City of Santa Fe, New Mexico

200 Lincoln Avenue, P.O. Box 909, Santa Fe, N.M. 87504-0909
www.santafenm.gov

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March 21, 2016

Marcia Medina, AAA Director
Non-Metro Area Agency on Aging
North Central New Mexico
Economic Development District
P.O. Box 5115
Santa Fe, NM 87502-5115

Dear Marcia:

The City of Santa Fe Division of Senior Services is in receipt of the Non-Metro New Mexico Area Agency on Aging's documented findings observed during our scheduled assessment that was held most recently.

In response to your letter dated February 29, 2016, pertaining to the assessment conducted from February 2 to 4, 2016, we have executed and addressed all noted concerns which are attached and documented on the City of Santa Fe Program Assessment form Issues/Responses. Also attached for your review is the documentation pertaining to the requested forms, protocols and policies/procedures etc.

Please be advised that we have reviewed all recommendations in regard to the assessment conducted by you and your staff. We take all AAA recommendations seriously and have incorporated your recommendations to enhance our program methods and ensure compliance.

If you require additional information or have any questions please feel free to call me at 955-4710.

Sincerely,

Ron J. Vialpando, Director
Division of Senior Services

c: Isaac J. Pino, Community Services Department Director
Liza Kerr, City Auditor
Jenny Martinez, AAA Director
Lugi Gonzales, Project Manager
Shirely Coca-Barela, Financial Analyst
DSS Program Management
Attachments

City of Santa Fe Program Assessment Issues/Program Response
March 21, 2016

City of Santa Fe
Program Assessment
February 2, 3, 4, 2016

PRIOR YEAR ISSUES:

Home Delivered Meals -NM AAA Policy, Section VII, Number 716, D, #2
Issue: Home delivered files incomplete, no referrals or follow up documented.

Recommendation: All client files for Home Delivered must be reviewed by staff for compliance to include the following:

1. Care plan developed describing type of service, length of service, condition. What is the condition of the client? What other needs does the client require? Regardless of what your agency can provide.
2. Individuals rating high in the ADL/IADL assessment, must have a letter from the agency notifying them of their risk; must include referrals to appropriate agency/or individuals;

Submit a plan describing the procedure or protocol you will implement identifying who will be responsible to ensure the consumer files contain all requires documentation and how it will be monitored. Due March 21, 2016.

Response: Effective immediately, Nutrition staff has developed a care plan (attached #1) specifically for MOW clients and will begin implementation of the care plans as new clients are assessed and current consumers are re-assessed. Recommended information from your office including referrals to appropriate agencies will be listed on both the care plan and the revised rating scale that we have implemented.

The individuals who rate high in the ADL/IADL assessment will receive a letter generated by our MOW Supervisor and this process will be overseen by our Nutrition Manager for checks and balances prior to data entry by our SAMS Database staff member. The newly implemented policy regarding assessments/re-assessment/procedures is (attached #2) for your review.

In addition, we have developed a policy that requires Nutrition staff responsible for the process, to initial the assessment form (top right corner) verifying that the above noted finding have been reviewed and completed prior to processing the document over to our SAMS Data Base staff.

Rating Scale- NM AAA Policy, Section II, Number 204
Issue: Rating scale not used correctly to determine need/priority services for consumer for in home meals services.

Recommendation; Review client files and scale to determine need of meals provided to assist the program with a more realistic need for services.

Comment: Oversight of these responsibilities is crucial. It appears staff are conducting an assessment for the purpose of complying. Rating scales are in the files but do not appear to be reviewed to determine the need for services for clients. Submit a plan as to who will be responsible to do this, how it will be monitored. Due March 21, 2016.

Response: Effective immediately, Nutrition staff (Nutrition Administrator and MOW Supervisor) is now utilizing the rating scale found on the AAA website (attached #3) for all new MOW clients and re-assessed consumers. The new rating scale will clarify and document the approved subservices that will be provided to the consumer requesting home delivered meals. Ongoing and continuous monitoring will be conducted by the above noted staff.

Homemaker - NM AAA Policy, Section VII, Number 712, Letter D, #1
Issue: Home Maker timesheet documents requiring the signature of client and supervisor.

Recommendation: Review time sheets/progress notes for completeness which are used as a verification of the delivery of service. Provide copies of completed timesheets for one week, due March 21. 2016

Response: All Homemaker timesheets/progress notes have been reviewed and corrected per policy. Also (attached #4) for your review are copies of the timesheets and progress notes for one week.

Homemaker/Respite - NM AAA Policy, Respite - Section VII, Number 717) (Homemaker – Section VII, Number 712
Issue: Confusion about services: homemaker vs. respite

Recommendation 1: Revisit current policies and train staff on the eligibility process for both services with the use of the prioritization scale.

Comments: Homemaker services are more long term. Respite is a temporary service to provide brief relief to the caregiver. Staff documented in homemaker files that a client was placed on the list for respite – person already receiving homemaker services.

