### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/Clinic Identification Number:**

- A. Building: 01 - Main Building 01
- B. Wing

- **ID:** N 831
- **Prefix:** 1200
- **Tag:** 8-6-.08

#### Summary Statement of Deficiencies

- **Corrective Action:**
  - (1) Insulation that had fallen in the attic space by the 500 hall access was restored.
  - (2) All areas of the attic were checked to ensure that no other insulation had fallen or been misplaced.
  - (3) Maintenance Director or designee will inspect the attic insulation on a regular quarterly basis and at any time there have been outside repairmen in the attic. Documentation will be kept on the inspections.
  - (4) Report will be made to the Safety committee by the Maintenance director at the regular quarterly meeting.

#### Provider's Plan of Correction

- **Corrective Action:**
  - Cross-referenced to the appropriate deficiency.

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**State Form:**

- **Signature:** [Signature]

**Title:** Administrator

**Completion Date:** 2/14/14