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

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FORM APPROVED
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
	185304		**07/25/2013**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRESTONSBURG HEALTH CARE CENTER	**147 NORTH HIGHLAND AVENUE** **PRESTONSBURG, KY 41653**

(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	INITIAL COMMENTS A standard survey was conducted on 07/23-25/13. No deficient practice was identified.	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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01** B. WING _____	(X3) DATE SURVEY COMPLETED
	185304		**07/25/2013**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRESTONSBURG HEALTH CARE CENTER	**147 NORTH HIGHLAND AVENUE** **PRESTONSBURG, KY 41653**

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K 000	INITIAL COMMENTS	K 000		

CFR: 42 CFR 483.70(a)

Building: 1

Survey under: NFPA 101 (2000 Edition)

Plan approval: 1967, 1974

Facility type: SNF

Type of structure: Type II unprotected

Smoke Compartments: Three

Fire Alarm: Complete fire alarm with smoke detectors installed in corridors and resident rooms. Heat detectors in mechanical rooms/therapy and kitchen. System upgraded in June 2003.

Sprinkler System: Complete sprinkler system (wet) installed in 2008

Generator: Type 2 generator powered by Natural Gas installed in 1995

A life safety code survey was initiated and concluded on 07/25/13, for compliance with Title 42, Code of Federal Regulations, §483.70(a). The facility was found to be in compliance with NFPA 101 Life Safety Code, 2000 Edition.

No deficiencies were identified during this survey.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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