STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2252	A. BUILDING: _____ B. WING _____	R-C 11/29/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAVENNA ASSISTED LIVING	3051 TWIN OAKS DR NW ALBUQUERQUE, NM 87120

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{A 000}	Initial Comments The following is the result of a revisit survey conducted on 11/29/12 for the survey conducted on 10/13/11 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living. Repeat deficiencies were recited.	{A 000}		
{A 070}	7 NMAC 8.2.70 Incorporated and Related Rules and Codes INCORPORATED AND RELATED RULES AND CODES: The facilities that are subject to this rule are also subject to other rules, codes and standards that may, from time to time, be amended. This includes the following: A. Health Facility Licensure Fees and Procedures, New Mexico Department of Health, 7.1.7 NMAC. B. Health Facility Sanctions and Civil Monetary Penalties, New Mexico Department of Health, 7.1.8 NMAC. C. Adjudicatory Hearings for Licensed Facilities, New Mexico Department of Health, 7.1.2 NMAC. D. Caregiver's Criminal History Screening Requirements, 7.1.9 NMAC. E. Employee Abuse Registry 7.1.12 NMAC. F. Incident Reporting, Intake Processing and Training Requirements 7.1.13 NMAC. [7.8.2.70 NMAC - N, 01/15/2010] This REQUIREMENT is not met as evidenced by: This is a repeat deficiency from surveys dated 02/10/10, 04/19/10 and 08/02/10. Refer to: TITLE 7 HEALTH	{A 070}		

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{A 070}	Continued From page 1 CHAPTER 1 HEALTH GENERAL PROVISIONS PART 9 CAREGIVERS CRIMINAL HISTORY SCREENING REQUIREMENTS Refer to 7.1.9.8 NMAC CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS: A. General: The responsibility for compliance with the requirements of the act applies to both the care provider and to all applicants, caregivers and hospital caregivers. All applicants for employment to whom an offer of employment is made or caregivers and hospital caregivers employed by or contracted to a care provider must consent to a nationwide and statewide criminal history screening, as described in Subsections D, E and F of this section, upon offer of employment or at the time of entering into a contractual relationship with the care provider. Care providers shall submit all fees and pertinent application information for all applicants, caregivers or hospital caregivers as described in Subsections D, E and F of this section. Pursuant to Section 29-17-5 NMSA 1978 (Amended) of the act, a care provider ' s failure to comply is grounds for the state agency having enforcement authority with respect to the care provider to impose appropriate administrative sanctions and penalties. . . . D. Application: In order for a nationwide criminal history record to be obtained and processed, the following shall be submitted to the department on forms provided by the department. (1) A form containing personal identification which has a photograph of the person and which meets the requirements for employment eligibility in accordance with the immigration and nationality act as amended. A reasonable xerographic copy of a drivers license photograph will suffice under	{A 070}		

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{A 070}	Continued From page 2 Subsection D of 7.1.9.8 NMAC. (2) A signed authorization for release of information form. (3) Three (3) complete sets of readable fingerprint cards or other department approved media acceptable to the department of public safety and the federal bureau of investigation submitted using black ink. (4) The fee specified by the department for the nationwide and statewide criminal history screening investigation shall not exceed seventy-four ($74) dollars. Of which, twenty-four ($24) dollars shall be applied for the federal bureau of investigation nationwide criminal history screening, seven ($7) dollars shall be applied for the statewide criminal history screening. The remaining application fee shall be applied to cover costs incurred by the Department to support activities required by the Act and these rules. The fees will not be applied to any other activity or expense undertaken by the Department. (5) If the applicant, caregiver or hospital caregiver must submit another readable set of fingerprint cards upon notice that the fingerprint cards previously submitted were found unreadable, as determined by the federal bureau of investigation or department of public safety, the submission of a second set of fingerprint cards is required, a separate fee will not be charged. A fee shall be charged for submission of a third and subsequent fingerprint sets. (6) If the applicant, caregiver or hospital caregiver has a physical or medical condition which prevents the applicant, caregiver or hospital caregiver from producing readable fingerprints using commonly available fingerprinting techniques, the applicant, caregiver or hospital caregiver shall submit the fingerprint cards with a notarized affidavit signed by the applicant,	{A 070}		

