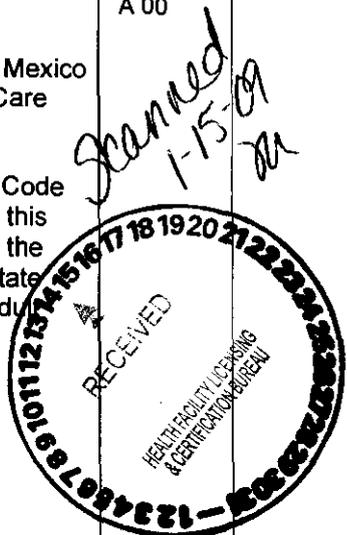


Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5789</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - VILLAGE AT NORTHRISE-</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/23/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>VILLAGE AT NORTHRISE - DESERT WILLOW I</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2884 N ROADRUNNER LAS CRUCES, NM 88011</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 00	<p><b>NO DEFICIENCIES</b></p> <p>This Facility is in Compliance with all New Mexico Regulations Governing Adult Residential Care Facilities 7 NMAC 8.2. Surveyor: 25921 During an annual unannounced Life Safety Code survey conducted on December 23, 2008, this facility was found to be in compliance with the Life Safety Code portion of New Mexico State Regulations governing requirements for Adult Residential Care Facilities NMAC 7.8.2</p> <p>No deficiencies were cited.</p>	A 00		



Division of Health Improvement

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

*[Handwritten Signature]*

TITLE

*Executive Director*

(X6) DATE

*1/8/2009*