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	175466	A. BUILDING _____ B. WING _____	C 09/27/2023

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LAKEPOINT WICHITA, LLC	1315 N WEST STREET WICHITA, KS 67203

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F 000	INITIAL COMMENTS The following citations represent the findings of investigations of complaints #182988, 181851, 181971, 182563, and 182648. This 2567 was electronically sent to the facility on 09/28/23.	F 000		
F 677 SS=D	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 60 residents with four residents selected for review for activity of daily living (ADL's). Based on observation, interview, and record review, the facility failed to ensure bathing opportunities as per resident preference for three residents (R) 1, R2, and R3 of the four residents reviewed for activities of daily living. Findings included: - Review of Resident (R)1's "Physician Order Sheet", dated 09/02/23, revealed diagnoses included cerebral vascular accident (CVA stroke sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain), hemiplegia (paralysis of one side of the body muscular weakness of one half of the body), pain, and major depressive disorder (major mood disorder).	F 677		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 09/27/2023

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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The "Annual Minimum Data Set" (MDS), dated 12/22/22, assessed the resident had modified independence in decision making with some difficulty in new situations. The resident was dependent on staff for transfer and dressing and required physical help with bathing. The resident had impairment in functional range of motion on one side of her upper extremities and no impairment of her lower extremities. The resident used a wheelchair for mobility.

The "ADL (Activity of Daily Living) Functional/Rehabilitation Potential Care Area Assessment" (CAA), dated 12/22/22, assessed the resident required assistance for bathing and was frequently incontinent of bowel and bladder.

The "Care Plan", revised 09/01/23, instructed staff the resident preferred her bathing opportunities twice a week, on Monday and Thursday, after dinner.

Review of the "AL ADLs" log dated 09/01/23 through 09/26/23 and review of the "Shower Sheets", revealed the resident received a shower on 08/31/23 and 09/11/23 (11 days between bathing opportunities). The resident received a shower on 09/13/23 and 09/18/23 (five days between bathing opportunities).

On 09/25/23 at 04:30 PM, the resident sat in her wheelchair in her room. The resident stated she did not receive showers twice a week as she usually preferred in the evening.

Interview, on 09/26/23 at 04:10 PM, with Certified Nurse Aide CNA M, revealed staff showered the resident after the evening meal, CNA M stated usually there is enough staff to get tasks done if

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all staff work together.

Interview, on 09/26/23 at 04:30 PM, with Administrative Nurse C, revealed staff do not always document in the electronic medical record that showers were given, and staff should fill out a "Shower Sheet" with each shower. Administrative Nurse confirmed the shower on 08/31/23 and 09/11/23 (11 days). The resident received a shower on 09/13/23 and 09/18/23 (five days).

The facility policy "Honoring Preferences", undated, instructed staff to honor the resident's preferences and add them to the care plan.

The facility failed to provide a bathing opportunity for this resident twice a week, per the resident preference and as care planned to promote optimal physical and mental wellbeing.

- Review of Resident (R)2's "Physician Order Sheet", dated 07/25/23, revealed diagnoses included hypertension (elevated blood pressure), chronic obstructive pulmonary disease (COPD: progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), coronary artery disease (abnormal condition that may affect the flow of oxygen to the heart), and depression.

The "Annual Minimum Data Set" (MDS), dated 04/03/23, assessed the resident with a "Brief Interview for Mental Status" (BIMS) score of 09, which indicated the resident had moderate cognitive impairment. The resident required supervision for bathing.

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The "ADL (Activity of Daily Living) Functional/Rehabilitation Potential Care Area Assessment" (CAA), dated 04/03/23, assessed the resident required supervision of one staff member for bathing.

The "Care Plan", reviewed 09/07/23, instructed staff the resident preferred to shower three times a week on Monday, Wednesday, and Friday.

Review of the "AL ADLs" log from 09/01/23 through 09/26/23 and "Shower Sheets", revealed the resident received a shower on 09/12/23, 09/13/23, 09/15/23, 09/18/23, 09/19/23, 09/20/23 and 09/21/23 (7 showers in 26 days. The documentation lacked evidence of a bathing opportunity for the week of 09/04/23.

Interview, on 09/26/23 at 09:00 AM, with Certified Nurse Aide (CNA) N stated the resident required supervision with showers.

