STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185138	A. BUILDING 01 - **MAIN BUILDING 01** B. WING _____	R **05/28/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAZARETH HOME	**2000 NEWBURG ROAD** **LOUISVILLE, KY 40205**

(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 000}	INITIAL COMMENTS Based on the acceptable Plan of Correction (POC) and the onsite revisit survey initiated and concluded on 05/28/2025, it was determined the facility had achieved substantial compliance with Life Safety Code on 05/09/2025.	{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.

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	185138	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	04/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAZARETH HOME	2000 NEWBURG ROAD LOUISVILLE, KY 40205

(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 000	INITIAL COMMENTS 42 CFR 483.90(a) K3 BUILDING: 0101 K6 PLAN APPROVAL: 1976, 1999 K7 SURVEY UNDER: 2012 Existing K8 SNF/NF Type of Structure: Three (3) story with basement, (1976, 1999), Type II (222), protected non-combustible construction with 13 smoke compartments and a complete automatic wet sprinkler system. A Life Safety Recertification Survey was initiated on 04/16/2025 and concluded on 04/16/2025, in accordance with 42 Code of Federal Regulations (CFR), Subpart 483:90(a) Requirements for Long Term Care Facilities. During this Recertification Survey, Nazareth Home was found not to be in compliance with the Requirements for Participation in Medicare and Medicaid. The requirement at 42 CFR, Subpart 483.90(a) is NOT MET as evidenced by:	K 000		
K 521 SS=F	HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2	K 521		5/2/25

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

Electronically Signed | 05/09/2025

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	185138	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**04/16/2025**

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K 521	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to maintain smoke/fire dampers in accordance with National Fire Protection Association (NFPA) Standards. The deficient practice had the potential to affect all smoke dampers, staff, and all residents. The facility had the capacity for 118 beds with a census of 107 on the day of the survey. The findings include: Record review, of the facility's smoke/fire damper testing records for the 4-year period prior to the survey on 04/16/2025 at 3:16 PM, revealed the smoke/fire dampers throughout the facility had not been tested or inspected. Interview, on 04/16/2025 at 3:17 PM with the Maintenance Director, revealed the facility was unaware of the requirement for the dampers to be tested at a frequency of every four years. The finding was verified by the Maintenance Director at the time of record review and the Administrator at the exit conference on 04/16/2025. Actual NFPA Standard: NFPA 101 Life Safety Code, (2012) 19.5.2.1 Heating, ventilating, and air-conditioning shall comply with the provisions of Section 9.2 and shall be installed in accordance with the manufacturer's specifications, unless otherwise modified by 19.5.2.2. 9.2.1 Air-Conditioning, Heating, Ventilating Ductwork, and Related Equipment. Air-conditioning, heating, ventilating ductwork,	K 521	This plan of correction is submitted for the accompanied statement of deficiencies. This documented plan submitted does not constitute agreement with the statement of deficiencies nor does it document agreement with the stated conclusions from the interviews written as a part of the deficiencies. This plan of correction is submitted as our duty as outlined in the requirements of the law. 1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice. All residents had the potential to be affected but none were due to the facility has a standing agreement with Koorsen Fire and Security for fire equipment inspection. The system had not indicated any gaps in coverage. On 4-16-2025, the Maintenance Director contacted Walker Mechanical and scheduled an appointment for 4-21-2025 to begin the smoke damper inspection. 2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice. All residents had potential to be affected but none were. Walker Mechanical began completing the smoke damper inspection 4-21-2025.	

