## Division of Health Care Facilities

### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<table>
<thead>
<tr>
<th>ID PRETAX</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USC IDENTIFYING INFORMATION)</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>
<tbody>
<tr>
<td>N 832</td>
<td>Building Standards 1200-06-08(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 that the facility failed to maintain the nursing home environment. The findings include: Observation on 8/1/11 at 9:34 AM, revealed water stained ceiling tiles throughout the facility. This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 8/1/11.</td>
<td>N 832 Ceiling tiles in various locations in the facility have been replaced on 8/1/2011. The Maintenance Manager will monitor for discolored (water stained) ceiling tiles weekly X 4 then monthly X 3 and will replace tiles when appropriate. (Attachment 15) Results will be sent to the monthly QI Meeting for oversight and further review.</td>
<td></td>
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</tbody>
</table>

### Signature

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[Signature]

Division of Health Care Facilities

[Signature] 9/2/11

LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM:

123021

If continuation sheet 1 of 1
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