

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2130	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/21/2010
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NAME OF PROVIDER OR SUPPLIER BEEHIVE HOMES OF ROSWELL, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2903 NORTH WASHINGTON ROSWELL, NM 88201
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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
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A 000 Initial Comments

A 000

Surveyor: 22697
 On 10/21/10 a complaint investigation was conducted for Intake #NM00026745. The complaint was unsubstantiated. No deficiencies were cited.

*Scanned
12-7-10
JL*



Division of Health Improvement

[Signature]

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

TITLE
owner

(X6) DATE
11/29/10