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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED 185046 B. WING 12/03/200 12/03/200 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 509 NORTH HAYDEN AVENUE SALEM SPRINGLAKE HEALTH & REHABILITATION CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 509 NORTH HAYDEN AVENUE SALEM, KY 42078 SALEM,	38-0391
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DA	NATE

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.

PRINTED: 12/03/2020

DEPARTI	MENT OF HEALTH AN	D HUMAN SERVICES					APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NC	0. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		185046	B. WING			12/	03/2020
NAME OF PF	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
				50	09 NORTH HAYDEN AVENUE		
SALEINI SP		REHABILITATION CENTER		S	ALEM, KY 42078		
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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	NSTRUCTION		(X3) DATE SURVEY COMPLETED	
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ME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, 2	ZIP CODE	(00/2020	
ALEM SF	PRINGLAKE HEALTH &	REHABILITATION CI	RTH HAYDEN AVENU KY 42078	IE			
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N 000	Initial Comments		N 000				
	was initiated 12/02/2	ed Infection Control Survey 2020 and concluded on was no deficient practice to 42 CFR 483.80.					

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

TITLE

(X6) DATE