NEW MEXICO
Department of Health
Division of Health Improvement

MICHELLE LUJAN GRISHAM
Governor

PATRICK M. ALLEN
Cabinet Secretary

Date:	May 30, 2024
To:	Ivan Gallegos, Executive Director
Provider: Address: State/Zip:	Life Mission Family Services Corp. 2929 Coors Blvd. NW, Suite 306 Albuquerque, New Mexico 87120-1425
E-mail Address:	ivangallegos77@gmail.com
CC: E-Mail Address:	Ivar Gallegos, Co-Director ivar.gallegos84@gmail.com
Board Chair E-Mail Addresses:	Margarita Gallegos, Board of Directors margarita@lifemissionfs.com Paul Gallegos, Board of Directors paul@lifemissionfs.com
Region: Routine Survey: Verification Survey:	Metro January 2 – 12, 2024 April 29 – May 9, 2024
Program Surveyed:	Developmental Disabilities Waiver
Service Surveyed:	Supported Living, Customized In-Home Supports and Customized Community Supports
Survey Type:	Verification
Team Leader:	Lundy J Tvedt, BA, JD, Healthcare Surveyor Supervisor, Division of Health Improvement/Quality Management Bureau
Team Members:	Nicole Devoti, BA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau; William Easom, MPA, Healthcare Surveyor, Division of Health Improvement/Quality Management Bureau

Dear Mr. Gallegos:

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 January 2 – 12, 2024*.

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

Compliance: This determination is based on your agency's compliance with Condition of Participation level and Standard level requirements. Deficiencies found only affect a small percentage of the Individuals on the survey

sample *(refer to Attachment D for details)*. The attached QMB Report of Findings indicates Standard Level deficiencies identified and requires implementation of a Plan of Correction.

The following tag was identified as Standard Level:

- Tag # 1A32.1 Administrative Case File: Individual Service Plan Implementation *(Not Completed at Frequency)* ***(New / Repeat Finding)***

However, due to the repeat deficiency 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. The Plan of Correction must include the following:

1. Evidence your agency has contacted your DDSD Regional Office for technical assistance;
2. A Plan of Correction detailing Quality Assurance/Quality Improvement processes to prevent your agency from receiving deficiencies in the future. Please use the format provided at the end of this report;
3. Documentation verifying that newly cited deficiencies have been corrected.

Submission of your Plan of Correction:

Please submit your agency's Plan of Correction and documentation verifying correction of survey deficiencies within 10 business days of receipt of this letter to the parties below

1. **Quality Management Bureau, Marie Passaglia, Plan of Correction Coordinator** at **Marie.Passaglia@doh.nm.gov**

2. **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 Marie.Passaglia@doh.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, Marie Passaglia at 505-819-7344 or Marie.Passaglia@doh.nm.gov if you have questions about the survey or the report. Thank you for your cooperation and for the work you perform.

Sincerely,

Lundy J Tvedt, BA, JD

Lundy J Tvedt, BA, JD
Team Lead/Healthcare Surveyor Supervisor
Division of Health Improvement
Quality Management Bureau

Survey Process Employed:

Administrative Review Start Date:	April 29, 2024
Contact:	**Life Mission Family Services Corp.** Ivan Gallegos, Executive Director **DOH/DHI/QMB** Lundy J Tvedt, BA, JD Team Lead/Healthcare Surveyor Supervisor
Entrance Conference Date:	April 29, 2024
Present:	**Life Mission Family Services Corp.** Ivan Gallegos, Executive Director Ivar Gallegos, Co-Director **DOH/DHI/QMB** Lundy Tvedt, BA, JD, Healthcare Surveyor Supervisor William Easom, MPA, Healthcare Surveyor Jamie Pond, BS, Staff Manager
Exit Conference Date:	May 9, 2024
Present:	**Life Mission Family Services Corp.** Ivan Gallegos, Executive Director Ivar Gallegos, Co-Director Daniela Triana, Program Manager/QAQI Nubia Trejo, Registered Nurse **DOH/DHI/QMB** Lundy Tvedt, BA, JD, Team Lead/Healthcare Surveyor Supervisor Nicole Devoti, BA, Healthcare Surveyor William Easom, MPA, Healthcare Surveyor **DDSD - Metro Regional Office** Fleur Dahl, Social and Community Coordinator
Total Survey Sample Size:	9 8 - Supported Living 1 - Customized In-Home Supports 9 - Customized Community Supports
Persons Served Records Reviewed	9
Direct Support Professional Records Reviewed	68
Direct Support Professional Interviewed during Routine Survey	7
Service Coordinator Records Reviewed	2
Nurse Interview Completed during Routine Survey	1

