Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4101	A. BUILDING: **01** B. WING _____	**08/12/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAVEN CARE - EVERGREEN HOUSE	**10400 CALLE CONTENTO NW** **ALBUQUERQUE, NM 87114**

(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 12, 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 September 30, 2019, a temporary waiver was approved for the following items: 1. Installation of an alarm annunciator panel in the home. Temporary waiver to expire six months from date of approval (March 30, 2020). 2. Installation of a dedicated circuit for the alarm panel. Temporary waiver to expire six months from date of approval (March 30, 2020). Temporary Licensure of the facility is recommended.	A 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE