Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5842	A. BUILDING: **01** B. WING _____	R **07/26/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BONNEY HOME INC	**2021 BARBARA AVENUE** **GALLUP, NM 87301**

(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 A Life Safety Code survey was conducted at the Bonney Home ALF at 2021 Barbara Ave in Gallup, on 03/30/16. The facility was found not in substantial compliance with the Life Safety Code portion of the New Mexico State regulations governing Requirements for Assisted Living Facilities for Adults, 7.8.2 NMAC The building is of type II construction and fully sprinklered. The census at the time of survey was sixteen (16) clients. The Evacuation Score is 3.12 (Slow). Facility is fully sprinklered. In addition, a variance was requested to increase the capacity, by utilizing room 3 as a doble occupancy. Room 3 is currently occupied with one client. The room is only 111 square feet. Variance is denied.	{A 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE