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 _____	06/12/2025

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LAKEPOINT AUGUSTA, LLC	901 LAKEPOINT DRIVE AUGUSTA, KS 67010

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey for the above named facility conducted on 06/11/25 and 06/12/25.	S 000		
S3085 SS=D	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 26 residents. The sample included 3 "Residents'" (R)'s. Based on record review and interview the Administrator failed to ensure the "Negotiated Service Agreement" (NSA) listed a description of services, identification of the provider of each	S3085		

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

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S3085	Continued From page 1 service, and identification of each party responsible for payment if an outside provider was used for R3. Findings included: - Record review for R3 revealed an admission date of 05/30/25 with diagnoses of Type II Diabetes Mellitus with hyperglycemia, atherosclerotic heart disease of native coronary artery, hypertension, dysuria, and irritable bowel syndrome with diarrhea. Review of R3's FCS dated 05/28/25 revealed R3 required physical assistance with bathing and dressing. R3 required supervision with toileting, transferring and walking/mobility. R3 lacked the ability to manage her own medication and medical treatments. R3 had impaired decision making and was identified at risk for falls. R3 used a walker/wheelchair mobility device. Review of R3's NSA dated 05/30/25 identified facility staff would provide physical assistance for bathing, stand by assistance for dressing, occasional escort to the bathroom, and occasional assistance for transferring. Facility staff to administer ordered medications, and R3 would self-inject her insulin. R3's NSA lacked documentation of the Home Health provider, a description of services they would provide, and the party responsible for payment for the outside provider. Review of R3's HSP dated 05/30/25 instructed facility staff to provide safety checks once every	S3085		

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S3085	Continued From page 2 shift, assist R3 "diabetic management", administer and manage her medications, assistance with showering, and at resident request assist with toileting and dressing. Review of R3's electronic "Medical Record" under the "Miscellaneous" tab revealed a document titled "Home Health Certification and Plan of Care" dated 05/30/35 from a local home health provider. Interview on 06/12/25 at approximately 02:45 PM with "Licensed Nurse" (LN) A confirmed R3 did have a home health agency providing physical therapy, and she further confirmed the NSA lacked the documentation of the outside provider's service. The Administrator failed to ensure the NSA listed a description of services, identification of the provider of each service, and identification of each party responsible for payment if an outside provider was used for R3.	S3085		
S3155 SS=D	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.	S3155		

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S3155	Continued From page 3 This REQUIREMENT is not met as evidenced by: K.A.R.26-41-204 (a) The facility reported a census of 26 residents. The sample included 3 "Residents'" (R)'s. Based on record review and interview the Administrator failed to ensure the "Licensed Nurse" (LN) provided or coordinated the provision of necessary health care services that met the needs for R1 in the prevention/worsening of pressure ulcers. Findings included: - Record review for R1 revealed an admission date of 04/20/19 with diagnoses of cellulitis, anemia, atherosclerotic heart disease of the native coronary artery, edema, history of falling, and Type II Diabetes mellitus. Review of R1's "Functional Capacity Screen"(FCS) dated 01/27/25 revealed R1 required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, medical treatments, and she lacked the ability to manage her own medications. R1 was cognitively intact and was able to make herself understood and she understood others. R1 was identified at risk for falls and required staff assistance for mobility in her wheelchair. Review of R1's "Negotiated Service Agreement" (NSA) dated 01/27/25 identified facility staff would provide physical assistance with bathing, dressing, toileting and mobility. R1 required staff	S3155		

