STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100957	A. BUILDING _____ B. WING _____	R 12/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITY STATION RETIREMENT COMMUNITY	2121 ARGILLITE ROAD FLATWOODS, KY 41139

(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
{N 000}	Initial Comments Based on the off-site revisit and implementation of the acceptable Plan of Correction (PoC) received via email on 12/11/2025, the facility was in compliance on 11/21/2025 as alleged.	{N 000}		

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

Office of Inspector General

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	100957	A. BUILDING _____ B. WING _____	10/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITY STATION RETIREMENT COMMUNITY	2121 ARGILLITE ROAD FLATWOODS, KY 41139

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N 000	Initial Comments A Relicensure and Complaint Survey was initiated on 10/14/2025 and concluded on 10/16/2025 with regulatory violations identified. No deficiencies were issued for KY00044754. A deficiency was issued for KY00047361 at N005.	N 000		
N 005	902 KAR 20:300 1(1)(a) Section 1. Scope of Operations and Licensure (1) A nursing facility licensed under this administrative regulation shall comply with federal, state, and local laws and regulations pertaining to the operation of the facility, including compliance with the laws and regulations specified in this subsection. (a) A nursing facility shall comply with the requirements of 42 C.F.R. 483.1-483.95. This requirement is not met as evidenced by: Based on observation, interview, record review, review of the facility's "Investigation," and review of the facility's policy, the facility failed to comply with state law by failing to report an allegation of abuse for 1 of 5 sampled residents, Resident (R) 1. State Registered Nurse Aide (SRNA) 2 stated she saw SRNA1 hit R1 across the face on or around 09/14/2025; however, she failed to report	N 005	N005 New policy took effect on 10/20/25. All staff was educated and tested through Dates 11/3/25 to 11/24/25 with signatures provided in extra documents. This Policy has been put in All Orientation packets and will be signed on Hire date and re-educated on Every 3 months. Follow up interviews will Be conducted to All staff	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Crystal Wellman — TITLE: Asst Mgr — (X6) DATE: 12/11/25

STATE FORM 6899 F7J311 If continuation sheet 1 of 5

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DEC 11 2025
CHFS Office of Inspector General
Division of Health Care - EB
BT Received by

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N 005	Continued From page 1 the incident until 10/06/2025. The findings include: Review of the facility's policy titled, "Abuse," revised 07/2020, revealed the facility's staff was to report allegations of abuse to the facility's administration immediately. Review of the facility's "Investigation," dated 10/06/2025, revealed SRNA2 stated SRNA1 had slapped R1 on or around 09/14/2025. Further review revealed the facility interviewed other potential witnesses and did a skin assessment on R1 with no findings of injury. Review of R1's "Skin Assessment," dated 09/15/2025, revealed no documented bruising or other injury consistent with abuse. Observations on 10/14/2025 at 1:02 PM and 4:05 PM and on 10/15/2025 of R1 revealed no sign of injury or psychosocial changes consistent with abuse. The State Survey Agency (SSA) Surveyor attempted an interview with R1 on 10/14/2025 at 4:05 PM. However, the resident was not able to answer questions. In an interview on 10/15/2025 at 5:05 PM, SRNA2 stated she saw SRNA1 hit R1 across the face one night around 09/14/2025. She further stated R1 had made a comment about SRNA1 having dark skin, and SRNA1 responded by slapping R1 across the face. SRNA2 stated she knew she should have reported the incident immediately, but she was afraid to report the incident because the facility's Assistant Manager was related to SRNA1 and had a reputation for retaliating against staff. Additionally, SRNA2 stated she decided to report the incident after talking to	N 005	Cont'd every 3 months to maintain effectiveness. Employees will be interviewed to assess Understanding of Abuse and Neglect policy. Topics of interview will include, but are not limited to: What is time Frame For Reporting Abuse? Who should you report Abuse or Neglect to? What agencies should be contacted? What are signs of Abuse & Neglect?	

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N 005	Continued From page 2 SRNA8 about it. In an interview on 10/15/2025 at 3:31 PM, SRNA4 stated he and other staff members would be afraid to report allegations of abuse because the Assistant Manager would accuse them of trying to make the facility look bad. SRNA4 further stated the Assistant Manager had bullied past staff members until they left. He stated he understood why SRNA2 would be afraid to report about the Assistant Manager's family member, but it was still important to report all abuse concerns immediately. In an interview on 10/16/2024 at 8:29 AM, SRNA7 stated she left the facility after the Assistant Manager bullied her regarding a personal situation. She stated she did not witness abuse while at the facility but knew she was to report concerns for abuse immediately. SRNA7 further stated she understood why someone would be afraid of the Assistant Manager retaliating against them. In an interview on 10/16/2025 at 2:15 PM, the Assistant Manager stated she handled all the facility's human resource tasks, including handling disciplinary action and maintaining employee files with performance evaluations. She stated, as a member of the management team, she expected staff to report allegations of abuse immediately. Per interview, the Assistant Manager stated she believed SRNA1 and SRNA2 should have been suspended pending the investigation. However, she stated there were no allegations of abuse against SRNA2. When asked if she could see that the fear of being suspended might cause someone not to report abuse allegations, she stated it did not really matter because those decisions were not up to her. The Assistant	N 005	Cont'd Grievances and Complaints will be reviewed and reported promptly as they are received.	

FORM APPROVED

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N 005	Continued From page 3 Manager stated the Assistant Director of Nursing (ADON) and Director of Nursing (DON) shared responsibility for monitoring the working performance of clinical staff, which helped to protect against potential personal conflicts of interest. In an interview on 10/16/2025 at 9:57 AM, the ADON stated his expectations were for staff to report witnessed or suspected abuse immediately. He further stated SRNA2 should have reported immediately, and he wanted all staff to feel comfortable reporting concerns to him. In an interview on 10/16/2025 at 11:51 AM, the DON stated she expected all staff to report abuse allegations immediately. She further stated after conducting a full investigation, she was unable to find evidence to substantiate SRNA2's allegation. The DON stated she was aware SRNA2 had delayed reporting the abuse allegation against SRNA1 because the Assistant Manager was related to SRNA1, and SRNA2 was afraid the Assistant Manager would retaliate against her. The DON stated, during the investigation into the abuse allegations, the Assistant Manager called the DON to the Assistant Manager's office, where she saw SRNA1. Per interview, the DON had not spoken to SRNA1 since the allegations were made, and she believed the Assistant Manager was trying to warn SRNA1 so she could prepare for the interview. The DON stated she wanted all staff to feel safe to report any concerns without fear of retaliation. In an interview on 10/16/2025 at 2:38 PM, the Administrator stated his expectations for abuse reporting were for each staff member to report any abuse they witnessed or suspected. He	N 005	* All staff were re-educated on Facility's Abuse, Neglect Policy, resident rights and Mandatory reporting requirements. The Facility reinforced its zero-tolerance stance on abuse and inapproprate interactions. All new Hires will receive abuse prevention training during orientation, And All staff will receive refresher training quarterly.	