## Statement of Deficiencies and Plan of Correction

### Dickson Healthcare Center

**Name of Provider or Supplier:** Dickson Healthcare Center  
**Street Address, City, State, ZIP Code:** 901 N Charlotte, Dickson, TN 37065

<table>
<thead>
<tr>
<th>ID Prefix Tag</th>
<th>Summary Statement of Deficiencies (Each Deficiency Must Be Preceded by Full Regulatory or LSC Identifying Information)</th>
<th>ID Prefix Tag</th>
<th>Provider's Plan of Correction (Each Corrective Action Should Be Cross-Referenced to the Appropriate Deficiency)</th>
<th>Date Complete</th>
</tr>
</thead>
</table>
| N 832         | 1200-8-6-.08(2) Building Standards  
(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.  
This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the condition of the facility to assure the safety of the patients and staff. The findings included: Observations in the business manager's office on 11/18/09 at 11:29 AM, revealed the ceiling drywall was sagging at the seam. | N 832 | N832  
1. Drywall in Office Manager's office will be repaired by 12/18/09  
2. Facility will inspect drywall ceilings in insure there are no sagging seams.  
3. Maintenance Director will make monthly inspection rounds.  
4. Results of rounds will be presented to the QAA Committee for review. | 12-18-09 |

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**Date:** 12-7-09

**Title:** Administrator

**Signature:** [Signature]

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If continuation sheet 1 of 1