look at tool to document in appropriate location. This cannot be met, if the recommended eye examination is not completed or if follow-up was not completed.*	*Tag #1A08.2 (CoP)* *Document what follow-up is needed and / or recommendations made:* *Was follow-up or recommendation completed?* *If not was **Decision Consultation Form (Medical)** completed?*			

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Review Therap for any Physician Visits for last 12 months and review for follow-up:				
30) Physician Consultation Forms : *(document type of exam and / or evaluation if recommended)* **Date:** ***Surveyor Instruction:*** *Per Appendix A Client File Matrix providers of LCA and CCS-Group (following hierarchy of provider agency who are responsible for appointment & follow up are required to maintain a copy of the Physician Consultation Form (completed document after the appointment). Surveyors are required to document the type of appointment and any type of follow-up which is needed or any recommendations which are made. The surveyor will then determine if follow-up or recommendation has occurred. This cannot be met, if exam is not completed or if follow-up was not completed.*	*Tag #1A08.2 (CoP)* *Document what follow-up is needed and / or recommendations made:* *Was follow-up or recommendation completed?* *If not was* ***Decision Consultation Form (Medical)*** *completed?*			
31*) Physician Consultation Forms :** *(document type of exam and / or evaluation if recommended)* **Date:** ***Surveyor Instruction: *P Per Appendix A Client File Matrix providers of LCA and CCS-Group (following hierarchy of provider agency who are responsible for appointment & follow up are required to maintain a copy of the Physician Consultation Form (completed document after the appointment). Surveyors are required to document the type of appointment and any type of follow-up which is needed or any recommendations which are made. The surveyor will then determine if follow-up or recommendation has occurred. This cannot be met, if exam is not completed or if follow-up was not completed.*	*Tag #1A08.2 (CoP)* *Document what follow-up is needed and / or recommendations made:* *Was follow-up or recommendation completed?* *If not was* ***Decision Consultation Form (Medical)*** *completed?*			
32*) Physician Consultation Forms :** *(document type of exam and / or evaluation if recommended)* **Date:** ***Surveyor Instruction: *Per Appendix A Client File Matrix providers of LCA and CCS-Group (following hierarchy of provider agency who are responsible for appointment & follow up are required to maintain a copy of the Physician Consultation Form (completed document after the appointment). Surveyors are required to document the type of appointment and any type of follow-up which is needed or any recommendations which are made. The surveyor will then determine if follow-up or recommendation has occurred. This cannot be met, if exam is not completed or if follow-up was not completed.*	*Tag #1A08.2 (CoP)* *Document what follow-up is needed and / or recommendations made:* *Was follow-up or recommendation completed?* *If not was* ***Decision Consultation Form (Medical)*** *completed?*			

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33*) Physician Consultation Forms :** *(document type of exam and / or evaluation if recommended)* **Date:** ***Surveyor Instruction: *Per Appendix A Client File Matrix providers of LCA and CCS-Group (following hierarchy of provider agency who are responsible for appointment & follow up are required to maintain a copy of the Physician Consultation Form (completed document after the appointment). Surveyors are required to document the type of appointment and any type of follow-up which is needed or any recommendations which are made. The surveyor will then determine if follow-up or recommendation has occurred. This cannot be met, if exam is not completed or if follow-up was not completed.*	*Tag #1A08.2 (CoP)* *Document what follow-up is needed and / or recommendations made:* *Was follow-up or recommendation completed?* *If not was **Decision Consultation Form (Medical)** completed?*			
34) Physician Consultation Forms : *(document type of exam and / or evaluation if recommended)* **Date:** ***Surveyor Instruction:*** *Per Appendix A Client File Matrix providers of LCA and CCS-Group (following hierarchy of provider agency who are responsible for appointment & follow up are required to maintain a copy of the Physician Consultation Form (completed document after the appointment). Surveyors are required to document the type of appointment and any type of follow-up which is needed or any recommendations which are made. The surveyor will then determine if follow-up or recommendation has occurred. This cannot be met, if exam is not completed or if follow-up was not completed.*	*Tag #1A08.2 (CoP)* *Document what follow-up is needed and / or recommendations made:* *Was follow-up or recommendation completed?* *If not was **Decision Consultation Form (Medical)** completed?*			
Medication Delivery:				
35) Medication Administration Records: ROUTINE MEDICATIONS ***Surveyor Instruction:*** *You are to review the previous month. If there are findings in any of the below bullets, this tag is not met and a potential CoP cited in 1A09:* *Findings below are **a potential CoP level finding** **and will be cited in (1A09):*** • *MAR contains missing entries;* • *MAR and Physician Orders do not match;* • *Physician Orders indicate med is to be given, med is not on MAR;* • *No physician orders were found for medication listed in MAR*	*Tag #1A09 (CoP) / 1A09.0* *Include specific details, including dates/month reviewed, time, medication name, dosage, etc., for any deficiencies noted.*			

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36) Medication Administration Records: PRN MEDICATIONS *Findings below are a **potential CoP level finding** and will be cited in (1A09.1):* ***Surveyor Instruction:** You are to review the previous month. If there are findings in any of the below bullets, this tag is not met and a potential CoP cited in 1A09.1:* • *MAR and Physician Orders do not match;* • *Physician Orders indicate med is to be given, med is not on MAR;* • *No physician orders were found for medication listed in MAR;*	*Tag #1A09.1 (CoP) / 1A09.1.0* *Include specific details, including dates, time, medication name, dosage, etc., for any deficiencies noted.*			
37) Medication Administration Records – Nurse Approval for PRN MEDICATIONS ***Surveyor Instruction:** You are to review the previous month. For PRN medications or treatments including all physician approved over the counter medications and herbal or other supplements:* • *clear follow-up detailed documentation that the DSP contacted the agency nurse prior to assisting with the medication or treatment* *Documentation may be found in separate nursing notes. The surveyor must request information from Nursing staff.* *If no documentation of prior authorization is found this cannot be met. Surveyor must document medication name, dosage, date and time given if no authorization is found.*	*Tag #1A09.2 **(85% below CoP)*** *Include specific details, including dates, time, medication name, dosage, etc., for any deficiencies noted.*			
Incident Management:				
38) While on-site, did Surveyors identify any incidents which were required to be reported using the GER system, which were not found in Therap? ***Surveyor Instruction:** During the course of the agency file review and / or review of other documentation surveyors will determine if GERs were reported as required in the Therap system. You will use the excel GER document to determine if all events were entered as required. For this to be met the agency must have entered required GERs.*	*Tag #1A43.1*			

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39) While reviewing GER and / or other agency documentation, did Surveyors file ANE reports related to any suspected ANE or any other reportable incidents, which were not reported by the Agency? ***Surveyor Instruction:*** *While conducting the agency record review if you find documentation of suspected ANE you will utilize the IMB responsible and reporting provider reports to determine if an ANE IR was filed. If not filed you are to document in detail what was found, file an IR and notify the team lead that you have filed / are filing an IR. The Team Lead will then notify the agency that an ANE report has been filed. If an IR is filed as a result of the record review this cannot be met.*	*Tag #1A27.2*			
40) Additional Note:				