

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

PRINTED: 01/14/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185297	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/09/2014
NAME OF PROVIDER OR SUPPLIER SANSBURY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2625 BARDSTOWN ROAD SAINT CATHARINE, KY 40061		
(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 Relicensure Survey was initiated on 01/07/14 and concluded on 01/09/14, with no regulatory violations cited.	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: 185297	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2014
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NAME OF PROVIDER OR SUPPLIER SANSBURY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2625 BARDSTOWN ROAD SAINT CATHARINE, KY 40061
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K 000	<p>INITIAL COMMENTS</p> <p>Building: 01</p> <p>Plan Approval: 6/29/1961</p> <p>Survey under: NFPA 101 (2000 Edition)</p> <p>Facility type: SNF/NF</p> <p>Type of structure: Three (3) Story with basement Type I (332) Protected</p> <p>Smoke Compartment: Eight (8)</p> <p>Fire Alarm: Complete Fire alarm System (Installed 1979) Upgraded in 2010 new Panel</p> <p>Sprinkler System: Complete (Wet) Sprinkler System installed 4/2012</p> <p>Generator: Type II LP Installed in 1979</p> <p>A standard Life Safety Code survey was conducted on 01/08/14. Sansbury Care Center (#185297) was found to be in compliance with the requirements for participation in Medicare and Medicaid.</p>	K 000		
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