| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N008002 | A. BUILDING: _____ B. WING _____ | 09/07/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LAKEPOINT EL DORADO, LLC | 1313 S HIGH STREET EL DORADO, KS 67042 |

| (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 |
|---|---|---|---|---|
| S 000 | INITIAL COMMENTS<br><br>The following represents the findings of a resurvey with attached complaint #173255 at the above named assisted living facility conducted on 09/06/23 and 09/07/23. | S 000 | | |
| S3085 SS=F | 26-41-202 (a) Negotiated Service Agreement<br><br>(a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information:<br>(1) A description of the services the resident will receive;<br>(2) identification of the provider of each service; and<br>(3) identification of each party responsible for payment if outside resources provide a service.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-202(a)(1)<br><br>The facility reported a census of 26 residents with three residents included in the sample and one closed record review. Based on interview and record review the administrator failed to ensure the "Negotiated Service Agreement" | S3085 | | |

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

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| S3085 | Continued From page 1<br>(NSA) for Resident (R) 3 described the services she would receive based on her "Functional Capacity Screen" (FCS) to prevent injury from falls.<br><br>Findings included:<br><br>- Record review for R3 revealed an admission date of 07/13/23 with diagnoses of Alzheimer's disease and dementia.<br><br>The 07/13/23 "FCS" identified R3 was marked for falls.<br><br>The 07/13/23 "NSA" failed to describe the services provided to prevent her from injury from falls.<br><br>On 09/07/23 at 09:53 AM Administrative Nurse B confirmed R3's "NSA" failed to describe the services provided to prevent her from injury from falls.<br><br>The administrator failed to ensure the "NSA" for R3 described the services she would receive based on her "FCS" to prevent injury from falls. | S3085 | | |
| S3211 SS=D | 26-41-205 (g) (3) OVER THE COUNTER DRUGS<br><br>(3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can | S3211 | | |

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|---|---|---|---|---|
| S3211 | Continued From page 2 | S3211 | | |

be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-205 (g)(3)

The facility reported a census of 26 residents. Based on observation and interview the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of five over-the-counter (OTC) medications.

Findings included:

- Observation on 09/06/23 at 11:53 AM revealed Certified Medication Aide (CMA) C unlocked and opened the medication cart. The following OTC medications were not labeled with residents' full names:

One bottle of acetaminophen 500 milligrams (mg), 500 caplets with a handwritten label which read "stock."
One bottle of Alkums antacid tablets 500 mg, 150 chewable tablets with a handwritten label which read "stock."
One bottle of Vitamin B-12 500 micrograms (mcg), 100 micro lozenges
One box of Dulcolax 5 mg, 6 tablets with a handwritten label which read "stock."
One bag of cough drops, 200 drops with a

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| S3211 | Continued From page 3<br>handwritten label which read "stock."<br><br>On 09/06/23 at approximately 11:55 AM Administrative Nurse B confirmed the OTC medications were not labeled with resident's full names.<br><br>The facility's 06/2016 "Medication and Treatment - Storage Policy" documented "State regulations are to be followed."<br><br>The administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of OTC medications. | S3211 | | |