New Mexico HCA / DHI / QMB: RESIDENTIAL Observation Survey Tool

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

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

Individual Name and Identifier: **Residence Shared with (Initials & Identifier):**

Location of Observation (Address):

In Person Observation: **Video Observation:**

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

- **Living Care Arrangement:** **Supported Living – Family Living - Intensive Medical Living Supports**

Surveyor Instruction: *During your observation document what is seen and heard. If suspected ANE is observed or reported, you must report to DHI/APS immediately. Items are applicable to SL, FL, IMLS sites, unless otherwise noted. After the Residential observation is completed, review the tool with DSP for any deficiencies. When applicable, give DSP opportunity to locate any items not found. Once this process is complete have DSP sign last page of document.*

Standard of Care Questions	(Tag #) Surveyor Notes / Deficiency Description	MET	NOT MET	NA
Health and Safety				
1. Is there a battery operated or electric smoke detector or a sprinkler system present in the residence? *(the smoke detector and carbon monoxide detector can be a combined unit)*	*Tag #LS25*			
2. Is there a carbon monoxide detector present in the residence? *(the smoke detector and carbon monoxide detector can be a combined unit)*	*Tag #LS25*			
3. Is a fire extinguisher present in the residence?	*Tag #LS25*			
4. Is a general first aid kit present in the residence?	*Tag #LS25*			
5. Is the number for poison control within line of site of the telephone?	*Tag #LS25*			
6. Does the water temperature *not exceed 120°?* **Surveyor Instruction:** *This is applicable to **SL, FL & IMLS**. You must document the Location Checked*: (i.e. bath, kitchen) _____ *Anyone with a history of being unsafe in or around water while bathing, grooming, etc. or with a history of at least one scalding incident will have a regulated temperature control valve or device installed in the home*	*Tag #LS25*			

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7) NEW: Does the home utilize an electronics records system (e.g. Therap)? If yes, does DSP have access to the residential records? ***Surveyor Instruction:*** *DSP must have access to records, plans, and forms needed to adequately provide and document the type of service and specific scope of service being provided at the time. All DSP must have their own unique user account and access to view records of the individual they support while providing those supports at provider agency settings (LCA, Offices, Group Programs, etc.). For this to be met, DSP must be able to access the electronic system.*	*Tag #LS25*			
Policies and Procedures				
8. Is there a Current Custodial Drug Permit from the NM Board of Pharmacy, with the current address in the **residence**? **Surveyor Instruction:** *Required for residential homes where there are two or more in-house residents, not related to the operator, and which maintains custody of the residents' drugs.*	*Tag #1A33.1* *Expiration Date:* _____			
General Observation				
9. Does the Individual have free use of all common space in their residence, respecting other's privacy, personal possessions and individual interests?	*Tag #LS25*			
10. Do Individuals have access to food at any time or with a HRC review when food has a potential to be a danger?	*Tag #LS25*			
11. Is the required **assistive technology or adaptive *equipment*** *located in the home*? Is it in working order? ***Surveyor Instruction:*** *Using the IDF, AT Inventory, ISP, CARMP, therapy reports, etc. determine what is required in each location where by the person receives services. Dependent on the environment that you are in determine if the equipment is in working order. If broken, or not working describe what is found. This is met if Assistive technology and adaptive equipment is present and working. This cannot be met if item is not found or not working.*	*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: _____			

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12. Are medication stored as required in the residence: • Separate compartments are kept for each Individual in the home; • Expired Medications are kept separate; • Medication taken by mouth, are kept separate from other forms *(Can be stored in same container, but must be bagged separately)*; • Refrigerated Medication are in a locked compartment; • Medication no longer in use, is kept in a separate place; • Unwanted medication is kept in a separate place **Surveyor Instruction:** *Only applicable to SL, IMLS and FL if FLP is surrogate FLP. Must observe medication is stored correctly as indicated above. Make note of any deficiencies found including name and dosage of med.*	*Tag #1A33*			
13. During the on-site visit, did surveyors observe any physical environment conditions which were not safe for Individuals receiving Supported Living, Family Living or Intensive Medical Living? **Surveyor Instruction:** *Any items identified as unsafe for the residence require a detailed description of what was found and require an ANE report for environmental hazard. Must document date, time and what was observed.*	*Tag #LS25.1 (CoP)*			
14. While conducting an on-site residential visit did the Surveyors file ANE reports related to any suspected ANE? **Surveyor Instruction:** *While conducting the on-site residential or community visit, if you suspect ANE you are required to report to DHI/APS immediately via the 1-866 number or online system. You are to document what was seen and heard, etc. in detail being as descriptive as possible. You may take pictures if necessary. You are to notify the team lead an IR was filed. The Team Lead will then notify the agency that an ANE report has been filed. This is NOT MET if an IR is filed as a result of suspected ANE while conducting on-site visits, otherwise select N/A.*	*Tag #1A27.2*			
Additional Notes:				

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Residential DSP:

I affirm the above deficiencies found by the QMB Survey Team, items 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:

Surveyor Initials:

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*****COMPLETE THIS SECTION OF THE TOOL IF THE INDIVIDIUAL RECEIVES CUSTOMIZED COMMUNITY SUPPORTS*****

Add group and individual

Location of Observation:

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

- **Community Inclusion: Customized Community Supports; Community Integrated Employment Services**

Surveyor Instruction: *During your observation document what is seen and heard. If suspected ANE is observed or reported, you must report to DHI/IMB immediately. Items are applicable to CI sites, unless otherwise noted. After the CI Observation is completed, review the tool with DSP for any deficiencies. When applicable give DSP opportunity to locate any items not found. Once this process is complete have DSP sign last page of document.*

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Community Inclusion Site Observation				
1. Is the Individual engaging in specific activities needed to successfully implement the person's ISP? If yes, document what the individual is doing.	*Tag #5I02*			
2. Is the required **assistive technology or adaptive *equipment*** *located at the CI site*? Is it in working order? ***Surveyor Instruction:*** *Using the IDF, AT Inventory, ISP, CARMP, therapy reports, etc. determine what is required in the CI location / environment. Determine if the equipment is in working order. If broken, or not working describe what is found. This is met if Assistive technology and adaptive equipment is present and working. This cannot be met if item is not found or not working.*	*Tag #1A39* List is not all inclusive: ☐ glasses ☐ hearing aid ☐ wheelchair ☐ grab bars ☐ cane/walker ☐ modified utensils ☐ VOCA ☐ buttons/switches ☐ Hoyer ☐ List Other Found: _____			
3. While conducting an on-site community visit did the Surveyors file ANE reports related to any suspected ANE? **Surveyor Instruction:** *While conducting the on-site residential or community visit, if you suspect ANE you are required to report to DHI/APS immediately via the 1-866 number or online system. You are to document what was seen and heard, etc. in detail being as descriptive as possible. You may take pictures if necessary. You are to notify the team lead an IR was filed. The Team Lead will then notify the agency that an ANE report has been filed. If you must report ANE while conducting on-site visits this cannot be met.*	*Tag #1A27.2*			

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Additional Notes:				

Community Inclusion DSP:

Date: ***Time:***

DSP Name (Print and Signature) and Title:

Surveyor Initials: