

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100064	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/19/2025
NAME OF PROVIDER OR SUPPLIER CHRISTIAN COUNTY MANOR I LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2820 RICHARD STREET HOPKINSVILLE, KY 42240		
(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) COMPLETE DATE
P 000	<p>Initial Comments</p> <p>A Complaint Survey investigating KY00044834 and KY00044535 was initiated on 03/18/2025 and concluded on 03/19/2025 with no deficiencies cited.</p> <p>There was no deficient practice identified with KY00044834 and KY00044535.</p> <p>Survey dates: 03/18/2025 through 03/19/2025 Census size: 55 Sample Size: 13</p>	P 000		

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

TITLE

(X6) DATE