New Mexico HCA / DHI / QMB: RESIDENTIAL Individual Record Review Survey Tool

Standard of Care (TAG)	Surveyor Notes	MET	NOT MET	NA

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

Individual Name and Identifier:

Surveyor Instruction: *You must identify which case file review you are completing*:
- **Living Care Arrangements:** **Supported Living – Family Living - Intensive Medical LS**

Surveyor Instruction: *Item(s) which are required in THERAP system, 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. Agency personnel will be responsible for accessing Therap or other electronic system during the service delivery site visit.*

Standard of Care Questions	(Tag #) Surveyor Notes / Deficiency Description	MET	NOT MET	NA
ISP Requirements				
1) 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.*	*Tag #LS14 (CoP) Residential service delivery site* Term of ISP:_____			
2) 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 document the outcome area and the 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 #LS14 (CoP) Residential service delivery site*			

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3) Positive Behavior Support Plan *Date(s) of Plan:* ***Surveyor Instruction:*** *If the individual receives BSC services, you must ensure the plan at the service delivery site is current for the ISP year and is developed by the BSC provider listed on the budget. If PBSP is current this would be met. If service is not received by the Individual mark N/A.*	*Tag #LS14.1 Residential service delivery site*			
4) 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 ensure the PBSP requires a BCIP. If BCIP is required it must be located at the service delivery site. The BCIP must be current for the ISP year. If the BCIP is current this would be met. If service is not received by the Individual mark N/A.*	*Tag #LS14.1 Residential service delivery site*			
Health Related Documentation				
5) Health Passport ***Surveyor Instruction:*** *The Primary and Secondary Provider Agencies must ensure that a current copy of the Health Passport and Consultation forms are printed and available at all service delivery sites. This would be met if there is* ***a current printed copy*** *in the file. If there is no current printed copy this cannot not met.*	*Tag #LS14 (CoP) Residential service delivery site*			
6) Comprehensive Aspiration Risk Management Plan *(CARMP)* Date of CARMP: _____ ***Surveyor Instruction:*** *The Primary Provider Agency ensures that the current, complete CARMP are readily available to staff / DSP in all service delivery settings. For this to be met a current CARMP must be found in the file or in Therap if required for the Individual.*	*Tag #LS14 (CoP) Residential service delivery site*			

Standard of Care (TAG)	Surveyor Notes	MET	NOT MET	NA
7) Health Care Plans (HCP) ***Surveyor Instruction:*** *The Primary Provider Agency nurse (PPN) is required to create HCPs that address all the areas identified as required in the most current e-CHAT summary report which is indicated by "R" in the HCP column. At the nurse's sole discretion, based on prudent nursing practice, HCPs may be combined where clinically appropriate. The nurse should use nursing judgment to determine whether to also include HCPs for any of the areas indicated by "C" on the e-CHAT summary report. The nurse may also create other HCPs that the nurse determines are warranted… ALL HCPs, (all providers) must be entered in or attached to the "Individual Care Plan module" in Therap … Each HCP must be reviewed semi-annually for all settings and quarterly in IMLS to determine if it is needed and if it is effective. Plans should be revised as needed. The review must be documented in Therap under Plans. For this to be met, there must be current HCPs in place as required by the eCHAT and / or IST section of the ISP.*	*Tag #LS14 (CoP) Residential service delivery site* *Required per IST:* *Required per e-CHAT:*			
Progress Notes & Data Tracking				
8) Living Care Arrangements *(SL, FL, IMLS)*: Progress Notes/Daily Contact Logs: ***Surveyor Instruction:*** *You must review LCA daily notes for the current month of your visit (1st day of the month to the day prior to your visit). This cannot be met if there is no documentation found for the period reviewed or if documentation found is completed in advance, e.g. you conduct a visit on the 5th of the month, yet documentation has already been completed for the entire month.*	*Tag #1A08.1* *List dates if any are not found*			

Standard of Care (TAG)	Surveyor Notes	MET	NOT MET	NA
9) Living Care Arrangements: Data Collection/Data Tracking: *(i.e. Outcomes/Action Steps Implementation Tracking)* ***Surveyor Instruction:*** *You are to review data tracking for the current month of your visit to determine if outcomes / action steps are being completed 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, not completed, blank document or Outcome / Action Steps do not match current ISP. Surveyors are to determine the frequency at which the outcome is to be completed. You will document from the 1st day of the month to the Friday prior to your visits to determine if they are completed at required frequency (e.g. action step frequency is 1 time weekly, your visit is completed on a Wednesday).*	*Tag #1A32.2 Residential service delivery site* *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.*			
Medication Administration Record & Observation				
10) Medication Administration Records: ROUTINE MEDICATIONS ***Surveyor Instruction:*** *You are to review the current month (from 1st day of month to date of visit). You are to determine if the MAR is being completed correctly and if all requirements are in place.* *Findings below are* ***a potential CoP level finding*** ***and will be cited in (1A09):*** • *MAR contains missing entries* • *Meds in the home, med is not on MAR;* • *Meds on MAR, med not in the home* • *Med not given as prescribed* • *MAR and Medication (bubble pack, bottle, etc.) / Instructions, etc. do not match*	*Tag #1A09 (CoP) / 1A09.0* *Include specific details, including dates, time, medication name, dosage, etc., for any deficiencies noted.*			

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11) Medication Administration Records: PRN MEDICATIONS ***Surveyor Instruction:*** *You are to review the current month (from 1st day of month to date of visit). You are to determine if the MAR is being completed correctly and if all requirements are in place.* *For PRN medications or treatments including all physician approved over the counter medications and herbal or other supplements:* ▪ *documentation of the effectiveness of the PRN medication or treatment* ▪ *circumstances in which the medication or treatment is to be used; to include observable signs/symptoms* ▪ *the number of doses that may be used in a 24-hour period* *Findings below are a* ***potential CoP level finding*** ***and will be cited in (1A09.1):*** • *Med in the home, med is not on MAR;* • *Meds on MAR, not in the home* • *Med not given as prescribed* • *MAR and Medication (bubble pack, bottle, etc.) / Instructions, etc. do not match*	*Tag #1A09.1 (CoP) / 1A09.1.0* *Include specific details, including dates, time, medication name, dosage, etc., for any deficiencies noted.*			

I affirm that missing documents requested by the QMB Survey Team were not located in the home or could not be found by myself when asked to produce them during the on-site home visit on:

Date: ***Time:***

DSP Name (Print and Signature) and Title: