

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100432	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 12/05/2024
NAME OF PROVIDER OR SUPPLIER CARROLLTON MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 205 FIFTH STREET CARROLLTON, KY 41008			
(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/complaint survey was concluded on 12/05/2024. The facility was found to be in compliance with 902 KAR 20:031. Survey Dates: 12/04-12/05 2024 Survey Census: 10 Sample Size: 29 No deficiencies were issued related to KY00034983 and KY00041512.	P 000			

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

TITLE

(X6) DATE