Kansas Department for Aging and Disability Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N008002	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEPOINT EL DORADO, LLC	**1313 S HIGH STREET , EL DORADO, Kansas, 67042**

(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 licensure resurvey conducted on 8/17/26 at the above named assisted living facility resulted in a finding of no deficiency citations.	S0000		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
RN LNHA	Administrator	8/17/26

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES
SURVEY, CERTIFICATION AND CREDENTIALLING COMMISSION

LICENSE OR PROVIDERS NO.	ASPEN - iQIES 31C847-H1	DATE OF VISIT
N008002		8/17/26
NAME OF FACILITY	STREET, ADDRESS, CITY, STATE, ZIP CODE	
LakePoint of Eldorado LLC	1313 S. High Street, El Dorado KS., 67042	

ITEM	COMMENTS
	THE SIGNATURES BELOW ACKNOWLEDGE DISCUSSION OF THE DIFICIENCY LIST, THE RECEIPT OF A COPY OF THE SAME AND THE RECEIPT OF INFORMATION ABOUT THE BUREAU'S *"INFORMAL DISPUTE RESOLUTION"* PROCESS.

DATE	SURVEYOR'S SIGNATURE	FACILITY REPRESENTATIVE'S SIGNATURE	DATE
8/17/26	Shanie Maxwell RN, HFS	BN LN HA	8/17/26

COMMENT SHEET