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 _____	02/18/2025

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 The following citations represent the findings of the licensure resurvey with attached complaint numbers 189321 and 186628 for the above named facility conducted on 02/17/25 and 02/18/25.	S 000		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (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: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-202 (a) (1) (2) (3) The facility reported a census of 35 residents. The sample included 3 "Residents'" (R)'s and one closed record review. Based on record review and interview the Administrator failed	S3085		

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

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S3085	Continued From page 1	S3085		

ensure the combined "Negotiated Service Agreement" (NSA)/ "Health Service Plan" (HSP) for R2 and R3 contained the name of the outside provider, a description of services from the outside providers, and the payor sources for the outside providers.

Findings included:

- Record review for R2 revealed an admission date of 09/08/23 with diagnoses of unspecified dementia, unspecified osteoarthritis, adjustment disorder with mixed anxiety and depressed mood, insomnia, and macular degeneration.

Review of R2's FCS dated 07/17/24 revealed R2 required supervision with bathing, dressing, and eating. R2 lacked the ability to manage her own medications. R2 was continent, and had impaired short-term memory, long-term memory, memory recall, and decision making. She was rarely able to make herself understood and she sometimes understood others. She was marked being at risk for wandering. R2 used no mobility device.

Review of R2's combined NSA/HSP dated 07/17/24 instructed facility staff to provide staff assistance with bathing, dressing, monitor for weight loss, and mange and administer her medication.

Review of R2's electronic "Medical Record" under the "Progress Notes" Tab revealed the following entry;

On 02/03/25 at 02:09 PM R2 returned from the podiatrist appointment with the following orders for the wound to the right foot. Irrigate with

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S3085	Continued From page 2	S3085		

normal saline, apply collagen wound dressing to wound, cover with 4 by 4 gauze, wrap with cling and "Ace" wrap. Change dressing every other day. R2's home health was notified of the new wound orders.

Interview on 02/18/25 at approximately 03:10 PM with Administrator A and Licensed Nurse (LN) B confirmed R2's combined NSA/HSP lacked the description of services, the provider of the services and the payor source of the services for the outside provider. Administrator A and LN B further confirmed that the outside home health provider managed the wound care for R2.

Record review for R3 revealed an admission date of 10/12/23 with diagnoses of cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery, paroxysmal atrial fibrillation, metabolic encephalopathy, hemiplegia unspecified affecting left nondominant side, dysphagia oropharyngeal phase, chronic obstructive pulmonary disease, muscle weakness, difficulty in walking, and need for assistance with personal care.

Review of R3's FCS dated 10/07/24 revealed R3 required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, eating, and managing her medications. R3 was incontinent, and cognitively intact. R3 was able to make herself understood and she understood others. R3 used a wheelchair mobility device.

Review of R3's Combined NSA/HSP dated 10/08/24 instructed facility staff to provide an escort to meals. Facility staff to provide physical

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S3085	Continued From page 3 assistance with bathing, dressing, toileting, and transferring in and out of bed. Facility staff to manage and administer R3's medical care provider ordered medications, and R3 would self-administer select "Over-the-Counter" (OTC) medications. Review of R3's electronic "Medical Record" under the "Progress Notes" Tab revealed the following entry; On 12/03/24 at 04:17 PM a Health Status Note from "Pharmacy" "MRR" (Medication Regimen Review) "See report". On 01/28/25 at 04:53 PM R3's Primary care provider gave orders for hospice services. R3 and her family elected to use a local hospice agency and R3 signed "onto services". Interview on 02/18/25 at approximately 03:10 PM with Administrator A and Licensed Nurse (LN) B confirmed R3's combined NSA/HSP lacked the description of services, the provider of the services and the payor source of the services for the outside provider. Administrator A and LN B further confirmed that R3 was on hospice services with a local hospice agency. The Administrator failed ensure the combined NSA/HSP for R2 and R3 contained the name of the outside provider, a description of services from the outside providers, and the payor sources for the outside providers.	S3085		
S3166 SS=E	26-41-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing	S3166		

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S3166	Continued From page 4	S3166		

procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.

This REQUIREMENT is not met as evidenced by:
K.A.R. 26-41-204 (e)

The facility reported a census of 35 residents. The sample included 3 "Residents'" (R)'s, one closed record review, and 5 newly hired employees. Based on record review and interview the Administrator failed to ensure the "Licensed Nurse" (LN) delegated nursing procedures not included in the "Certified Medication Aide" (CMA) curriculums to the medication aides respectively under the Kansas Nurse Practice Act, K.S.A. 65-1124 and amendments thereto for the dialing of the insulin pens.