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S3155	Continued From page 4 assistance for medication administration and facility staff would perform scheduled treatments. The NSA lacked documentation for health services to be provided to prevent worsening of the pressure ulcer on the left lateral mid foot. Review of R1's "Health Service Plan" (HSP) dated 01/27/25 under the section titled "Skin condition" in the "Goal" column it was documented "Area to foot will heal" and in the "Interventions" column it instructed facility staff to apply powder to the abdominal folds in perineal area and under her breasts. Under the section titled "Treatment/Management" it instructed facility staff to do daily wound care. The HSP lacked documentation for interventions to be provided to prevent worsening of the pressure ulcer on the left lateral mid foot. Review of R1's electronic "Medical Record" under the "Miscellaneous" tab revealed the following documents that had been scanned into the electronic record; An order from the provider dated 04/21/25 for wound care to the left foot. A progress noted dated 04/16/25 signed by the provider reveled R1 had a pressure ulcer to the lateral mid foot from laying on the left side while sleeping. R1 was unsure how long the wound had been on her foot. Interview on 06/12/25 at approximately 02:45 PM with LN A confirmed the NSA for R1 lacked	S3155		

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S3155	Continued From page 5 health care services for skin preservation for R1. The Administrator failed to ensure the LN provided or coordinated the provision of necessary health care services that met the needs for R1 in the prevention/worsening of pressure ulcers.	S3155		
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: K.A.R.26-41-205 (a) The facility reported a census of 26 residents. The sample included 3 "Residents'" (R)'s. Based on record review and interview the Administrator	S3175		

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S3175	Continued From page 6	S3175		

failed to ensure the "Licensed Nurse" (LN) performed and assessment for that determined R3 could safely, accurately, and without staff assistance self-administer her own insulin.

Findings included:

- Record review for R3 revealed an admission date of 05/30/25 with diagnoses of Type II Diabetes Mellitus with hyperglycemia, atherosclerotic heart disease of native coronary artery, hypertension, dysuria, and irritable bowel syndrome with diarrhea.

Review of R3's FCS dated 05/28/25 revealed R3 required physical assistance with bathing and dressing. R3 required supervision with toileting, transferring and walking/mobility. R3 lacked the ability to manage her own medication and medical treatments. R3 had impaired decision making.

Review of R3's NSA dated 05/30/25 identified facility staff would administer ordered medications, and R3 would self-inject her insulin.

Review of R3's HSP dated 05/30/25 instructed facility staff to administer R3's medication and assist her with "diabetic management".

Review of R3's electronic "Medical Record" under the "Forms" tab revealed a lack of documentation of a self-administration assessment being performed.

Interview on 06/12/25 at approximately 02:45 PM with LN A confirmed R3's electronic "Medical

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S3175	Continued From page 7 Record" lacked documentation of an assessment that determined R3 could safely, accurately, and without staff assistance self-administer her own insulin. The Administrator failed to ensure the LN performed and assessment for that determined R3 could safely, accurately, and without staff assistance self-administer her own insulin.	S3175		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (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 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: K.A.R.26-41-205 (g) (3) The facility reported a census of 26 residents. Based on observation and interview the Administrator failed to ensure the "Licensed Nurse" (LN) or the Licensed Pharmacist placed the full name of the bottles of "Over-the-Counter"	S3211		

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S3211	Continued From page 8 (OTC) medications. Findings included: - Observation on 06/11/25 at approximately 03:00 PM of the facility medication room revealed in the cabinet on the northwest wall a bottle of Clear Lax. On the side of the bottle written in black marker was the word "Stock". Observation on 06/11/25 at approximately 03:20 PM on the northeast wall of the dining room were two medication carts. The medication cart identified as "700" Hall by "Certified Medication Aide" (CMA) contained in the fourth drawer down the following OTC medications had hand written in black marker on the box/bottle the word "Stock"; 1 box Imodium 2 milligram tablets, 1 box Mucus Relief Guaifenesin 400 milligrams tablets, and 1 bottle of Acetaminophen 500 milligram tablets. Interview on 06/11/25 at approximately 03:20 PM with LN A confirmed the OTC boxes and bottles were to be labeled the residents full name, she further confirmed the facility was not to have "Stock" medications. The Administrator failed to ensure the "Licensed Nurse" (LN) or the Licensed Pharmacist placed the full name of the bottles of "Over-the-Counter" (OTC) medications.	S3211		
S3215 SS=E	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and	S3215		

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S3215	Continued From page 9 biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: K.A.R.26-41-205 (h) The facility reported a census of 26 residents.	S3215		

