

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185159	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2025
NAME OF PROVIDER OR SUPPLIER Frankfort Trails		STREET ADDRESS, CITY, STATE, ZIP CODE 117 Old Soldiers Lane Frankfort, KY 40601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. (continued on next page)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

TITLE

(X6) DATE

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and review of the facility's documents and policy, the facility failed to provide a safe, clean, comfortable and homelike environment for the long hall on the North Unit. Observations on 07/07/2025, 07/08/2025, and 07/09/2025 revealed a lingering odor of urine throughout the area. During the Resident Council meeting on 07/08/2025 at 2:00 PM, Residents (R) 52, R54, and R65 stated the area smelled of feces, and it needed air freshener. The residents also stated they had to cover their faces because of the odor. This had the potential to affect the 30 residents residing on the long hall of the North Unit. The findings include: Review of the facility's policy titled, Safe and Homelike Environment, dated 02/01/2024, revealed housekeeping services would be provided as necessary to maintain a sanitary, orderly, and comfortable environment. Per the policy, general considerations to minimize odors were for staff to dispose of soiled linens promptly and report lingering odors and uncleaned bathrooms to the housekeeping department. Review of the facility's policy titled, Resident/Patient Room Cleaning, dated 02/01/2025, revealed cleaning and disinfecting must be performed in a manner that minimized the chance of dirt/germs contacting a surface that had already been cleaned or disinfected. Review of the facility's document Floor Plan, undated, revealed 30 residents resided on the long hall of the North Unit. Review of the facility's document Grievance Form, dated 05/01/2025, revealed the Resident Council attendees voiced concern that resident bathrooms were dirty and needed to be cleaned twice daily instead of once daily. Observation on 07/07/2025 at 10:44 AM during the initial tour of the long hall of the North Unit revealed the odor of urine, starting from room [ROOM NUMBER] to room [ROOM NUMBER]. This odor of urine lasted throughout the day. Observation on 07/08/2025 at 8:00 AM, 10:15 AM, and until 1:15 PM of the long hall of the North Unit revealed a very strong odor of urine. Observation on 07/09/2025 at 7:39 AM of the long hall of the North Unit revealed the odor of urine. Observation on 07/09/2025 at 8:05 AM of the long hall of the North Unit revealed urine odor was present, and at 8:45 AM the urine odor was stronger toward the end of the hallway. Observation on 07/09/2025 at 10:25 AM of the long hall of the North Unit revealed the urine odor remained in the hallway near the nurse's station. Observation on 07/09/2025 at 1:20 PM of the long hall of the North Unit revealed the urine odor remained in the hallway. Review of R52's admission Record revealed the facility admitted the resident on 01/10/2023 with diagnoses of major depression and anemia. Review of R52's quarterly Minimum Data Set [MDS], with an Assessment Reference Date (ARD) of 05/08/2023, revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of 14 out of 15, indicating intact cognition. Review of R54's admission Record revealed the facility admitted the resident on 01/16/2023 with diagnoses of major depression, post-traumatic stress disorder, and anxiety. Review of R54's quarterly MDS, with an ARD of 07/07/2025, revealed the facility assessed the resident to have a BIMS score of 15 out of 15, indicating intact cognition. Review of R65's admission Record revealed the facility admitted the resident on 05/03/2024 with diagnoses of cerebral palsy, depression, and anemia. Review of R65's quarterly MDS, with an ARD of 04/16/2025, revealed the facility assessed the resident to have a BIMS score of 14 out of 15, indicating intact cognition. In an interview with the Resident Council attendees on 07/08/2025 at 2:00 PM, all seven residents in attendance stated their concern with the odor of urine in the long hallway of the North Unit. Resident 52 stated it smells like poop and pee in the hallway. R54 stated when she went into the hallway, she had to cover her face due to the smell, and R65 stated he asked for air freshener, and no one brought it. Review of R49's admission Record revealed the facility admitted the resident on 09/20/2023 with diagnoses of hypertension and cerebral vascular accident (stroke) with left hemiparesis. Review of R49's quarterly MDS, with an ARD of 04/16/2025, revealed the facility assessed the resident to have a BIMS score of zero out of 15, indicating severe cognitive impairment. In an interview with the Environmental Services (EVS) Manager on 07/09/2025 at 8:50 AM, she stated R49 missed the urinal in his room when he urinated, and the urine got into the wax on the floor. She stated he tried to empty his own urinal into the trash can. The EVS Manager stated they controlled the odors in the hallway and concentrated on cleaning certain rooms, in the mornings. She stated these were focus rooms, with residents who urinated around the floor. She stated the housekeeping staff checked the residents' focus rooms morning and night. She stated other male residents also missed the toilet or bedside commode. She stated housekeeping tried to daily mop, clean high touch areas, strip and wax the floor in these rooms to control the odor. She stated the housekeepers on the North Unit had been instructed on those special focus rooms and how to clean</p>		