Findings included:

- Record review of the facility provided Resident Roster dated 02/17/25 identified the facility had three residents that had insulin.

Personnel record review for newly hired CMA C revealed she began her employment on 11/03/23.

CMA C's personnel record lacked documentation

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S3166	Continued From page 5	S3166		

of the nursing delegation for the dialing of insulin pens.

Personnel record review for newly hired CMA D revealed she began her employment on 12/08/23.

CMA D's personnel record lacked documentation of the nursing delegation for the dialing of insulin pens.

Personnel record review for newly hired CMA E revealed she began her employment on 11/25/24.

CMA E's personnel record lacked documentation of the nursing delegation for the dialing of insulin pens.

Record review of the facility provided transcript for the online learning for "Glucose Monitoring" with the completion due date of 02/16/25, revealed CMA C, D, and E had completed the online learning for glucose monitoring.

Interview on 02/17/25 at approximately 05:00 PM with Administrator A and LN B confirmed the facility CMA's dial the insulin pen for one resident, and Administrator A and LN B further confirmed the personnel records for CMA's C, D, and E lacked documentation of the nursing delegation for the dialing of insulin pens.

the Administrator failed to ensure the "Licensed Nurse" (LN) delegated nursing procedures not included in the "Certified Medication Aide" (CMA) curriculums to the medication aides respectively under the Kansas Nurse Practice Act, K.S.A.

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S3166	Continued From page 6 65-1124 and amendments thereto for the dialing of the insulin pens.	S3166		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204 (i) The facility reported a census of 35 residents. The sample included 3 "Residents'" (R)'s and one closed record review. Based on record review and interview the Administrator failed ensure health care services were provided within professional standards of practice when the Administrator failed to ensure an assessment was performed for R3 showing R3'bed assist device posed no risk for entrapment, confirmed the device was not a restraint, and R3's ability to safely use the bed assist device. Findings included: - Record review for R3 revealed an admission date of 10/12/23 with diagnoses of cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery, paroxysmal atrial fibrillation, metabolic encephalopathy, hemiplegia unspecified affecting left nondominant side, dysphagia oropharyngeal	S3171		

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S3171	Continued From page 7	S3171		

phase, chronic obstructive pulmonary disease, muscle weakness, difficulty in walking, and need for assistance with personal care.

Review of R3's "Functional Capacity Screen" (FCS) dated 10/07/24 revealed R3 required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, eating, and managing her medications. R3 was incontinent, and cognitively intact. R3 was able to make herself understood and she understood others. R3 used a wheelchair mobility device.

R3's FCS lacked documentation in the comments section of the bed mobility device.

Review of R3's Combined "Negotiated Service Agreement" (NSA)/"Health Service Plan" (HSP) dated 10/08/24 instructed facility staff to provide an escort to meals. Facility staff to provide physical assistance with bathing, dressing, toileting, and transferring in and out of bed. Facility staff to manage and administer R3's medical care provider ordered medications, and R3 would self-administer select "Over-the-Counter" (OTC) medications. Under the section titled "Safety" it identified R3 had "bedrails/halo" placed bilaterally for positioning.

R3's NSA lacked a description of the device, its purpose and special instructions on use and monitoring in the resident's NSA.

Observation on 02/17/24 at approximately 05:15 PM of R3's bed revealed on each side of the top one third of the bed inverted "U" shaped devices were attached to the frame of the bed that measured approximately 6 inches in width and

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S3171	Continued From page 8 17.5 inches in length. The FDA (food and drug administration) "Bedrails in Assisted Living, Residential Health Care and Home Plus Facilities" recommended the following: Complete an assessment of the resident to confirm that the device is not a restraint. Complete an assessment of the resident to determine the purpose of the device and the resident's ability to safely use the device and document the findings in the resident's record. Complete an assessment of the device using the recommendations in the FDA guidance to ensure the device is securely attached to the bed or bedframe and poses no risk for entrapment and document the findings in the resident record. If the purpose of the device is to assist the resident with transfers, the FCS should document the resident's functional capacity based on the use of the device and should be listed in the comments section. Include a description of the device, its purpose and special instructions on use and monitoring in the resident's NSA. Document periodic reassessments of the resident's use of the device and their ability to use it safely and reassessment of the safety of the device in the resident's record. Interview on 02/18/25 at approximately 03:10 PM with Administrator A and Licensed Nurse (LN) B	S3171		

