Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4017	A. BUILDING: **01** B. WING _____	**12/20/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUE HORIZON BOUTIQUE ASSISTED LIVING & MEM	**2707 SPITZ STREET BLDG A** **LAS CRUCES, NM 88005**

(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 December 20, 2016, an Initial Life Safety Code Survey was conducted at Blue Horizons Casa Bella Memory Care Facility, as per providers request. At this time, the facility was found in substantial compliance with the Life Safety Code Portion of the New Mexico State Regulations requirements for Assisted Living 7 NMAC 8.2 Temporary Licensure of the facility is recommended.	A 000		

Division of Health Improvement
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE