

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3570	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BEEHIVE HOMES OF GALLUP	STREET ADDRESS, CITY, STATE, ZIP CODE 600 CURLEY AVE GALLUP, NM 87301
--	---

(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>On November 9, 2016, an Initial Life Safety Code Survey was conducted at above referenced facility as per the provider's request.</p> <p>At this time, the facility is found in substantial compliance with the Life Safety Code Portion of the New Mexico State Regulations Requirements for Assisted Living Facilities for Adults.</p> <p>Temporary licensure of the facility is recommended.</p>	A 000		

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