

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

PRINTED: 12/07/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185029</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/05/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHRISTIAN HEALTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>920 SOUTH FOURTH STREET LOUISVILLE, KY 40203</b>		
(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><b>INITIAL COMMENTS</b></p> <p>Based upon implementation of the acceptable POC, the facility was deemed to be in compliance, 12/05/15 as alleged.</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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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NAME OF PROVIDER OR SUPPLIER  <b>CHRISTIAN HEALTH CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>920 SOUTH FOURTH STREET LOUISVILLE, KY 40203</b>	
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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1984</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF DP</p> <p>TYPE OF STRUCTURE: Two (2) stories with a full basement, Type II Protected Construction.</p> <p>SMOKE COMPARTMENTS: Five (5) smoke compartments on the first floor, five (5) on the second floor and three (3) in the basement. Total of thirteen (13) within the facility.</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic, wet sprinkler system, hydraulically designed.</p> <p>GENERATOR: Type II, 155 KW generator. Fuel source is diesel.</p> <p>A Recertification Life Safety Code Survey was initiated on 10/20/15 and concluded on 10/21/15. The facility was found not to be in compliance with the Requirements for Participation in Medicare and Medicaid.</p> <p>The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire)</p>	K 000		

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

TITLE

(X6) DATE

*X Mark E. Witt*

*\* Executive Director*

*X 11/13/15*

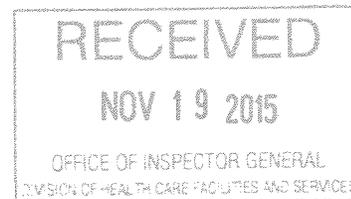
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DIVISION OF HEALTH CARE FACILITIES AND SERVICES

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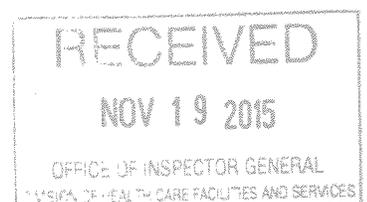
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K 000	Continued From page 1	K 000			
K 056 SS=F	<p>Deficiencies were cited with the highest scope and severity identified at F level.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure the building had a complete sprinkler system in accordance with National Fire Protection Association (NFPA) Standards. The deficiency had the potential to affect each of the thirteen (13) smoke compartments on the first, second, and basement floors, all residents, staff and visitors. The facility has one-hundred and eighteen (118) certified beds and the census was one-hundred and eleven (111) on the day of the survey.</p> <p>The findings include:</p>	K 056	<p>K056</p> <p>1.) The identified closet had a sprinkler head installed per code by Kentuckiana Sprinkler Co., completed on 11/9/15.</p> <p>2.) All areas of the building were visually checked by the Maintenance Director, to ensure proper presence of required sprinkler heads on 10/23/15. No other areas in</p> <p>the building were found to be deficient.</p>	12/5/15	



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K 056	Continued From page 2  Observation, on 10/20/15 at 9:57 AM, with the Maintenance Director revealed the small storage closet located on the first floor, adjacent to the rear exit, was not protected by automatic sprinkler coverage.  Interview, on 10/20/15 at 9:59 AM, with the Maintenance Director revealed he was aware of the requirement for complete sprinkler coverage for all parts of the building, but was not aware of the small storage closet not being protected by automatic sprinkler coverage.  The census of one-hundred and eleven (111) was verified by the Executive Director on 10/20/15. The findings were acknowledged by the Executive Director and verified by the Maintenance Director at the exit interview on 10/21/15.  Reference: NFPA 101 (2000 Edition)  19.3.5.1. Where required by 19.1.6, health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7.  9.7.1.1. Each automatic sprinkler system required by another section of this Code shall be in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.  Reference: NFPA 13 (1999 Edition)  5-1.1. The requirements for spacing, location, and position of sprinklers shall be based on the following principles: (1) Sprinklers installed throughout the premises	K 056	3.) Education was provided by the Administrator, to the Maintenance Director as to requirements of NFPA Code 101/NFPA 13 standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. This education provided on 10/23/15. As part of QA process, the Maintenance Director will use audit tool monthly X 3 months to ensure all areas of the building still have the proper sprinkler head provisions as required by NFPA Code 101/NFPA 13 standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building.  4.) These audits will be presented to the QAPI committee to ensure compliance.	



**ADDENDUM**

K056

11/19/15 (MW)

COMPLETION  
DATE

12/5/15

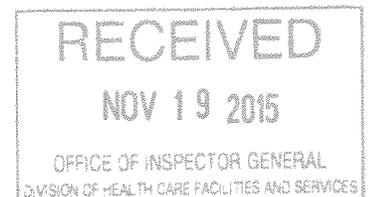
#3 Maintenance Director will use audit tool monthly x 6 months to ensure all areas of the building still have the proper sprinkler head provisions as required by NFPA Code 101/NFPA 13 standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building.

