

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100413	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 07/31/2024
NAME OF PROVIDER OR SUPPLIER DISHMAN PERSONAL CARE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 220 WORSHAM LANE MONTICELLO, KY 42633		
(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 Revisit Survey and an Abbreviated Survey investigating complaints KY00042753 and KY00043057, was initiated on 07/29/2024, and concluded on 07/31/2024. This survey determined the facility had no deficient practice; however the facility remains in noncompliance related to the 07/19/2024 survey. In addition, complaints KY00042753 and KY00043057 were found to have no regulatory violation. Survey Dates: 07/29/2024 - 07/31/2024 Survey Census: 40 Sample Size: 10	P 000			

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

TITLE

(X6) DATE