New Mexico HCA / DHI / QMB Living Care Arrangements & Community Inclusion: DSP Healthcare & General Interview Survey Tool

Standard of Care Questions	(Tag #) Surveyor Notes / Deficiency Description *Agency Personnel are to be QUOTED on their responses.*	MET	NOT MET	NA

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

Individual Name and Identifier:

DSP Interviewed and title (Identifier): **Interview Format:** **Telephone** □**Video** □**In-Person**
How long have you worked directly with *(Individual)*?

IF NO DSP INTERVIEW (WHY):

Services (Circle those that apply)**:**

- **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 other:_____

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General	***Surveyors: Agency Personnel are to be QUOTED on their responses.***			
1) What is the Agency's ON-CALL process? **Can you describe how Nursing on-call or physician service works if you need to reach the agency nurse after hours or on the weekend?** **How long does it take the nurse to respond to you if you call?** ***Surveyor Instruction:*** *An on-call nurse is required to be available to DSP in a timely manner. They must be able to respond within 30 minutes by phone and within 60 minutes in-person to assess the person if deemed necessary per prudent nursing practice. The nurse may use telehealth/remote services to visualize the individual and interact with DSPs if this is deemed necessary per prudent nursing practice. This is not met if DSP identify issues with on-call or does not know the agency's on-call process.*	*Tag #1A05 (CoP)*			
2) What State agency do you report to if you suspect Abuse, Neglect and/or Exploitation? ***Surveyor Instruction:*** *DSP must be able to identify DHI or APS as the agency where ANE is reported. If they do not know the name of the State agency, they can also show the surveyor the ANE card, poster, or another document which contains the 1-866-654-3219, including their cell phone. This will be met, if they can identify DHI or APS or show the 1-800 #.*	*Tag #1A22 (CoP)*			

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3) Can you give one **example** of each of the following? ☐Abuse ☐Neglect ☐Exploitation ***Surveyor Instruction:*** *DSP only need to give one example of each for this to be met. If DSP is unable to give an example this cannot be met.*	*Tag #1A22 (CoP)*			
Training Competencies				
4) Were you provided with Individual Specific Training for the Individual you are supporting? Please describe the types of training you received. ***Surveyor Instruction:*** *Individuals shall receive services from competent and qualified Provider Agency personnel who must successfully complete IST requirements in accordance with the specifications described in the ISP of each person supported. IST includes training on the ISP Desired Outcomes, Action Plans, Teaching and Support Strategies, and information about the person's preferences regarding privacy, communication style, and routines. This is met, if DSP can indicate they have been trained on the ISP, outcomes, action plans, TSS and / or other Individualized plans.*	*Tag #1A37(CoP)*			
5) Does the individual have a Positive Behavioral Supports Plan (PBSP)? If YES, have you been trained on the PBSP? **If yes, what does the plan cover?** ***Surveyor Instruction:*** *Ensure DSP have knowledge of the plan. DSP do not have to cover every aspect of the plan for this to be met. DSP may refer to electronic or hard copy files for this information. This would not be met if: DSP has not been trained, or is not aware of the plan.*	*Tag #1A22 (CoP)*			
6) Does the individual have a Behavioral Crisis Intervention Plan (BCIP)? If YES, have you been trained on the BCIP? **If yes, what does the plan cover?** ***Surveyor Instruction:*** *Ensure DSP have knowledge of the plan. DSP do not have to cover every aspect of the plan for this to be met. DSP may refer to electronic or hard copy files for this information. This would not be met if: DSP has not been trained, or is not aware of the plan.*	*Tag #1A22 (CoP)*			

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7) Does the individual require a physical restraint, such as **MANDT, CPI, Handle with Care**? If yes, have you been trained? ***Surveyor Instruction:*** *Verify the PBSP and/or the BCIP to determine if a physical restraint is used. This would not be met, if the DSP state they implement a physical restraint but indicate they have not been trained or if a physical restraint is not identified in a plan.*	*Tag #1A22 (CoP)*			
8) Does the individual require any type of **assistive technology or adaptive *equipment***? If yes, have you been trained on the equipment? ***Surveyor Instruction:*** *Using the IDF, AT Inventory, ISP, CARMP, therapy reports, etc. determine what is required by the person receiving services. Depending on the environment that you are conducting this interview you must ask to see the equipment and if possible have staff demonstrate its use. This is met if DSP are aware of what is needed. If DSP are not aware of equipment this cannot be met.*	*Tag #1A39* List is not all inclusive: ☐ glasses ☐ hearing aid ☐ wheelchair ☐ hospital bed ☐ grab bars ☐ cane/walker ☐ modified utensils ☐ VOCA ☐ buttons/switches ☐ DME: i.e. O2 tanks, nebulizer, CPAP ☐ Hoyer ☐ List Other Found: _____ ____			
Nursing / General Healthcare of the Individual				
9) What are the individual's health conditions / diagnoses? ***Surveyor Instruction:*** *This question is intended to open the line of communication regarding healthcare needs of the person with the staff. DSP do not need to list each one, if the file is available DSP may refer to it to identify conditions and diagnoses This is met if DSP can identify all major health conditions and / or diagnoses, as more specifics will be asked later in the interview.* *In addition to the above, the following questions below may also be answered. Ensure all questions below are answered before determining if this question met or not met.*	*Tag #1A22 (CoP)*			

