

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

PRINTED: 09/27/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185287	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/28/2011
NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-HARRODSBURG			STREET ADDRESS, CITY, STATE, ZIP CODE 853 LEXINGTON ROAD HARRODSBURG, KY 40330		
(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>Amended 11/17/11</p> <p>An Abbreviated Survey investigating #KY00017057, #KY00017105, #KY00016621, and #KY00017175 was initiated on 09/21/11 and concluded on 09/28/11. #KY00017175 was substantiated with deficiencies cited at 42 CFR 483.75 Administration (F-511) with the scope and severity of a "D". #KY00017105 was substantiated with no deficiencies. #KY00017057 and #KY00016621 were unsubstantiated with no deficiencies cited.</p> <p>The facility requested an Informal Dispute Resolution (IDR). The State Agency IDR determination on 10/31/11 was to delete the deficiency at 42 CFR 483.75 (F-511), therefore ARO#KY00017175 was substantiated with no deficiencies cited.</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.