Any new construction or re-modeling performed in future to the facility be visually evaluated by Maintenance Director for proper sprinkler head coverage.

The maintenance director will report audit findings to monthly QA committee for a period of 6 months to ensure compliance.

The maintenance director will report to QA Committee if any expansion or re-modeling is planned for the building.

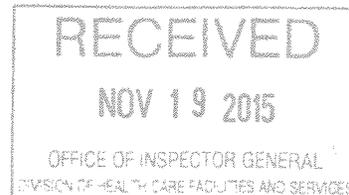
#4 The maintenance director will report audit findings to monthly QAPI committee for a period of 6 months to ensure continued compliance.



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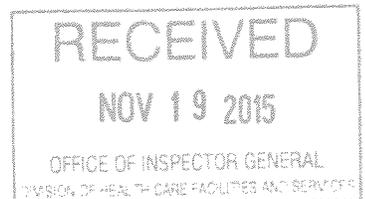
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K 056	Continued From page 3 (2) Sprinklers located so as not to exceed maximum protection area per sprinkler (3) Sprinklers positioned and located so as to provide satisfactory performance with respect to activation time and distribution.	K 056	<i>K056 Addendum 11/19/15 added to page that follows this page. precedes</i>	
K 066 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Smoking regulations are adopted and include no less than the following provisions:  (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.  (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.  (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.  (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4  This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure the exterior staff smoking area was being used in a	K 066 K66	1.) Any trash identified in the metal ash can container was removed and all cigarette butts located on the ground nearby the smoking area were all picked up and properly disposed of on 10/23/15 by the Maintenance Director  2.) All facility grounds were visually inspected by Maintenance Director for presence of any other designated smoking areas on 10/23/15. There are no other smoking areas on facility grounds.	12/5/15



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K 066	<p>Continued From page 4</p> <p>safe manner, in accordance with National Fire Protection Association (NFPA) standards. The deficient practice had the potential to affect the facility's staff and visitors. The facility has one-hundred and eighteen (118) certified beds and the census was one-hundred and eleven (111) on the day of the survey.</p> <p>The findings include:</p> <p>Observation, on 10/20/15 at 10:17 AM, with the Maintenance Director revealed the area outside of the facility's staff and visitor's entrance, being used as a designated staff smoking area, was not being used in a safe manner. There were approximately seventy-five (75) cigarette butts on the ground directly outside of the designated smoking shelter. The metal can with a self-closing lid was to be provided for tobacco waste only, to empty ash trays into; however, it was filled with discarded paper products.</p> <p>Interview, on 02/10/15 at 10:19 AM, with the Maintenance Director revealed the Housekeeping Staff had routinely cleaned the grounds around the smoking shelter and the staff was not using the designated smoking area in a safe manner.</p> <p>The census of one-hundred and eleven (111) was verified by the Executive Director on 10/20/15. The findings were acknowledged by the Executive Director and verified by the Maintenance Director at the exit interview on 10/21/15.</p> <p>Reference: NFPA 101 (2000 edition)</p> <p>19.7.4* Smoking. Smoking regulations shall be</p>	K 066	<p>3.) Maintenance Department will inspect the metal ash can container for any presence of non-smoking materials within the can Monday through Friday. The Housekeeping Department will inspect the metal ash can container for any presence of non-smoking materials within the can every weekend day morning X 2 months, then three times weekly X 2 months, then as recommended by the QAPI committee. Any improper materials found to be in the metal ash can container will be immediately removed and the findings will be noted on an inspection log. During these daily inspections any cigarette butts noted to be on the ground will be picked up and properly disposed of. Maint. Director educated all Maint. Dept. staff as to this requirement practice – completed by 11/13/15.</p>	



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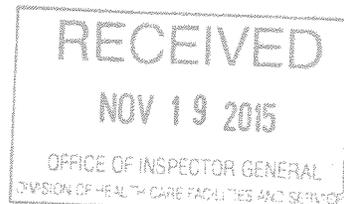
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K 066	Continued From page 5 adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such areas shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. Exception: In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (2) Smoking by patients classified as not responsible shall be prohibited. Exception: The requirement of 19.7.4(2) shall not apply where the patient is under direct supervision. (3) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.	K 066	Housekeeping Director educated all Housekeeping Dept. staff as to this requirement practice – completed by 11/13/15. A new sign has been placed on metal ash can container stating “Smoking Materials Only – No Trash” by Maint. Director on 11/11/15.  4.) Maintenance Director will use audit tool to review the inspection logs on a weekly basis. Any entries of non-compliance on the inspection logs will be identified for possible pattern and education of non-compliant parties as to NFPA Life Safety Code standard 101/ 19.7.4 Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. Along with that the		
K 143 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is:  (a) separated from any portion of a facility	K 143			

