STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N015008	A. BUILDING: _____ B. WING _____	04/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARQUIS PLACE	205 WEST 21ST STREET CONCORDIA, KS 66901

(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) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations are the result of a Licensure Resurvey at the above named Assisted Living Facility in Concordia, Kansas on 4/03/19, 4/04/19, 4/08/19, and 4/09/19.	S 000		
S3080 SS=E	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(a) The census equalled 23 the sample included three Residents. Based on interview and reviews of records, for two of three sampled (#189 and #187), the Operator failed to ensure designated facility staff completed a functional capacity screen (FCS) that included each element and definition specified by the department. Findings included:	S3080		

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

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S3080	Continued From page 1 - Review of record revealed #189 admitted 8/01/14 with diagnoses of chronic obstructive pulmonary disease, pernicious anemia, dysthynic disorder, hypertension, coronary atherosclerosis, cerebral artery occlusion,a asthma, gastroesophageal reflux disease, rheumarthritis, cervicalgia, scoliosis, and cerebral vascular accident. Current functional capacity screen (FCS) of 02/13/19 assessed #189 in need of physical assistance with bathing, dressing, toileting; in need of supervision with transfers, independent with mobility and eating; unable to perform medication and treatment management; rarely incontinent; usually understandable for communication, with falls/unsteadiness, impaired vision, and used a wheelchair. The reason for the assessment remained blank. The previous FCS of 9/14/18 assessed #189 in need of physical assistance with bathing, toileting, transfers, mobility, independent with eating; in need of physical assistance with medication and treatment management; frequently incontinent, with short term memory and memory recall impairments; usually understood, usually understands communication; with falls/unsteadiness, impaired vision and hearing, used a wheelchair. The coding for "dressing" remained blank with no coding. - Review of record revealed #187 admitted 11/05/18 with diagnoses of diabetes, hyperlipidemia, hypertension, scleroderma, spondylosis of cervical spine, chronic pain, dementia, and bile reflex esophagitis. Current functional capacity screen (FCS) in chart	S3080		

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S3080	Continued From page 2	S3080		

dated 11/05/18 assessed #187 in need of supervision with bathing; independent with bathing, dressing, toileting, transfers, mobility, and eating; unable to perform medications and treatment management; rarely incontinent, usually understood and usually understands communication.
The section for cognition contained one check mark on short term memory impairment. In accordance with FCS specifications the scoring would be "one" and not "three" as documented.

A new FCS completed 4/03/19 with the recorded revision date of 01/11/19 assessed #187 in need of physical assistance with bathing and dressing; in need of supervision with toileting, transfers, mobility, and eating; unable to perform medication and treatments, occasionally incontinent of bladder; usually understood and usually understands communication; with falls/unsteadiness, impaired vision and hearing, wandering, and used a walker.
The section for cognition contained the number "one" for short term memory, the number "two" for long term memory, the number "two" for memory recall, and the number "one" for decision making impairments. A total score of "six recorded. According to the FCS manual, each cognition area to be coded either "one" for applicable, or "zero" for not applicable, a total maximum score of four possible.

On 4/04/18 at 11:41am Operator/LPN (licensed practical nurse) #G and Administrator/RN (registered nurse) #F confirmed the documented codes failed to match the FCS manual definitions... confirmed do have the FCS manual in facility for completion of the assessments.

