# ACTS Complaint/Incident Investigation Report

## PROVIDER INFORMATION

**Name:** GOLDEN YEARS REST HOME
**Address:** 14684 EAST HIGHWAY 550 PO BOX 157
**City/State/Zip/County:** LACKEY, KY, 41643, FLOYD
**Telephone:** (606) 946-2220
**License #:** 100274
**Type:** PCH - FS
**Medicaid #:**
**Administrator:** BONNIE MOSLEY

## INTAKE INFORMATION

**Taken by - Staff:** WEAVER, JACKLYN
**Location Received:** REGION C LONG TERM CARE
**Intake Type:** Complaint
**Intake Subtype:** State-only, licensure
**External Control #:**
**SA Contact:** WEAVER, JACKLYN
DUNHAM, MARTY
**RO Contact:**
**Responsible Team:**
**Source:** Resident/Patient/Client
**Received Start:** 07/15/2025 **At** 09:55
**Received End:** 07/15/2025 **At** 09:55
**Received by:** Hotline
**State Complaint ID:**
**CIS Number:**

## COMPLAINANTS

| Name | Address | Phone | EMail |
|---|---|---|---|
| JUDITH BETHEL (Primary)<br>**Link ID:** 25H1U4 | | | |

## RESIDENTS/PATIENTS/CLIENTS

| Name | Admitted | Location | Room | Discharged | Link ID |
|---|---|---|---|---|---|
| JUDITH BETHEL | | | | | 1385000 |

## ALLEGED PERPETRATORS - No Data

## INTAKE DETAIL

**Date of Alleged Event:** 07/08/2025 **Time:** **Shift:**

**Standard Notes:**

An Abbreviated Survey investigating complaint KY00046874 was initiaited on 07/15/2025 and concluded on 07/16/2025, by Barbara Matlock, RN/NCI and Karen Davis, LPN/NCI representatives of the Office of Inspector General. Prior to the survey, the Ombudsman and the Department of Community were contated on 07/15/2025.

Resident (R) R1: Kelly Guder
R2: Judith Vessells

**Extended RO Notes:**

**Extended CO Notes:**

## ALLEGATIONS

**Category:** Resident/Patient/Client Abuse
**Subcategory:** Sexual
**Seriousness:**
**Findings:** Unsubstantiated:Lack of sufficient evidence
**Details:** The facility failed to ensure resident(s) were protected from sexual abuse (I.E.).
According to the complainant, resident Judith Bethel is reporting that the female in the room next to hers has been trying to touch her in her private area. This is causing the resident to be afraid to go to sleep at night.

**Findings Text:** Based on observation, record review, policy review and interview there was there was insufficient evidence the facility failed to protect residents from sexual abuse/neglect of care.

Observation revealed residents were clean, groomed and dressed per their discretion, without odors. Continued observation revealed residents resting in their rooms, with personal items, such as I-pads, games, snacks, drinks

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and clean clothes and bed linens noted. Residents were interacting with staff and other residents on the front porch, in the hallways in the dining area that was calm, kind, and considerate. Staff observed providing safe and appropriate care in a clean homelike environment and meeting the needs of residents.
Further observation throughout survey revealed staff were monitoring residents to ensure safety and addressing their needs such as providing their medications, offering clean bed lines, clothes, snacks and drinks. Staff were assisting residents as per plan of care and facility policy. Residents showed no signs of abuse or neglect.
Interviews with Interviewable residents as well as with the Ombudsman, Guardians, and family representatives revealed staff took care of the resident ' s individual needs with constant communication and notification; no concerns regarding notification of incidents, change in condition, resident safety, delivery of care/treatment nor abuse/neglect. Residents stated they felt safe in their current home environment. Further stated they had not witnessed any type of neglect or abuse but if they did, they would immediately report it to a staff member and/or to the Administrators.