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K 143	Continued From page 6 wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;  (b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and  (c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2	K 143	<i>(K 066 cont.)</i> <i>K 066 Addendum</i> <i>11/19/15 (mw)</i> <i>Added to the sheet that follows this page.</i> containers of for smoking materials only, not trash or other combustible materials. Maintenance Director will report findings of audit to QAPI Committee.	12/5/15	
	This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure the oxygen storage room was protected in accordance with National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect each of the thirteen (13) smoke compartments on the first, second, and basement floors, all residents, staff and visitors. The facility has one-hundred and eighteen (118) certified beds and the census was one-hundred and eleven (111) on the day of the survey. The facility failed to ensure the room used for transferring oxygen did not have any electrical devices mounted less than five (5) feet above the floor.  The findings include:  Observation, on 10/20/15 at 11:07 AM, with the	K143	1.) The identified non-compliant light switch was removed from the oxygen transfer room and re-installed outside the room on the back side of the wall by the Maintenance Director, on 10/26/15.		



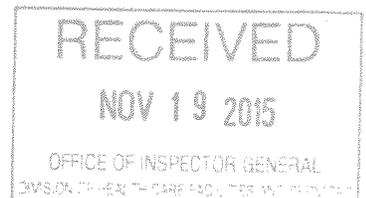
Addendum

K 066 11/19/15 (MW)

#4 Maintenance Director will report findings of audit to monthly QAPI Committee meetings for a duration of 6 months to ensure continued compliance.

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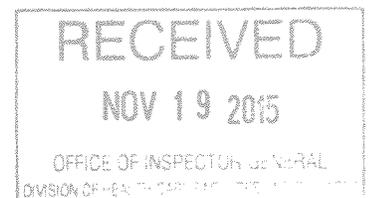
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K 143	<p>Continued From page 7</p> <p>Maintenance Director revealed the second floor storage room used to transfer oxygen had a light switch installed below five (5) feet from the floor.</p> <p>Interview, on 10/20/15 at 11:09 AM, with the Maintenance Director revealed he was aware of the requirements for a room used to transfer oxygen and stated the storage room located adjacent to the Nursing Station was recently converted to an oxygen transfer room from the previous location within the corridor.</p> <p>The census of one-hundred and eleven (111) was verified by the Executive Director on 10/20/15. The findings were acknowledged by the Executive Director and verified by the Maintenance Director at the exit interview on 10/21/15.</p> <p>Reference: NFPA 99 (1999 edition).</p> <p>4-3.1.1.2 Storage Requirements (Location, Construction, Arrangement), (a) * Nonflammable Gases (Any Quantity; In-Storage, Connected, or Both) 1. Sources of heat in storage locations shall be protected or located so that cylinders or compressed gases shall not be heated to the activation point of integral safety devices. In no case shall the temperature of the cylinders exceed 130°F (54°C). Care shall be exercised when handling cylinders that have been exposed to freezing temperatures or containers that contain cryogenic liquids to prevent injury to the skin. 2. * Enclosures shall be p for supply systems cylinder storage or manifold locations for oxidizing agents such as oxygen and nitrous</p>	K 143	<p>2.) All oxygen transfer rooms within the facility were visually inspected by Maint. Director, on 10/26/15 to ensure that no other light switches were found to be non-compliant with NFPA 101 Life Safety Standard Code 8.6.2.5.2/ NFPA 70, National electric Code pertaining to oxygen transfer room not having any electrical devices mounted less than five (5) feet above the floor. There were none found.</p> <p>3.) Administrator provided education to the Maint. Director, on 10/23/15 as to NFPA 101 Life Safety Standard Code 8.6.2.5.2/NFPA 70, National electric Code pertaining to oxygen transfer room not having any electrical devices mounted less than five (5) feet above the floor.</p>	

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K 143	Continued From page 8 oxide. Such enclosures shall be constructed of an assembly of building materials with a fire-resistive rating of at least 1 hour and shall not communicate directly with anesthetizing locations. Other nonflammable (inert) medical gases may be stored in the enclosure. Flammable gases shall not be stored with oxidizing agents. Storage of full or empty cylinders is permitted. Such enclosures shall serve no other purpose. 3. Provisions shall be made for racks or fastenings to protect cylinders from accidental damage or dislocation. 4. The electric installation in storage locations or manifold enclosures for nonflammable medical gases shall comply with the standards of NFPA 70, National Electrical Code, for ordinary locations. Electric wall fixtures, switches and receptacles shall be installed in fixed locations not less than 152 cm (5 feet) above the floor as a precaution against their physical damage. 5. Storage locations for oxygen and nitrous oxide shall be kept free of flammable materials [also 4-3.1.1.2(a) 7]. 6. Cylinders containing compressed gases and containers for volatile liquids shall be kept away from radiators, steam piping, and like sources of heat. 7. Combustible materials, such as paper, cardboard, plastics, and fabrics, shall not be stored or kept near supply system cylinders or manifolds containing oxygen or nitrous oxide. Racks for cylinder storage shall be permitted to be of wooden construction. Wrappers shall be removed prior to storage. Exception: Shipping crates or storage cartons for cylinders. 8. When cylinder valve protection caps are supplied, they shall be secured tightly in place unless the cylinder is connected for use.	K 143	4.) As part of QA process, Maint. Director will use audit tool to inspect on a monthly basis all facility oxygen transfer rooms for a period of 3 months to ensure that standard NFPA 101 Life Safety Code 8.6.2.5.2 is met. Maint. Director will report compliance during QA monthly meeting.	



