

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2143	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/12/2014
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NAME OF PROVIDER OR SUPPLIER BEEHIVE HOMES OF SAN PEDRO - BUILDING A	STREET ADDRESS, CITY, STATE, ZIP CODE 6401 CORONA NE ALBUQUERQUE, NM 87113
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(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	<p>Initial Comments</p> <p>No deficiencies were cited during a complaint investigation survey completed on 05/12/14 for the New Mexico requirements for Assisted Living for Adults, 7.8.2 NMAC. Complaint # NM 29364 was substantiated. A referral was made to the New Mexico Department of Health Employee Abuse Registry.</p>	A 000		

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