



Andy Beshear
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF INSPECTOR GENERAL

Eric Friedlander
SECRETARY

275 East Main Street, 5E-A
Frankfort, Kentucky 40621
Phone: (502) 564-2888
Fax: (502) 564-6546

Adam Mather
INSPECTOR GENERAL

December 22, 2022

Ms. Alison Howard
2104 David Graves Drive
Louisville, KY 40218

VIA E-Mail (ahoward@sevencounties.org)
VIA Certified Mail

Abbreial Drane, President/Chief Executive Officer
Uspiritus-Brooklawn Horizons
3115 Brooklawn Campus Drive
Louisville, KY 40218

VIA E-Mail (Adrane@sevencounties.org)
VIA Certified Mail

PRELIMINARY ORDER TO CLOSE

RE: License # 950020
Uspiritus-Brooklawn-Horizons
2104 David Graves Drive
Louisville, KY 40218

ELECTRONIC AND CERTIFIED MAIL

Dear Ms. Howard and Ms. Drane:

You are hereby notified that the Office of Inspector General, Cabinet for Health and Family Services, has made the decision to revoke your license to operate a Psychiatric Residential Treatment Facility. Pursuant to KRS 216B.105(2), the Cabinet finds there has been a substantial failure to comply with the provisions of 902 KAR 20:320-specifically, failure to comply with 902 KAR 20:320, Section 7(4)(a) which requires facilities to employ adequate direct-care staff to ensure the adequate provision of regular and emergency supervision of all residents twenty-four (24) hours a day; 902 KAR 20:320, Section 7(4)(c)3.a. which requires at least one (1) direct-care staff member to be assigned direct-

Ms. Howard and Ms. Drane

December 21, 2022

Page 2

care responsibilities, be awake, and be continuously available on each living unit during all hours the residents are asleep; 902 KAR 20:320, Section 7(4)(c)5. which requires the direct-care staff member who is supervising residents to know the whereabouts of each resident at all times; 902 KAR 20:320, Section 10(3) which requires facilities to record all incidents or accidents that present a direct or immediate threat to the health, safety or security of any resident or staff member; and 902 KAR 20:320, Section 15(1)(a) which states that a restraint or seclusion shall not result in harm or injury to the resident and shall be used only to ensure the safety of the resident or others during an emergency safety situation.

Further, due to the violations identified above and included on the enclosed Statement of Deficiencies from the survey completed on 11/2/2022, in order to ensure that residents are not subjected to risk of death or serious harm, you are directed to cease operation at the facility at 2104 David Graves Drive and to safely transition the children to alternate placements immediately with all residents safely transferred within 15 days of the date of this notice.

If you disagree with this decision, you may appeal it pursuant to 900 KAR 6:040 Section 1, and request an evidentiary hearing. The request must be filed with the Secretary, Cabinet for Health and Family Services, 5th Floor, 275 East Main Street, Frankfort, Kentucky, 40621 within thirty (30) days of the date of this notice. Please copy this office if requesting an appeal. If you do not request a hearing within thirty (30) days of the date of this letter, the revocation of your license shall become FINAL.

This PRELIMINARY ORDER is issued pursuant to KRS 216B.105(2). Failure to comply with this ORDER may subject you to fines of \$500 to \$10,000 for each violation, pursuant to KRS 216B.990.

Pursuant to 902 KAR 20:008 Section 7, a duplicate license indicating that the facility has an adverse action pending is enclosed. This duplicate license shall be posted in place of the original license. Since this letter and duplicate license are being sent electronically, originals will follow via certified mail.

If you have any questions, please feel free contact me at (502) 564-2888.

Sincerely,



Adam Mather
Inspector General

AM/mp

Enclosures

cc: Office of Legal Services
Office of Communications
Regional Program Manager
Department of Medicaid Services