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 _____	06/22/2017

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

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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 6/19/17, 6/20/17, 6/21/17, and 6/22/17. revised 2567 sent to facility on 6/27/17	S 000		
S 140 SS=F	26-39-103 (i) Resident Right Privacy and Confidentiality (i) Privacy and confidentiality. The administrator or operator shall ensure that each resident is afforded the right to personal privacy and confidentiality of personal and clinical records. (1) The administrator or operator shall ensure that each resident is provided privacy during medical and nursing treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups. (2) The administrator or operator shall ensure that the personal and clinical records of the resident are maintained in a confidential manner. (3) The administrator or operator shall ensure that a release signed by the resident or the resident's legal representative is obtained before records are released to anyone outside the adult care home, except in the case of transfer to another health care institution or as required by law. This STANDARD is not met as evidenced by: KAR 26-39-103(i) The census equalled 26 the sample included three Residents. Based on observation, interviews, and reviews of record, for three of three sampled (#185, #187, and #189) and for all Residents of facility, the Administrator failed to	S 140		

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

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S 140	Continued From page 1 develop and implement policy and procedures to ensure personal and clinical records of the Residents maintained in a confidential manner. Findings included: - By observation on 6/19/17 at 11:00am, in TV/living room of facility common area, the previous Resurvey located in a three ring binder on counter top to right side of TV. Upon opening notebook to review the date and contents of the last Resurvey, discovered the Confidential Resident ID list presented during exit conference on 01/22/16. The last Resurvey report utilized "numbers" instead of Resident names in the narrative description of non-compliance. This process used to protect the identity and confidentiality of the Resident(s) referenced. This observed list of Resident names corresponded with confidential numbers used in the report. The report narrative included admission date, diagnoses of Resident, functional capacity assessment information, medications taken by the Resident, and aspects of the Negotiated Service Agreement/Health Service Plan. This practice allowed confidential medical information of the referenced Resident to be revealed to anyone: Resident, staff, family member, or visitor to facility who reviewed the last Resurvey notebook. - By observation on 6/19/17 during entrance tour beginning at 11:00am, a typed compilation of Residents' resuscitation preference posted in open view at various locations throughout facility.	S 140		

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S 140	Continued From page 2 This photocopied page listed names of Residents in facility, with a generic "symbol" or a red dot beside each name. A "key" at the bottom of the page identified the red dot as "DNR" (do not resuscitate). This observable format revealed confidential medical information of Residents. This page attached to the walls in plain view in the following areas: Ice cream parlor, wall above the hand wash sink. (This room used for socialization/gatherings/activities of Residents, employees, family members, guests, and visitors to facility). Kitchen wall near entrance doorway. Wall in staff break room near time clock Wall near light switch in whirlpool bathing room On 6/20/17 at 5:10pm, Facility Nurse #B and Administrator #C confirmed the posted compilations allowed disclosure of Resident resuscitation preferences (confidential/private medical information)... stated the postings used to assure accurate emergency information available if and when needed... stated due to building lay out, staff would potentially waste valuable time in an emergency to run to the opposite side of building (medication room) to obtain resuscitation directives. Facility Nurse #B and Administrator #C confirmed information accessibility in an emergency important, but modifications for privacy of information should be considered. The Administrator failed to develop and implement policies and procedures to ensure all Residents afforded the right to privacy and confidentiality of medical information and records, related to the posting of survey report confidential	S 140		

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S 140	Continued From page 3 Resident names, and the posting of Resident resuscitation preferences in a public manner.	S 140		
S3105 SS=E	26-41-202 (j) Negotiated Service Agreement Outside Resource (j) If a resident's negotiated service agreement includes the use of outside resources, the designated facility staff shall perform the following: (1) Provide the resident, 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, with a list of providers available to provide needed services; (2) assist the resident, if requested, in contacting outside resources for services; and (3) monitor the services provided by outside resources and act as an advocate for the resident if services do not meet professional standards of practice This REQUIREMENT is not met as evidenced by: KAR 26-41-202(j) The census equalled 26 the sample included three Residents. The facility identified 10 Residents with outside provider services. Based on observation, interviews, and review of record, for two of three sampled (#185, #187, and #189), the Operator failed to ensure designated facility staff monitored the services provided by outside resources and acted as an advocate for the Resident. Findings included:	S3105		

