Lincoln Donalson Care Centers

501 Amana Avenue
Fayetteville, TN 37334

Division of Health Care Facilities

Statement of Deficiencies and Plan of Correction

(X1) Provider/Supplier/Clinical Identification Number:
TN5202

(X2) Multiple Construction
A. Building 01 - Lincoln
B. Wing

(X3) Date Survey Completed
09/26/2011

Name of Provider or Supplier
Lincoln Donalson Care Centers

Street Address, City, State, Zip Code
501 Amana Avenue
Fayetteville, TN 37334

(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

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 observations, it was determined the facility failed to maintain the nursing home environment.

The findings included:
Observation on 9/26/11 at 12:55 PM, revealed wet and water stained ceiling tiles throughout the facility.

This finding was acknowledged by the administrator and director of maintenance at the exit conference on 9/26/11.

N 832

Wet and water stained ceiling tiles throughout the facility will be replaced by Maintenance by 12/28/11.

Maintenance Supervisor/employees will monitor facility on monthly basis for needed repair of ceiling tiles.

Facility staff will report needed repairs through facility reporting system to Maintenance for repair.

Maintenance Supervisor/employees will replace damaged tiles as needed.

Received
Oct 11, 2011

Division of Health Care Facilities
Laboratory Director's or Provider/Supplier Representative's Signature

State Form 6329
SS9V21
10-19-11
If continuation sheet 1 of 1