



Preliminary Findings Based on Survey, Inspection or Investigation

Facility/Agency Name		Entrance Date	Exit Date
El Paso Community MHMR Emergence Health Network		6/8/2023	6/8/2023
Physical Street Address		Purpose of Visit	
1477 Lomaland Suite E-7		<input checked="" type="checkbox"/> Survey <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Other (describe) <u>Re-Licensure</u>	
City		ZIP Code	County
El Paso		79935	TX
Facility Type		Facility ID/Vendor No.	
<input checked="" type="checkbox"/> ADC <input type="checkbox"/> ALF <input type="checkbox"/> HCSSA <input type="checkbox"/> SNF/NF <input type="checkbox"/> ICF/IID			
Administrator/Manager Name			
Claudia Lorena Guerra			
This list contains preliminary areas of potential noncompliance with federal and/or state requirements, based on findings from the entrance and exit dates listed above. Note: If the visit was to an assisted living facility, refer to the attached checklists.			
State	Federal	Brief Description of Potential Noncompliance	
<input type="checkbox"/>	<input type="checkbox"/>	No Citations	
<input type="checkbox"/>	<input type="checkbox"/>	Recommended for Licensure	
<input type="checkbox"/>	<input type="checkbox"/>		
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<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
Signature – Administrator or Designee		Date	
Signature – Team Leader or Surveyor		Date	

Use this sheet if there are additional preliminary areas of potential noncompliance.

Facility/Agency Name		Entrance Date	Exit Date
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State	Federal	Brief Description of Potential Noncompliance	
<input type="checkbox"/>	<input type="checkbox"/>		
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<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
Signature – Administrator or Designee			Date
Signature – Team Leader or Surveyor			Date