

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

PRINTED: 04/27/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185394	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/15/2015
NAME OF PROVIDER OR SUPPLIER ST ELIZABETH FLORENCE SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 4900 HOUSTON ROAD FLORENCE, KY 41042		
(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	
F 000	INITIAL COMMENTS A Recertification Survey was initiated on 04/14/15 and concluded on 04/15/15 with no deficient practice identified.	F 000			
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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185394	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - FLOOR B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2015
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NAME OF PROVIDER OR SUPPLIER ST ELIZABETH FLORENCE SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 4900 HOUSTON ROAD FLORENCE, KY 41042
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K 000

INITIAL COMMENTS

CFR: 42 CFR 483.70 (a)

Building: 01

Plan Approval: 1977

Survey Under: 2000 Existing

Facility Type: Skilled Nursing Facility (SNF)

Type of Structure: Type II (222) Protected

Smoke Compartments: 2

Fire Alarm: Complete fire alarm. Updates to the system in 2006 and 2008

Sprinkler System: Complete system. Installed 1977

Generator: Three (3) Type I Caterpillar Diesel Two (2) upgraded in 12/2012.

A Life Safety Code Survey using a 2786S (Short Form) was initiated and concluded on 04/14/15. The findings revealed St. Elizabeth Florence SNF meets the requirements for compliance with Title 42, Code of Federal Regulations, 483.70 (a) et seq (Life Safety from Fire). The facility is licensed for sixteen (16) beds with a census of twelve (12) during the survey. No deficiencies cited.

K 000

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

TITLE

(X6) DATE

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