<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td>F 000</td>
<td>The facility is in compliance with the requirement of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>