Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2106	A. BUILDING _____ B. WING _____	C 04/24/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF RIO RANCHO II	2709 CHESSMAN DRIVE RIO RANCHO, NM 87124

(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. Surveyor: 20402 No deficiencies were cited during a complaint investigation conducted on 4/23/09-4/24/09 for New Mexico Regulations Governing Adult Residential Care Facilities 7.8.2 NMAC. One complaint was investigated: NM# 27003 and was UNSUBSTANTIATED with no deficiencies cited.	A 00		

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RECEIVED MAY 2009 HEALTH FACILITY LICENSING & CERTIFICATION BUREAU

Division of Health Improvement

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

TITLE Manager

(X6) DATE 5/18/09