Recommendation 2: Re- evaluate the respite services provided to consumers and reassess for homemaker/housekeeping services.

Comments: Two files reviewed focused on housekeeping/homemaker services rather than providing respite - with the care plan indicating that the services to be provided is respite. Redevelop plan of care to design service to meet care of recipient (more companionship/socialization).

Corrective Action: Provide information that staff have received training differentiating between homemaker and respite services: include agenda items, length of sessions, sign-in sheets and the name of trainer between March 1, 2016 to due date: March 21, 2016.

Response: * We have requested that the AAA staff provide the necessary training regarding both respite and homemaker services. However, DSS Management (Ron Vialpando, Lugi Gonzales and Thomas Vigil) will also provide in-house training on March 24, 2016 to our In-Home Support Supervisor and direct service staff regarding the policy and procedures related to homemaker and respite services (attached #5-Agenda, staff names,). We will send you a copy of the signature sheet on March 25, 2016. Furthermore, we have also re-evaluated our respite files to ensure clients are eligible. Through this process we have transitioned three (3) of our respite clients into homemaker services based on the consumer needs/re-assessment process.

FINDING: Respite – NM AAA Policy, Section VII, Number 717 C5d and C5e.
Issue: No records of follow-up on issues of concern documented on progress notes by respite staff.

Recommendation: Develop a protocol to ensure that when issues described in progress notes raise a "Red Flag" concerning safety and well-being of a consumer that supervisory staff is able to assist the worker or take action

upon the issue. The follow-up should be documented in the progress notes as to how the issue was addressed. The written protocol is due March 21, 2016.

Comment: Respite workers' are reporting daily activities on progress notes and have clearly described issues that should be followed up on but there is not documentation or reference to how these: "Red Flag" issues are handled. 1) consumer reporting falls when alone – one reference to wheelchair but no other reference to how falls were addressed, 2) caregiver (spouse) placed chains on doors to prevent Alzheimer's individual (wife) from leaving the home while respite worker completed homemaker services, 3) running errands for other consumer during scheduled day and time without documentation of approval by supervisor for circumstances and record of how time was changed – potential double or inaccurate billing.

Response: We have developed a new protocol to ensure that all "Red Flags" noted on progress notes are reviewed by DSS Management, In-Home Support Supervisor and newly trained Program Coordinator, to ensure that these types of issues are being addressed in a timely and effective manner, and said issues are clearly documented in progress notes. Our Program Coordinator will be responsible to review all timesheets/progress notes as they are delivered daily by field staff and note any "Red Flag" issues. He will bring all issues to the attention of the DSS Director or Project Manager to ensure that the In-Home Support Supervisor reviews, corrects and provides follow-up to the consumer/caregiver and documents (progress notes) all issues in a timely manner.

CURRENT REVIEW:

Respite - NM AAA Policy, Section VII, Number 717, Letter C, #6 and Letter D, #1 & 2
Issue: Review of Respite files reveled incomplete files:

Recommendation: All clients' files must be reviewed by staff for compliance to include the following:

1. Dated progress notes and time sheets
2. The use of white out on all program documents, assessments and progress notes is not allowed. A single line through an error, initialed by staff making correction is allowable.
3. Progress note/time sheets documented of services to be provided are not checked off by the care taker.
4. Determination of permanent waiver- must be signed by director if applicable. Cross over marks indicating not applicable need to have notes indicating why the cross over is made.
5. When a client is ineligible for services there must documentation as to the reason why.
6. Break in service years assessments with no documentation as to why.
7. Care plans and assessment completed by the care provider (homemaker) without supervisor review and approval.

Must be done March 21, 2016. A follow-up review of files will be done April 18, 2016.

Response: We have reviewed all respite files to ensure that they include all required documentation per the noted seven AAA recommendations:

Recommendation: 1. Staff has reviewed and updated progress notes and timesheets. 2. We have instructed all staff that white out will not be allowed to correct any errors related to the assessment form and staff should draw a line to correct any errors/changes. 3. DSS staff has reviewed all Respite client files to ensure that all progress notes/timesheets are correctly documented to include being checked off by the caretaker. 4. All respite care clients who require a permanent waiver (if applicable) have been signed by the Program Director and processed. 5. In-Home Support Supervisor has been instructed to document when a client is ineligible for service and this information will be kept in a file with appropriate notes reflecting disqualifications of service. 6. We have determined that the reasoning behind the lapse in service is because when a senior initially signs up for our program at age 60 they typically don't request to use all of the actual service until a later date. In the event this occurs we will make a note in the Consumer Notes documenting the above situation. 7. As mandated via the In-home Support Supervisor

job duties we will ensure that she is performing these duties which will allow her to ensure that all documentation information is captured within this process.

