Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100274	A. BUILDING: _____ B. WING _____	R-C 10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN YEARS REST HOME	14684 EAST HIGHWAY 550 PO BOX 157 LACKEY, KY 41643

(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 Based on the acceptable Plan of Correction (POC), received on 10/04/2024 and the on-site revisit survey initiated on 10/15/2024 and concluded on 10/15/2024, it was determined the facility had achieved substantial compliance on 09/30/2024 as alleged.	{P 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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P 000	Initial Comments A Complaint Survey investigating complaint KY00041869 and KY00042521 was initiated on 09/19/2024 and concluded on 09/20/2024. The Division of Healthcare determined the facility was Non-Compliant with Licensure Requirements and a Type A Citation and Statement of Deficiencies was issued. The facility was found to be in substantial compliance with KY00042222 and KY00043649.	P 000		9/30/24
P 125	902 KAR 20:036 4(10)(i) Section 4. Administration and Operation Section 4. Administration and Operation. (i) Staffing requirements. 1. The number of personnel required shall be based on: a. The number of patients; and b. Amount and kind of personal care, health care, and supervision needed to meet the needs of the residents. 2. The administrator shall designate one (1) or more staff members to be responsible for: a. Recordkeeping; b. Basic health and health related services; and c. Activity services. 3. Each PCH or SPCH shall have a full-time staff member who shall be: a. Responsible for the total food service operation of the facility; and b. On duty a minimum of thirty-five (35) hours each week. 4. In accordance with KRS 216.597(6)(a) and (b): a. Staffing in a PCH or SPCH shall be sufficient in number and qualifications to meet the twenty-four (24) hour scheduled needs of each resident; and b. At least one (1) staff member shall be awake and on-site at all times at each licensed facility.	P 125	Smoking Signs have been added to all bedrooms and through out the facility. Smoking policy was up dated. Residents and Staff was adviced against Vaping inside facility as well. Hourly Checks are being done to check for Smoking and Vaping to ensure its not being	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Ramiechess Cox — TITLE: Co-owner — (X6) DATE: 10/3/24

FORM APPROVED

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P 125	Continued From page 1 This requirement is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure a safe environment for eighty-two (82) of eighty-two (82) resident(s). The facility's failure to ensure that residents and staff followed the smoking policy presented an imminent danger and created substantial risk that death or serious mental and /or physical harm to the residents could occur. The findings: During observation and interview on 09/19/2024 at 10:48 AM, resident (R)77 was observed to be sitting up in his bed, smoking in his room with an oxygen tank and generator at the foot of his bed. The resident was observed to be smoking and tossed the cigarette onto the floor. R77 stated he knew he was not to smoke inside because of the other residents and that it could cause harm. R77 stated he had burned himself on the cheek, while smoking, and lifted his hand to his right jaw. During interview 09/20/2024 at 1:50 PM, LPN1stated on August 27, 2024, R77 had burned his face and had been sent to ER and was later transferred to another hospital for treatment of the burn. R77 was placed on fifteen (15) minute checks after he returned to the facility. Record review on 09/20/2024, revealed R77 was placed on fifteen (15) minute checks after R77 returned from the hospital. The record further revealed the resident was smoking with his oxygen on and received a flash burn to the right side of his face. Progress Notes revealed LPN1 had contacted R77's brother, who was the legal guardian, on August 27, 2024, to make him aware.	P 125	Inside the facility Cont.	

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P 125	Continued From page 2 On 09/19/2024 at 10:45 AM, the Day Shift Supervisor was observed coming down the front door stairwell, from second to first floor smoking a vape pen. The Day Shift Supervisor stated she was trying to get a draw in and did not know vaping was considered smoking. The Day Shift Supervisor stated she was aware that all residents and staff were informed that smoking was not permitted in the building. Smoking was only permitted in designated areas. Those areas were outside the facility. The Day Shift Supervisor stated she was responsible for the facility when the co-owners and the LPN were not at the facility. Interview with the Day Shift Supervisor and the Second Shift Supervisor on 09/20/2024 at 3:15 PM it was revealed that there were four residents that reside on the first floor who use oxygen concentrators with oxygen tanks. Interview with the Administrator on 09/20/2024 at 10:50 AM, revealed the per the facility policy staff and residents were not to smoke in the building. The Administrator was aware some residents did smoke in the building and had tried to encourage them to go outside every time she witnessed them smoking in the building. The Administrator was also aware that R77 used oxygen and had been found smoking in the building on regular basis. Interview, on 09/20/2024 at 1:50 PM, and 4:10 PM, with the Day Shift Supervisor, and the Administrator 2 revealed, the facility did not have a staffing policy. And that all residents were made aware of the smoking policy upon admission to the facility. Review of facility policy titled "Smoking Is	P 125		

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P 125	Continued From page 3 Permitted in Designated Areas" (undated), revealed smoking was permitted for residents in designated areas and at designated smoking times. The policy stated cigarette lighters would be turned into facility staff at 8:00 PM residents would be given their lighters back every morning at 9:00 AM. Review of the facility's policy regarding "Resident Rights in A Personal Care Home" (not dated), revealed residents may be transferred or discharged from the facility for failure to follow the rules or regulations of the facility. Based on the findings of the investigation, it was determined that the facility's failure to ensure residents were provided a safe environment presented an imminent danger, and created a substantial risk that serious mental or physical harm or death of the residents could potentially occur.	P 125		