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	185138	A. BUILDING 01 - **MAIN BUILDING 01** B. WING _____	**04/16/2025**

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K 521	Continued From page 2 and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems, or NFPA 90B, Standard for the Installation of Warm Air Heating and Air-Conditioning Systems, as applicable, unless such installations are approved existing installations, which shall be permitted to be continued in service. Actual NFPA Standard: 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems (2012) 5.4.8 Maintenance. 5.4.8.1 Fire dampers and ceiling dampers shall be maintained in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. 5.4.8.2 Smoke dampers shall be maintained in accordance with NFPA 105, Standard for Smoke Door Assemblies and Other Opening Protectives. Actual NFPA Standard: NFPA 80, Standard for Fire Doors and Other Opening Protectives (2010) 19.4* Periodic Inspection and Testing. 19.4.1 Each damper shall be tested and inspected 1 year after installation. 19.4.1.1 The test and inspection frequency shall then be every 4 years, except in hospitals, where the frequency shall be every 6 years. 19.4.11 Periodic inspections and testing of a combination fire/smoke damper shall also meet the inspection and testing requirements contained in Chapter 6 of NFPA 105, Standard for Smoke Door Assemblies and Other Opening Protectives. Actual NFPA Standard: NFPA 105 Standard for Smoke Door Assemblies and Other Opening Protectives, (2010) 6.5 Periodic Inspection and Testing 6.5.2* Each damper shall be tested and inspected one year after installation. The test and inspection	K 521	3. Address what measures will be put in place or systemic changes will be made to ensure that the deficient practice will not recur. On 4-21-2025, Walker Mechanical began doing the following: 1. Locate and test smoke dampers in the facility. 2. All dampers located will be marked, this will make the checks and services performed in future quicker and easier. 3. Any deficiencies found will be noted and Walker Mechanical will inform the facility with recommendations. 4. Walker Mechanical will provide labor and materials on a time and material basis to complete the work needed. See Attachment A. 4. Indicate how the facility plans to monitor its performance to make sure that the solutions are sustained: Nazareth Home has contracted with Walker Mechanical to complete the preventative maintenance schedule for the smoke dampers now and will be completed again within the four (4) years. Next Service will be due in 2029.	

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K 521	Continued From page 3 frequency shall then be every 4 years, except in hospitals, where the frequency shall be every 6 years.	K 521	Nazareth Home Facility Maintenance will provide access to the location of the dampers when needed to access secure locations. 5. Date of Compliance: Our building has three (3) floors and as of 5-2-2025 the work for the basement floor has been completed. (see attachment A)	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the	K 918		5/9/25

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K 918	Continued From page 4 components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to perform testing for the emergency generator in accordance with National Fire Protection Association (NFPA) Standards. The deficient practice had the potential to affect one (1) of one (1) generator, staff, and all residents. The facility had the capacity for 118 beds with a census of 107 on the day of survey. Findings include: Record review, of the emergency generator testing for the 12 months prior to the survey on 04/16/2025 at 3:00 PM with the Maintenance Director, revealed the facility only completed one (1) weekly inspection per month for the 12-month period prior to the survey. Interview, on 04/16/2025 at 3:01 PM with the Maintenance Director, revealed the facility was not aware the weekly tests were not documented. The finding was verified by the Maintenance Director at the time of record review and the Administrator, at the exit conference on	K 918	This plan of correction is submitted for the accompanied statement of deficiencies. This documented plan submitted does not constitute agreement with the statement of deficiencies nor does it document agreement with the stated conclusions from the interviews written as a part of the deficiencies. This Plan of Correction is submitted as our duty as outlined in the requirements of the law. 1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice. All residents have the potential to be affected but none were. It is the intent of the facility to maintain a complete written record of monthly generator load testing for the last twelve (12) months and ensure a written record of weekly inspections	

