

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2252	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/22/2025
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

RAVENNA ASSISTED LIVING

**3051 TWIN OAKS DR NW
ALBUQUERQUE, NM 87120**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
8 000	Initial Comments The following deficiencies were cited during a Complaint survey completed on 10/22/25 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living Facilities for Adults. Resident Census: 40 Complaint Intake NM [REDACTED] was investigated and deficiencies were cited.	8 000		
8 016	8 NMAC 370.14.16 Staff Qualifications A facility shall employ staff with the following qualifications. A. Administrator, director, operator: an assisted living facility shall be supervised by a full-time administrator. Multiple facilities that are located within a 40-mile radius may have one full-time administrator. The administrator shall: (1) be at least 21 years of age; (2) have a high school diploma or its equivalent; (3) comply with the requirements of the New Mexico caregivers criminal history screening act, 8.370.5 NMAC; (4) complete a state approved certification program for assisted living administrators; (5) be able to communicate with the residents in the language spoken by the majority of the residents; (6) not work while under the influence of alcohol or illegal drugs; (7) have evidence of education and experience to prove the ability to administer, direct and operate an assisted living facility; the evidence of education and experience shall be directly related to the services that are provided at the facility; (8) provide three notarized letters of reference from persons unrelated to the applicant; and	8 016		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

CMPhillips

(Caren M. Phillips)

Administrator

10/31/25

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8 016	Continued From page 1 (9) comply with the pre-employment requirements pursuant to the employee abuse registry, 8.370.8 NMAC. B. Direct care staff: (1) shall be at least 16 years of age; (2) shall have adequate education, relevant training, or experience to provide for the needs of the residents; (3) shall comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 8.370.8 NMAC; and (4) shall comply with the current requirements of reporting and investigating incidents pursuant to incident reporting, intake processing and training requirements, 8.370.9 NMAC; (5) if a facility provides transportation for residents, the employees of the facility who drive vehicles and transport residents shall have copies of the following documents on file at the facility: (a) a valid New Mexico driver's license with the appropriate classification for the vehicle that is used to transport residents; (b) documentation of training in transportation safety for the elderly and disabled, including safe vehicle operation; (c) proof of insurance; and (d) documentation of a clean driving record; (6) any person who provides direct care who is not employed by an agency that is covered by the requirements of the caregivers criminal history screening requirements, 8.370.5 NMAC, shall provide current (within the last 6 months) proof of the caregiver's criminal history screening to the facility; the facility shall maintain and have proof of such screening readily available; and (7) employers shall comply with the requirements of the caregivers criminal history screening requirements, 8.370.5 NMAC.	8 016		

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8 016	Continued From page 2 [8.370.14.16 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.16 B (3) (6) Refer to 8.370.8 EMPLOYEE ABUSE REGISTRY 8.370.8 REGISTRY ESTABLISHED; PROVIDER INQUIRY REQUIRED: Upon the effective date of this rule, the department has established and maintains an accurate and complete electronic registry that contains the name, date of birth, address, social security number, and other appropriate identifying information of all persons who, while employed by a provider, have been determined by the department, as a result of an investigation of a complaint, to have engaged in a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider. Additions and updates to the registry shall be posted no later than two (2) business days following receipt. Only department staff designated by the custodian may access, maintain and update the data in the registry. A. Provider requirement to inquire of registry. A provider, prior to employing or contracting with an employee, shall inquire of the registry whether the individual under consideration for employment or contracting is listed on the registry. B. Prohibited employment. A provider may not employ or contract with an individual to be an employee if the individual is listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider. C. Applicant's identifying information required. In making the inquiry to the registry prior to employing or contracting with an employee, the	8 016		

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8 016	Continued From page 3 provider shall use identifying information concerning the individual under consideration for employment or contracting sufficient to reasonably and completely search the registry, including the name, address, date of birth, social security number, and other appropriate identifying information required by the registry. D. Documentation of inquiry to registry. The provider shall maintain documentation in the employee's personnel or employment records that evidences the fact that the provider made an inquiry to the registry concerning that employee prior to employment. Such documentation must include evidence, based on the response to such inquiry received from the custodian by the provider, that the employee was not listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation. E. Documentation for other staff. With respect to all employed or contracted individuals providing direct care who are licensed health care professionals or certified nurse aides, the provider shall maintain documentation reflecting the individual's current licensure as a health care professional or current certification as a nurse aide. F. Consequences of noncompliance. The department or other governmental agency having regulatory enforcement authority over a provider may sanction a provider in accordance with applicable law if the provider fails to make an appropriate and timely inquiry of the registry, or fails to maintain evidence of such inquiry, in connection with the hiring or contracting of an employee; or for employing or contracting any person to work as an employee who is listed on the registry. Such sanctions may include a directed plan of correction, civil monetary penalty not to exceed five thousand dollars (\$5000) per	8 016		

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8 016	Continued From page 4 instance, or termination or non-renewal of any contract with the department or other governmental agency. [8.370.8.8 NMAC - N, 07/01/2024] 8.370.5.8 CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS: ... 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 Subsection D of 8.370.5.8 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.	8 016		

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8 016	Continued From page 5 ... 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 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 8.370.5.7 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. G. Maintenance of Records: Care providers shall maintain documentation relating to all employees and contractors evidencing compliance with the	8 016		

