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 _____	08/16/2022

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 represent the findings of a resurvey for the above named Assisted Living facility conducted on 08/15/22 - 08/16/22.	S 000		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(1) The facility reported a census of 22 residents. The sample included three residents. Based on observation, interview and record review the operator failed to ensure one of three sampled residents record contained documentation of a completed medication self-administration	S3175		

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

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S3175	Continued From page 1	S3175		

assessment for medicated eyedrops.

Findings included:

- Resident (R)817's medical record revealed he moved into the facility on 02/22/21 with a diagnosis of glaucoma.

The 03/22/22 "Functional Capacity Screen" (FCS) documented R817 independently administered his own medications and had visual impairment due to glaucoma.

The 03/22/22 "Negotiated Service Agreement" (NSA) documented R817 was independent in administering all of his own medications.

An order dated 02/22/21 recorded; Azopt 1% eye drops, instill one drop to both eyes two times daily for glaucoma.

03/22/22 "AL Medication Self-Administration" screen was completed for oral medications and injectable insulin but lacked an assessment for eyedrops.

On 08/15/22 at 03:25 PM observed medication organizer, insulin pens and eyedrops on a bedside table in the resident's room.

On 08/15/22 at 03:25 PM R817 stated he self-administered all of his own medications including pills, insulin and eyedrops.

On 08/16/22 at 09:41 AM Licensed Nurse A stated R817 self-administers his own medications to include insulin and oral

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S3175	Continued From page 2 medications but did not realize R817 also had eyedrops. After reviewing the physician orders for eyedrops, LN A stated a self-administration assessment for eyedrops needed to be completed for R817. The 06/2016 "Medications & Treatment-Self-Administration of Medication Policy" documented, "If the resident desires to self-administer medications, an evaluation should be conducted..." The operator failed to ensure a medication self-administration assessment was completed for R817's use of medicated eyedrops.	S3175		
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,	S3248		

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S3248	Continued From page 3 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)(4) The facility reported a census of 22 residents. Based on interview and record review, the operator failed to ensure three of five newly hired employees records included evidence of timely verification with the nurse aide registry was completed. Findings included: - Review of employee files conducted on 08/16/22 revealed the following: Certified Nurse Aide (CNA) C hired on 04/05/22. The "Nurse Aide Registry Confirmation Notice" did not have a date to indicate when the background check was completed for this staff. Certified Medication Aide (CMA) D hired on 07/08/22. The "Nurse Aide Registry Confirmation Notice" did not have a date to indicate when the background check was completed for this staff. CMA E hired on 01/26/22. The "Nurse Aide Registry Confirmation Notice" did not have a	S3248		

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S3248	Continued From page 4 date to indicate when the background check was completed for this staff. On 08/16/22 at 09:48 AM Licensed Nurse A stated Human Resources completed all background checks and verified there was no date listed at the top of three Nurse Aide Registry Confirmation Notices. The operator failed to ensure timely verifications of the nurse aide registry checks were completed.	S3248		