

Office of Inspector General

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>300200 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br>R<br>11/15/2019 |
|--------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------|

|                                                                      |                                                                                         |
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| NAME OF PROVIDER OR SUPPLIER<br><br>EMW WOMEN'S SURGICAL CENTER, PSC | STREET ADDRESS, CITY, STATE, ZIP CODE<br>136 WEST MARKET STREET<br>LOUISVILLE, KY 40202 |
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| (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 |
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| {E 000} | Initial Comments<br><br>Based upon implementation of the acceptable POC, the facility was deemed to be in compliance, 10/12/19 as alleged. | {E 000} |  |  |
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE