Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100398	A. BUILDING _____ B. WING _____	02/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTER SENIOR LIVING, LLC	66 SHELBY STREET CADIZ, KY 42211

(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	Initial Comments A Relicensure and a Complaint Survey investigating KY41739, was conducted on 01/31/2024 and concluded on 02/01/2024 with deficiencies cited. There were no regulatory violations identified for complaint KY41739.	P 000		
P 085	902 KAR 20:036 3(7)(a) Section 3. Administration and Operation (7) Tuberculosis Testing. (a) All employees of a PCH or SPCH shall be screened and tested for tuberculosis in accordance with 902 KAR 20:205. This requirement is not met as evidenced by: Based on interview and review of the facility provided employee files, it was determined the facility failed to ensure all employees received and were tested annually for Tuberculosis (TB) in accordance with 902 KAR 20:205 for four (4) of five (5) sampled employees, Nurse Aide (NA) #2, Housekeeper #2, Medication Technician #1 and Cook #1. The findings include: On 02/01/2024, a copy of the facility's Tuberculosis Policy was requested from the Assistant Administrator but not provided. Review of the facility provided document, "Administrator Job Description", undated, revealed the Administrator was to direct	P 085		

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