Interviews with staff across all shifts during the survey investigation process, they were able to recite the different types of abuse/neglect and the process if a resident goes missing or an elopement. Staff interviewed stated they had been trained on abuse/neglect/supervision/missing persons/elopement and working with residents that demonstrated cognitive difficulties, such as confusion, behaviors, and chronic mental disabilities to ensure both resident and staff safety.
Staff further stated they knew to immediately report changes in condition, falls and incidents and/or allegations of abuse of any type/neglect/misappropriation of property to the appropriate parties such as Administrators, OIG, Kentucky State Police (KSP), Adult Protective Services (APS), physician, Ombudsman, and Guardian/family representative. Additionally, Staff stated on hire and regularly throughout the year and situational they had been educated and received continued training provided by the Administrators and the Assistant Administrator regarding the proper process of filing an incident report/grievance and timely notification of the appropriate personnel and agencies related to incidents such as sexual abuse, falls/injury of unknown origin, resident change in condition as well as incidents and/or allegations of abuse/neglect, whether witnessed or not.
Review of facility census and staffing schedules during the month of June and July 2025, revealed no concerns.
An investigation was conducted, including interviews, medical record review, and a review of facility documentation and policies.

Interviews with both co-owners of the facility revealed that once the allegation was brought to their attention, immediate and appropriate action was taken. Both co-owners stated they take all allegations of abuse whether physical, verbal or sexual seriously and perform an immediate investigation as well as provide additional training for all facility staff to reinforce what constitutes abuse and how to identify and report it promptly. Bot co-owners stated R2 had a history of false allegations such as sexual incidents and they take all her statements seriously and investigate them out of which all those findings have been unsubstantiated, such as this current sexual allegation.

A review of the facility ' s response showed that facility policy was followed regarding allegation of suspected sexual abuse. The administrators, physician/medical director, the resident ' s responsible party, and other relevant authorities were notified in a timely manner. The resident denied her statement and could not recall ever making that allegation or that no incident ever happened.

Interviews with multiple residents were conducted during the course of the investigation including R2 that reported the allegation. R2 and other interviewable residents consistently reported that they felt safe in the facility and felt they were well cared for by staff. None of the residents interviewed reported having observed any type of abuse and/or sexual incidents or allegations or even staff members or residents being unkind or abusive toward the resident in question or any other residents.

While the allegation was thoroughly investigated and the facility took appropriate corrective actions, there was insufficient evidence to substantiate that abuse occurred. Based on the resident ' s medical condition, psych notes/assessments and the absence of witness corroboration, the complaint is unsubstantiated at this time.

Review of facility census and staffing schedules revealed no concerns.

Review of R1, R2, and R3 ' s medical records to include diagnoses, facility investigation/incident reports revealed appropriate interventions and updates, medication orders/treatments, MAR/TARs, physician/ARNP notes, hospital records, nurse notes, and care conferences revealed no concerns; resident rights and resident specific interventions were implemented and appropriate.
Review of R1, R2, and R3's records revealed no concerns identified. There were no specific resident names, dates and/or staff involved for the allegations of sexual abuse.
Per SSA investigation, it was concluded facility residents received appropriate quality of care/treatment and findings revealed no evidence of sexual abuse/neglect. Resident rights were performed as appropriate per resident plan of care and physician order as well as responsible party/Guardianship notification in a timely manner.

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Review of facility policy ' s pertaining to quality of care/treatment; neglect/abuse, change in condition and residents plan of care revealed no concerns.
Review of facility staff personnel records revealed no concerns.
No regulatory violations were identified.

The facility was notified at the time of exit on 07/15/2025
DCBS and the Ombudsman were notified on 07/15/2025.

