

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100398	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/06/2026
NAME OF PROVIDER OR SUPPLIER BETTER SENIOR LIVING I LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Complaint Survey investigating KY00048188, KY00048260, KY00048288, and KY00048415 was concluded on 05/06/2026. The facility was found to be in substantial compliance with state regulatory requirements. There were no deficiencies issued for KY00048188, KY00048260, KY00048288, and KY00048415. Survey Dates: 05/06/2026-05/06/2026 Survey Census: 55 Sample Size: 9	P 000		

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

TITLE

(X6) DATE