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

PRINTED: 12/17/2020 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER   THE EPISCOPAL CHURCH HOME   TSM WESTPORT ROAD   COUNTY   TAG   TOWN WESTPORT ROAD   COUNTY   TAG   COUNTY   TAG   COUNTY   COUNTY	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
THE EPISCOPAL CHURCH HOME    STREET ADDRESS, CITY, STATE, ZIP CODE			185310	B. WING			12/15/2020	
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 000  INITIAL COMMENTS  A COVID-19 Focused Infection Control Survey was initiated on 12/14/2020 and concluded on 12/15/2020. The facility was found to be in compliance with 42 CFR 483.80 infection control regulations and has implemented the Centers for Medicare & Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for	NAME OF PROVIDER OR SUPPLIER				7504 V	WESTPORT ROAD		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		A COVID-19 Focus was initiated on 12, 12/15/2020. The facompliance with 42 regulations and has Medicare & Medica Centers for Diseas (CDC) recommend COVID-19. Total complete the covid of t	sed Infection Control Survey /14/2020 and concluded on acility was found to be in 2 CFR 483.80 infection control is implemented the Centers for aid Services (CMS) and it is e Control and Prevention ed practices to prepare for ensus 74.		000			

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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
185310		B. WING			12/15/2020		
NAME OF PROVIDER OR SUPPLIER  THE EPISCOPAL CHURCH HOME				75	TREET ADDRESS, CITY, STATE, ZIP CODE 504 WESTPORT ROAD OUISVILLE, KY 40222		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION SHOWN		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	D BE COMPLÉTION	
E 000	Initial Comments  A COVID-19 Focus Survey was initiate concluded on 12/15	sed Emergency Preparedness d on 12/14/2020 and 5/2020. The facility was found with 42 CFR 483.73 related		000	CROSS-REFERENCED TO THE APPROPEDEFICIENCY)	RIATE	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.

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

TITLE

(X6) DATE

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Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3  A. BUILDING:		(X3) DATE COMP	(3) DATE SURVEY COMPLETED			
100203		B. WING	B. WING						
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE					
THE EPIS	THE EPISCOPAL CHURCH HOME  7504 WESTPORT ROAD  LOUISVILLE, KY 40222								
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE			
N 000	Initial Comments		N 000						
N 0000		ity was found to be in							

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

TITLE (X6) DATE