

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 R-C 12/04/2019
NAME OF PROVIDER OR SUPPLIER RAVENNA ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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
A 000	Initial Comments The following deficiencies were cited during a Complaint survey completed on 12/04/19 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living. Complaint Intake NM#40721 was substantiated with deficiencies cited.	A 000		
A 019	7 NMAC 8.2.19 Staffing Ratios STAFFING RATIOS: The following staffing levels are the minimum requirements. A. The facility shall employ the sufficient number of staff to provide the basic care, resident assistance and the required supervision based on the assessment of the residents ' needs. (1) During resident waking hours, facilities shall have at least one (1) direct care staff person on duty and awake at all times for each fifteen (15) residents. (2) During resident sleeping hours, facilities with fifteen (15) or fewer residents shall have at least one (1) direct care staff person on duty, awake and responsible for the care and supervision of the residents. (3) During resident sleeping hours, facilities with sixteen (16) to thirty (30) residents shall have at least one (1) direct care staff person on duty and awake at all times and at least one (1) additional staff person available on the premises. (4) During resident sleeping hours, facilities with thirty-one (31) to sixty (60) residents shall have at least two (2) direct care staff persons on duty and awake at all times and at least one (1) additional staff person immediately available on the premises. (5) During resident sleeping hours, facilities with more than sixty-one (61) residents shall have at least three (3) direct care staff persons on duty	A 019		

Division of Health Improvement

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

TITLE

(X6) DATE

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 R-C 12/04/2019
NAME OF PROVIDER OR SUPPLIER RAVENNA ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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
A 019	Continued From page 1 and awake at all times and one (1) additional staff person immediately available on the premises for each additional thirty (30) residents or fraction thereof in the facility. B. Upon request of the department, the facility shall provide the staffing ratios per each twenty-four (24) hour day for the past thirty (30) days. [7.8.2.19 NMAC - Rp, 7.8.2.18 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.19 A (4) Based on record review and interview, the facility failed to ensure there was a minimum of 2 Direct Care Staff (DCS) on duty/awake and 1 DCS immediately available on the premises during the resident sleeping hours. This deficient practice has the potential to put all 43 Residents (R #s 1-43) identified on the resident census list provided by the Administrator on 12/03/19, to be at risk of harm or death if there is not enough DCS to provide safe, efficient care during this shift. The findings are: A. Record review of the staff schedules for November 2019 revealed that there were not a minimum 2 DCS on duty/awake and 1 DCS immediately available on the premises on overnight shift (10:00 pm to 6:00 am) for the following dates: 1. 11/05/19 through 11/09/19. 2. 11/12/19. 3. 11/14/19 through 11/16/19 4. 11/19/19 through 11/24/19. 5. 11/28/19 through 11/30/19.	A 019		

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 R-C 12/04/2019
NAME OF PROVIDER OR SUPPLIER RAVENNA ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 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	
A 019	Continued From page 2 B. On 12/04/19 at 3:15 pm, during an interview with the Administrator, she confirmed that on the dates listed above there were only 2 DCS on duty/awake scheduled and there was not an additional DCS immediately available on the premises during sleeping hours (10:00 pm - 6:00 am).	A 019			