

Office of Inspector General

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|-----------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>100346</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>03/27/2025</b> |
|-----------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SPARKS NURSING CENTER**

**500 EAST WHITMER STREET  
CENTRAL CITY, KY 42330**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                               | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| P 000                    | <p><b>Initial Comments</b></p> <p>A Complaint Survey investigating KY00045506, KY00045162, KY00045017, KY00044904, KY00044819, KY00044308, KY00043673, KY00043677, and KY00043912 was initiated on 03/26/2025 and concluded on 03/27/2025.</p> <p>No deficient practice was identified related to KY00045506, KY00045162, KY00045017, KY00044904, KY00044819, KY00044308, KY00043673, KY00043677, and KY00043912,</p> <p>Survey Dates: 03/26/2025-03/27/2025<br/>Survey Census: 75<br/>Sample Size: 11</p> | P 000               |                                                                                                                          |                          |

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

TITLE

(X6) DATE