The Operator failed to ensure designated facility

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S3080	Continued From page 3 staff completed FCS's for #189 and #187 that included each element and definition specified by the department.	S3080		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a) The census equalled 23 the sample included three Residents. Based on interviews, and reviews of records, for two of three sampled (#187, and #189), the Operator failed to ensure the negotiated service agreement (NSA) included a description of services the Resident would receive.	S3085		

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S3085	Continued From page 4 Findings included: - Review of record revealed #187 admitted 11/05/18 with diagnoses of diabetes, hyperlipidemia, hypertension, scleroderma, spondylosis of cervical spine, chronic pain, dementia, and bile reflex esophagitis. Current functional capacity screen (FCS) in chart dated 11/05/18 assessed #187 in need of supervision with bathing; independent with bathing, dressing, toileting, transfers, mobility, and eating; unable to perform medications and treatment management; rarely incontinent, with short term memory impairment, usually understood and usually understands communication. A new FCS completed 4/03/19 with the recorded revision date of 01/11/19 assessed #187 in need of physical assistance with bathing and dressing; in need of supervision with toileting, transfers, mobility, and eating; unable to perform medication and treatments, occasionally incontinent of bladder; with short term memory, long term memory, memory recall, and decision making impairments; usually understood and usually understands communication; with falls/unsteadiness, impaired vision and hearing, wandering, and used a walker. Current NSA dated 01/11/19 documented staff to provide stand by assist with bathing, dressing, toileting, and transfers; used four wheel walker independently and wandered about facility; facility to manage medications and treatments; provide reminders and choices that will not be overwhelming, give Resident time to answer questions. The medical record contained an 11/16/18 physician's order for ST (speech therapy), an	S3085		

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S3085	Continued From page 5 01/30/19 physician's order for OT (occupational therapy), and and 02/08/19 physician's order for PT (physical therapy). The 01/11/19 NSA contained a note "PT/OT/ST." The NSA lacked a description of the services the Resident to receive, the company name of the outside provider, and the payment source. The Operator failed to ensure the NSA included a description of services #187 to receive. - Review of record revealed #189 admitted 8/01/14 with diagnoses of chronic obstructive pulmonary disease, pernicious anemia, dysthynic disorder, hypertension, coronary atherosclerosis, cerebral artery occlusion,a asthma, gastroesophageal reflux disease, rheumarthritis, cervicalgia, scoliosis, and cerebral vascular accident. Current functional capacity screen (FCS) of 02/13/19 assessed #189 in need of physical assistance with bathing, dressing, toileting; in need of supervision with transfers, independent with mobility and eating; unable to perform medication and treatment management; rarely incontinent; usually understandable for communication, with falls/unsteadiness, impaired vision, and used a wheelchair. Current NSA dated 02/13/19 recorded family provided bathing, staff to assist with dressing and transfers, encourage to use call light for toileting, used a wheelchair; staff to provide medication and treatment management, cuing and reminders to use call light. The medical record contained a 02/13/19	S3085		

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S3085	Continued From page 6 physician's order for PT/OT (physical therapy/occupational therapy). The medical record contained a 3/23/19 physician's order for oxygen at 2L (liters) PRN (as needed). The NSA contained a note "PT/OT through (company name) as of 02/13/19. The NSA lacked the service for Oxygen, lacked a name of a provider, and lacked a payment source. On 4/04/19 at 10:35am Operator/LPN (licensed practical nurse) #G and Administrator/RN (registered nurse) #F confirmed the NSA lacked the service information for Oxygen... stated we have not set up a specific company yet, but we do have a house concentrator and a house oxygen tank we can use for emergencies... confirmed that resource not on NSA. The Operator failed to ensure the NSA included a description of services #189 to receive.	S3085		
S3165 SS=F	26-41-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(d) The census equalled 23 the sample included three Residents. Based on interviews and reviews	S3165		

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S3165	Continued From page 7	S3165		

of records, for three of three sampled (#185, #187 and #189), the Operator failed to ensure the negotiated service agreement (NSA) contained the name of the licensed nurse responsible for the implementation and supervision of the health service plan (HSP).

Findings included:

- Review of record revealed #185 admitted 4/21/18 with diagnoses of depression, hypercholestrolemia, anemia, frailness, vitamin D deficiency, rosacea, bursa disorders, and aortic valve disorder.

