

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  2045	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  08/10/2009
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NAME OF PROVIDER OR SUPPLIER  BEEHIVE HOMES OF RIO RANCHO I	STREET ADDRESS, CITY, STATE, ZIP CODE 204 SILENT SPRING ROAD RIO RANCHO, NM 87124
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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 00 NO DEFICIENCIES

This Facility is in Compliance with all New Mexico Regulations Governing Adult Residential Care Facilities 7 NMAC 8.2.  
No deficiencies were cited on August 10, 2009 for New Mexico Regulations Governing Adult Residential Care Facilities, NMAC 7.8.2.

A 00

*Scanned  
9/2/09*



*Virginia Garcia* 8/20/09 House Manager

Division of Health Improvement

TITLE

(X6) DATE

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