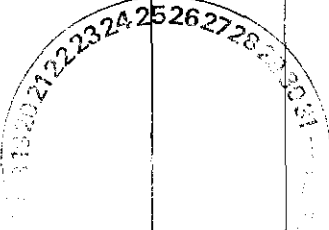


Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2143	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/26/2008
NAME OF PROVIDER OR SUPPLIER BEEHIVE HOMES OF SAN PEDRO - BUILDING			STREET ADDRESS, CITY, STATE, ZIP CODE 6401 CORONA, BUILDING A 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 00	NO DEFICIENCIES This Facility is in Compliance with all New Mexico Regulations Governing Adult Residential Care Facilities 7 NMAC 8.2. No deficiencies were cited on November 26, 2008 for New Mexico regulations governing Adult Residential Care Facilities, NMAC 7.8.2.	A 00			
 <i>EL signed 01-28-09</i>  <i>Administrator</i> 12-7-08					

Division of Health Improvement

TITLE

(X6) DATE

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

STATE FORM

5899

FVEL11

If continuation sheet 1 of 1