Current functional capacity screen dated 4/21/18 assessed #185 independent with bathing, dressing, toileting, transfers, mobility, and eating; in need of physical assistance with medication and treatment management; rarely incontinent, with decision making and memory recall impairments; with falls/unsteadiness, hearing and vision impairments.

Current NSA dated 4/21/18 contained the name of a licensed nurse who left the facility 11/01/18. This NSA lacked the name of the nurse responsible for the implementation and supervision of the HSP.

- Review of record revealed #187 admitted 11/05/18 with diagnoses of diabetes, hyperlipidemia, hypertension, scleroderma, spondylosis of cervical spine, chronic pain, dementia, and bile reflex esophagitis.

Current functional capacity screen (FCS) in chart dated 11/05/18 assessed #187 in need of supervision with bathing; independent with

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S3165	Continued From page 8	S3165		

bathing, dressing, toileting, transfers, mobility, and eating; unable to perform medications and treatment management; rarely incontinent, with short term memory impairment, usually understood and usually understands communication.
A new FCS completed 4/03/19 with the recorded revision date of 01/11/19 assessed #187 in need of physical assistance with bathing and dressing; in need of supervision with toileting, transfers, mobility, and eating; unable to perform medication and treatments, occasionally incontinent of bladder; with short term memory, long term memory, memory recall, and decision making impairments; usually understood and usually understands communication; with falls/unsteadiness, impaired vision and hearing, wandering, and used a walker.

Current NSA dated 01/11/19 lacked the name of a licensed nurse responsible for the implementation and supervision of the HSP, this space remained blank.

- Review of record revealed #189 admitted 8/01/14 with diagnoses of chronic obstructive pulmonary disease, pernicious anemia, dysthynic disorder, hypertension, coronary atherosclerosis, cerebral artery occlusion,a asthma, gastroesophageal reflux disease, rheumarthritis, cervicalgia, scoliosis, and cerebral vascular accident.

Current functional capacity screen (FCS) of 02/13/19 assessed #189 in need of physical assistance with bathing, dressing, toileting; in need of supervision with transfers, independent with mobility and eating; unable to perform medication and treatment management; rarely incontinent; usually understandable for

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S3165	Continued From page 9 communication, with falls/unsteadiness, impaired vision, and used a wheelchair. Current NSA dated 02/13/19 lacked the name of a licensed nurse responsible for the implementation and supervision of the HSP, this space remained blank. On 4/04/19 at 10:15am Operator/LPN (licensed practical nurse) #G and Administrator/RN (registered nurse) #F confirmed the nurse name on #185's NSA no longer worked at facility and spaces on #187 and #189 incomplete... confirmed the licensed nurse responsible for the NSA/HSP would be Operator/LPN #G. The Operator failed to ensure the NSA's for #185, #187, and #189 contained the name of the licensed nurse responsible for the implementation and supervision of the HSP.	S3165		
S3228 SS=F	26-41-205 (l) (3) Medication Regimen Review Record (l) (3) The administrator or operator, or the designee, shall ensure that the medication regimen review is kept in each resident ' s clinical record. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(l)(3) The census equalled 23 the sample included three Residents. The Resident Roster identified one Resident who self administered medications. Based on reviews of records and interviews, for	S3228		

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S3228	Continued From page 10	S3228		

three of three sampled (#189, #185, and #187), the Operator failed to ensure the medication regimen reviews kept in each Resident's clinical record.

Findings included:

- 22 Residents received medication and treatment management services, one Resident self administered medications.

- Review of record revealed #189 admitted 8/01/14 with diagnoses of chronic obstructive pulmonary disease, pernicious anemia, dysthynic disorder, hypertension, coronary atherosclerosis, cerebral artery occlusion,a asthma, gastroesophageal reflux disease, rheumarthritis, cervicalgia, scoliosis, and cerebral vascular accident.

