Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4012	A. BUILDING: **01** B. WING _____	**08/10/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE SPIRE ASSISTED LIVING	**7500 OAKLAND AVE NE** **ALBUQUERQUE, NM 87113**

(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 August 10, 2016, an Initial Life Safety Code Survey was conducted at above referenced facility as per the provider's request. At this time temporary license was not recommended. On August 18, 2016, photos and documentation were sent to this office via email, addressing all issues. At this time the facility is found in substantial compliance with the Life Safety Code Portion of the New Mexico State Regulation governing requirements for Assisted Living Facilities for Adults. 7 NMAC 8.2 Temporary licensure of the facility is recommended.	A 000		