Interview, on 09/26/23 at 04:30 PM, with Administrative Nurse C, revealed staff do not always document in the electronic medical record that showers were given, and staff should fill out a "Shower Sheet" with each shower.

The facility policy "Honoring Preferences", undated, instructed staff to honor the resident's preferences and add them to the care plan.

The facility failed to provide a bathing opportunity for this resident three times a week, per the resident preference and as care planned to promote optimal physical and mental wellbeing.

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- Review of Resident (R) 3's "Physician Order Sheet", dated 09/11/23, revealed diagnoses of paraplegia (paralysis characterized by motor or sensory loss in the lower limbs and trunk), chronic pain syndrome, spinal stroke (blood clot in the spine) and diabetes (when the body cannot use glucose, not enough insulin made, or the body cannot respond to the insulin).

The "Admission Minimum Data Set" (MDS), dated 07/12/23, assessed the resident with a "Brief Interview for Mental Status" (BIMS) score of 14, which indicated normal cognitive status. The resident was dependent of staff for transfers and bathing.

The "ADL (Activity of Daily Living) Functional/Rehabilitation Potential Care Area Assessment" (CAA), dated 07/12/23, assessed the resident required extensive assistance for bathing.

The "Care Plan", reviewed 07/12/23, instructed staff the resident admitted with pressure areas on her coccyx (last set of bones in the spinal column, tail bone), ischium (bone that forms the lower part of the pelvis) and MASD (moisture associated ski damage).

Review of the "Al ADLs" bathing log from 07/12/23 (admission) through 09/26/23, revealed the resident received four bathing opportunities, 09/15/23, 09/18/23, 09/19/23, and 09/21/23. The bathing log lacked documentation of the resident bathing from 07/12/23 to 09/14/23, a total of 65 days.

Interview, on 09/26/23 at 09:30 AM, with the resident, revealed the resident positioned in bed.

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F 677	Continued From page 5 The resident stated she had a concern that she did not receive shower bathing opportunities and had two showers since admission (07/12/23). The resident stated she was supposed to received bathing opportunities on Wednesdays and Saturdays and preferred showers to bed baths. Interview, on 09/26/23 at 04:30 PM, with Administrative Nurse C, revealed staff do not always document in the electronic medical record that showers were given, and staff should fill out a "Shower Sheet" with each shower. The facility policy "Honoring Preferences", undated, instructed staff to honor the resident's preferences and add them to the care plan. The facility failed to provide a bathing opportunity for this resident twice a week, per the resident preference and as care planned to promote optimal physical and mental wellbeing.	F 677		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and	F 755		

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biologicals) to meet the needs of each resident.

§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-

§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.

§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and

§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.
This REQUIREMENT is not met as evidenced by:
The facility reported a census of 60 residents with five residents selected for review, which included three residents reviewed for unnecessary medication administration. Based on observation, interview, and record review, the facility failed to administer one resident's (R)3 Percocet (narcotic pain medication), and Metformin (a medication used to lower blood sugar), cyclobenzaprine (a muscle relaxer), doxycycline and cefdinir (antibiotics) as ordered by the physician.

Findings included:

- Review of Resident (R) 3's "Physician Order Sheet", dated 09/11/23, revealed diagnoses of paraplegia (paralysis characterized by motor or sensory loss in the lower limbs and trunk), chronic pain syndrome, spinal stroke (blood clot

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in the spine) and diabetes (when the body cannot use glucose, not enough insulin made, or the body cannot respond to the insulin).

The "Admission Minimum Data Set" (MDS), dated 07/12/23, assessed the resident with a "Brief Interview for Mental Status" (BIMS) score of 14, which indicated normal cognitive status. The resident received antidepressant and diuretic (medication to remove excess fluid) medications during the seven-day look-back period. The resident received as needed pain medication and received non medication interventions for pain. The pain interview revealed the resident stated she had no pain.

The "Pain Care Area Assessment" (CAA), dated 07/12/23, did not trigger.

The "Care Plan" reviewed 07/12/23, instructed staff to offer the resident non medication interventions which included cool/warm packs, repositioning in bed or chair, walk around the community, prior to administering as needed pain medications.

Review of the "Physician Orders" revealed the following:

On 09/05/23, the physician instructed staff to administer Percocet, 5 milligrams (mg)-325 mg, every four hours.