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K 918	Continued From page 5 04/16/2025. Actual NFPA Standard: NFPA 99 Health Care Facilities Code (2012) 6.5.4 Administration (Type 2 EES). 6.5.4.1 Maintenance and Testing of Essential Electrical System. 6.5.4.1.1 Maintenance and Testing of Alternate Power Source and Transfer Switches. 6.5.4.1.1.2 Inspection and Testing. Generator sets shall be inspected and tested in accordance with 6.4.4.1.1.3. 6.4.4.1.1.3 Maintenance shall be performed in accordance with NFPA110, Standard for Emergency and Standby Power Systems, Chapter 8. Actual NFPA Standard: NFPA 110 Standard for Emergency and Standby Power Systems, (2010) 8.3 Maintenance and Operational Testing. 8.3.4 A permanent record of the EPSS inspections, tests, exercising, operation, and repairs shall be maintained and readily available. 8.3.4.1 The permanent record shall include the following: (1) The date of the maintenance report (2) Identification of the servicing personnel (3) Notation of any unsatisfactory condition and the corrective action taken, including parts replaced (4) Testing of any repair for the time as recommended by the manufacturer 8.3.7.1 Maintenance of lead-acid batteries shall include the monthly testing and recording of electrolyte specific gravity. Battery conductance testing shall be permitted in lieu of the testing of specific gravity when applicable or warranted. 8.4 Operational Inspection and Testing. 8.4.1* EPSSs, including all appurtenant	K 918	(including visual) for the generator is maintained every week to meet set standards. On 4-17-2025 the Administrator in-serviced the Maintenance Director on requirement to include the visual inspections as part of the weekly inspections of the generator and documentation be retained in the Maintenance Directors Survey Preparedness binder. 2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice. All residents have the potential to be affected but none were. The facility has only one emergency generator which was tested weekly but not documented. 3. Address what measures will be put in place or systemic changes will be made to ensure that the deficient practice will not recur. The Maintenance Director will inspect and document the condition of the emergency generator weekly, will perform monthly load testing as required and will maintain and retain documentation of those tests and inspections. The Maintenance Directors Survey Preparedness binder will include visual inspections. If any operational concerns	

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K 918	Continued From page 6 components, shall be inspected weekly and exercised under load at least monthly. 8.4.1.1 If the generator set is used for standby power or for peak load shaving, such use shall be recorded and shall be permitted to be substituted for scheduled operations and testing of the generator set, providing the same record as required by 8.3.4. 8.4.2* Diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer (2) Under operating temperature conditions and at not less than 30 percent of the EPS nameplate kW rating 8.4.2.1 The date and time of day for required testing shall be decided by the owner, based on facility operations. 8.4.2.2 Equivalent loads used for testing shall be automatically replaced with the emergency loads in case of failure of the primary source. 8.4.2.3 Diesel-powered EPS installations that do not meet the requirements of 8.4.2 shall be exercised monthly with the available EPSS load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours.	K 918	are identified, they will be address and resolved immediately. 4. Indicate how the facility plans to monitor its performance to make sure that the solutions are sustained. The Assistant Administrator will monitor adherence to the preventative maintenance schedule and validate the preventive maintenance documentation is in place by auditing the Generator log once a week for four (4) weeks to ensure that the visual inspection is documented. Any concerns identified will be addressed and resolved immediately and reported to the Administrator. The Maintenance Director will present the inspection results to the Assistant Administrator monthly and will be reported quarterly at the Continuous Quality Improvement (CQI)/Quality Assurance and Performance Improvement (QAPI) meetings. Subsequent plans of corrections will be developed when deemed necessary to ensure compliance is maintained.	
K 920 SS=E	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and	K 920		5/9/25

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K 920	Continued From page 7 Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain power strips, and extension cords in accordance with National Fire Protection Association (NFPA) Standards. The deficient practice had the potential to affect 10 rooms, staff, and 15 residents. The facility had the capacity for118 beds with a census of 107 on the day of the survey. The findings include: 1. Observation, during the building inspection tour on 04/16/2025 at 12:19PM, revealed a	K 920	This plan of correction is submitted for the accompanied statement of deficiencies. This documented plan submitted does not constitute agreement with the statement of deficiencies nor does it document agreement with the stated conclusions from the interviews written as a part of the deficiencies. This plan of correction is submitted as our duty as outlined in the requirements of the law. 1. Address how corrective action will be accomplished for those residents found to	

