

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

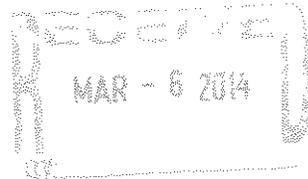
PRINTED: 03/04/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185467	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/20/2014
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NAME OF PROVIDER OR SUPPLIER CARDINAL HILL REHABILITATION UNIT	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 VERSAILLES ROAD LEXINGTON, KY 40504
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(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
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<p>F 000 : INITIAL COMMENTS</p> <p>A Recertification Survey was initiated on 02/18/14 and concluded on 02/20/14 with no deficiencies cited.</p>	<p>F 000</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE Administrator (X6) DATE 3/4/14

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.

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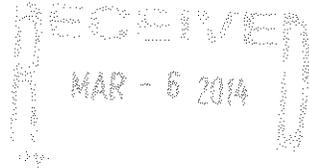
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185467	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - CARDINAL HILL REHABILITATION UNIT B. WING _____	(X3) DATE SURVEY COMPLETED 02/19/2014
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NAME OF PROVIDER OR SUPPLIER CARDINAL HILL REHABILITATION UNIT	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 VERSAILLES ROAD LEXINGTON, KY 40504
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K 000	INITIAL COMMENTS CFR: 42 CFR 483.70(a) Building: 01 Survey under: NFPA 101 (2000 Edition) Plan approval: 10/22/1986 Facility type: SNF/NF Type of structure: Type I (333) 2nd Floor contains rooms 279-299. 3rd floor contains rooms 362-379 Smoke Compartment: Four (4) Fire Alarm: Complete fire alarm (software upgrade: 09/17/2008) Sprinkler System: Complete sprinkler system (wet) Generator: Two (2) Type I. Diesel installed 1998 A standard Life Safety Code survey was conducted using 2786S (short form) on 02/19/2014. Cardinal Hill Rehabilitation Unit was found to be in compliance with the requirements for participation in Medicare and Medicaid. The census on the day of the survey was thirty four (34). The facility is licensed for fifty (50) beds.	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 3/4/14
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