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S3171	Continued From page 9 confirmed R3 lacked an assessment confirming the devices were not a restraint and determined R3's ability to safely use the device and document the findings in R3's record. The Administrator failed ensure health care services were provided within professional standards of practice when the Administrator failed to ensure an assessment was performed for R3 showing R3'bed assist device posed no risk for entrapment, confirmed the device was not a restraint, and R3's ability to safely use the bed assist device.	S3171		
S3227 SS=E	26-41-205 (l) (2) Medication Regimen Review Variance Report (l) (2) The licensed pharmacist or licensed nurse shall notify the medical care provider upon discovery of any variance identified in the medication regimen review that requires immediate action by the medical care provider. The licensed pharmacist shall notify a licensed nurse within 48 hours of any variance identified in the resident ' s regimen review that does not require immediate action by the medical care provider and specify a time within which the licensed nurse must notify the resident ' s medical care provider. The licensed nurse shall seek a response from the medical care provider within five working days of the medical care provider ' s notification of a variance. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (l) (2)	S3227		

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S3227	Continued From page 10	S3227		

The facility reported a census of 35 residents. The sample included 3 "Residents'" (R)'s and one closed record review. Based on record review and interview the Administrator failed ensure the "Licensed Nurse" (LN) notified the medical care provider of any variance identified by the licensed pharmacist when the pharmacy reviews were completed, and the Administrator further failed to ensure the LN followed up with the medical care provider within 5 working days of the notification of the variances identified by the Licensed Pharmacist.

Findings included:

- Record review for R1 revealed an admission date of 06/20/23 with diagnoses of anxiety disorder due to know physiological condition, Parkinson's disease, Multi-system degeneration of the autonomic nervous system, other asthma, unspecified dementia, unspecified mood disorder, difficulty in walking, disorder of muscle, and atherosclerotic heart disease of native coronary artery.

Review of R1's "Functional Capacity Screen" (FCS) dated 10/07/24 revealed R1 was independent with bathing, dressing, toileting, transferring, walking, and eating. He managed his own medications, was continent, had intact cognition, and was able to make himself understood and he understood others. He used a walker mobility device.

Review of R1's combined "Negotiated Service Agreement" (NSA) / "Health Service Plan" (HSP)

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S3227	Continued From page 11 dated 10/08/24 instructed facility staff to monitor R1's vital signs. Review of R1's electronic "Medical Record" under the "Progress Notes" tab revealed the following entry; On 12/03/24 at 04:17 PM a Health Status Note from "Pharmacy" "MRR" (Medication Regimen Review) "See report". Record review for R2 revealed an admission date of 09/08/23 with diagnoses of unspecified dementia, unspecified osteoarthritis, adjustment disorder with mixed anxiety and depressed mood, insomnia, and macular degeneration. Review of R2's FCA dated 07/17/24 revealed R2 required supervision with bathing, dressing, and eating. R2 lacked the ability to manage her own medications. R2 was continent, and had impaired short-term memory, long-term memory, memory recall, and decision making. She was rarely able to make herself understood and she sometimes understood others. She was marked being at risk for wandering. R2 used no mobility device. Review of R2's combined NSA/HSP dated 07/17/24 instructed facility staff to provide staff assistance with bathing, dressing, monitor for weight loss, and mange and administer her medication. Review of R2's electronic "Medical Record" under the "Progress Notes" Tab revealed the following entry;	S3227		

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S3227	Continued From page 12 On 12/03/24 at 04:42 PM a Health Status Note from "Pharmacy" "MRR" (Medication Regimen Review) "See report". Record review for R3 revealed an admission date of 10/12/23 with diagnoses of cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery, paroxysmal atrial fibrillation, metabolic encephalopathy, hemiplegia unspecified affecting left nondominant side, dysphagia oropharyngeal phase, chronic obstructive pulmonary disease, muscle weakness, difficulty in walking, and need for assistance with personal care. Review of R3's FCS dated 10/07/24 revealed R3 required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, eating, and managing her medications. R3 was incontinent, and cognitively intact. R3 was able to make herself understood and she understood others. R3 used a wheelchair mobility device. Review of R3's Combined NSA/HSP dated 10/08/24 instructed facility staff to provide an escort to meals. Facility staff to provide physical assistance with bathing, dressing, toileting, and transferring in and out of bed. Facility staff to manage and administer R3's medical care provider ordered medications, and R3 would self-administer select "Over-the-Counter" (OTC) medications. Review of R3's electronic "Medical Record" under the "Progress Notes" Tab revealed the following entry;	S3227		