Congregate (NM AAA Policy, Section VIII, Number 715, Letter C #2) **Transportation;** (NM AAA Policy, Section VIII, Number 718, Letter A, #2) **Congregate/Transportation:**
Issue: No progress notes on files documenting dual service congregate & transportation offered.

Recommendation: All files must be reviewed by staff for completeness. Assure that each service has a completed consumer assessment form (version 3.0)

Comment: There could be no determination in files as to why;

1. There was a lapse in the assessment- was there a lapse in service?
2. White out on dates of assessment, then current date entered.
3. No client signatures on the client code of conduct.
4. Clients not assessed annually.

Include all documents required per each client file by March 21, 2016. Follow up review of files will done April 19, 2016.

Response: Our Transportation and Nutrition management continues to address and update program assessments for these programs. We have implemented a new policy (attached #6) that mandates that our Data Base Specialist print out a monthly report for both the Transportation and Nutrition Sections for clients needing to be reassessed within that month. This documentation will also be provided to the DSS Director and Program Manager to ensure that re-assessment tasks are being processed and completed on a timely basis, per policy. Because of the magnitude of our program clients for both transportation and congregate services, we are requesting an extension to complete the reassessment process to May 19, 2016.

Comments: 1. We have determined that the reasoning behind the lapse in service is because several seniors initially sign up for our program at age 60 and choose not to take advantage of the services immediately, but in the future, perhaps after six months to a year. In order to keep on top of incidents like this, we have determined that we will begin printing a monthly report of inactive registered seniors, attempt to contact them, and make a note in the progress notes as to why they have not utilized our services. 2. We have instructed all staff that white out will not be allowed to correct any errors related to the assessment form. 3. Staff has reviewed all files and continues to update and complete our Code of Conduct forms to include client's signature that were missing from this document. 4. Because of the magnitude of our program clients for both transportation and congregate services, we are requesting an extension to complete this process to May 19, 2016.

Nutrition - (NM AAA Policy, Section VIII, Number 714, Number 15, Letter F) and NM AAA Policy, Section VII, Number 714, Letter B, Small letter a Site inspection (nutrition)
Issue: Program not dating foods in the refrigerator as noted in nutrition services monthly site inspections/evaluations.

Recommendation: Oversight must be implemented immediately in the kitchens to ensure old (expired) food items are not kept by the program. Submit a procedure that will be implemented to ensure this safety issue is adhered to. Due March 21, 2016.

Response: Nutrition Management has met with each center Cook and has gone over this policy (attached #7 ED Food Policy) to ensure that all food items stored in the refrigerator units are dated to guarantee freshness of each food product. This process will be monitored by management staff to ensure

compliance. We currently have and utilize the Monthly Site Inspection form which documents that we have reviewed and ensured that this process (dated food items/old outdated food items are thrown out) took place per policy. Staff has been reminded of the importance of this process and management will continue to provide staff training regarding this topic.

Nutrition - NM AAA Policy, Section VII, Number 714, Letter B, Small letter a
Issue: Program is not documenting when identified issues noted in monthly site inspection/evaluation documents are completed.

Recommendation: Provide a protocol identifying who will be responsible to follow-up on issues identified during site inspections. Due March 21, 2016

Comments: Three sites indicated on the monthly sit inspection/evaluation form that kitchen equipment, stoves, ovens needed cleaning. Follow-up documentation of when those cleanings were completed was not available.

Response: The Nutrition Administrator has implemented a new process and has added an additional page to our noted Monthly Site Inspection form (attached #8) which will be used to document our follow-up regarding who, how and when the noted identified site concerns where rectified. The Nutrition Administrator will be responsible for performing this added process. The documentation will be maintained and available for inspection as needed.

Nutrition - NM AAA Policy, Section VII, Number 714, Number 17, Small letter a
Issue: Recording (usage) of food items on the perpetual inventory was inconsistent.

Recommendation: Items on the perpetual inventory must be reflected accurately for each item used. Example, if an item is packaged in 8 ounce bags, the program should reflect case amounts. Submit documentation to the AAA office no later than March 21, 2016 identifying person assigned to this responsibility.

Comments: When delivering to another site and a case of pasta is taken but they only require 2 bags the inventory should be returned and reflected on the perpetual what is left. Example, two bags used there are 8 in a case (determine # of pounds and subtract those two bags from the weight).

Response: Our Nutrition Administrator and Inventory staff has reviewed the noted findings and will ensure that all items pulled from the main inventory warehouse and delivered to other sites that are not used will be returned and re-entered into our main inventory, documenting the noted transaction. The Nutrition Administrator will continue to make periodic checks/inspections of our program inventory to ensure accuracy and compliance.

Time Study - NM AAA Policy, Section VI, Number 602
Issue: Time study sheets not signed by employees, no summary sheet prepared by supervisor.

Recommendation: All work must be reviewed for completeness. Submit documentation to the AAA office no later than March 21, 2016, identifying person assigned to this responsibility. (NM AAA Policy, Section VI, Number 602).

