Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4051	A. BUILDING: **01** B. WING _____	**10/17/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF VOLCANO CLIFFS	**6230 MONTANO RD 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 On October, 17, 2018, an initial life safety code survey was conducted at the above referenced facility, as per provider's request. Mechanical/Boiler Room shall have a 1-hour fire rated door installed. Sprinkler Head shall be installed at attic entrance space. Electrical Room shall have dry wall installed throughout, to ensure proper fire rating. On October 25, 2018, correspondence and photos were sent to this office via email addressing all items noted above. At this time the facility is found in substantial compliance with the Life Safety Code Portion of the New Mexico State Regulations for Assisted Living Facilities 7 MAC 8.2	A 000		

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