

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 175424	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2020
NAME OF PROVIDER OF SUPPLIER LAKEPOINT AUGUSTA, LLC		STREET ADDRESS, CITY, STATE, ZIP 901 LAKEPOINT DRIVE AUGUSTA, KS 67010	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>The facility reported a census of 67 residents with three sampled for review of accidents. Based on interviews and record review, the facility failed to timely notify the family for one Resident (R) 1, of the three residents reviewed, when the resident revealed signs of change in condition with swelling and pain to an elbow, the day following a fall. R1 fell on [DATE], without any identified injury. The following day, 04/12/2020, R1 presented with left elbow swelling and pain. The staff notified the PCP (primary care physician) with orders for mobile x-rays for the elbow and did staff failed to notify the resident's family. The x-ray identified an elbow fracture and the staff received physician orders [REDACTED]. On 04/13/2020, the staff sent R1 to the orthopedic doctor without family notification. A family member also in the clinic noted the resident and questioned why they had not been notified of the change in condition with fracture and the need for a specialist consult. Findings included: - The facility admitted Resident (R) 1, on 03/26/2020, with a history of multiple previous falls at home and experienced fractures including an acute hip/leg fracture with surgical repair. R1's [DIAGNOSES REDACTED]. Review of the resident's admission Minimum Data Set (MDS), dated [DATE] revealed the Brief Interview for Mental Status (BIMS) score as 15/15, with cognition intact. Review of the admission Care Plan dated 04/02/2020, included, History of falls prior to admission. The plan instructed one staff to assist with transfer, walking and toileting. Addition, on 04/07/2020, to offer toileting every two hours and as needed for agitation and /or restlessness. On 04/10/2020, it added the use of gripper socks and for staff to assist with dressing daily. On 4/11/2020, added a floor sensor mat by the bed side and addition of a recliner to activate the call light. Progress Notes, dated 04/11/2020 at 01:00 PM, confirmed the staff found the resident on the floor by her bed, with the left arm noted under her head. The nursing assessment revealed no discolorations or abnormalities. The resident denied pain or discomfort. The staff notified the resident's family and Primary Care Physician (PCP) of the non-injury fall. Nurses Notes, dated 04/12/2020 at 06:30 AM, revealed the nurse assessed the resident's left elbow with new bruising, swelling and pain. The staff notified the PCP and received orders for mobile x-rays of the elbow. The mobile x-ray unit's findings included, the bones had [MEDICAL CONDITION], with a displaced intraarticular [MEDICAL CONDITION] (elbow). The physician ordered an Orthopedic (bone specialist doctor) consultation recommended for further management of the resident. On 04/13/2020 at 11:00 AM, the orthopedic consultant office instructed the facility to bring the resident to their office at that time. The staff transported the resident to the clinic without notification of the change in condition and orthopedic consult to the resident's family. While in the physician's office, a member the resident's family saw her and questioned why the family had not been notified of the resident's change in condition and the need for the consultation. Interview with the resident's family per phone, on 4/21/2020 at 06:15 PM, revealed the facility notified them of the resident's fall without injury on 04/11/2020. However, the family member reported that on 04/13/2020, another family member, while in a ph physician's clinic, reported also seeing R1 in a wheelchair in the doctor's office. The facility staff failed to notify the family member/DPOA (durable power of attorney) of the change in condition the day after the fall, with the fractured elbow and the need for the orthopedic doctor evaluation and treatment. On 04/22/2020, at 11:20 A.M. Administrative Staff A verified the facility incident investigation of the resident's fall on 04/11/2020, revealed nursing staff failed to call the family after the change in condition which included the left elbow swelling and pain. The facility failed to inform the family/DPOA of the resident's x-ray results and of the need for an orthopedic consultation. The facility's undated, Fall Follow-Up Policy included, The family is notified of the fall and findings from the assessment. Document circumstances, notification of medical doctor, family, Administrator and Director of Nursing and findings from the assessment in the clinical record. The facility failed to immediately notify the family of the resident's change of condition, the x-ray report with fractured elbow, and of the further need for an orthopedic consult.</p> <p>The facility reported a census of 67 residents with three sampled for review of accidents. Based on interviews and record review, the facility failed to timely notify the family for one Resident (R) 1, of the three residents reviewed, when the resident revealed signs of change in condition with swelling and pain to an elbow, the day following a fall. R1 fell on [DATE], without any identified injury. The following day, 04/12/2020, R1 presented with left elbow swelling and pain. The staff notified the PCP (primary care physician) with orders for mobile x-rays for the elbow and did staff failed to notify the resident's family. 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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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