Comment: Time studies are an important part of cost allocating for budgets.

Response: DSS Management has implemented new procedures regarding the Time Study process to ensure that this program mandate is being conducted per compliance. Each section supervisor will prepare and verify the Time Study with each staff member twice a year (March and September). Each Time Study form must be reviewed and signed by both section management and employee after verifying duties per grant guidelines. Time Studies will be placed in a file in each section program office and the

DSS Project Managers office (Lugi Gonzales). This information will be readily available for review by the AAA when requested. All program Time Studies for the month of March 2016 have been completed, reviewed and filed.

Financial: NM AAA Policy, Section VI, Number 605
Issue: NSIP not broken down by services.

Recommendation 1: Program will develop a supplemental report to show break down in NSIP by service that reconciles back to the financial statement. Due March 21, 2016.

Response: An excel worksheet was developed to distinguish between the amount of expense that pertains specifically to congregate and home delivery.

Issue: The budgeted expensed for congregate meals, home delivered, transportation, respite and home maker services did not reconcile to Non-Metro AAA budgets.

Recommendation 2: Expense budgets must balance against Non-Metro AAA approved budget sand monthly financial statement reviews by services is recommended to ensure budgets are in and posted to the correct service.

Response: Budget adjustments were prepared and approved to reflect the notification of grant awards (NGA) for congregate, home delivered and transportation. The 3rd quarterly report will reflect the accurate budget in accordance with the NGA. Respite and homemaker are currently going through the approval process to increase the city budget which will occur at the end of the fiscal year per City of Santa Fe, Financial Statement – Views of Responsible Officials and Planned Corrected Action (attached #9).

Comment: Reviewed second quarter financial reports from the City of Santa Fe for all services and congregate meals, home delivered meals, transportation, respite and homemaker services all had discrepancies in their budgets versus the approved AAA, SBE budgets. Also, reviewing the City of Santa Fe fiscal audit for 2015, there was a repeated finding for FSY 2006-006 Budgetary Compliance. It is imperative that the City of Santa Fe senior program budgets reconcile with the approved AAA budgets.

Response: The budget discrepancies have been rectified with budget adjustments to comply with the notification of grant awards for congregate, home delivery and transportation to ensure expenditures will not exceed the budget. Respite and homemaker budget adjustments are in process to reflect the increase in expenses by June 30, 2016. Regarding the finding referred to as FS 2006-006 budgetary compliance, the city has implemented a number of new controls. The finance director began publishing monthly budget performance reports at the end of the year as part of the process for approving the budget for the incoming year. All department directors are responsible for corrective action.

3900 Paseo de Sol
Santa Fe, New Mexico 87507

March 1, 2016

Ron Vialpando, Director
City of Santa Fe
PO Box 909
Santa Fe, NM 87504-0909

Dear Mr. Vialpando:

First let me say it was a pleasure working with you and your staff during the program assessment conducted on February 2-4, 2016. An entrance meeting was held on Tuesday, February 2, 2016 at 8:30 am, to describe the process for the assessment visit. The persons attending the entrance were Ron Vialpando, Santa Fe County Senior Program Director, Carlos Sandoval, Program Supervisor, Lugi Gonzales, Center Program Manager Thomas Vigil, Nutrition Program Administrator, Theresa Vigil, in-home Support Supervisor, Brenda Ortiz, Data Base Specialist; and Non-Metro AAA staff - Maria Montoya, Gloria Martinez, Toby Kessler and Marcia Medina, Interim AAA Director.

I would like to thank all staff for the work they have done for the City of Santa Fe on behalf of the seniors. The program continues to grow and provide great services which the seniors truly enjoy.

In regards to the assessment, there remains issues still identified in the prior year assessment that require staff training;

1. Incomplete client files. In reviewing participant files the following items were noted in several files: Missing signatures, incomplete documentation on progress notes, and a break in reassessment dates without explanation for the break, missing dates on progress notes/time sheets which would verify the date of review of notes and time worked.
2. Rating scale not used correctly to determine need/priority of services for the consumer.
3. Home maker timesheets requiring signatures of supervisor and client.
4. Confusion of services between home maker and respite by program staff.

These issues are addressed in the following report and were discussed with staff during the assessment process and at the exit conference.

The exit conference was held February 4, 2016 at 1:30 pm to review the issues identified and provide the City of Santa Fe Senior Program staff the opportunity for input and clarification. Those in attendance were: Ron Vialpando, Director, Lugi Gonzales, Center Program Manager, Theresa Trujillo, In Home Support Supervisor, Carlos Sandoval, Program Supervisor, Brenda Ortiz, Data Base Specialist, Shirley Coca Barela, Finance, Robert Chavez, Transportation, Enrique DeLoca, Inventory, Non-Metro AAA staff

- Maria Montoya, Kevin Calabaza, Toby Kessler, Marcia Medina, Interim AAA Director and Gloria Martinez.

