**Division of Health Care Facilities**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:</th>
<th>(X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TN1934</td>
<td>A. BUILDING 01 - MAIN BUILDING</td>
</tr>
<tr>
<td></td>
<td>B. WING</td>
</tr>
</tbody>
</table>

**NAME OF PROVIDER OR SUPPLIER**

MCKENDREE VILLAGE INC

**STREET ADDRESS, CITY, STATE, ZIP CODE**

4347 LEBANON ROAD
HERMITAGE, TN 37076

**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 observation it was determined the facility failed to comply with the Tennessee State Building Standards.

The findings include:

Observation of the 1st floor rehab handicapped bathroom on 3/7/11 at 12:00 PM, revealed no strobe light was installed in the handicapped bathroom. American Disability Act (ADA) I

This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 3/7/11.

This Plan of Correction is submitted as required under State and Federal law. The facility's submission of the Plan of Correction (PoC) does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity determination is correct.

**N 832**

The signage for the Rehab bathroom on the 1st floor was modified to avoid the appearance of being handicapped accessible. A new sign will be installed which clearly identifies the bathroom as not being handicapped accessible. This will be monitored by the Facilities General Manager, maintenance staff, Emergency Management Planning Coordinator, Administrator, and/or designee.

Completion date March 31, 2011

**Administrator**

**March 23, 2011**