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S3215	Continued From page 10 The sample included 3 "Residents'" (R)'s. Based on observation and interview the Administrator failed to ensure the "Licensed Nurse" (LN) and the "Certified Medication Aides'" (CMA)'s stored all non-controlled medications managed by the facility in a locked medication room, cabinet or medication cart. Findings included: - Record review for R1 revealed an admission date of 04/20/19 with diagnoses of cellulitis, anemia, atherosclerotic heart disease of the native coronary artery, edema, history of falling, and Type II Diabetes mellitus. Review of R1's "Functional Capacity Screen"(FCS) dated 01/27/25 revealed R1 required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, medical treatments, and she lacked the ability to manage her own medications. R1 was cognitively intact and was able to make herself understood and she understood others. Review of R1's "Negotiated Service Agreement" (NSA) dated 01/27/25 identified R1 required staff assistance for medication administration and ordering of medications. Review of R1's "Health Service Plan" (HSP) dated 01/27/25 instructed facility staff to provide assistance with her medication administration and to perform scheduled treatments. Observation on 06/12/25 at approximately 02:15 PM of R1's nightstand located on the nightstand	S3215		

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S3215	Continued From page 11	S3215		

next to her bed was a bottle of Icy Hot and one bottles of Nystatin powder. In the bathroom cabinet across from the sink was one bottle of Nystatin powder. On the bathroom sink was a tube of Calmoseptine.

Interview on 06/12/25 at approximately 02:15 PM confirmed the facility managed R1's medication administration, performed her treatments, and all "Over the Counter" (OTC) medications should be either in the locked medication cart or the locked medication room.

- Record review for R2 revealed an admission date of 01/31/20 with diagnoses of dysphagia, gastroparesis, hypertension, and tachycardia.

Review of R2's FCS dated 02/11/25 revealed R2 required physical assistance with bathing, dressing toileting, eating, and performance of medical treatments. R2 required supervision with transferring and walking. R2 lacked the ability to manage her own medications. R2 had impaired short-term memory, long-term memory, memory/recall and decision making.

Review of R2's NSA dated 02/11/25 R2 required staff to administer medications and treatments as ordered.

Review of R2's HSP dated 02/11/25 instructed facility staff to administer R2's medications and perform scheduled treatments.

Observation on 06/12/25 at approximately 02:20PM of R2's nightstand next to her bed a bottle of Bio Freeze, and on the bathroom sink a

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S3215	Continued From page 12 jar of Vicks. Interview on 06/12/25 at approximately 02:20 PM confirmed the facility managed R2's medication administration, performed her treatments, and all OTC medications should be either in the locked medication cart or the locked medication room. - Record review for R3 revealed an admission date of 05/30/25 with diagnoses of Type II Diabetes Mellitus with hyperglycemia, atherosclerotic heart disease of native coronary artery, hypertension, dysuria, and irritable bowel syndrome with diarrhea. Review of R3's FCS dated 05/28/25 revealed R3 required physical assistance with bathing and dressing. R3 required supervision with toileting, transferring and walking/mobility. R3 lacked the ability to manage her own medication and medical treatments. R3 had impaired decision making. Review of R3's NSA dated 05/30/25 identified facility staff would administer ordered medications, and R3 would self-inject her insulin. Review of R3's HSP dated 05/30/25 instructed facility staff would administer R3's medication and assist her with "diabetic management". Observation on 06/12/25 at approximately 02:25 PM of R3's bathroom revealed the following unsecured medications; 1 Skin Prep wipe 1 bottle of Rolaids Extra Strength	S3215		

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S3215	Continued From page 13 1 bottle of Hydrogen Peroxide 1 bottle of MiraLAX Interview on 06/12/25 at approximately 02:25 PM confirmed the facility managed R3's medication administration, performed her treatments, and all OTC medications should be either in the locked medication cart or the locked medication room. The Administrator failed to ensure the LN and the CMAs stored all non-controlled medications managed by the facility in a locked medication room, cabinet or medication cart.	S3215		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced	S3298		