The issues identified in the assessment report, as they relate to compliance of the contractual obligations with North Central New Mexico Economic Development District (NCNMEDD) Non-Metro Area Agency on Aging, are attached. Please send your written response to the report by March 21, 2016

If you have any questions, please contact me 505-216-2558. Please keep in mind the Non-Metro AAA is committed to providing on-site training and technical assistance to contractors/providers through a formal request from your agency.

Thank you for the services delivered to the senior citizens within the City of Santa Fe.

Sincerely,

Marcia Medina, Interim AAA Director
Non-Metro AAA

Cc: Program File
Miguel Ulibarri, ALTSD
Anthony Futch ALTSD

Attachment #1

Division of Senior Services-Nutrition
Meals on Wheels Client Care Plan

Date: _____

Clients Name: _____

Address: _____

_____

Phone #: _____

Initial Assessment: ☐
Reassessment (3 month): ☐
Reassessment (6 month): ☐
Permanent Waiver: ☐

Service Qualified for:
(10 Day Emergency Meals) ☐
(Meals) HOT, BK, EVN, WK, WK-BK ☐

Service Started On: _____

Service Ended: _____

Resumed Service: _____

Client's Current Condition : _____

Client's Needs: _____

Referrals (City of S.F. or Outside Agencies): _____

Follow Up: _____

Client Signature: _____ Date : _____

Lead Assessor Signature: _____ Date: _____

MOW Supervisor Signature: _____ Date: _____

Attachment #2

City of Santa Fe, Division of Senior Services

Home Delivered Assessment/Re-assessment

Care Plan Review & Rating Scale Protocol

1) **Meals on Wheels Referrals:**

   All intake referrals for MOW Services will be completed via City of Santa Fe, DSS Staff/MOW Supervisor.

   Lead Assessor will conduct assessment in the home within 20 working days of the referral per AAA policy.

2) **Client(s) Assessment/Reassessment & Care Plan Review Process:**

   A) DSS MOW Lead Assessor will complete Assessment(s)/Re-assessment(s) document(s) and provide them to DSS MOW Supervisor

   B) DSS MOW Supervisor will then review the MOW Lead Assessors' Assessment(s)/Re-assessment(s) and ensure that the client care plan has the following criteria:

   - All Client information is correct and updated
   - Assessment/Re-assessment notes are complete
   - Type of Service(s) going to be provided
   - Length of Service
   - Condition of Client
   - Needs of the Client
   - Completes Rating Scale to determine the type of Subservice to be provided
   - If client scored high on his or her ADL's/IADL's or Nutrition Score(s), a formal letter will need to be provided via USPS to inform the client(s) of his or her score(s) and the letter will have some type of referral(s)
   - MOW Supervisor will sign and date the Assessment/Reassessment when review process is completed and will submit to the DSS Nutrition Manager for Final approval and signature/date

   C) DSS Nutrition Manger will also review the Assessment/Reassessment for compliance and sign and date prior to submitting the Assessment/Reassessment to the SAMS DATA Base Specialist

   D) Data Specialist will review Assessment/Reassessment for compliance and submission to AAA (Tucumcari Office)

   E) Clients who receive a letter will also receive a follow up phone call or home visit in three months by the DSS MOW Lead Assessor

In Home Services Rating Scale

Date of Assessment: _____

Program Name: _____

Consumer Name: _____

Other Contact Name: _____

Consumer ID: _____

Other Contact Telephone # _____

Consumer Telephone # _____

	Yes	No
Lives Alone	☐ 5	☐ 0
See Definition Tab → Frail	☐	☐
Isolated	☐ 5	☐ 0
Low-Income	☐ 5	☐ 0
Medicaid Eligible	☐ 0	☐ 5

Possible Interventions:

Referral made: ☐ Yes ☐ No

Follow-up date/outcome

Possible Interventions:

Referral made: ☐ Yes ☐ No

Follow-up date/outcome

Were the following Contacted: (check the box next to all that apply)

Contact Income Support ☐ ☐

Social Security and/or Veterans Administration ☐ ☐

To Determine Eligibity with: (check all that apply)

Food Stamps ☐ Veteran's Benefits ☐ ☐

Energy Assistance ☐ Housing Assistance ☐ ☐

Dentist ☐ Medicaid ☐ ☐

Medicare ☐ ☐

Social Security and/or Veterans Administration ☐

Rating Scale: See Definition Tab

Apply the score and place in the appropriate category

ADL'S	
IADL'S	
NUTRITION	
Lives Alone	
Isolated	
Low-Income	
Paid Services from another program	
Medicaid Eligible	
Family/Other Support	
None	
Less than 24 hrs. wkly	
25-40 hrs wkly	
41-60 hrs. wkly	
TOTAL SCORE	