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8 016	Continued From page 6 act and these rules. (1) During the term of employment, care providers shall maintain evidence of each applicant, caregiver or hospital caregiver's clearance, pending reconsideration, or disqualification. (2) Care providers shall maintain documented evidence showing the basis for any determination by the care provider that an employee or contractor performs job functions that do not fall within the scope of the requirement for nationwide or statewide criminal history screening. A memorandum in an employee's file stating "This employee does not provide direct care or have routine unsupervised physical or financial access to care recipients served by [name of care provider]," together with the employee's job description, shall suffice for record keeping purposes. Based on record review and interview, the facility failed to ensure for 1 (DCS #3) of 4 (DCS #s 1-4) Direct Care Staff (DCS) the following: 1. Were cleared by the Employee Abuse Registry (EAR) prior to hire. 2. Submitted their application and fingerprints to the Caregivers Criminal History Screening Program (CCHSP) within 20 days of hire. These deficient practices could likely result in the 40 (R #s 1-40) residents identified on the census provided by the Administrator on 10/20/25, to be at risk of harm or abuse if residents are being provided care by staff who may have a previous history of abusing, neglecting, and/or exploiting residents, and may be a convicted felon. The findings are:	8 016		

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8 016	Continued From page 7 A. Record review of DCS #3's employee file, date of hire 05/28/25, revealed the facility failed to ensure that DCS #3: 1. Was cleared from the EAR (06/11/25), prior to hire. 2. Had documentation for application and fingerprints being submitted to the CCHSP, within 20 days of hire. B. On 10/20/25 at 11:35am, during an interview, the Administrator confirmed DCS #3 was not cleared from the EAR prior to hire, nor was there documentation of an application and fingerprints submitted to the CCHSP within 20 days of hire.	8 016	<i>Plan of Correction</i> 8.370.14.16.B(3)(6) <i>1) DCS #3 is no longer employed due to attendance issues. No further action regarding her HR file</i> <i>2) Train back-up administrative employee to complete CCHSP procedures in timely manner. Review procedures and regulations with all admin staff</i>	N/A Due by: 11/15/25
8 017	8 NMAC 370.14.17 Staff Training A. Training and orientation for each new employee and volunteer that provides direct care shall include a minimum of 16 hours of supervised training prior to providing unsupervised care for residents. B. Documentation of orientation and subsequent trainings shall be kept in the personnel file at the facility. C. Training shall be provided at orientation and at least 12 hours annually, the orientation, training and proof of competency shall include: (1) fire safety and evacuation training; (2) first aid; (3) safe food handling practices (for persons involved in food preparation), to include: (a) instructions in proper storage; (b) preparation and serving of food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control; (4) confidentiality of records and resident information;	8 017	<i>3) Add new procedure for DCS who is not-compliant with required fingerprinting procedure and place them on probation until they have completed fingerprinting</i> <i>4) Review/update auditing procedure to monitor compliance of each newly hired DCS employee in completing and passing CCHSP clearance. Assign to Office Manager.</i>	Due by: 11/15/25 Due by: 11/15/25

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8 017	Continued From page 8 (5) infection control; (6) resident rights; (7) reporting requirements for abuse, neglect or exploitation in accordance with 8.370.9 NMAC; (8) smoking policy for staff, residents and visitors; (9) methods to provide quality resident care; (10) emergency procedures; (11) medication assistance, including the certificate of training for staff that assist with medication delivery; and (12) the proper way to implement a resident ISP for staff that assist with ISPs. D. If a facility provides transportation to residents, employees of the facility who drive vehicles and transport residents shall have training in transportation safety for the elderly and disabled, including safe vehicle operation. [8.370.14.17 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.17 A B C (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) Based on record review and interview, the facility failed to ensure 1 (DCS #3) of 4 (DCS #1-4) Direct Care Staff, whose training file was reviewed for compliance, received the required annual training. This deficient practice has the potential for all residents listed on the facility census provided by the Administrator to be at risk of harm or injury if staff have not received the required orientation and /or annual training on proper methods of providing care and services. The findings are:	8 017		

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8 017	Continued From page 9 A. Record review of DCS #1's (date of hire 07/03/2025) staff record of training revealed, the record did not contain documentation of any updated annual training for: 01. Fire Safety and Evacuation Training, 02. First aid, 03. Safe food handling practices (for persons involved in food preparation), 04. Confidentiality of records and resident information, 05. Infection control, 06. Resident rights, 07. Reporting requirements, 08. Smoking policy for Staff, Residents, and Visitors, 09. Methods to providing quality Resident care, 10. Emergency procedures, 11. Medication assistance, including the certificate of training for staff that assist with medication delivery, 12. The proper way to implement a resident Individual Service Plan (ISP) for staff that assist with ISPs B. On 10/20/25 at 2:05pm, during an interview, the Administrator confirmed there are incomplete records for annual training in DCS #1's file.	8 017	<i>Plan of Correction</i> 8.370.14.17 ABC(1)(2)(3)(4)(5)(6)(7)(8)(9)(10)(11)(12) 1. DCS. #1 has completed required training and is now compliant with above regulation. 2. DCS Hiring Manager training procedures to be reviewed/updated to highlight training requirements for all DCS and use a calendar system to track due dates 3. Train administrative assistant as back-up to be able to support DCS training and to maintain an annual training schedule 4. Add new procedure for DCS who is non-compliant with required training to be put on probation until they have completed training 5. Start quarterly audit schedule to monitor compliance of each DCS employee to staff training schedule. Assigned to Administrative Assistant and Office Manager	Done 10.26.25 Due by: 11/15/25 Due by: 11/15/25 Due by: 11/15/25 Due by: 11/15/25	