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10) Does the Individual have a **Comprehensive Aspiration Risk Management Plan (CARMP)**? **Have you been trained on the CARMP?** **If yes, what does the plan say about the following:** **Foods:** ☐ consistency/size _____ ☐ modified utensils _____ ☐ process for safe eating _____ **Liquids:** ☐ add thick-it, etc. ☐ modified cup ☐ process for safe drinking ☐ What is the Degree the individual is to be positioned to eat or drink? i.e. ∠45° └90° ☐ What is length of time the individual is to sit up in chair or bed after eating? ***Surveyor Instruction:*** *You are ensuring DSP have knowledge of the plan. DSP do not have to cover every aspect of the plan for this to be met. DSP may refer to files for this information. This would not be met if DSP are not aware of the CARMP, have not been trained, or cannot answer questions related to food consistency, liquids, positioning, etc.*	*Tag #1A22 (CoP)*			
11) Does the Individual have **Health Care Plans (HCPs)**? If Yes, what are they? **Have you been trained on the HCPs?** ***Surveyor Instruction:*** *Ensure DSP have knowledge of the plan(s). DSP do not have to cover every aspect of the plan for this to be met. DSP may refer to electronic or hard copy files for this information. This would not be met if: DSP has not been trained, or is not aware of the plan(s).*	*Tag #1A22 (CoP)*			

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Food and/or Medication Allergies				
12) Does the individual have any food and/or medication allergies that could potentially be life threatening? ***Surveyor Instruction:*** *DSP must be aware of allergies that can be dangerous to the Individual. Verify in Agency Records, Therap, etc. if the individual has any allergies to food or medications. This cannot be met if food or medication allergies are listed in the record and DSP are not aware of the allergies.*	*Tag #1A22 (CoP)*			
13) Does the Individual have a FEEDING TUBE? ***If Yes, Ask the following. If No, note response, select N/A and go on to next question.*** **1. What does the Individual use the tube for (i.e. feeding, medications, etc.)?** *If staff has been trained they will have no hesitation in providing an explanation describing how a tube feeing is administered. The information that is provided by the Direct Service Personnel should be as reflected in the ISP, CARMP, and the Health Care Plan.* **2. Describe 3 signs that something is wrong with the tube**. *Answer must be consistent with the individual-specific CARMP. Tubes can fall out, become blocked, leak around the tube, the skin around the tube can become irritated and/or infected.* **3. Describe how to keep the tube from becoming obstructed.** *Answer must be consistent with the individual-specific CARMP. Flushing the tube after the feeding with water.* **4. Describe what to do if the tube becomes obstructed.** *Answer must be consistent with the individual-specific CARMP. Attempt to flush the tube with water. If this does not work call the agency nurse. If the tube cannot be flushed the physician should be contacted. The tube will need to be replaced.* **5. Describe what to do if the tube falls out.** *Must be consistent with the individual's CARMP or other Healthcare Plan.* **6. NEW: Where / how do you track the intake and volume of feedings and or fluids? (start, end, volume, volume per hour)?** *A volume amount must be tracked hourly in the*	*Tag #1A22 (CoP)*			

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healthcare tracker in Therap. This should not be tracked on the MAR. **7. Who provided you with training on the feeding tube?** *The nurse provides the training.* ***Surveyor Instruction:*** *Information for questions can be found in the CARMP / HCP for the individual. Staff must be able to answer each question within these guides, when applicable for this to be met. When there is a deficiency ID which # relates to the deficiency. Agency Personnel are to be QUOTED on their responses.*				
14) Does the Individual have DIABETES? ***If Yes, Ask the following. If No, note response, select N/A and go on to next question.*** **1. What are the signs of low blood sugar and what do you do if there is low blood sugar?** *Answer must be consistent with the individual-specific HCP.* *Sign & Symptoms: Feeling shaky; being sweaty; feeling tired; being hungry; having a fast heartbeat; becoming crabby or confused; having blurred vision or a headache; having no symptoms at all. Give the person some form of sugar, such as 3 glucose tablets, ½ cup of fruit juice, or 5-6 pieces of hard candy; eat a snack that contains protein and carbohydrates, such as saltine crackers and a glass of low fat milk.* **2. What are the signs of high blood sugar and what do you do if there is high blood sugar?** *Answer must be consistent with the individual-specific HCP.* *Sign & Symptoms: High levels of sugar in the urine, frequent urination, and increased thirst. Staff should be able to state the treatment for high blood sugar as defined in the ISP or the HCP. Lower blood sugar: by exercising, cutting down on the amount of food eaten, and/or medication.* ***Surveyor Instruction:*** *Information for questions can be found in the HCP for the individual. Staff must be able to answer each question within these guides, when applicable for this to be met. When there is a deficiency ID which # relates to the deficiency. Agency Personnel are to be QUOTED on their responses.*	*Tag #1A22 (CoP)*			