Reassessment Schedule based on Nutrition Score

1-2 Good	3-5 Moderate	6 or More High Nutritional Risk	
CM = 1 year Reassess In Home Services = 6 month Reassess ☐	CM = 1 year Reassess In Home Services = 6 month Reassess ☐	CM = 6 month Reassess In Home Services = 3 month Reassess unless Permanent Condition Wavier ☐	
Highest Risk 40 OR More	High Risk 39-30	Moderate 29-20	Low 0
Homemaker Services per week			check hrs. that apply
5 ☐	4 ☐	3 ☐	2 ☐
Highest Risk 40 OR More	High Risk 39-30	Moderate 29-20	Low 19 or less
☐ re Services per week			check hrs. that apply
☐ 5 ☐ ☐	4 ☐	3 ☐	2 ☐
☐ Highest Risk 40 OR More	High Risk 39-30	Moderate 29-20	Low 19 or less
Home Delivered Meals Services per week			
Breakfast / Lunch/Evening /Wknd Breakfast / Wknd lunch / Wknd Evening ☐	Lunch/Evening & Wknd Lunch ☐	Lunch & Wknd Lunch ☐	Lunch ☐

Assessor's Consumer Assessment Checklist

	DATA	If Addressed Indicate where on assessment
1	What are the consumers observations, thoughts, direct quotes about their needs?	
2	Assessor- data about the consumer-What did the assessor observe during the session? (mood, appearance)	
3	What was the general content and process of the assessment process?	
4	What was the outcome, what was the determination of service needs?	

	ASSESSMENT	
5	What is the assessor's understanding about the problem?	
6	What are the results of the assessment -was a rating scale used?	
7	When will service delivery begin?	
8	Was the consumer comfortable with the determination of service?	

	PLAN	
8	Was a care plan developed?	
9	Did consumer agree with the plan?	
10	Were consumer rights and policies reviewed with the consumer?	
11	Were consumer rights signed?	
12	When will services begin?	
13	Was a Reassessment scheduled?	

	General Checklist	
14	Is the care plan connected to SAM'S Assessment? (Nutrition-ADL'S and IADL'S)	
15	Is the assessment and care plan dated and signed?	
16	If it is a reassessment - Is the SAM's Consumer Identifier on all pages?	
17	Are the case notes clear and concise?	
18	Would someone not familiar with this consumer be able to read the need for services?	
19	Would someone not familiar with this consumer be able to determine the need for services?	
20	Would someone not familiar with this consumer be able to determine how the care plan was developed?	

Attachment 4 Not included as it contains Personal Health Information.

Attachment #5

City of Santa Fe

Agenda

Division of Senior Services
In-Home Support Services
AAA Training
Thursday, March 24, 2016
MEG Senior Center
3:30 pm – 5:00 pm

I. In-Home Respite Definition

II. Homemaker Definition

III. Completing Assessment & Reassessment

IV. Completing Timesheet/Progress notes

V. Following Care Plan

City of Santa Fe

DIVISION OF SENIOR SERVICES
In Home Support Services staff AAA training
TRAINERS:
Ron Vialpando, DSS Director
Lugi Gonzales, DSS Center Program Manager
Thomas Vigil, DSS Program Administrator
Theresa Trujillo, DSS IHSS Supervisor

DATE: March 24, 2016
TIME: 3:30-5:00 pm

	NAME (PRINT)		SIGNATURE
1	Tammy Anderson		
2	Linda Aragon	Absent - FML	
3	Michelle Benavidez		
4	Delilah CdeVaca		
5	Dianne Dean		
6	Darlene George		
7	Debbie Griego-Cardiel		
8	Chris Lucero		
9	Lisa Maestas		
10	Rena Mares		
11	Carmelita Ortega		
12	Lillian Phillipovich		
13	Mark Sanchez		
14	Valerie Trujillo		
15	Katie Ortiz		
16	Theresa Trujillo		
17	Albert Chavez		
18	Lugi Gonzales		
19	Daniel Mitchell		
20	Ron Vialpando		
21	Thomas Vigil		
22			
23			
24			

Attachment #6

CITY OF SANTA FE
REASSESSMENT POLICY

Data Base Specialist

On a monthly basis, the Data Base Specialist will generate a list of clients who need to be reassessed from each program as follows:

- Congregate meals
- Meals on Wheels
- Transportation
- In Home Support (Respite and Homemaker)

The monthly noted list(s) must be provided to each Section Manager, as well as the Director and Project Manager on the first working day of the month.

Section Managers

- Managers will ensure that all clients on the list are reassessed.
- Reassessments will be submitted to the Data Base Specialist for processing.
- Managers will sign and date the completed list monthly and submit the list to the Project Manager by the 29th of the month to verify that this process is occurring.
- The completed lists will be filed in the Project Manager's office for review.

