<table>
<thead>
<tr>
<th>ID</th>
<th>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>COMPLETE DATE</th>
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<tbody>
<tr>
<td>N 832</td>
<td>1200-8-6-.08(2) Building Standards</td>
<td>(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 physical environment. The findings included: 1. Observation of resident room 100 on 3/21/11 at 12:25 PM, revealed the bathroom's door was sticking to the doorframe. TDOC 1200-8-6-.08(2) 2. Observation of the laundry room on 3/21/11 at 12:30 PM, revealed the laundry room door was sticking to the door frame. TDOH 1200-8-6-.08(2) These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 3/21/11.</td>
<td>N 832</td>
<td>1. Maintenance removed the Oxygen bottles from the path of egress and placed in the appropriate storage area by 4/21/11 2. N/A 3. Maintenance Director and Environmental Services will monitor medical gas storage on a monthly basis. 4. Findings will be reported to QA committee by Maintenance Director and/or Designee on a quarterly basis to ensure compliance and until compliance is met. (The QA Committee consists of the Director of Nursing, ADON, RAC, Administrator, Medical Director, Social Services Director/ Activities Director, and others who are invited by the Committee.) The QA committee will review negative findings and assign Action Teams if necessary. Any negative outcomes presented to QA and or by action teams will be placed on QA calendar.</td>
<td>4/21/11</td>
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<tr>
<td>K130</td>
<td>The facility will conduct the required Health Care Emergency Preparedness Drills.</td>
<td>1. The Administrator will schedule a meeting with the local Emergency Services Personnel by 4-8-11. The Scheduled 1st meeting is for May 11, 2011 so all departments are included. See Attachment #31. 4-8-11 and ongoing 2. N/A</td>
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3. The Administrator will monitor to ensure compliance.
4. The Administrator or Designee Will report to QA committee on a quarterly basis to ensure compliance and until compliance is met. (The QA Committee consists of the Director of Nursing, ADON, RAC, Administrator, Medical Director, Social Services Director/Activities Director, and others who are invited by the Committee.) The QA committee will review negative findings and assign Action Teams if necessary. Any negative outcomes presented to QA and or by action teams will be placed on QA calendar.

K144 The Facility maintains the emergency generator.

#1. C Hall Annunciator Panel
1. The Maintenance Director will inservice staff as to the location of the C Hall Annunciator Panel and to contact Maintenance Director and/or Administrator if issues arrive, by 4/21/11.

2. N/A
3. N/A
4. Maintenance Director or Designee to report issues to the QA Committee on a quarterly basis to ensure compliance. (The QA Committee consists of the Director of Nursing, ADON, RAC, Administrator, Medical Director, Social Services Director/Activities Director, and others who are invited by the Committee.) The QA committee will review negative findings and assign Action Teams if necessary. Any negative outcomes presented to QA and or by action teams will be placed on QA calendar.

#2.
1. The Maintenance Director contacted the company which programmed the Generator and helped re-program the Generator
to have a full 30 minute test each week.

2. N/A

3. The Maintenance Director will monitor the generator each week for 30 minute test on a log sheet. See attachment # 32.

4. Maintenance Director or Designee to report issues to the QA Committee Meetings on a quarterly basis to ensure compliance, (The QA Committee consists of the Director of Nursing, ADON, RAC, Administrator, Medical Director, Social Services Director/ Activities Director, and others who are invited by the Committee.) The QA committee will review negative findings and assign Action Teams if necessary. Any negative outcomes presented to QA and or by action teams will be placed on QA calendar.

N832 The facility maintains the physical environment

1. The Maintenance Director sanded and fixed Room 100's Bathroom Door and the Laundry room door to not "stick" to the door frame.

2. The Maintenance Director will check all doors in the building for "sticking" to the door frames by 4/21/11 and repair if needed.

3. The Maintenance Director will check doors on a monthly basis for "sticking".

4. Maintenance Director or Designee will monitor and report...