Functional capacity screen of 02/13/19 assessed #189 unable to perform medication and treatment management.
Negotiated service agreement of 02/13/19 documented #189 to receive these services from facility.
The medical record contained pharmacist drug regimen reviews 6/22/17, 9/21/17, 12/21/17 and 6/29/18.
The medical record lacked pharmacist drug regimen reviews for March and December 2018, and March 2019.

- Review of record revealed #187 admitted 11/05/18 with diagnoses of diabetes, hyperlipidemia, hypertension, scleroderma, spondylosis of cervical spine, chronic pain, dementia, and bile reflex esophagitis.

Functional capacity screen (FCS) of 11/05/18

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S3228	Continued From page 11 assessed #187 unable to perform medications and treatment management. FCS completed 4/03/19 with the recorded revision date of 01/11/19 assessed #187 unable to perform medication and treatments. Negotiated service agreement of 01/11/19 documented #187 to receive these services from facility. The medical record contained no pharmacist drug regimen reviews. The medical record lacked pharmacist drug regiment reviews for December 2018 and March 2019. - Review of record revealed #185 admitted 4/21/18 with diagnoses of depression, hypercholestrolemia, anemia, frailness, vitamin D deficiency, rosacea, bursa disorders, and aortic valve disorder. Functional capacity screen dated 4/21/18 assessed #185 in need of physical assistance with medication and treatment management. Negotiated service agreement of 4/21/18 documented #185 to receive these services from facility. The medical record contained no pharmacist drug regimen reviews. The medical record lacked pharmacist drug regiment reviews for December 2018 and March 2019. On 4/04/19 at 9:40am Operator/LPN (licensed practical nurse) #G and Administrator/RN (registered nurse) #F confirmed the medical records lacked these reviews... stated we know the pharmacist missed our facility in December 2018... not sure why pharmacist did not document reviews completed in the medical	S3228		

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S3228	Continued From page 12 record... we did locate compilations of all the Residents reviewed for March 2019, but nothing for individual records unless a variance report to the physician was identified. For #189, #187, and #185 the Operator failed to ensure the individual medication regimen reviews kept in each Resident's clinical record.	S3228		
S3248 SS=E	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide.	S3248		

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S3248	Continued From page 13 This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d) The census equalled 23 the sample included three Residents. The facility identified 14 employees hired since the last Resurvey with five of these reviewed. Based on interviews and reviews of records, for four of five new hired employees reviewed (#B, #C, #J, and #A), the Operator failed to ensure employee records contained supporting documentation for criminal background checks pursuant to K.S.A. 39-970 and amendments thereto. Findings included: - Review of employee records on 4/04/19 at 8:15am with Operator/LPN (licensed practical nurse) #G revealed the following: #A - Certified Medication Aide hired 02/06/19 - no supporting documentation for results of criminal background check #B - Certified Medication Aide hired 11/02/18 - no supporting documentation for results of criminal background check #C - Dietary staff hired 3/04/19 - no supporting documentation for results of criminal background check #J - Certified Nurse Aide hired 01/07/19 - no supporting documentation for results of criminal background check On 4/04/19 at 8:30am, Operator/LPN (licensed practical nurse) #G stated when starting in	S3248		

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S3248	Continued From page 14 September, I was given information it was OK to complete background checks through the Kansas Bureau of Investigation instead of the Department's Health Occupation Credentialing... confirmed the required documentation not available in the employee records. The Operator failed to ensure employee records contained supporting documentation of the results for criminal background checks on #A, #B, #C, and #J.	S3248		
S3270 SS=F	26-41-104 (b) Written Emergency Plan (b) Each administrator or operator shall ensure the development of a detailed written emergency management plan to manage potential emergencies and disasters, including the following: (1) Fire; (2) flood; (3) severe weather; (4) tornado; (5) explosion; (6) natural gas leak; (7) lack of electrical or water service; (8) missing residents; and (9) any other potential emergency situations. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(b) The census equalled 23 the sample included three Residents. Based on observation, interview, and review of record, for all Residents, employees, visitors, and family members, the	S3270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N015008	A. BUILDING: _____ B. WING _____	04/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARQUIS PLACE	205 WEST 21ST STREET CONCORDIA, KS 66901

