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

PRINTED: 11/30/2020 FORM APPROVED OMB NO. 0938-0391

| NAME OF PROVIDER OR SUPPLIER TORBIN HEALTH AND REHABILITATION CENTER CORBIN HEALTH AND REHABILITATION CENTER CORBIN HEALTH AND REHABILITATION CENTER CORBIN HEALTH AND REHABILITATION CENTER TO BACKON CREEK ROAD CORBIN, KY 49702 TO BROWDER'S PLAY OF CORRECTION REGULATORY OR LS: DERITHING INFORMATION FOR CONTROLL OF THE PROPERTY OF THE PROPERTY OR COMPANY TAG INITIAL COMMENTS A COVID-19 focused infection control survey was conducted on 1102/2020. The facility was found to be in compliance with 42 CPR 483.80 Infection Control and has implemented the Centers for Medicare & Medical Services (CMS) and Centers for Disease Centrol and Prevention (CDC) recommended practices to prepare for COVID-19. No deficient practice was identified. The total census was 77. | CENTERS OF PERIODE | | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE C | (X2) MULTIPLE CONSTRUCTION | | |
|---|--|--|---|-----------------|---|-------------------------------|----------------------------|
| NAME OF PROVIDER OR SUPPLIER CORBIN HEALTH AND REHABILITATION CENTER DY 10 D CORBIN, MY 40702 CY 10 D CORBIN, MY 40702 F 000 INITIAL COMMENTS A COVID-19 focused infection control survey was conducted on 11/02/2020. The facility was found to be in compliance with 42 CFR 48.380 infection Control and has implemented the Centers for Medicare & Medicare A for CORBIN Service (CICC) recommended practices to prepare for COVID-19. No deficient practice was identified. The total census was 77. | AND PLAN OF CORRECTION IDENTIFICATION NUMBER | | | ` ' | | (X3) DATE SURVEY COMPLETED | |
| NAME OF PROVIDER OR SUPPLIER CORBIN HEALTH AND REHABILITATION CENTER DAY OF CORBIN, MY 40762 ICACH DEFICIENCY WASTE REPECTED BY YILL REGULATORY OR LSC IDENTIFYING INFORMATION F 000 INITIAL COMMENTS A COVID-19 focused infection control survey was conducted on 11/02/2020. The facility was found to be in compliance with 42 CFR 483.80 Infection Control and has implemented the Centers for Medicare & Medicaré Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. No deficient practice was identified. The total census was 77. | | | 185366 | B. WING | 11/02/2020 | | |
| DATE DATE | NAME OF PR | ROVIDER OR SUPPLIER | | | EET ADDRESS, CITY, STATE, ZIP CODE | 1 11108 | |
| PAGE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST SEPRECEDED BY FULL TAG) FROM INITIAL COMMENTS A COVID-19 focused infection control survey was conducted on 11/02/2020. The facility was found to be in compliance with 42 CFR 483,80 Infection Control and has implemented the Centers for Medicare & Medical Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. No deficient practice was identified. The total census was 77. | CODDIN | ICALTU AND DELIADII I | TATION CENTER | 270 | BACON CREEK ROAD | | |
| PREFIX TAG (EACH DEPICIENCY MUST SE PRECEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION) FOOD INITIAL COMMENTS A COVID-19 focused infection control survey was conducted on 11/02/2020. The facility was found to be in compliance with 42 CFR 483.80 infection Control and has implemented the Centers for Medicare & Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. No deficient practice was identified. The total census was 77. | CORBIN H | EALTH AND REHABILI | IATION CENTER | co | RBIN, KY 40702 | | |
| A COVID-19 focused infection control survey was conducted on 11/02/2020. The facility was found to be in compliance with 42 CFR 483.80 Infection Control and has implemented the Centers for Medicare & Medicard Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. No deficient practice was identified. The total census was 77. | PREFIX | (EACH DEFICIENC | CY MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR | ULD BE | (X5) COMPLETION DATE |
| conducted on 11/02/2020. The facility was found to be in compliance with 42 CFR 483.80 Infection Control and has implemented the Centers for Medicare & Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. No deficient practice was identified. The total census was 77. | F 000 | INITIAL COMMENTS | s | F 000 | | = 0 | |
| THE (XS) DA | | conducted on 11/02/ to be in compliance Control and has imp Medicare & Medicaid Centers for Disease (CDC) recommende COVID-19. No defice | 2020. The facility was found with 42 CFR 483.80 Infection lemented the Centers for d Services (CMS) and Control and Prevention of practices to prepare for cient practice was identified. | | | | |
| TITLE (X6) DA | | | | | | | |
| TITLE (X6) DA | | | | | | | |
| | | | | 0 | 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.

Facility ID: 100416

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

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | | |
|---|--|--|--|---|--|-------------------------------|----------------------------|--|
| | | 185366 ` | B. WING | | <u> </u> | 11/02/2020 | | |
| | ROVIDER OR SUPPLIER | TATION CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE 270 BACON CREEK ROAD CORBIN, KY 40702 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | 3E | (X5) COMPLETION DATE | |
| E 000 | A COVID-19 focused survey was conducte was found to be in co 483.73 Emergency P | d Emergency Preparedness ed on 11/02/2020. The facility empliance with 42 CFR dreparedness related to practice was identified. | E | 000 | | | | |
| | | | | | | | | |
| ASOPATORY | (DIRECTOR'S OR PROVINCE | VSUPPLIER 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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Office of Inspector General (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ B. WING_ 100416 11/02/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **270 BACON CREEK ROAD CORBIN HEALTH AND REHABILITATION CENTER CORBIN, KY 40702** (X5) COMPLETE DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) N 000 N 000 Initial Comments A COVID-19 focused infection control survey was conducted on 11/02/2020. The facility was found to be in compliance pursuant to 42 CFR 483.80. No deficient practice was identified.

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

TITLE

(X8) DATE