Kansas Department for Aging and Disability Services

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N087049 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 09/17/2026 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **LAKEPOINT WICHITA, LLC** | **1315 N WEST STREET , WICHITA, Kansas, 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 |
|---|---|---|---|---|
| S0000 | INITIAL COMMENTS<br><br>The following citations represent the findings of a Health Licensure Resurvey and Complaint survey regarding allegations in the following complaints: 2601128, 2970790, 3155332, 2962073, 1526325, 1526764, conducted on 09/16/26 and 09/17/26. The facility reported a census of 72 residents.The sample included 6 residents. | S0000 | | |
| S3280<br>SS = F | Disaster and Emergency Preparedness<br><br>CFR(s): 26-41-104 (d)<br><br>(d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following:<br><br>(1) Orientation of new employees at the time of employment to the facility ' s emergency management plan;<br><br>(2) education of each resident upon admission to the facility regarding emergency procedures;<br><br>(3) quarterly review of the facility ' s emergency management plan with employees and residents; and<br><br>(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.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>K.A.R. 26-41-104 (d) (3) Disaster and Emergency Preparedness Based on interview, the facility failed to provide quarterly emergency preparedness for all residents. This failure placed all residents at risk for not knowing the procedures to be followed in an emergency.<br><br>On 09/17/26 at approximately 04:00 PM with Administrator A confirmed the facility lacked documentation of a quarterly review of the facilities emergency preparedness plan with all residents. This failure placed all resident at risk for not knowing the procedures to be followed in an emergency. | S3280 | | |

Office of Primary Care and Health Systems Management

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