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 04/15/2026

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 upon implementation of the acceptable plan of correction, an off-site revisit survey was conducted on 04/15/2026. It was determined the facility was in substantial compliance as of 11/30/2025 as alleged in the acceptable plan of correction.	{P 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
	100274	A. BUILDING: _____ B. WING _____	C 11/24/2025

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 058	902 KAR 20:031-6(1)(f) Section 6. Resident Unit The following shall be included: (1) Resident rooms. Each room shall meet the following requirements: (f) In multibed rooms, a method of assuring visual privacy for each resident shall be provided. This requirement is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide visual privacy for residents residing in twenty-two multibed rooms. The findings include: Review of facility policy titled "Resident Rights in a Personal Care Home," undated, revealed residents would be assured of at least visual privacy in multibed rooms and in bathrooms. Observation, on 11/24/2025 at 10:25 AM revealed the facility contained forty-five resident rooms (twenty-three private and twenty-two shared). The twenty-two shared rooms did not contain privacy curtains, screens or other equipment required to provide residents with visual privacy. In an interview, on 11/24/2025 at 10:35 AM, the Assistant Administrator stated the facility has not had privacy curtains or screens for residents in the time that she has worked for the facility, and she was unaware resident rooms were "supposed to have" privacy barriers. The Assistant Administrator continued to state it was important for residents to have privacy in their own rooms so they could change clothes and feel comfortable sleeping.	P 058	Room dividers were purchased on 11/24/25 arrived on 11/30/25 and placed in the rooms	11/30/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Bonnie Mosley — TITLE: Administrator — (X6) DATE: 4/13/26

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 11/24/2025

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 058	Continued From page 1 In an interview, on 11/24/2025 at 10:55 AM, the Administrator stated the facility has not had any type of privacy barrier in resident rooms, in the time she has worked at the facility. The Administrator continued to state, "everyone likes to have privacy" and that it was important for residents to be able to change clothes and have time to themselves in their room. In an interview, on 11/24/2025 at 11:55 AM, Resident (R) 1 stated she would like to have a privacy curtain or screen in her room because she shared a room with 3 other residents and did not feel like she had time to herself. In an interview, on 11/24/2025 at 1:27 PM, R3 stated he has a roommate and would like to have a privacy curtain because he "wacks off a lot" and isn't able to masturbate with his roommate and other residents coming into his room. R3 continued to state he was very upset that he did not have any privacy. In an interview, on 11/24/2025 at 2:05 PM, R2 stated he would like to have a privacy barrier because he wanted to "watch porn in private." R3 continued to state that he did not have any privacy in the facility but wished that he was able to have privacy in his room. In an interview, on 11/24/2025 at 3:10 PM, R5 stated he did not have any privacy in his room, but he would like to so people couldn't "always see him and what he was doing."	P 058		