

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 100174	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/04/2025
NAME OF PROVIDER OR SUPPLIER HENDERSON MANOR I LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 201 WATSON LANE HENDERSON, KY 42420			
(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)	
P 000	Initial Comments A Complaint Survey investigating KY00047510 and KY00047506 was initiated on 11/04/2025 and concluded on 11/04/2025 with no deficiencies cited. Survey Dates: 11/04/2025 - 11/04/2025 Facility Census: 43		P 000		

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

TITLE

(X6) DATE