Kansas Department for Aging and Disability Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N008005	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEPOINT AUGUSTA, LLC	**901 LAKEPOINT DRIVE , AUGUSTA, Kansas, 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) COMPLETION DATE
S0000	INITIAL COMMENTS The following citations represent the findings of a Health Licensure Resurvey and Complaint Survey regarding allegations in the following complaints: 2594952 at the above-named assisted living conducted on 09/23/26 and 09/28/26. The facility reported a census of 28 residents. The sample included five residents.	S0000		
S3085 SS = E	Negotiated Service Agreement CFR(s): 26-41-202 (a) (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 LICENSURE REQUIREMENT is NOT MET as evidenced by: 26-41-202(a)(1)(2)(3) Based on interview, observation, and record review the facility failed to ensure the "Negotiated Service Agreement" (NSA) was fully developed based on the resident's "Functional Capacity Screen" (FCS), service needs, and preferences, and failed to identify outside providers and services they provided for Resident (R)104 and R105.	S3085		

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

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S3085 SS = E	Continued from page 1 Findings included: - R104's medical record revealed she moved into the facility on 04/01/24 with a diagnosis of Type two diabetes mellitus. The 03/03/26 FCS identified R104 was independent with transfers and mobility and had hearing impairment. The 03/03/26 NSA did not address the use of a bed assist device and failed to identify R104 received services from a local dialysis provider, what services were provided and who was responsible for payment of these services. Observation on 09/28/26 at 01:25 PM revealed there was a u-shaped bed assist device in use on R104's bed. On 09/28/26 at 02:33 PM Licensed Nurse (LN) A confirmed the NSA R104's failed to address the use of a bed assist and what services staff provided for R104's hearing impairment. LN A stated R104's NSA did not identify that she received dialysis, who provided this service and who was responsible for payment of this service. The facility failed to ensure R104's NSA was fully developed based on her FCS, her service needs, and preferences, and failed to identify the outside provider for dialysis, what services they provided, and who was responsible for payment of these services. - R105's medical record revealed she moved into the facility on 07/01/26 with a diagnosis of Type two diabetes mellitus. The 07/01/26 FCS identified R105 required physical assistance with treatments. The 07/01/26 NSA failed to identify R105 received services from a local dialysis provider, what services were provided and who was responsible for payment of these services.	S3085		

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S3085 SS = E	Continued from page 2 On 09/28/26 at 02:56 PM LN A stated R105's NSA did not identify that she received dialysis, did not identify who provided these services, and who was responsible for payment of these services. The facility failed to ensure R105's NSA failed to identify the outside provider for dialysis, what services they provided, and who was responsible for payment of these services.	S3085		