Steven L. Beshear
Governor

CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF THE INSPECTOR GENERAL

MARY BEGLEY, INSPECTOR GENERAL
Division of Regulated Child Care
275 East Main Street, 5E-F
Frankfort, Kentucky 40621-0001
Phone: 502-564-7962
Fax: 502-564-9350
http://chfs.ky.gov/os/oig

Janie Miller
Secretary

February 13, 2012

Mr. Clarence Williams
Phoenix House
720 West Jefferson
Louisville, KY 40202

Re: License #500144

Dear Mr. Williams:

A re-licensure survey was conducted on February 02, 2012, with no deficiencies noted (see attached). Your license will be processed when the application and fee have been received.

Sincerely,

Melissa A. Moore

Melissa A. Moore
Regional Program Manager

MAM:AK

Attachment

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 500144	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 02/02/2012
NAME OF PROVIDER OR SUPPLIER PHOENIX HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 720 WEST JEFFERSON STREET LOUISVILLE, KY 40202		

(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
C 000	INITIAL COMMENTS A re-licensure survey was conducted on 02/02/12 from approximately 8:15 AM until 1:15 PM with approximately five (5) hours allocated to the survey on site. The licensed bed capacity for this emergency shelter is twelve (12). The toured facility was located at 720 West Jefferson Street; Louisville, KY 40202. The facility was found to be in compliance with the licensure requirements for child-caring facilities pursuant to 922 KAR 1:300; 922 KAR 1:305; 922 KAR 1:380; and/or 922 KAR 1:390. A statement of deficiencies is not being issued.	C 000		

TITLE (X6) DATE

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