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15) Does the Individual have a <u>SEIZURE DISORDER?</u> ***If Yes, Ask the following. If No, note response, select N/A and go on to next question.*** **1. Describe what to do if there is a seizure.** *There should be an individualized seizure plan in the person's medical file in the home. The seizure plan should include a description of the type of seizures the individual has. It should describe the frequency and duration of a typical seizure and describe what to do when the individual has a seizure. The seizure plan should also include specific instructions so that staff have a resource should a complication occur such as aspiration or a prolonged seizure.* **2. Do you keep a seizure log? If not, where would you document if the Individual had a seizure?** *A seizure log may not be required. Staff should still state that they would document a seizure in their progress notes if there were no seizure log.* ***<u>Surveyor Instruction:</u>*** *Information for questions can be found in the HCP for the individual. Staff must be able to answer each question within these guides, when applicable for this to be met. When there is a deficiency ID which # relates to the deficiency. Agency Personnel are to be QUOTED on their responses.*	*Tag #1A22 (CoP)*			

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16) Does the Individual have issues with <u>LIMITED AMBULATION / LIMITED MOBILITY</u>? ***If Yes, Ask the following. If No, note response , select N/A and go on to next question.*** **1) How does the individual ambulate?** ***(i.e. assistance, wheelchair, gait belt, etc.)*** **2) Does the Individual require total assistance to be transferred?** **3) If the individual is non-ambulatory, how is the individual positioned?** *The DSP should be able to state how the individual is to be positioned as identified in the ISP and/or other plans.* ***<u>Surveyor Instruction:</u>*** *Information for questions can be found in the HCP for the individual. Staff must be able to answer each question within these guides, when applicable for this to be met. When there is a deficiency ID which # relates to the deficiency. Agency Personnel are to be QUOTED on their responses.*	*Tag #1A22 (CoP)*			
17) NEW: Does the Individual have any signs of skin breakdown or pressure ulcers (bedsores, decubitus)? If Yes--Describe how to care for them. *Answer should be consistent with the individuals HCP.* ***<u>Surveyor Instruction:</u>*** *Information for questions can be found in the HCP for the individual. Staff must be able to answer each question within these guides, when applicable for this to be met. When there is a deficiency ID which # relates to the deficiency. Agency Personnel are to be QUOTED on their responses*	*Tag #1A22 (CoP)*			
18) Does the individual require <u>BOWEL AND/OR BLADDER</u> care? ***If Yes, Ask the following. If No, note response, select N/A and go on to next question.*** **1) Do you track bowel movements?** **2) When would you call the nurse (if no bowel movement in _____ days, diarrhea)?** ***<u>Surveyor Instruction:</u>*** *Information for questions can be found in the HCP for the individual. Staff must be able to answer each question within these guides, when applicable for this to be met. When there is a deficiency ID which # relates to the deficiency. Agency Personnel are to be QUOTED on their responses.*	*Tag #1A22 (CoP)*			

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19) Does the individual have issues with <u>DEHYDRATION</u>? ***If Yes, Ask the following. If No, note response, select N/A and go on to next question.*** **1) Do you have to monitor this person for Dehydration?** **2) What are signs that might lead you to believe the individual is dehydrated?** ☐ Signs/Symptoms of dehydration • ***dry lips and mouth*** • ***poor urine output or very dark urine*** • ***poor skin turgor-pulling up on skin and it not snapping back,*** • ***change in level of consciousness*** ***<u>Surveyor Instruction:</u>*** *Information for questions can be found in the HCP for the individual. Staff must be able to answer each question within these guides, when applicable for this to be met. When there is a deficiency ID which # relates to the deficiency. Agency Personnel are to be QUOTED on their responses.*	*Tag #1A22 (CoP)*			
Medication Administration				
20) Do you assist the individual with their Medications? **Have you completed Assisting with Medication Delivery (AWMD) training?** ***<u>Surveyor Instruction:</u>*** *Staff who assist with medications must be trained in AWMD. This is not met, if DSP are assisting with medications and have not been trained. Cross reference with AWMD training tool.*	*Tag #1A22 (CoP)*			

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21) When you assist an individual with a PRN medication, what are the steps you need to take before assisting with the medication? ***Surveyor Instruction:*** *If staff does not administer medications or if FLP has opted out do not ask this question. Anyone assisting with meds must obtain verbal authorization from the Agency nurse prior to each administration of PRN medications. For this to be met, non-related staff must indicate they call the nurse for approval.*	*Tag #1A22 (CoP)*			
22) Is there anything else that you want to tell me that we have not covered? ***Surveyor Instruction:*** *If during this time, any type of allegation about the provider is made the surveyor must interview others and seek documentation to clarify the issue.* ***Enter N/A if DSP have nothing additional to add.***	*Tag #1A22 (CoP)*			