STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175466	A. BUILDING _____ B. WING _____	C 10/28/2020

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) COMPLETION DATE
F 000	INITIAL COMMENTS The following citations represent the findings of complaint investigation #KS00157160.	F 000		
F 677	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This Requirement is not met as evidenced by: The facility reported a census of 82 residents with four included in the sampled for Activity of Daily Living (ADL) care for dependent residents. Based on observation, interview, and record review, the facility failed to provide nail care for two Residents (R)1 and R4 to maintain good grooming and hygiene. Findings Include: - Review of Resident (R) 1's "Physician Order Sheet" dated 10/26/20 documented the following diagnoses: hemiplegia (paralysis of one side of the body) and diabetes type II (when the body cannot use glucose, not enough insulin made, or the body cannot respond to the insulin). Review of R1's admission "Minimum Data Set" (MDS) dated 01/29/20 documented a Brief Interview for Mental Status (BIMS) of 13, indicating intact cognition. R1 required two staff's extensive assistance for bathing. Review of the "ADL Functional Status Care Area Assessment" (CAA) dated 01/29/20 documented that R1 required extensive assist of two staff with ADLs. A review of the "Care Plan" documented R1	F 677		

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 677	Continued From page 1	F 677		

wished bathing per her preferences, that may change day to day, that she was able to make her preferences known.

Observation on 10/27/20 at 08:10 AM of R1was in bed with a hospital gown and covered with a blanket. R1 had long nails with a dark substance under eight of 10 nails.

Observation on 10/28/20 at 09:13 of R1 revealed she was in bed with clean clothes and a clean face. R1 nails continue to have a dark substance under eight of 10 of them, and they are long.

Interview with R1 on 10/28/20 at 09:13 AM revealed she had her shower yesterday, and the staff did not trim or clean her fingernails.

Interview on 10/27/20 at 07:49 AM with Certified Nurse Aid (CNA) N revealed she would do showers after breakfast and fill out the shower sheet. That she would know by the schedule in the shower book who to give showers to. And that she would do all the things listed on the sheet even nail care unless the resident was diabetic and then she would let the nurse know.

Interview on 10/27/20 at 11:05 AM with Licensed Nurse (LN) I revealed that the CNA would complete nail care during the residents' shower.

Interview on 10/28/20 at 10:56 AM with Administrative Nurse D revealed she would expect staff to complete nail care with each bath and resident preference.

Review of the facilities "Assisting an Elder with a Shower Bath" dated 04/01/19 documented that staff was to groom the elder according to their preference, including fingernail care, following a

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F 677	Continued From page 2	F 677		

shower.

The facility failed to provide adequate nail care for R1 to promote cleanliness, provide comfort, and maintain good grooming and hygiene.

- Review of R4's "Physician Order Sheet" dated 10/26/20 documented the following diagnoses: osteoarthritis (degenerative changes to one or many joints characterized by swelling and pain), anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), and contracture (abnormal permanent fixation of a joint) of right elbow.

Review of R4's "Annual Minimum Data Set" (MDS) dated 3/30/20 revealed a Brief Interview for Mental Status (BIMS) of 15, indicating intact cognition. That R4 was totally dependent on one staff for bathing.

Review of the "Quarterly MDS" dated 06/22/20 revealed a BIMS of 15, indicating intact cognition. That R4 required physical help of one staff for bathing.

Review of the "Activities of Daily Living (ADL) Functional Status Care Area Assessment" (CAA) dated 03/30/20 documented R4 required assistance with ADLs.

Review of the 4/29/20 "Care Plan" for R4 revealed it did not address trimming of nails.

Observation of R4 on 10/27/20 at 11:18 AM revealed R4 had a long-jagged finger and toenails, with her right thumbnail being to a near point and hanging over her thumb.

Observation on 10/27/20 at 01:06 PM revealed

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R4 with ted hose (compression type stocking) on both feet and sat in her wheelchair, with clean clothes on, clean hands and face, and hair brushed neatly.

Interview on 10/27/20 at 11:18 AM with R4 revealed she just had her shower, but that she wished the staff would cut her right thumbnail as it was poking her hand. She stated that the Certified Nurse Aide (CNA) staff was supposed to be back to finish her bathing, by trimming her toenails and putting on her ted hose.

Interview on 10/28/20 at 11:35 AM (the next day) revealed R4 stated her thumbnail on her right hand continued to poke her in the hand, it was slightly shorter but more of point now. R4 said the staff forgot to trim it yesterday, so she had tried to bite it off herself. (The surveyor retrieved Licensed Nurse (LN) I to R4's room and pointed out R4's untrimmed and bitten thumbnail. LN I ensured R4 she would return to trim it up for her.)

Interview on 10/27/20 at 07:49 AM with Certified Nurse Aid (CNA) N revealed she would do showers after breakfast and fill out the shower sheet. CNA N said she knew which resident's needed showers by looking in the schedule in the shower book. CNA N said she provided all shower care items listed on the sheet, even nail care, unless the resident was diabetic and then she would let the nurse know.

Interview on 10/28/20 at 11:05 AM with Licensed Nurse (LN) I revealed the CNA staff would complete the nail care during the residents' shower.

Interview on 10/28/20 at 10:56 AM with Administrative Nurse D revealed she expected

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F 677	Continued From page 4 staff to complete nail care with each bath and resident preference. Review of the facilities "Assisting an Elder with a Shower Bath" dated 04/01/19 documented that staff were to groom the elder according to their preference, which included fingernail care, following a shower. The facility failed to provide adequate nail care for R4 to promote cleanliness, provide comfort, and maintain good grooming and hygiene.	F 677		