

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2288	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/26/2015
NAME OF PROVIDER OR SUPPLIER BEEHIVE HOMES OF BERNALILLO		STREET ADDRESS, CITY, STATE, ZIP CODE 200 SHERIFFS POSE ROAD BERNALILLO, NM 87004		
(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 26, 2015, a Life Safety Code survey was conducted at the above mentioned facility, per the provider's request. At that time, the facility was found to be in substantial compliance with the Life Safety Code portion of the New Mexico State regulations governing Requirements for Assisted Living Facilities for Adults. Therefore, I recommend temporary licensure of the ALF facility.	A 000		

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

TITLE

(X6) DATE