Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N008005	A. BUILDING: _____ B. WING _____	C 01/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEPOINT AUGUSTA, LLC	901 LAKEPOINT DRIVE AUGUSTA, KS 67010

(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 complaint #152288 for the above named facility conducted on 01/04/2021, 01/05/2021 and 01/06/2021.	S 000		
S3248 SS=F	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102 (d) (2) (3)	S3248		

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

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S3248	Continued From page 1 The facility reported a census of 29 residents. Based on interview and record review the administrator failed to have evidence of verification from the state board of nursing for licensed nurse B, and evidence of verification from the nurse aide registry and background checks for certified nurse aide's (CNA's) A and C, as required to ensure the individual's did not have a finding of abuse/neglect/exploitation. Licensed staff B and CNA's A and C had the potential to provide care to all the residents. Findings included: - Personnel record review on 01/04/2021 at 4:36 PM revealed for licensed nurse B, she started employment on 11/07/2019. The personnel file lacked evidence the state board of nursing verification was conducted prior to 11/07/2019. The document in the personnel file had a date stamp of 12/17/2019. The personnel record review for certified nurse aide (CNA) A revealed she started employment on 12/29/2020, verification from the nurse aide registry date stamped for 01/04/2021, and the submission for the background check date stamped 01/04/2021. The personnel record review for certified nurse aide (CNA) C revealed she started employment on 08/10/2020, verification from the nurse aide registry date stamped for 12/08/2020, and the submission for the background check date stamped for 08/18/2020. Interview on 01/05/2021 at 1:00 PM with licensed nurse B confirmed the records lacked evidence verifications were conducted prior to the	S3248		

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S3248	Continued From page 2 employee's start dates of employment. The administrator failed to have evidence of verification from the state board of nursing for licensed nurse B, and evidence of verification from the nurse aide registry and background checks for certified nurse aide's (CNA's) A and C, as required to ensure the individual's did not have a finding of abuse/neglect/exploitation. Licensed staff B and CNA's A and C had the potential to provide care to all the residents.	S3248		