## SURVEY INFORMATION

| Event ID | Start Date | Exit Date | Team Members | Staff ID |
|---|---|---|---|---|
| JCV311 | 07/15/25 | 07/15/25 | Matlock, Barbara | 45113 |

**Intakes Investigated:** KY00046874(Received: 07/14/2025); KY00046878(Received: 07/15/2025)

**SUMMARY OF CITATIONS:**

| Event ID | Exit Date | Tag |
|---|---|---|
| JCV311 | 07/15/2025 | |
| | | State - Not Related to any Intakes |
| | | P0000-Initial Comments |

## EMTALA INFORMATION - No Data

## ACTIVITIES

| Type | Assigned | Due | Completed | Responsible Staff Member |
|---|---|---|---|---|
| Schedule Onsite Visit | 07/15/2025 | 07/15/2025 | 07/15/2025 | MATLOCK, BARBARA |

## INVESTIGATIVE NOTES - No Data

## CONTACTS - No Data

## AGENCY REFERRAL - No Data

## LINKED COMPLAINTS - No Data

## DEATH ASSOCIATED WITH THE USE OF RESTRAINTS/SECLUSION - No Data

Reason for Restraint:
Cause of Death:

## NOTICES

## PROPOSED ACTIONS - No Data

**END OF COMPLAINT INVESTIGATION INFORMATION**

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 _____ | C 07/15/2025 |

| 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<br><br>An Abbreviated complaint survey investigating complaints KY46878 and KY46874 was initiated on 07/15/2025 and concluded on 07/15/2025 by the Department of Health & Family Services with the Office of Inspector General.<br><br>The Division of Health Care unsubstantiated the allegations of KY46878 and KY46874; with no deficiencies cited. | P 000 | | |

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

ATG
FORM APPROVED

# SURVEY TEAM COMPOSITION AND WORKLOAD REPORT



| Provider/Supplier Number | Provider/Supplier Name |
|---|---|
| | GOLDEN YEARS REST HOME |

Type of Survey (select all that apply)

[A][ ][ ][ ][ ]

A Complaint Investigation
B Dumping Investigation
C Federal Monitoring
D Follow-up Visit
E Initial Certification
F Inspection of Care
G Validation
H Life Safety Code
I Recertification
J Sanctions/Hearing
K State License
L CHOW
M Other

Extent of Survey (select all that apply)

[ ][ ][ ][ ][ ]

A Routine/Standard Survey (all providers/suppliers)
B Extended Survey (HHA or Long Term Care Facility)
C Partial Extended Survey (HHA)
D Other Survey

## SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

| Surveyor ID Number (A) | First Date Arrived (B) | Last Date Departed (C) | Pre-Survey Preparation Hours (D) | On-Site Hours 12am-8am (E) | On-Site Hours 8am-6pm (F) | On-Site Hours 6pm-12am (G) | Travel Hours (H) | Off-Site Report Preparation Hours (I) |
|---|---|---|---|---|---|---|---|---|
| 1. 45113 | 07/15/2025 | 07/15/2025 | 1.00 | 0.00 | 6.50 | 0.00 | 3.00 | 0.50 |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
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| 14. | | | | | | | | |

Total SA Supervisory Review Hours..... 0.50

Total RO Supervisory Review Hours.... 0.00

Total SA Clerical/Data Entry Hours.... 2.00

Total RO Clerical/Data Entry Hours..... 0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... **No**

**CABINET FOR HEALTH AND FAMILY SERVICES**
**OFFICE OF INSPECTOR GENERAL**

**Andy Beshear**
Governor

**Phyllis Monhollen**
**Regional Program Manager**
116 Commerce Avenue
London, Kentucky 40744
(606) 330-2030
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**Steven Stack, MD**
Secretary

**Tricia Steward**
Inspector General

July 29, 2025

Ms. Bonnie Mosley
Golden Years Rest Home
14684 East Highway 550 Po Box 157
Lackey, KY 41643

Complaint Investigation: KY46878 & KY46874

Dear Ms. Mosley:

On July 15, 2025, the Division of Health Care completed a complaint investigation at your facility. This survey was conducted to determine the facility's compliance with state licensure requirements as it relates to the allegation(s) of the complaint. The survey found your personal care home to be in compliance with state requirements and the complaint was unsubstantiated.

Enclosed you will find the Statement of Deficiencies as it relates to the findings of this complaint investigation.

If you should have questions regarding this information, please contact our office.

Sincerely,

Phyllis Monhollen
Human Services Program Branch Manager

PM/rp

Enclosure