

PART 4 PLAN FOR IMPROVEMENT (Short Form)

Organization Name:	PHS Indian Hospital	JCAHO ID Number
City, State	Winnebago, Nebraska	8535

Deficiency:	Electric panels that are accessible to the public are not kept locked.	Identification Date:	8/97
Unique Identifier:	FEDS 101	Building Name:	Hospital
	Floor:	BSMT 2, 3	Room:
		N/A	Use/Location:
Proposed Action:	Maintain panels securely locked or install a new locking mechanism if the existing is inoperable.		
Source of Funds:	M&I	Projected Cost:	\$200
Projected Start Date:	10/98	Projected Completion Date:	11/98
		Actual Completion Date:	/ /
Are Funds Committed?	<input type="checkbox"/> Y	<input type="checkbox"/> N	

Deficiency:	Required egress corridor width is restricted by a water drinking fountains	Identification Date:	8/97
Unique Identifier:	FEDS 102	Building Name:	Hospital
	Floor:	BSMT, 2	Room:
		N/A	Use/Location:
Proposed Action:	Recess or relocate the fountains other areas where they it will comply with code requirements. .		
Source of Funds:	M&I	Projected Cost:	\$3000
Projected Start Date:	6/99	Projected Completion Date:	8/99
		Actual Completion Date:	/ /
Are Funds Committed?	<input type="checkbox"/> Y	<input type="checkbox"/> N	

Deficiency:	Signage throughout the floors not in compliance with ADA accessibility.	Identification Date:	8/97
Unique Identifier:	FEDS 103	Building Name:	Hospital
	Floor:	BSMT, 2, 3	Room:
		N/A	Use/Location:
Proposed Action:	Replace the signage.		
Source of Funds:	M&I	Projected Cost:	\$7000
Projected Start Date:	7/99	Projected Completion Date:	11/99
		Actual Completion Date:	/ /
Are Funds Committed?	<input type="checkbox"/> Y	<input type="checkbox"/> N	

Deficiency:	Diabetes suite opened to the corridor.	Identification Date:	8/97
Unique Identifier:	FEDS 104	Building Name:	Hospital
	Floor:	2	Room:
		N/A	Use/Location:
Proposed Action:	Install a door frame and door to enclose the suite and correct the violation.		
Source of Funds:	M&I	Projected Cost:	\$1800
Projected Start Date:	4/99	Projected Completion Date:	6/99
		Actual Completion Date:	/ /
Are Funds Committed?	<input type="checkbox"/> Y	<input type="checkbox"/> N	

JCAHO USE ONLY:		Page ___ of x
Surveyor's Signature:	ID Number: _____	Date: _____