

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

PRINTED: 02/23/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185159	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/10/2010
--	---	--	---

NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - FRANKFORT	STREET ADDRESS, CITY, STATE, ZIP CODE 117 OLD SOLDIERS LANE FRANKFORT, KY 40601
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>An Abbreviated Survey investigating ARO #KY00014726 and ARO #KY00014998 was initiated on 08/05/10 and concluded on 08/10/10. ARO #KY00014726 was unsubstantiated. However, deficient practice was identified at 483.75 Administration, F514 (Clinical Records). ARO #KY00014998 was substantiated with deficient practice at 483.20 Resident Assessment F281 (Services provided must meet professional standards).</p> <p>A Statement of Deficiencies will not be issued, as the allegation occurred in May 2009. The facility's Recertification Survey was conducted on December 03, 2009; F281 and F514 were cited during this survey. The deficient practice would have been cited during the facility's period of non-compliance.</p>	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER 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.