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S3227	Continued From page 13 On 12/03/24 at 04:17 PM a Health Status Note from "Pharmacy" "MRR" (Medication Regimen Review) "See report". Review of the facility provided document titled "Consultant Pharmacist's Medication Regiment Review" dated 12/1/24 revealed the following; 30 residents were reviewed. 16 recommendations were forwarded to the following disciplines: 13 written to the Medical Doctor and 3 written to Nursing. The following recommendations were made; R1 had an order for Midodrine scheduled for three times a day for hypotension. His most recent blood pressure obtained on 11/01/24 was elevated. "Please evaluate the appropriateness" of the therapy. R1 had been receiving Protonix for at least 1 year ...If therapy was still needed consider replacing the Protonix with Pepcid 20 milligrams every day. R2 had been receiving Protonix for at least 1 year ...If therapy was still needed consider replacing the Protonix with Pepcid 20 milligrams every day. R3 was under hospice care, "please evaluate goals for therapy and consider discontinuing any/all non-palliative medications in order to reduce polypharmacy and decrease costs. Interview on 02/17/25 at approximately 05:00 PM with Administrator A and LN B confirmed the	S3227		

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S3227	Continued From page 14 pharmacist stated she did not send the recommendations to the provider, they continued to confirm Administrator A and LN B did not send the recommendations to the provider, and they further confirmed Administrator A and LN B did not follow up with the provider within 5 days of providing the provider the recommendations made by the Licensed Pharmacist. The Administrator failed ensure the "Licensed Nurse" (LN) notified the medical care provider of any variance identified by the licensed pharmacist when the pharmacy reviews were completed, and the Administrator further failed to ensure the LN followed up with the medical care provider within 5 working days of the notification of the variances identified by the Licensed Pharmacist.	S3227		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.	S3280		

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 _____	02/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S3280	Continued From page 15	S3280		

This REQUIREMENT is not met as evidenced by:
K.A.R. 26-41-104 (d) (3)

The facility reported a census of 35 "Residents'" (R)'s. Based on record review and interview the Administrator failed to ensure the facility's emergency management plan covering fire, flood, severe weather, tornados, explosions, natural gas leak, lack of electrical or water services, missing residents, and any other potential emergency situation was reviewed by staff and residents at least quarterly.

Findings included:

- Record review of the facility provided document titled "Inservice's" 2025 revealed on 01/03/25 the topics included Sever Weather, Snow, Tornado and Earthquake.

Review of the facility provided documents titled "Employee Inservice Education Log" revealed the following;
On 09/06/24 the second topic was Evacuation of the building.
On 07/12/24 the first topic was Weather
On 04/05/24 the second topic was Weather

Review of the facility provided documents titled "Elopement Drill" revealed the facility provided elopement training on the following dates;

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3280	Continued From page 16 01/03/24 02/27/24 03/20/24 04/09/24 06/13/24 07/02/24 08/12/24 09/11/24 10/23/24 12/20/24 01/27/25 Review of the facility provided documents titled "Fire Drill Check List/Record" revealed the drills were conducted on the following dates; 12/31/24 11/06/24 10/17/24 01/16/25 Review of the facility provided documents titled Disaster Drill; "Tornado Drill" revealed Tornado drill dates of; 03/20/24 04/10/24 05/09/24 06/06/24 07/22/24 08/13/24 Review of the facility provided document titled "Employee Inservice Education Log" dated on 03/23/23 revealed one of the topics was Active Shooter. Interview on 02/17/25 at 05:00 PM with Administrator A and Licensed Nurse B confirmed	S3280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3280	Continued From page 17 the facility's entire emergency management plan was not provided to staff and residents at least quarterly. The Administrator failed to ensure the facility's emergency management plan covering fire, flood, severe weather, tornados, explosions, natural gas leak, lack of electrical or water services, missing residents, and any other potential emergency situation was reviewed by staff and residents at least quarterly.	S3280		