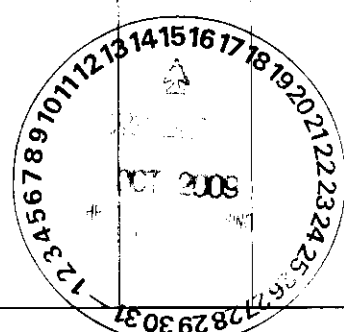


Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <b>ORIGINAL</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5533</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/28/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BONNEY HOME INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>802 EAST HILL AVENUE GALLUP, NM 87301</b>		
(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 01	OPENING REMARKS  Complaint # NM00027222 - Unsubstantiated	A 01			

*Scanned  
10/26/09  
ML*



Division of Health Improvement

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

*Teresa Bonney* *Director* *10/2/09*

TITLE

(X6) DATE