

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 101321	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/03/2025
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NAME OF PROVIDER OR SUPPLIER HALLMARK HOUSE LOUISVILLE II	STREET ADDRESS, CITY, STATE, ZIP CODE 10301 CONEFLOWER LN PROSPECT, KY 40059
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(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 recertification/complaint survey was concluded on 1/3/2025. The facility was found to be in substantial compliance with CFR 902 KAR 20.031.</p> <p>Survey Dates 1/2/2025-1/03/2025. Survey Census 25 Sample Size 8</p> <p>No deficiencies were issued related to KY00039938.</p>	P 000		

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