Database Specialist _____ Date:_____

Nutrition Administrator _____ Date:_____

Meals on Wheels Supervisor _____ Date:_____

In Home Support Supervisor _____ Date:_____

Transportation Manager _____ Date:_____

Transportation Manager _____ Date:_____

Policy created on 3-4-16

(i) serving only non-potentially hazardous food; or

(ii) operating no more than two (2) consecutive calendar days at an event;

(b) any food establishment that provides food to the general public at no charge.

(3) No discount or refund shall be made for partial years or for permit suspension, revocation or denial in accordance with **Subsections B, C, or D of 7.6.2.8 NMAC.** After permit revocation, the full fee must be paid for a new permit.

(4) For new food establishments and temporary food service establishments, including permits for new permittees, new locations, or new events, permit fees shall be paid when the application for permit is submitted and shall be verified by the health authority before the permit is issued.

(5) Payments shall be accompanied by submittal forms available from the health authority.

L. Current Food And Drug Administration Food Code Applicability: The current United States public health service, food and drug administration Food Code is hereby adopted as a technical reference and interpretation guide.

M. Procedures For Embargo, Recall, And Condemnation:

(1) Whenever the secretary finds, or has probable cause to believe, that any food product fails to meet health standards or is adulterated with any substance, or is found to be misbranded, such that it may be injurious to human health, the suspected lot shall be embargoed or detained, if not yet distributed to consumers or any retail outlet.

(2) If the suspected lot has been distributed, the food processor, including home-based food processing operations, shall be given the opportunity to recall the product voluntarily or the suspected lot may be disposed of onsite by methods approved by the health authority.

(3) If a voluntary recall is refused, the secretary may order a mandatory recall of the suspected lot.

(4) When any food product is found, by examination or laboratory analysis, to be in violation of safe health standards, the secretary may order condemnation and disposal of the product lot, at the expense of the food processor.

[7.6.2.8 NMAC - Rp, 7 NMAC 6.1.104 to 114, 08/12/2000; A, 12/01/05; A, 01/01/2010]

7.6.2.9 FOOD PROTECTION REQUIREMENTS:

A. Wholesomeness Of Food And Drink:

(1) Food shall be from an approved source. Food from such sources shall have been protected from contamination and spoilage during subsequent handling, packaging, storage and while in transit. Dry milk may be reconstituted in a food establishment if it has been manufactured from pasteurized milk or milk products at the milk processing plant. No raw milk or raw milk products shall be used in food preparation. Grade A raw milk products may be served only in sealed, individual, labeled containers as received from the milk plant.

(2) Shellstock shall be identified with an official tag giving the name and the certificate number of the original shellstock shipper and the kind and quantity of shellstock. Shellstock shippers and shellstock reshippers, other than the original shellstock shipper, shall also add their name and certification number to the original shellstock shippers tag. Fresh and frozen shucked oysters, clams and mussels shall be packaged in non-returnable containers identified with the name and address of the packer, repacker, or distributor and the certificate number of the packer or repacker preceded by the abbreviated name of the state, as required in **7.6.2.15** of this Part. Upon receiving shellstock, restaurateurs should check to see that the required information is on the shellstock tag; if not, then the delivery should be rejected as the restaurateur may be dealing with an uncertified dealer ("bootlegger"). Restaurants shall retain such tags for ninety (90) days, before discarding.

(3) The use or sale of home-canned or home-prepared potentially hazardous foods is prohibited.

(4) All raw eggs shall be refrigerated at 41 degrees F or below during storage, except as provided for in **7.6.2.10.A(10)**.

(5) Additional safeguards to be practiced in food establishments serving highly susceptible populations require the use of pasteurized apple juices, apple cider, other fresh fruit juices, and pasteurized eggs as well as prohibiting service of raw animal foods, and partially or lightly cooked food of animal origin. Pasteurized liquid, frozen, or dry eggs or egg products shall be substituted for shell eggs in the preparation of:

(a) foods such as Caesar salad, hollandaise or béarnaise sauce, noncommercial mayonnaise, eggnog, ice cream, and egg-fortified beverages that are not cooked; and

(b) eggs for a highly susceptible population, if the eggs are broken, combined in a container, and not cooked immediately or if the eggs are held before service following cooking.

(6) All ice shall be made from potable water sources that meet public water supply standards outlined in the New Mexico Water Supply Regulations.

(7) Commercially raised game animals, donated wild game, and other exotic animals shall be processed as follows:

(a) Game animals and other exotic animals such as ratites, which are commercially raised for food, may be received for sale or service if they are slaughtered and processed according to laws governing meat and poultry as determined by the agency that has animal health jurisdiction and the agency that conducts the inspection program.

(b) Donated wild game meat shall be processed in New Mexico Livestock Board licensed and Health Authority permitted facilities. Unless served within forty-eight (48) hours of processing, donated wild game meat shall be frozen prior to distribution. Wild game meat shall only be donated to charitable organizations operating permitted facilities for the needy.

(8) Refrigerated, ready to eat, potentially hazardous food prepared on site and held for more than twenty four (24) hours shall be marked with the date of preparation. Such food shall be discarded if not served within seven (7) calendar days from date of preparation.

