

**BUREAU OF HEALTH SYSTEMS
DIVISION OF NURSING HOME MONITORING**

NOTICE OF LICENSURE/CERTIFICATION ACTION

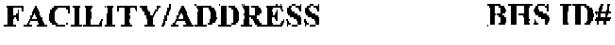
TYPE OF FACILITY:

Nursing Home Home for the Aged
 County Medical Care Facility Hospital
 Rural Health Clinic Hospital Long Term Care Unit
 Psychiatric Hospital- Children's Psych- Adult Psych

(X) 1. License to expire: Non-expiring (March)

(X) 2. State Survey agency certifies/recertifies compliance with Medicare/Medicaid program requirements.

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E** **A** **FACILITY/ADDRESS** **BHS ID#** **BED INFORMATION**

X  **Total Beds: 128**
SNF-18/NF-19: 128

__ EFFECTIVE DATE: September 15, 2006
DATE ISSUED: September 22, 2006

September 22, 2006

IMPORTANT NOTICE - PLEASE READ CAREFULLY

Dear [REDACTED]:

Survey Results

A revisit to the July 19, 2006, Life Safety Code (LSC) survey was conducted by the Bureau of Fire Services (BFS), Department of Labor & Economic Growth on September 21, 2006.

The revisit verified that your facility had achieved and maintained substantial compliance with all federal regulatory requirements, effective September 15, 2006.

The LSC survey report will be sent to you by the BCCFS under separate cover.

The Centers for Medicare and Medicaid Services (CMS) Region V Office and the State Medicaid Agency have been notified of your changed compliance status. We are recommending that no federal enforcement remedies be imposed.

Contact Information

Should you have questions following review of this letter, please contact the Bureau of Fire Safety with survey related questions. Enforcement related questions may be directed to [REDACTED]

Sincerely,

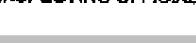
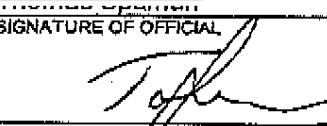


INSPECTION REPORT
 Department of Labor & Economic Growth
 Bureau of Fire Services

Received
9/25/06
9/8/06

| | | | |
|--|---------------------------------|---|------------------------------------|
| FACILITY NAME  | INSPECTION DATE 9-21-06 | COUNTY  | PROJECT N/A |
| FACILITY TYPE Nursing Home | RULES/CODES Health Care - 01 | JOB/LIC/FAC. NO.  | |
| FACILITY REPRESENTATIVE  | FACILITY REPRESENTATIVE | | INSPECTION TYPE Annual Re-Check |
| FACILITY PHONE | PHONE 2 | FACILITY FAX | |

A follow-up fire safety inspection was completed this date. Deficiencies noted in our last inspection report have been satisfactorily corrected.

| | | |
|--|---|--|
| FIRE SAFETY CERTIFICATION Temporary Until Next Inspection | PROJECT STATUS N/A | REVIEWED BY  |
| INSPECTING OFFICIAL  | ADDRESS  | |
| SIGNATURE OF OFFICIAL  | TELEPHONE FAX EMAIL  | |
| The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency. | | Authority: PA207 of 1941, as amended Compilation: Required Penalty: Misdemeanor |

FMD-40 (Rev. 2/04)

Distribution: Architect, BHS/FIA/Ed, Facility, File, Local Fire Department, BCCFS

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