DEPARTMENT OF HEALTH AND HUMAN SERVICES					FORM APPROVED	
CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED		
	185248				05	05/07/2020
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
SAYRE CHRISTIAN VILLAGE NURSING HOME			3775 BELLEAU WOOD DRIVE			
			LEXINGTON, KY 40517			
PREFIX (EACH DEFICIE)	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTI IX (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		DBE COMPLETION	
F 000 INITIAL COMMENT	INITIAL COMMENTS		F 000			
KY#00031637 and Infection Control St 05/05/2020 and con Complaint KY#0003 with no deficiencies to be in compliance control regulations Centers for Medica and Centers for Dis (CDC) recommend	 INITIAL COMMENTS An Abbreviated Survey investigating KY#00031637 and a COVID-19 Focused Infection Control Survey was initiated on 05/05/2020 and concluded on 05/07/2020. Complaint KY#00031637 was unsubstantiated with no deficiencies cited. 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 COVID-19. Total census 127. 		F 000			
	R/SUPPLIER REPRESENTATIVE'S SIGNATU			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.

PRINTED: 05/22/2020