(9) Food establishments that use a reduced oxygen packaging method to package food shall have an approved HACCP plan that:

(a) identifies the food to be packaged;

(b) limits the food packaged to a food that does not support the growth of Clostridium botulinum or other pathogens because it complies with one of the following:

(i) has a water activity (a_w) of 0.91 or less,

(ii) has a pH of 4.6 or less,

(iii) is a meat product cured at a food processing plant regulated by U.S. Department of Agriculture using a combination of nitrites, nitrates, and salt that at the time of processing consists of 120 mg/liter or higher concentration of sodium nitrite and a brine concentration of at least 3.50 % and is received in an intact package, or

(iv) is a food with a high level of competing organisms such as raw meat or raw poultry;

(c) specifies methods for maintaining food at 41 degrees F or below;

(d) describes how the packages shall be prominently and conspicuously labeled on the principal display panel in bold type on a contrasting background, with instructions to:

(i) maintain the food at or below 41 degrees F, and

(ii) discard the food if within fourteen (14) calendar days of its packaging it is not served for on-premises consumption, or consumed if served or sold for off-premises consumption;

(e) limits the shelf life to no more than fourteen (14) calendar days from packaging to consumption or the original manufacturer's "sell by" or "use by" date, whichever occurs first;

(f) includes operational procedures that:

(i) prohibit food contact with bare hands,

(ii) identify a designated area and the method by which physical barriers or methods of separation of raw foods and ready-to-eat foods minimize cross-contamination, and access to the processing equipment is restricted to responsible, trained personnel familiar with the potential hazards of the operation, and

(iii) delineate cleaning and sanitization procedures for food-contact surfaces; and

(g) describes the training program that ensures that the individual responsible for the reduced oxygen packaging operation understands the:

(i) concepts required for a safe operation,

(ii) equipment and facilities, and

(iii) procedures specified in 7.6.2.9.A(9).

(h) Except for fish that is frozen before, during, and after packaging, a food establishment shall not package fish using a reduced oxygen packaging method.

(10) Before service or sale in ready-to-eat form, raw, marinated, or partially cooked fish other than molluscan shellfish shall be frozen throughout to a temperature of:

(a) -4.0 degrees below zero F or colder for seven (7) days in a freezer; or

(b) -31 degrees below zero F or colder for fifteen (15) hours in a blast freezer.

(11) **7.6.2.9.A(10)** shall not apply to tuna of the genus *Thunnus* as follows:

(a) *Thunnus alalunga,*

(b) *Thunnus albacares* (yellowfin tuna),

(c) *Thunnus atlanticus,*

(d) *Thunnus maccoyii* (bluefin tuna, southern),

(e) *Thunnus obesus* (bigeye tuna), and

Attachment #9

STATE OF NEW MEXICO
City of Santa Fe
Schedule of Findings and Questioned Costs
For the Year Ended June 30, 2015

B. FINDINGS – FINANCIAL STATEMENT AUDIT – (continued)

FS 2006-006 Budgetary Compliance (Other Non-Compliance) (repeated and modified) (continued)

Criteria: City funds are to be budgeted by the local governing body and submitted to the State of New Mexico Department of Finance and Administration - Local Government Division for approval. Once adopted, any claims or warrants in excess of approved budget are a violation of New Mexico State Statute 6-6-6, 1978 Compilation. In addition, NMAC 2.2.2.10 (O) (1) (b) requires an audit finding in the event budgeted expenditures exceed budgeted revenues (after prior year fund balance). The City's legal level of budgetary control for governmental funds and enterprise funds is at the fund level and division level, respectively.

Effect: The internal controls established by adherence to budgets have been comprised, and excess spending could result.

Cause: Adjustments of budgeted and actual expenditures were not completed during the year for certain funds.

Auditors' Recommendation: Management should update policies and procedures to specifically include reviews and comparisons of actual to budgeted expenditures, including a review of budgeted revenues, expenditures, and fund balance.

Views of Responsible Officials and Planned Corrective Action: The City has implemented a number of new controls and procedures aimed at halting this behavior in the departments, who are responsible for both developing their budgets and keeping within them. Starting last winter, the Finance Department began publishing monthly budget performance reports that also provide year-end projections for each department. There is also now a new practice of amending the current budget at the end of the year as part of the process for approving the budget for the incoming year. These new procedures are intended to both alert the departments of trends that may cause them to exceed their budgets and to give them an opportunity to request timely adjustments.

The other control that has been implemented to enforce the budget is the abolishment of the practice of "carrying forward" appropriations from one year to the next. Among other important benefits this change is expected to provide, is that it will encourage the departments to review the progress of all their contracts and procurements to make sure they are either completed before the end of the fiscal year or included in the budget for the following year.

The Department Directors are responsible for corrective action and it estimated that correction action will be fully implemented by June 30, 2016.