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K 920	Continued From page 8 resident bed was plugged into an unrated power strip located in resident room 298. Interview, on 04/16/2025 at 12:20 PM with the Maintenance Director, revealed the facility was not aware of the resident bed being plugged into a power strip. 2. Observation, during the building inspection tour on 04/16/2025 at 12:21 PM, revealed a lamp was plugged into an ungrounded extension cord which was plugged into a power strip located in resident room 297. Interview, on 04/16/2025 at 12:22 PM with the Maintenance Director, revealed the facility was not aware of the extension cord being plugged into a power strip. 3. Observation, during the building inspection tour on 04/16/2025 at 12:25 PM, revealed an unrated power strip within six (6) feet of the resident bed with personal electronics plugged, located in resident room 294. Interview, on 04/16/2025 at 12:26 PM with the Maintenance Director, revealed the facility was not aware of the unrated power strip in the room. 4. Observation, during the building inspection tour on 04/16/2025 at 12:27 PM, revealed a refrigerator plugged into an unrated power strip overloading the rating of the power strip located in resident room 295. Interview, on 04/16/2025 at 12:28 PM with the Maintenance Director, revealed the facility was not aware the refrigerator was plugged into a power strip. 5. Observation, during the building inspection tour on 04/16/2025 at 12:51 PM, revealed an unrated power strip was plugged into a rated power strip and a resident bed was plugged into an unrated power strip located in resident room 244. Interview, on 04/16/2025 at 12:52 AM with the Maintenance Director, revealed the facility was not aware of the daisy chained power strips or the bed being plugged into a power strip. 6. Observation, during the building inspection	K 920	have been affected by the deficient practice, On 5-7-2025 the following was completed: A. The power strip was removed from room 298 and the bed plugged into a wall outlet. B. The extension cord and the power strip were removed from room 297. The lamp was relocated and plugged into the wall outlet. C. The power strip was removed from room 294. The residents' personal electronics were relocated in the room and plugged into a wall outlet. D. The power strip was removed from room 295. The refrigerator was plugged into the wall outlet. E. Both power strips were removed from room 244 and additional outlets were added. F. The extension cord and timer were removed from room 250. The lamp was plugged into the wall outlet. G. The power strip was removed from room 261. The bed was plugged into the wall outlet. H. The coffee maker and power strip were removed from the Spalding Square Nurse Station.	

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K 920	Continued From page 9 tour on 04/16/2025 at 12:55 PM, revealed a lamp was plugged into an ungrounded extension cord which was plugged into a timer located in resident room 250. Interview, on 04/16/2025 at 12:56 PM with the Maintenance Director, revealed the facility was not aware of the extension cord or timer being brought into the facility. 7. Observation, during the building inspection tour on 04/16/2025 at 1:08PM, revealed a resident bed was plugged into an unrated power strip located in resident room 261. Interview, on 04/16/2025 at 1:09 PM with the Maintenance Director, revealed the facility was not aware of the resident bed being plugged into a power strip. 8. Observation, during the building inspection tour on 04/16/2025 at 1:11PM, revealed a coffee maker was plugged into an unrated power strip overloading the rating of the power strip located at the Spaulding Square Nurse Station. Interview, on 04/16/2025 at 1:12 PM with the Maintenance Director, revealed the facility was not aware of the coffee maker being plugged into a power strip. 9. Observation, during the building inspection tour on 04/16/2025 at 1:30 PM, revealed an unrated power strip was plugged into an unrated power strip located at the second (2nd) floor Nurse Station. Interview, on 04/16/2025 at 1:31 AM with the Maintenance Director, revealed the facility was not aware of the daisy chained power strips. 10. Observation, during the building inspection tour on 04/16/2025 at 1:58 PM, revealed a refrigerator plugged into an unrated power strip, overloading the rating, located in the Social Work Services Office. Interview, on 04/16/2025 at 1:59 PM with the Maintenance Director, revealed the facility was not aware the refrigerator was plugged into a power strip.	K 920	I. The daisy chained power strips were removed from the second (2nd) floor nurse station. J. The refrigerator located in the Social Workers office plug was removed from the power strip and was plugged into the wall outlet. 2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice. On 5-6 - 5-9-2025 all resident rooms and office spaces were inventoried, and the power strips or extension cords were removed. 3. Address what measures will be put in place or systemic changes will be made to ensure that the deficient practice will not recur. Education provided to all staff regarding the protocol on the use of power strips and extension cords will be completed by 5-16-2025. A letter will be sent to residents and families regarding the protocol on the use of power strips and extension cords will be completed by 5-16-2025.. The Admissions Coordinator will educate all incoming admissions regarding protocol on the use of power strips and extension cords. 4. Indicate how the facility plans to monitor its performance to make sure that	

