Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N087049	A. BUILDING: _____ B. WING _____	07/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEPOINT WICHITA, LLC	1315 N WEST STREET WICHITA, KS 67203

(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 07/21/22 and 07/25/22.	S 000		
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. This REQUIREMENT is not met as evidenced by: 3280 KAR 26-41-104(d)(3) The facility reported a census of 45 residents. Based on record review and interview for all facility employees, the administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees on a quarterly basis and included all	S3280		

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

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S3280	Continued From page 1 required topics. Finding included: -Reviewed the following documentation for quarterly staff reviews on 07/25/22: 02/03/21"Emergency Manual Training." 04/23/21 "Emergency Manual" in-service did not include information about explosions. 08/20/21 "Elopement Drill Report" included a review of the emergency management plan but did not include information concerning explosions. 11/19/21 "Emergency Manual" in -service did not include information about explosions. 01/14/22 "Sheltering in Place"- did not include information concerning the emergency management plan. 05/13/22 "Emergency Manual Review"- did not include information concerning the emergency management plan. On 07/25/22 at 04:21 PM, Administrative Staff A stated the administrator reviewed mainly sheltering in place during the first quarter 2022 staff review. Administrative Staff A stated that review of the emergency management plan only listed "bomb threat" and did not address explosions in particular. On 07/25/22 at approximately 05:15 PM a policy concerning quarterly reviews of the emergency management plan with staff was requested but no	S3280		

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S3280	Continued From page 2 policy was provided. The administrator failed to ensure disaster and emergency preparedness by failing to perform quarterly reviews of the emergency management plan with employees and reviewing all required topics.	S3280		