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{A 070}	Continued From page 3	{A 070}		

caregiver, hospital caregiver, returned to the department within fourteen (14) calendar days, as determined by the postmark, which provides:
(a) identification of the applicant, caregiver or hospital caregiver;
(b) an explanation of, or a statement describing, the applicant ' s, caregiver ' s or hospital caregiver ' s good faith efforts to supply readable fingerprints; and
(c) the physical or medical reason that prevents the applicant, caregiver or hospital caregiver from producing readable fingerprints using commonly available fingerprinting techniques.
7.1.9 NMAC 4
(d) An applicant, caregiver or hospital caregiver meeting the conditions of this paragraph and who has resided in the state of New Mexico for less than ten (10) years must also submit a ten (10) year work history in addition to the required affidavits.
(7) All documentation submitted to the department for the purposes of criminal history screening and for the purposes set forth in 7.1.9.9 NMAC and 7.1.9.10 NMAC shall become the sole property of the department with the exception of fingerprint cards which shall be destroyed upon clearance by both the federal bureau of investigation and department of public safety. All other submitted documentation shall be retained by the department for a period of one year from the final date of closure and thereafter shall be archived.
E. Fees: The federal bureau of investigation has a mandatory processing fee with no exceptions. The department and department of public safety impose a state processing and administrative fee. The fee payment must accompany the fingerprint application, or otherwise be credited to the department prior to or at the same time with the department ' s receipt of the application

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{A 070}	Continued From page 4 documents. The manner of payment of the fee is by bank cashier check or money order payable to the New Mexico department of health or other method of funds transfer acceptable to the department. Business checks will be accepted unless the business tendering the check has previously tendered a check to the department unsupported by sufficient funds. Neither cash nor personal checks will be accepted. The fee may be paid by the care provider or by the applicant , caregiver or hospital caregiver. The department will set a fee in addition to the fees imposed by department of public safety and the federal bureau of investigation that will fully and completely cover costs incurred by the department to support activities required by the act and these rules. The fees will not be applied to any other activity or expense undertaken by the department. F. Timely Submission: Care providers shall submit all fees and pertinent application information for all individuals who meet the definition of an applicant, caregiver or hospital caregiver as described in Subsections B, D and K of 7.1.9.7 NMAC, no later than twenty (20) calendar days from the first day of employment or effective date of a contractual relationship with the care provider. Refer to 7.1.9.8 NMAC CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS: This following is a repeat deficiency cited on the revisit survey on 11/29/12 for the cited deficiency noted above for survey dated 10/13/11. Based on record review and interview the facility failed to submit all fees and application	{A 070}		

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{A 070}	Continued From page 5 information to the Caregiver Criminal History Screening Program (CCHSP) for 1 of 2 (Caregiver #80) staff. The findings are: A. Review of records for Caregiver #80 revealed a date of hire on 09/12/12 and there was no evidence of fingerprinting or proof that the required documents were sent to CCHSP at the time of this review. B. In an interview with the Manager on 11/28/12 at 3:03 pm, the manager acknowledged she could not provide any documentation that Caregiver #80 had been fingerprinted and screened by the CCHS program and acknowledged this was a repeated deficiency. Refer to 7.1.9.8 F. NMAC Timely Submission This following is a repeat deficiency cited on the revisit survey on 11/29/12 for the cited deficiency noted above for survey dated 10/13/11. Based on record review and interview the facility failed to submit fees and pertinent application information to the Caregiver Criminal History Screening (CCHS) program within 20 calendar days from the date of hire for 1 of 2 staff records reviewed (Caregiver #81). The findings are: A. Review of records for Caregiver #81 revealed a date of hire on 10/13/12 and her fingerprinting was dated 11/20/12; thirty seven calendar days after the date of hire. B. In an interview with the Manager on 11/28/12 at 3:03 pm, the manager acknowledged that the	{A 070}		

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{A 070}	Continued From page 6 facility had not sent the fingerprinting for Caregiver #81 within the timeframe set forth by the regulations and acknowledged this was a repeated deficiency.	{A 070}		