The following example was created by the State of Missouri Long-Term Care Ombudsman Program.

Each page of the statement of deficiencies is divided into two columns with a multi-block header across the top. The **information in the header** identifies the facility **(1),** and includes the date **(2)** the survey was completed. The **left hand column** will contain the F-tag number **(3),** the citation from federal regulations regarding the F-tag number **(4)**, and an incident(s) to support how the facility was deficient or violated the regulation **(5)**. If a resident is involved, they will be identified by gender or number to protect their privacy and to ensure confidentiality **(6)**. The **right hand column** will contain the facility's plan to correct the deficiency cited during the survey **(7)** and if necessary the date the correction is expected to be completed **(8)**. The date of correction may also be found in the text explaining the plan of correction.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

Printed: 5/23/00
Form Approved
2567-L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	(1) XXXXXX	A. BUILDING _____ B. WING _____	**(2)** **2/14/00**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(3) F241 SS=D	**(4)** 483.15(a) Requirement QUALITY OF LIFE The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This requirement is not met as evidenced by: In a facility with a census of 76 residents, a sample of 13 was chosen for review. Based on observation the facility does not provide care in a manner which enhances dignity for one sampled resident and five randomly observed residents. **(5)** 1. On 1/7/00 at approximately 10:20 a.m., a nursing assistant was sitting with approximately five residents at one of the tables in the lower level dining room/common area painting **(6)** a resident's finger nails. There was another staff person there from another unit visiting with the aide doing nails. They were talking between themselves for at least 20 minutes without talking to the resident or acknowledging them as being present.		**Page 10-A** **F 241 CONTINUED** **(7)** **The measures that will be put into place or systemic changes to insure that the deficient practice will not recur are as follows:** A) In-service on residents rights and dignity will be provided for all staff on **(8)** 1/27/00 by the Social Worker and DON. B) Charge nurses will make rounds daily to determine resident needs for dressing, grooming, personal hygiene and activities. C) Charge nurses will provide specific written assignments for C.N.A.'s and redirect their focus as needed. D) Daily walking rounds by Administrator, Social worker, or Week-End R.N. Supervisor will be conducted to monitor maintenance of resident dignity.	**(8)**