Review of the "Medication Administration Record" (MAR), for September 2023, revealed the following areas of concern:

On 09/07/23, staff administered the 10:00 AM dose of Percocet at 12:40 PM, and the 02:00 PM

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dose administered at 02:03 PM with an interval of one hour and 20 minutes.

On 09/09/23, staff administered the 06:00 AM dose of Percocet at 07:38 AM and staff administered the 10:00 AM dose at 09:03 AM, for an interval for one hour and 25 minutes.

On 09/09/23, staff administered the 10:00 PM dose of Percocet on 09/10/23 at 01:16 AM and staff administered the 02:00 AM dose at 01:56 AM, for 40-minute interval.

On 07/12/23, the physician instructed staff to administer Metformin (a medication the lowers the blood glucose level) Extended Release, 500 mg, twice a day.

Review of the "Medication Administration Record" (MAR), for September 2023, revealed the following areas of concern:

On 09/08/23, staff administered the 08:00 AM dose at 12:23 PM, (four hours and 23 minutes late), and the 05:00 PM dose administered at 06:30 PM (one and a half hours late).

On 09/11/23, the 08:00 AM, the Percocet dose was not administered.

On 09/13/23, staff administered the 08:00 AM dose at 01:30 PM (5- and one-half hours late).

On 09/14/23, staff administered the 08:00 AM dose at 12:54 PM (four and 54 minutes late). and the 05:00 PM dose was administered at 4:57 PM.

On 07/19/23 the physician instructed staff to administer cyclobenzaprine (a muscle relaxer), 5

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mg, every eight hours, as needed.

On 09/04/23 at 12:26 AM, staff administered a dose of cyclobenzaprine and another dose on 09/04/23 at 01:03 AM (37 minutes between doses).

On 09/14/23 the physician instructed staff to administer doxycycline hyclate (an antibiotic) 50 mg, twice a day, for seven days.

On 09/14/23, the physician instructed staff to administer cefdinir 300 mg, twice a day, for seven days.

On 09/17/23 staff administered the 08:00 AM doses of both medications at 11:47 AM (three hours and 47 minutes late) and the 05:00 PM dose administered at 04:08 PM. (four hour and 21 minutes interval).

On 09/19/23 staff administered the 08:00 AM doses of both medications at 01:20 PM (5 hours and 20 minutes late), and the 05:00 PM doses were administered at 04:34 PM. (three-hour ten-minute interval).

Interview, on 09/26/23 at 09:30 AM, with the resident, revealed she has constant pain, and the physician had been adjusting pain medications. The resident stated she is most comfortable in bed but did like to get up in her power chair to smoke.

Interview, on 09/27/23 at 10:00 AM, with Certified Nurse Aide (CMA) R, revealed she administered the medication at the time on the MAR, but if the resident was not awake and the medication needed to be given with food, or on an empty

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stomach, she would need to adjust the time and notify the charge nurse.

Interview, on 09/27/23 at 10:30 AM, with Administrative Nurse D, revealed the electronic medical record system did not allow for staff to adjust the time of administrations and the recorded time of administration may not be truly accurate as the time that the medication was given. Review of the "Narcotic Count" sheet for the scheduled Percocet doses revealed staff did not indicate exact time of administration but indicated the scheduled time for administration.

The facility policy "Administering Medications Using Electronic Medication Administration Record" undated, instructed staff to administer medications in a safe manner and complete accurate and timely "real time" documentation of all medication administration using the Electronic Medical Record system utilized in the facility. "Administered" means that the medication is given to and ingested by the resident by the prescribed route and within 60 minutes from the time it was ordered and scheduled on the electronic medication administration record. Medications that require a maintained blood level will be administered within one hour before or one hour after the scheduled time except the following types that would be administered as close to the ordered time as possible. BID (twice a day) medication would not be administered in a shorter time than eight hours apart. TID (three times a day) would not be administered in a shorter time than five hours apart. QID (four times a day) medications would not be administered in a shorter time than four hours apart.

The facility failed to administer this resident's

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F 755	Continued From page 11 Percocet (narcotic pain medication), Metformin (a medication used to lower blood sugar), cyclobenzaprine (a muscle relaxer), doxycycline, and cefdinir (antibiotics) as ordered by the physician to enhance efficacy and prevent adverse effects.	F 755		