Administrative Interview Completed during
Routine Survey 1

Administrative Processes and Records Reviewed:

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

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

Attachment B

Department of Health, Division of Health Improvement
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 Professional 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
- **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
- **1A09.2 –** Medication Delivery Nurse Approval for PRN Medication
- **1A15 –** Healthcare Coordination - Nurse Availability / Knowledge
- **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 (nmhealth.org)
3. The written request for an IRF must specify in detail the request for reconsideration and why the finding is inaccurate.
4. 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@doh.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 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 three 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.					

Agency: **Life Mission Family Services Corp. – Metro Region**
Program: Developmental Disabilities Waiver
Service: Supported Living, Customized In-Home Supports and Customized Community Supports
Survey Type: Verification
Routine Survey: **January 2 – 12, 2024**
Survey Date: **April 29 – May 9, 2024**

Standard of Care	Routine Survey Deficiencies January 2 – 12, 2024	Verification Survey New and Repeat Deficiencies April 29 – May 9, 2024
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 # 1A32.1 Administrative Case File: Individual Service Plan Implementation *(Not Completed at Frequency)*	**Standard Level Deficiency**	**Standard Level Deficiency**
NMAC 7.26.5.16.C and D Development of the ISP. Implementation of the ISP. The ISP shall be implemented according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcomes and action plan. C. The IDT shall review and discuss information and recommendations with the individual, with the goal of supporting the individual in attaining desired outcomes. The IDT develops an ISP based upon the individual's personal vision statement, strengths, needs, interests and preferences. The ISP is a dynamic document, revised periodically, as needed, and amended to reflect progress towards personal goals and achievements consistent with the individual's future vision. This regulation is consistent with standards established for individual plan development as set forth by the commission on the accreditation of rehabilitation facilities (CARF) and/or other program accreditation approved and adopted by the developmental disabilities division and the department of health. It is the policy of the developmental disabilities division (DDD), that to the extent permitted by funding, each individual receive supports and services that will assist and encourage independence and productivity in the community and attempt to prevent regression or loss of current capabilities. Services and supports include	Based on administrative record review, the Agency did not implement the ISP according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcomes and action plan for 8 of 9 individuals. As indicated by Individuals ISP the following was found with regards to the implementation of ISP Outcomes: **Supported Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes**: Individual #1 • According to the Live Outcome; Action Step for "...will choose an activity to participate in with her housemates" is to be completed 3 times per month. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 10/2023. • According to the Live Outcome; Action Step for "...will follow through and participate in her chosen activity" is to be completed 3 times per month. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 10/2023 & 12/2023.	**New / Repeat Findings:** Based on administrative record review, the Agency did not implement the ISP according to the timelines determined by the IDT and as specified in the ISP for each stated desired outcomes and action plan for 4 of 9 individuals. As indicated by Individuals' ISPs the following was found with regards to the implementation of ISP Outcomes: **Supported Living Data Collection/Data Tracking/Progress with regards to ISP Outcomes**: Individual #3 • According to the Live Outcome; Action Step for "Hit the switch to send" is to be completed 3 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 3/2024. Individual #4 • According to the Fun Outcome; Action Step for "By using his visual schedule for activities, ... will choose and participate in an activity outside of the home" is to be completed 3 times per week. Evidence found indicated it was not being

