STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4098	A. BUILDING: **01** B. WING _____	**05/23/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVEREST ASSISTED LIVING HOME	**7524 BEAR CANYON ROAD NE** **ALBUQUERQUE, NM 87109**

(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 May 23, 2019 an initial Life Safety Code survey was conducted at the above referenced facility per the provider's request. At that time, temporary licensure was not recommended due to deficiencies that were identified during the survey. On August 4, 2019 correspondence and photos were received by this office from the owner, addressing all the deficiencies found during the initial survey. The facility is found to be in substantial compliance with the Life Safety Code and the New Mexico State Regulations for Assisted Living Facilities for Adults, 7 NMAC 8.2 I recommend temporary licensure.	A 000		