**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LIC 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>(X6) COMPLETE DATE</th>
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</thead>
</table>
| N 831         | 1200-8-6-08(1) Building Standards                                                              | N 831         | N 831 NFPA 101 Miscellaneous  
The facility will maintain the facility to ensure the safety of the residents in accordance with 1200-8-6-08  
Corrective action:  
1. (a) On 11-7-10 Maintenance Supervisor removed rubber wedges from room 212 and 313.  
2. (b) On 11-7-10 Administrator removed plastic covering from room 112.  
3. (e) On 11-7-10 Maintenance Supervisor made rounds to ensure there were no rubber wedges under the doors in the facility.  
4. (b) On 11-10-10 Maintenance Supervisor made rounds to ensure no plastic covering existed on any doors in the facility.  
5. (a) On 11-10-10 Administrator in serviced staff to make sure no wedges are placed under any doors in the facility.  
6. (b) On 11-10-10 Administrator in serviced staff to make sure no plastic covering is on any doors in the facility.  
7. (a) Administrator and Maintenance Supervisor will make random facility rounds to ensure no wedges are placed under doors and report findings to QA and A Committee Quarterly.  
8. (b) Administrator and Maintenance Supervisor will make random facility rounds to ensure no plastic is present on any doors and report findings to QA and A Committee Quarterly.  
Completion Date 11-11-10 |

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

[Signature]

<table>
<thead>
<tr>
<th>STATE FORM</th>
<th>TITLE</th>
<th>(X6) DATE</th>
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<tbody>
<tr>
<td>[Signature]</td>
<td>Administrator</td>
<td>11-12-10</td>
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