

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R-C 02/22/2016
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NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111
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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>Investigation survey conducted 01/12/16 for complaint NM29901 The complaint was unsubstantiated.</p> <p>1. No hot water due to construction. UNSUBSTANTIATED.</p> <p>A complaint survey completed 01/12/16 found the facility was not in substantial compliance with the New Mexico State Regulations governing Requirements for Assisted Living Facilities for Adults, 7.8.2 NMAC</p> <p>In addition, other deficiencies were cited due to ongoing construction.</p>	{A 000}		

Division of Health Improvement
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE