

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 4013	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2016
NAME OF PROVIDER OR SUPPLIER THE VILLAGE AT CASA DE PAZ SENIOR ASSISTED L		STREET ADDRESS, CITY, STATE, ZIP CODE 613 OREJA DE ORO DR SE RIO RANCHO, NM 87124		
(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 September 9, 2016 an initial Life Safety Code survey was conducted at the above referenced facility per the provider ' s request. The following deficiency was found: The patio gate Fire Alarm auto release did not release upon activation of the fire alarm. On September 13, 2016 correspondence and an invoice of the corrected deficiency was received by this office via email from the Administrator. The facility is found to be in substantial compliance with the Life Safety Code portion of the New Mexico State Regulations for Assisted Living Facilities for Adults, 7 NMAC 8.2.	A 000		

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

TITLE

(X6) DATE