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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>(continued on next page)</p>		

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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and review of the facility's policies, the facility failed to notify the resident and the resident's representative of the bed hold notice and the transfer or discharge and the reasons for the move in writing and in a language in manner they understood as soon as practicable. The facility further failed to ensure the notice included the reason, date, and location for the transfer as well as a statement of the resident's appeal rights and the contact information for the state long term care ombudsman. The deficient practice was identified for 4 out of 18 residents investigated for transfer and or discharge, Resident (R) 18, R24, R29, and R37. The findings include: Review of the facility's policy titled, Bed Hold Notice Upon Transfer, revised 03/05/2025, revealed, At the time of transfer for hospitalization or therapeutic leave the facility will provide to the residents and/or resident representative written notice which specifies the duration of the bed hold policy and addresses information explaining the return of the resident to the next available bed. The policy also revealed, In the event of an emergency transfer of a resident, the facility will provide within 24 hours written notice of the facility's bed hold policies, as stipulated in the State's plan. Per the policy, The facility will keep a signed and dated copy of the bed-hold notice information given to the resident and/or resident representative in the resident's file. Review of the facility's policy titled, Transfer and Discharge (including AMA), revised 03/20/2025, revealed, The facility's transfer/discharge notice will be provided to the resident and resident's representative in a language and manner in which they can understand. The notice will include all of the following at the time it is provided: a. The specific reason and basis for transfer or discharge. b. the effective date of transfer or discharge. c. the specific location (such as name of the new provider or description and/or address if the location is a residence) to which the resident is to be transferred or discharged. d. An explanation of the right to appeal the transfer or discharge to the state. e. The name, address (mailing and email) and telephone number of the State entity which received such appeal hearing requests. f. Information on how to obtain an appeal form. g. Information on obtaining assistance in completing and submitting the appeal hearing requests. h. The name, address (mailing and email), and phone number of the representative of the Office of the State Long Term Care Ombudsman. i. For nursing facility residents with an intellectual and developmental disabilities (or related disabilities) or with mental illness (or related disabilities), the notice will include the name, mailing and e-mail addresses and phone number of the state agency responsible for the protection and advocacy of these populations. 1. Review of R18's admission Record revealed the facility admitted R18 on 03/03/2025 with diagnoses of autistic disorder, mild cognitive impairment, and intellectual disability. Review of the facility's Census revealed R18 was sent to the hospital on [DATE] and 04/06/2025. Review of R18's Bed Hold Notice, dated 04/02/2025, revealed it was left blank with a handwritten note reading ER visit only. Review of R18's Bed Hold Notice, dated 04/09/2025, revealed R18's Representative was notified verbally by the facility's Business Office Manager (BOM). The State Survey Agency (SSA) Surveyor requested, from the facility's staff on 07/08/2025 and 07/09/2025, R18's Transfer/Discharge Notice for the 04/02/2025 and 04/06/2025 hospital transfers, but neither was produced. Also, the SSA Surveyor was unable to find the forms in R18's electronic medical record (EMR). During an interview on 07/09/2025 at 11:32 AM with R18's Representative, he stated he emailed the facility to ask if R18 would be able to return to the facility for rehabilitation, but he had never received a Bed Hold Notice or Transfer/Discharge Notice via email or mail. 2. Review of R24's admission Record revealed the facility admitted the resident on 12/23/2024 with diagnoses of diabetes, chronic kidney disease, and personality and behavior