specialized and/or generic services, training, education and/or treatment as determined by the IDT and documented in the ISP. D. The intent is to provide choice and obtain opportunities for individuals to live, work and play with full participation in their communities. The following principles provide direction and purpose in planning for individuals with developmental disabilities. [05/03/94; 01/15/97; Recompiled 10/31/01] Developmental Disabilities Waiver Service Standards Eff 11/1/2023 rev. 12/2023 **Chapter 6: 6.10 ISP Implementation and Monitoring:** All DD Waiver Provider Agencies with a signed SFOC are required to provide services as detailed in the ISP. The ISP must be readily accessible to Provider Agencies on the approved budget. (See Chapter 20: Provider Documentation and Client Records) … All DD Waiver Provider Agencies are required to cooperate with monitoring activities conducted by the CM and the DOH. Provider Agencies are required to respond to issues at the individual level and agency level as described in Chapter 16: Qualified Provider Agencies. **Chapter 20: Provider Documentation and Client Records: 20.2 Client Records Requirements:** All DD Waiver Provider Agencies are required to create and maintain individual client records. The contents of client records vary depending on the unique needs of the person receiving services and the resultant information produced. The extent of documentation required for individual client records per service type depends on the location of the file, the type of service being provided, and the information necessary. DD Waiver Provider Agencies are required to adhere to the following: … 6. Each Provider Agency is responsible for maintaining the daily or other contact notes documenting the nature and frequency of service	Individual #2 • According to the Live Outcome; Action Step for "Practice using her phone" is to be completed 3 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 10/2023. • According to the Live Outcome; Action Step for "Look at pictures of décor ideas for holidays" is to be completed 1 time per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 11/2023 - 12/2023. • According to the Live Outcome; Action Step for "Work a craft for her identified project" is to be completed 2 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 11/2023 - 12/2023. Individual #3 • According to the Live Outcome; Action Step for "Turn on his device" is to be completed 3 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 10/2023 – 12/2023. • According to the Live Outcome; Action Step for "Hit the switch to send" is to be completed 3 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 10/2023 – 12/2023. Individual #4 • According to the Fun Outcome; Action Step for "By using his visual schedule for activities, ... will choose and participate in an activity outside of the home" is to be completed 3 times per week. Evidence found indicated it was not being	completed at the required frequency as indicated in the ISP for 3/2024. **Customized Community Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes**: Individual #3 • According to the Work/Learn Outcome; Action Step for "...will look at the current schedule" is to be completed 2 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 3/2024. • According to the Work/Learn Outcome; Action Step for "Practice making his choice" is to be completed 2 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 3/2024. Individual #6 • According to the Work/Learn Outcome; Action Step for "Choose and participate in a physical activity" is to be completed 2 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 3/2024. Individual #7 • According to the Work/Learn Outcome; Action Step for "...will use his visual schedule and social stories" is to be completed 20 times per month. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 3/2024.

delivery, as well as data tracking only for the services provided by their agency. 7. The current Client File Matrix found in Appendix A: Client File Matrix details the minimum requirements for records to be stored in agency office files, the delivery site, or with DSP while providing services in the community.	completed at the required frequency as indicated in the ISP for 10/2023 – 12/2023. Individual #6 • According to the Live Outcome; Action Step for "Get his materials together" is to be completed 1 time per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 12/2023. • According to the Live Outcome; Action Step for "Practice working on his project" is to be completed 1 time per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 11/2023 - 12/2023. Individual #8 • According to the Live Outcome; Action Step for "...will connect with a friend on the phone or iPad zoom" is to be completed 1 time per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 11/2023 - 12/2023. **Customized In-Home Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes**: Individual #9 • According to the Live Outcome; Action Step for "…will discuss the meal with staff" is to be completed 3 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 12/2023. • According to the Live Outcome; Action Step for "…will choose the best way to help with the meal" is to be completed 3 times per week. Evidence found indicated it was not being completed at the	

	required frequency as indicated in the ISP for 12/2023. **Customized Community Supports Data Collection/Data Tracking/Progress with regards to ISP Outcomes**: Individual #1 • According to the Work/Learn Outcome; Action Step for "...will follow through and participate in her chosen activity" is to be completed 3 times per month. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 12/2023. Individual #2 • According to the Fun Outcome; Action Step for "Research kinds of painting" is to be completed 1 time per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 10/2023. • According to the Fun Outcome; Action Step for "Use Fitbit to track steps" is to be completed 1 time per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 11/2023 – 12/2023. • According to the Fun Outcome; Action Step for "Practice walking" is to be completed 1 time per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 11/2023 – 12/2023. Individual #3 • According to the Work/Learn Outcome; Action Step for "...will look at the current schedule" is to be completed 2 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 11/2023.	

