Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2287	A. BUILDING: _____ B. WING _____	06/20/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALMILLA SENIOR LIVING	**10301 GOLF COURSE RD NW ALBUQUERQUE, NM 87114**

(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 June 20, 2013, an initial Life Safety Code survey was conducted at the Palmilla Senior Living ALF Lic. # --- pending, per the provider's request. At that time occupancy was not recommended. On June 26, 2013,correspondence and photographs were received by this office via hand delivery from the facility senior project manager, addressing the items found during the above mentioned survey. The facility is now found to be in substantial compliance with the New Mexico State Regulations, governing requirements for Assisted Living Facilities for Adults 7.8.2 NMAC. Therefore, I recommend occupancy of the facility at this time.	A 000		

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