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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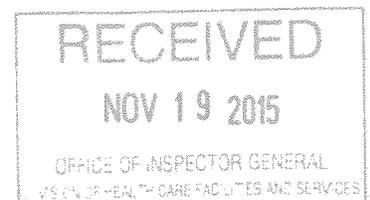
PRINTED: 10/29/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185029	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  10/21/2015
NAME OF PROVIDER OR SUPPLIER  CHRISTIAN HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 920 SOUTH FOURTH STREET LOUISVILLE, KY 40203	
(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
K 143	Continued From page 9 9. Containers shall not be stored in a tightly closed space such as a closet [8-2.1.2.3(c)]. 10. Location of Supply Systems. a. Except as permitted by 4-3.1.1.2(a) 10c, supply systems for medical gases or mixtures of these gases having total capacities (connected and in storage) not exceeding the quantities specified in 4-3.1.1.2(b) 1 and 2 shall be located outdoors in an enclosure used only for this purpose or in a room or enclosure used only for this purpose situated within a building used for other purposes. b. Storage facilities that are outside, but adjacent to a building wall, shall be in accordance with NFPA 50, Standard for Bulk Oxygen Systems at Consumer Sites. c. Locations for supply systems shall not be used for storage purposes other than for containers of nonflammable gases. Storage of full or empty containers shall be permitted. Other nonflammable medical gas supply systems or storage locations shall be permitted to be in the same location with oxygen or nitrous oxide or both. However, care shall be taken to provide adequate ventilation to dissipate such other gases in order to prevent the development of oxygen-deficient atmospheres in the event of functioning of cylinder or manifold pressure-relief devices. d. Air compressors and vacuum pumps shall be located separately from cylinder patient gas systems or cylinder storage enclosures. Air compressors shall be installed in a designated mechanical equipment area, adequately ventilated and with required services.  a. Walls, floors, ceilings, roofs, doors, interior finish, shelves, racks, and supports of and in the locations cited in 4-3.1.1.2(a) 10a shall be	K 143	<u>Addendum</u> 11/19/15 (MVA) K143 #4 As part of QA process, Maint. Director will use audit tool to inspect on a monthly basis all facility oxygen transfer rooms for a period of 6 months to ensure that standard NFPA 101 Life Safety Code 8.6.2.5.2 is met. Maint. Director will report compliance during QA monthly meeting for a duration of 6 months to ensure continued compliance. Any changes in the future to locations of oxygen transfer rooms will be reported by Maintenance Director to the QAPI committee that meets on a monthly basis to ensure continued compliance.	12/5/15

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NAME OF PROVIDER OR SUPPLIER  <b>CHRISTIAN HEALTH CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>920 SOUTH FOURTH STREET LOUISVILLE, KY 40203</b>		
(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	
K 143	Continued From page 10 constructed of noncombustible or limited-combustible materials. b. Locations for supply systems for oxygen, nitrous oxide, or mixtures of these gases shall not communicate with anesthetizing locations or storage locations for flammable anesthetizing agents. c. Enclosures for supply systems shall be provided with doors or gates that can be locked. d. Ordinary electrical wall fixtures in supply rooms shall be installed in fixed locations not less than 5ft (1.5 m) above the floor to avoid physical damage. e. Where enclosures (interior or exterior) for supply systems are located near sources of heat, such as furnaces, incinerators, or boiler rooms, they shall be of construction that protects cylinders from reaching temperatures exceeding 130°F (54°C). Open electrical conductors and transformers shall not be located in close proximity to enclosures. Such enclosures shall not be located adjacent to storage tanks for flammable or combustible liquids. f. Smoking shall be prohibited in supply system enclosures.	K 143			



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NAME OF PROVIDER OR SUPPLIER  <b>CHRISTIAN HEALTH CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>920 SOUTH FOURTH STREET</b> <b>LOUISVILLE, KY 40203</b>		
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{K 000}	INITIAL COMMENTS  Based upon implementation of the acceptable POC, the facility was deemed to be in compliance, 12/05/15 as alleged.	{K 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.