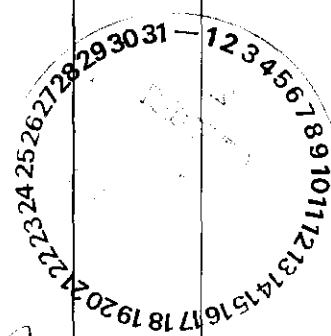


Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2137	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - LIFE SPIRE ASSISTED LIVING B. WING _____	(X3) DATE SURVEY COMPLETED 11/16/2010
NAME OF PROVIDER OR SUPPLIER LIFE SPIRE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 9151 HIGH ASSETS WAY 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 00	NO DEFICIENCIES This Facility is in Compliance with all New Mexico Regulations Governing Adult Residential Care Facilities 7 NMAC 8.2. On November 16, 2010 a Life Safety Code Survey was conducted. The facility was found to be in substantial compliance with the Life Safety Code portion of the New Mexico Regulations governing Assisted Living Facilities for Adults 7 NMAC 8.2.	A 00		

EL Scanned 12-6-10



Division of Health Improvement

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

Lauren H. Homan, Director TITLE 12/1/2010

(X6) DATE