

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/27/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075350	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 10/21/2011
NAME OF PROVIDER OR SUPPLIER SHERIDEN WOODS		STREET ADDRESS, CITY, STATE, ZIP CODE 321 STONECREST DRIVE BRISTOL, CT 06010		
(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) COMPLETION DATE
K 000	INITIAL COMMENTS "The facility was surveyed pursuant to the National Fire Protection Association 101 Life Safety Code, 2000 edition as referenced in Part 483.70 (a)."	K 000		
K9999	FINAL OBSERVATIONS The facility was in compliance with the requirements of 42 CFR Part 483 "Requirements for States and Long Term Care Facilities", Subpart B "Requirements for Long Term Care Facilities", section 483.70 "Physical environment", (a) "Life safety from fire", as amended for the 2000 edition of NFPA 101 "Life Safety Code", at the time of the survey.	K9999		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.