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S3298	Continued From page 14 by: K.A.R.26-41-206 (d) The facility reported a census of 26 residents. The sample included 3 "Residents'" (R)'s. Based on record review and interview the Administrator failed to ensure the facility meals were served at the proper temperature. Findings included: - Record review of the facility provided document titled "Food Temperature Log" and dated 05/25 revealed the following dates and times 05/25 lacked documentation of the food temperatures being obtained prior to the food being served; 05/28 Lunch and Dinner 05/29 through 05/31 Breakfast, Lunch and Dinner Record review of the facility provided document titled "Food Temperature Log" and dated 06/25 revealed the following dates in 06/25 lacked documentation of the food temperatures being obtained prior to the food being served; 06/01 Lunch and Dinner 06/01 through 06/04 lacked any temperature checks 06/07 Dinner 06/08 through 06/10 lacked any temperature checks 06/11 Breakfast and Lunch	S3298		

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 _____	06/12/2025

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
S3298	Continued From page 15 Interview on 06/12/25 at approximately 02:45 PM with Administrator A confirmed the facility could not provide documentation showing the food temperatures had been obtained by the dietary staff showing the proper food temperatures were obtained prior to serving the residents the meals. The Administrator failed to ensure the facility meals were served at the proper temperature.	S3298		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: K.A.R.26-41-206 (e) The facility reported a census of 26 residents. The sample included 3 "Residents'" (R)'s. Based on record review and interview the Administrator failed to ensure the facility food was stored under safe and sanitary conditions. Findings included: - Record review of the facility provided documents titled "Resource: Refrigerator/Freezer Temperature Log" dated 06/25 revealed the following dates lacked documentation of the temperature on the facility freezer:	S3299		

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S3299	Continued From page 16 On 06/01 through 06/04 On 06/06 through 06/31 Record review of the facility provided documents titled "Resource: Refrigerator/Freezer Temperature Log" dated 06/25 revealed the following dates lacked documentation of the temperature on the facility refrigerator: On06/01 through 06/04 On 06/08 through 06/31 On 06/05 the "Temperature" was documented as "High" and in the "Action Taken" column was documented "Unplugged and Reset" Record review of the facility provided documents titled "Resource: Refrigerator/Freezer Temperature Log" dated 06/25 revealed the following dates lacked documentation of the temperature on the facility stand up freezer: On 06/03 through 06/06 On 06/08 On 06/12 through 06/15 On 06/17 through 06/21 On 06/23 through 06/28 On 06/31 Interview on 06/12/25 at approximately 02:45 PM with Administrator A confirmed the refrigerator and freezer records lacked documentation of being checked daily to ensure safe food storage at the proper temperature.	S3299		

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 _____	06/12/2025

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S3299	Continued From page 17 The Administrator failed to ensure the facility food was stored under safe and sanitary conditions.	S3299		
S3305 SS=F	26-41-207 (a) (b) Infection Control (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (7) transferring a resident with an infectious disease to an appropriate health care facility if	S3305		

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	N008005	A. BUILDING: _____ B. WING _____	06/12/2025

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S3305	Continued From page 18 the administrator or operator is unable to provide the isolation precautions necessary to protect the health of other residents. This REQUIREMENT is not met as evidenced by: K.A.R.26-41-207 (b) (4) The facility reported a census of 26 residents. The sample included 3 "Residents'" (R)'s. Based on record review and interview the Administrator failed to ensure the facility food service provided safe and sanitary conditions. Findings included: - Record review of the facility provided document titled "Dish Machine Temperature and PPM" (Parts Per Million) Log dated 05/25 revealed the document lacked any documentation of the temperature or the sanitation chemical being checked. Interview on 06/12/25 at approximately 02:45 PM with Administrator A confirmed the dish sanitation was done chemically, and he further confirmed the lack of documentation for the 05/25 sanitation record, and the lack of a sanitation record for 06/25. The Administrator failed to ensure the facility food service provided safe and sanitary conditions.	S3305		