disorder. Review of the facility's Census revealed R24 was sent to the hospital on [DATE], 06/05/2025, and 06/22/2025. Review of R24's Bed Hold Notice for the transfer on 02/26/2025 revealed R24's Representative and the BOM signatures with no signature date. Review of R24's Bed Hold Notice for the transfer on 06/05/2025 revealed R24's Representative and the BOM signatures with no signature date. Review of R24's Bed Hold Notice for the transfer on 06/22/2025 revealed R24's Representative and the BOM signatures with no signature date and a handwritten note stating, ER Visit. The SSA Surveyor requested, from the facility's staff on 07/08/2025 and 07/09/2025, R24's Transfer/Discharge Notice for the 02/26/2025, 06/05/2025, and 06/22/2025 hospital transfers, but none was produced. Also, the SSA Surveyor was unable to find the forms in R24's EMR. However, the facility did provide the SNF/NF [Skilled Nursing Facility/Nursing Facility] to Hospital Transfer Form for the three dates, which included medical information. During an interview on 07/08/2025 at 7:14 PM with R24's Representative, she stated</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, review of the Centers for Medicare and Medicaid Services (CMS) Resident Assessment Instrument (RAI) 3.0 User Manual, and review of the facility's policy, the facility failed to ensure the Minimum Data Set [MDS] assessment accurately reflected the resident's status for 2 of 18 sampled residents, Resident (R) 28 and R57. Review of R28's admission MDS, with an Assessment Reference Date (ARD) of 05/14/2024, inaccurately documented the resident was admitted with a catheter. Review of R57's two quarterly MDS, with an ARD of 02/28/2025 and 05/29/2025, both documented active diagnoses of pneumonia and septicemia without any evidence of treatment for the diagnoses. Additionally, R57's annual MDS, with an ARD of 12/11/2024, quarterly MDS, with an ARD of 02/28/2025, and quarterly MDS, with an ARD of 05/29/2025, incorrectly coded the COVID-19 and influenza vaccine status. The findings include: Review of the RAI 3.0 Manual Version 1.19.1, dated 10/2024, revealed the RAI process required that the assessment accurately reflected the resident's status, and a registered nurse conducted or coordinated each assessment with the appropriate participation of health professionals. Further review revealed the definition of active diagnoses was physician documented diagnoses in the last 60 days that had a direct relationship to the resident's current functional status, medical treatment, and nursing monitoring during the seven-day look back period. Continued review revealed for septicemia to be coded there had to be documented evidence of inflammation due to sepsis and evidence of a microbial process in the medical record. Review of facility's policy titled, MDS 3.0 Completion, dated 02/01/2024, revealed the facility conducted accurate and standardized assessments of each resident according to the federal regulations, using the RAI specified by the State. Per the policy, responsibility of sections would be clearly assigned based on discipline, and persons completing the assessment must attest to the accuracy of the section they completed. 1. Review of R57's admission Record revealed the facility admitted the resident on 12/08/2023 with diagnoses of chronic obstructive pulmonary disease (COPD), abscess of lung with pneumonia, and severe sepsis. a. Review of R57's Physician Progress Note, dated 01/08/2025, revealed active diagnoses of COPD, high blood pressure, type 2 diabetes, and morbid obesity. Review of R57's quarterly MDS, with an ARD of 02/28/2025, revealed the facility assessed the resident with active diagnoses of pneumonia and septicemia. Review of R57's Physician Progress Note, dated 02/28/2025, revealed active diagnoses of COPD, high blood pressure, type 2 diabetes, and morbid obesity. Review of R57's Physician Progress Note, dated 04/17/2025, revealed active diagnoses of COPD, high blood pressure, type 2 diabetes, and morbid obesity. Review of R57's quarterly MDS, with an ARD of 05/29/2025, revealed the facility assessed the resident with active diagnoses of pneumonia and septicemia. In an interview with R57 on 07/08/2025 at 9:14 AM, she stated she had a history of lung infection and sepsis prior to admission to the facility but could not recall any infections requiring antibiotics or hospital treatment for some time. In an interview with the MDS Coordinator on 07/09/2025 at 3:07 PM, she stated she had the responsibility for completing assessments, gathering data, reviewing hospital records, verifying diagnoses, and entering information obtained into the MDS assessment. She stated diagnoses were added to assessments when there had been active treatments or a diagnosis within the past 30 days prior to the reporting date. She stated she could not provide a reason for adding diagnoses of pneumonia and septicemia on R57's past two quarterly MDS without being active diagnoses. However, she stated it could have been due to being three