	• According to the Work/Learn Outcome; Action Step for "Practice making his choice" is to be completed 2 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 10/2023 – 12/2023. Individual #4 • According to the Work/Learn Outcome; Action Step for "...will research and explore new activities and choose activities that he likes to participate in" is to be completed 1 time per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 11/2023. Individual #6 • According to the Work/Learn Outcome; Action Step for "Choose and participate in a physical activity" is to be completed 2 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 11/2023 – 12/2023. Individual #7 • According to the Work/Learn Outcome; Action Step for "... will communicate a choice from 2 activities "is to be completed 20 times per month. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 10/2023 – 12/2023. • According to the Work/Learn Outcome; Action Step for "...will use his visual schedule and social stories" is to be completed 20 times per month. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 10/2023 – 12/2023. Individual #9 • According to the Fun Outcome; Action Step for "...will choose an activity in the community of	

	interest to her" is to be completed 2 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 12/2023. • According to the Fun Outcome; Action Step for "...will discuss the activity and decide whether she wants it to be part of her routine" is to be completed 2 times per week. Evidence found indicated it was not being completed at the required frequency as indicated in the ISP for 12/2023.	

Standard of Care	Routine Survey Deficiencies January 2 – 12, 2024	Verification Survey New and Repeat Deficiencies April 29 – May 9, 2024
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 # 1A08.1 Administrative and Residential Case File: Progress Notes	**Standard Level Deficiency**	**COMPLETE**
Tag # 1A32 Administrative Case File: Individual Service Plan Implementation	**Standard Level Deficiency**	**COMPLETE**
Tag # 1A38 Living Care Arrangement / Community Inclusion Reporting Requirements	**Standard Level Deficiency**	**COMPLETE**
Tag # LS14 Residential Service Delivery Site Case File (ISP and Healthcare Requirements)	**Condition of Participation 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	**Standard Level Deficiency**	**COMPLETE**
Tag # 1A22 Agency Personnel Competency	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A43.1 General Events Reporting: Individual Reporting	**Standard 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	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A09 Medication Delivery Routine Medication Administration	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # 1A09.1 Medication Delivery PRN Medication Administration	**Condition of Participation Level Deficiency**	**COMPLETE**
Tag # LS25 Residential Health & Safety (Supported Living / Family Living / Intensive Medical Living)	**Standard Level Deficiency**	**COMPLETE**

	Verification Survey Plan of Correction, On-going QA/QI and Responsible Party	Completion Date
Tag # 1A32.1 Administrative Case File: Individual Service Plan Implementation *(Not Completed at Frequency)*	**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 effect? 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

Date:	June 26, 2024
To:	Ivan Gallegos, Executive Director
Provider:	Life Mission Family Services Corp.
Address:	2929 Coors Blvd. NW, Suite 306
State/Zip:	Albuquerque, New Mexico 87120-1425
E-mail Address:	ivangallegos77@gmail.com
CC:	Ivar Gallegos, Co-Director
E-Mail Address:	ivar.gallegos84@gmail.com
Board Chair	Margarita Gallegos, Board of Directors
E-Mail Addresses:	margarita@lifemissionfs.com
	Paul Gallegos, Board of Directors
	paul@lifemissionfs.com
Region:	Metro
Routine Survey:	January 2 – 12, 2024
Verification Survey:	April 29 – May 9, 2024
Program Surveyed:	Developmental Disabilities Waiver
Service Surveyed:	Supported Living, Customized In-Home Supports and Customized Community Supports
Survey Type:	Verification

Dear Mr. Gallegos:

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,

Marie Passaglia, BA

Marie Passaglia, BA
Healthcare Surveyor Advanced/Plan of Correction Coordinator
Quality Management Bureau/DHI

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