Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	101283	A. BUILDING: _____ B. WING _____	C 03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOMINION SENIOR LIVING OF RICHMOND	**200 MERIDIAN WAY RICHMOND, KY 40475**

(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 re-licensure with an abbreviated complaint survey investigating complaints KY#37028, KY#39093, KY#39773, KY#41052, and KY#41179 was initiated on 03/13/2024 and concluded on 03/15/2024. The re-licensure survey was completed with no deficient practice cited. The abbreviated/complaint survey findings related to complaints KY#37028, KY#39773, and KY#41052 were unsubstantiated with no deficient practice cited. The complaint findings related to KY#39093 and KY#41179 were substantiated; however, with no deficient practice cited.	P 000		

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