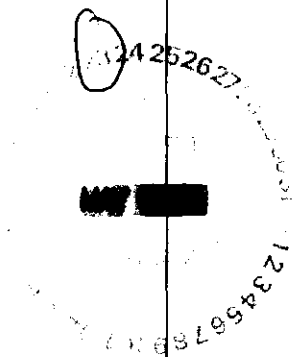


Division of Health Improvement

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2055 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 01/20/2011 |
|--|--|---|---|--|
| NAME OF PROVIDER OR SUPPLIER BROOKDALE PLACE AT VALENCIA | | STREET ADDRESS, CITY, STATE, ZIP CODE 300 VALENCIA DRIVE SE ALBUQUERQUE, NM 87108 | | |
| (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 A complaint investigation was completed for intake NM00027846. The Complaint was unsubstantiated with no deficiencies cited. | A 000 | | |

*EL
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05-25-11*



Division of Health Improvement

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

Jane Weatherford, Executive Director

TITLE

(X6) DATE

5/18/11

STATE FORM

6899

M1DS11

If continuation sheet 1 of 1