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	185138	A. BUILDING 01 - **MAIN BUILDING 01** B. WING _____	**04/16/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAZARETH HOME	**2000 NEWBURG ROAD** **LOUISVILLE, KY 40205**

(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 920	Continued From page 10 The findings were verified by the Maintenance Director at the time of observation and the Administrator at the exit conference on 04/16/2025. Actual NFPA Standard: NFPA 99 Health Care Facilities Code, (2012) 10.2.3.6 Multiple Outlet Connection. Two or more power receptacles supplied by a flexible cord shall be permitted to be used to supply power to plug-connected components of a movable equipment assembly that is rack-, table-, pedestal-, or cart mounted, provided that all of the following conditions are met: (1) The receptacles are permanently attached to the equipment assembly. (2)*The sum of the ampacity of all appliances connected to the outlets does not exceed 75 percent of the ampacity of the flexible cord supplying the outlets. (3) The ampacity of the flexible cord is in accordance with NFPA 70, National Electrical Code. (4)*The electrical and mechanical integrity of the assembly is regularly verified and documented. 10.2.4 Adapters and Extension Cords. 10.2.4.1 Three-prong to two-prong adapters shall not be permitted. 10.2.4.2 Adapters and extension cords meeting the requirements of 10.2.4.2.1 through 10.2.4.2.3 shall be permitted. 10.2.4.2.1 All adapters shall be listed for the purpose. 10.2.4.2.2 Attachment plugs and fittings shall be listed for the purpose. 10.2.4.2.3 The cabling shall comply with 10.2.3 10.2.3.2 Grounding Conductor. 10.2.3.2.1 Each electric appliance shall be provided with a grounding conductor in its power cord.	K 920	the solutions are sustained. The Assistant Administrator will monitor adherence to the use of power strips and extension cords once a week times four (4) weeks by inspecting five (5) resident rooms and two (2) office spaces to ensure protocol followed. Any concerns will be reported immediately to the Maintenance Director for follow-up. The inspection results will be reported quarterly at the Continuous Quality Improvement (CQI)/Quality Assurance and Performance Improvement (QAPI) meeting. Subsequent plans of corrections will be developed when deemed necessary to ensure compliance is maintained.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185138	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**04/16/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAZARETH HOME	**2000 NEWBURG ROAD** **LOUISVILLE, KY 40205**

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K 920	Continued From page 11 Actual NFPA Standard: NFPA 70 National Electrical Code, (2011) 400.8 Uses Not Permitted. Unless specifically permitted in 400.7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces Exception to (4): Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of 368.56(B) (5) Where concealed by walls, floors, or ceilings or located above suspended or dropped ceilings (6) Where installed in raceways, except as otherwise permitted in this Code (7) Where subject to physical damage	K 920		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185138	A. BUILDING _____ B. WING _____	C 04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAZARETH HOME	**2000 NEWBURG ROAD LOUISVILLE, KY 40205**

(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 recertification survey was concluded on 04/17/2025. The survey identified no health care deficiencies. Survey Dates: 04/15/2025-04/17/2025 Survey Census: 104 Sample Size: 36	F 000		

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

Electronically Signed | 05/02/2025

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.