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S3270	Continued From page 15 Operator failed to ensure the development of a detailed written emergency management plan that included lack of water service, and missing Residents. Findings included: - On 4/03/19 at 10:00am inquired of staff location of facility emergency plan. Operator/LPN (licensed practical nurse) #G stated the emergency plan is in the medication room... he/she retrieved the emergency plan from the locked medication room. In review, this notebook contained procedures to address emergencies but lacked procedures to follow in the event facility experienced water outage or a missing Resident. On 4/04/19 at 8:15pm, Operator/LPN #G and Administrator/RN (registered nurse) #F confirmed the emergency notebook in use lacked these two items... stated those plans will be added immediately. For all Residents, employees, family members, and visitors, the Operator failed to ensure the development of a detailed written emergency management plan that included all required topics.	S3270		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency	S3280		

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S3280	Continued From page 16 management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (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. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d) The facility census equalled 23 the sample included three Residents. The facility identified 14 employees hired since the last Resurvey. Based on interviews and reviews of records, for all Residents and employees, the Operator failed to conduct an evacuation drill at least annually, and the Operator failed to ensure disaster and emergency preparedness by conducting quarterly reviews of the facility's entire emergency management plan with employees and Residents. Findings included: - On 4/03/19 at 10:00am inquired of staff location of facility emergency plan. Operator/LPN (licensed practical nurse) #G retrieved the current emergency plan from the facility medication room. This notebook lacked procedures to follow in the event facility experienced a water outage, or a missing Resident.	S3280		

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S3280	Continued From page 17 On 4/03/19 at 10:00am and on 4/04/19 at 8:15am, Operator/LPN #G and Administrator/RN (registered nurse) #F confirmed not able to locate documentation for evacuation drills conducted since the last Resurvey. On 4/04/19 at 8:15am, Operator/LPN #G and Administrator/RN #F confirmed the emergency book lacked written plans for some items... stated unable to locate the actual quarterly reviews with the Residents and with employees... provided a list of employee signatures dated 5/2018 that included the statement "I have reviewed the disaster plan." Operator/LPN #G and Administrator/RN #F stated not able to locate all the records maintained by the prior Administrator of the facility... that he/she left prior to #G starting in September 2018... stated the list of signatures provided the only review available for disaster reviews with employees... stated it was possible the Resident Council President may have a note on the dates the disaster plan would have been discussed since the last Resurvey... but confirmed the Resident Council President notes would not identify if all Residents present at the meetings and absent from the meetings had reviewed the emergency plan. For all Residents and employees, the Operator failed to ensure evacuation drills conducted at least annually, and failed to ensure reviews of the facility's emergency management plan completed quarterly with both employees and Residents.	S3280		
S3285 SS=E	26-41-104 (e) Emergency Plan Available (e) Each administrator or operator shall make the	S3285		

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S3285	Continued From page 18 emergency management plan available to the staff, residents, and visitors. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(e) The census equalled 23 the sample included three Residents. Based on observations, and interview, the Operator failed to ensure the emergency management plan available to staff not authorized to pass medications, Residents, and visitors. Findings included: - By observation on 4/03/19 at 9:45am, unable to locate the facility written emergency plan. - On 4/03/19 at 10:15am during the entrance checklist interview, Operator/LPN (licensed practical nurse) #G confirmed the emergency plan not accessible to visitors, families, Residents, and staff not authorized to pass medications... confirmed the emergency management plan currently kept in the locked facility medication room... stated I will get the plan and post it somewhere outside the medication room so it is accessible to all. Operator/LPN #G later retrieved the emergency plan from the medication room and stated the tentative plan to locate the plan in the living room of facility. The Operator failed to ensure the emergency management plan available to staff not authorized to pass medications, Residents, and visitors.	S3285		