

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100182	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 12/23/2024
NAME OF PROVIDER OR SUPPLIER THE HOMESTEAD			STREET ADDRESS, CITY, STATE, ZIP CODE 384 THOMPSON AVENUE MADISONVILLE, KY 42431		
(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 KY00044474 and KY00044254 was conducted on 12/19/2024 and concluded on 12/23/2024. There was no deficient practice identified with KY00044474 and KY00044254. Survey Dates: 12/19/2024-12/23/2024 Survey Census: 48 Sample Size: 12	P 000			

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

TITLE

(X6) DATE