months behind and going back and reviewing charts, then adding information. b. Review of R57's annual MDS, with an ARD of 12/11/2024, as well as two quarterly MDS, with ARDs of 02/28/2025 and 05/29/2025, revealed staff documented that R57 did not receive the influenza vaccine during the year's influenza vaccination season. For each of these three MDS assessments, staff documented that the vaccine was offered and declined. However, review of R57's vaccination records revealed the resident received the influenza vaccine on 10/04/2024. Further review of these three MDS assessments revealed they documented that R57's COVID-19 vaccination status was not up to date. However, review of R57's vaccination records revealed R57 received the COVID-19 vaccine on 11/21/2024. In an interview with the MDS Coordinator on 07/09/2025 at 2:15 PM, she stated those three MDS assessments did not accurately reflect R57's immunization status. She stated she used the facility's immunization records for coding the MDS, noting that these records included both electronic and paper documents (which the facility was in the process of uploading). She stated the facility was going to an all-electronic system, and the immunization records were currently in</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>Based on observation, interview, and record review, the facility failed to be adequately equipped to allow residents to call for staff assistance through a communication system which relayed the call directly to a staff member or a centralized staff work area from each resident's bedside. Observation on 07/07/2025 at 10:40 AM, revealed the call light for the resident room, bed 1 and bed 2, where Resident (R) 387 and R18 resided was not working. During an interview with R387, the resident stated their call light had not worked since Saturday, 07/05/2025. The findings include: During an interview on 07/09/2025 at 9:31 AM with the Director of Nursing (DON), she stated there was no facility call light policy. Review of R387 admission Record revealed the facility admitted the resident on 07/03/2025 with diagnoses of stroke, diabetes mellitus type 2, and congestive heart failure (CHF). Review of R387's admission Minimum Data Set [MDS], with an Assessment Reference Date (ARD) of 07/07/2025, revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of 14 out of 15, indicating R387 was cognitively intact. Review of R18's admission Record revealed the facility admitted the resident on 03/03/2025 with diagnoses of autistic disorder, intellectual disability, and depression. Review of R18's admission MDS, with an ARD of 06/16/2025, revealed the facility assessed the resident to have a BIMS score of zero out of 15, indicating R18 was severely cognitively impaired. Observation on 07/07/2025 at 10:40 AM, revealed the call light for R387 and R18's room for bed 1 and bed 2 was not working. During an interview on 07/07/2025 at 10:40 AM with R387, he stated the call light had not worked since Saturday (07/05/2025). He stated he let staff know, but he could not remember the name of the staff member. He stated the staff member he informed told him they would make maintenance aware. He stated he was not offered an alternative way to call out for assistance. The State Survey Agency (SSA) Surveyor was unable to interview R18 due to his cognitive status and being nonverbal. During an interview on 07/07/2025 at 10:50 AM with Licensed Practical Nurse (LPN) 3 and Registered Nurse (RN) 3, they stated they were not aware of the call light for R387 and R18 not working. Both stated they were unsure how long it had not been working. During an interview on 07/09/2025 at 9:06 AM with the Maintenance Director, he stated the call light system was not capable of running reports of call light histories. He stated he was not aware of the call light not working since Saturday. He stated he received work orders after they were entered into the TELS system (facility's software) for him to fix. During continued interview on 07/09/2025 at 9:31 AM with the DON, she stated her expectation was that call lights were answered timely. She stated she did not know if/when they were checked, and she would need to check with maintenance. She stated she had not done any call light audits, but she had only been at the facility a couple of months. She stated it was important to have working call lights, and they be answered timely to keep residents safe and to meet their needs. During an interview on 07/09/2025 at 10:30 AM with the Administrator, she stated there were not call light audits or a policy on them. She stated it was her expectation that call lights were answered as quickly as possible. She stated call lights were checked to make sure they worked prior to every admission. She stated if any issues were found with malfunctioning call lights, then it should be entered into TELS for maintenance to fix promptly. She stated if call lights were not working, an alternative device to call for assistance should be offered for resident safety.</p>		