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S3105	Continued From page 4 - Review of record revealed #185 admitted to facility 01/19/17 with diagnoses of History of pneumonia, Cataracts, Congestive heart failure, Hypertension, Atrial fibrillation, Chronic obstructive pulmonary disease, Hyponatremia, Hypokalemia, and Supratherapeutic blood clotting. The current 01/19/17 functional capacity screen (FCS) assessed #185 in need of physical assistance with bathing, mobility, medication and treatment management; in need of supervision with dressing, toileting, transfers; with memory recall impairment, impaired vision, impaired hearing, and used wheelchair. The current 01/19/17 negotiated service agreement (NSA) recorded #185 to receive PT/OT (physical therapy/occupational therapy). The medical record lacked documentation of PT/OT visits. On 6/20/17 at 1:12pm Facility Nurse #B stated was I would have to look in chart to see if #185 still on PT and OT... as of 02/02/17 was still on PT/OT... I think three to five times per week... I would have to call over to therapy company to see if they have any notes, I don't have any in the chart... when here, we see them walking by... we have a sign in log... By review the sign in log recorded two visits by therapy company on 4/13/17 and 3/30/17. The medical record lacked documentation of evaluations, visits times and dates, or progress notes. The Administrator failed to ensure for #185, designated facility staff monitored the services provided to #185 by an outside resource.	S3105		

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S3105	Continued From page 5 - Review of record revealed #187 admitted to facility 3/24/17 with diagnoses of Insulin dependant diabetes, Hypertension, Hyperlipidemia, Hypothyroid, Gastroesophageal reflux disease, Osteoarthritis, Macular degeneration, Diverticulitis, Left femur fracture, Major depressive disorder, Constipation, Insomnia, Allergic rhinitis, and Hypokalemia. The current 3/24/17 functional capacity screen (FCS) assessed #187 in need of physical assistance with medication and treatment management; independent with bathing, dressing, toileting, transfers, and eating; in need of supervision with mobility; with falls/unsteadiness, vision impairment, and used cane, walker, and wheelchair. The current 3/24/17 negotiated service agreement (NSA) recorded #187 to receive PT/OT (physical therapy/occupational therapy). The medical record contained a 5/19/17 telephone order to "discontinue OT with goals met." The medical record lacked documentation of OT visits, and lacked documentation of ongoing services by PT. On 6/20/17 at 1:39pm Facility Nurse #B stated was on PT and OT upon admission... therapists came here... confirmed the OT discontinued on 5/19/17 but not taken off of the NSA... stated therapists are to sign in on log when they come for a visit, but I do not have any visit notes or progress notes of the therapy visits... can look at log to see if they are still coming... By review, the visitor log recorded the last therapy	S3105		

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S3105	Continued From page 6	S3105		

visit for #187 on 6/09/17. This log lacked any information besides Resident name, time in, time out, initials of person visiting.

The Administrator failed to ensure for #187, designated facility staff monitored the services provided to #187 by an outside resource.

- Review of record revealed #189 admitted to facility 3/06/14 with diagnoses of Hypertension, Hypothyroidism, Osteoporosis, Osteopenia, Early dementia, and Transischemic attack.

The current 3/03/17 functional capacity screen (FCS) assessed #189 in need of physical assistance with bathing, dressing, toileting, transfers, mobility, medication and treatment management; in need of supervision with eating; with bladder incontinence; with short term memory impairment, long term memory impairment, and memory recall impairment; understandable and usually understands; with falls/unsteadiness, vision impairment, hearing impairment; used walker and wheelchair.

The current 3/03/17 negotiated service agreement (NSA) recorded:
"Podiatry quarterly, name of provider, payment source."

An NSA addendum of 01/19/16 recorded PT added to the NSA (negotiated service agreement) on 01/19/16, and removed from the NSA on 3/22/16.

A "Fall Reduction Strategies" document recorded PT and OT (occupational therapy) Screening/Consult on 3/04/15, 01/18/16, 02/11/17. This 02/11/17 screening/consult not

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S3105	Continued From page 7 located in the medical record. The Medical record contained a 12/09/16 physician's order for PT (physical therapy) to evaluate and treat. The Nurses' notes, the current (3/03/17) NSA, and the "Fall Reduction Strategies" lacked documentation of PT or OT services from 02/11/17 to 6/20/17. The medical record lacked documentation of an evaluation, visits, treatment progress, and if discontinued, the date services stopped. The medical record lacked documentation of PT/OT visits or services related to the 3/04/15 and the 01/18/16 "PT/OT screening/consult" events. By interview on 6/20/17 at 2:25pm, Facility Nurse #B stated I do not see a "DC" (discharge) order from the 02/11/17 session... is not getting therapy now... 02/11/17 was before I started this position... therapy not on the NSA... Facility Nurse #B stated I do not have any PT or OT progress or visit notes... no documentation of start, stop, visits, progress, etc... The Administrator failed to ensure for #189, designated facility staff monitored the services provided to #189 by an outside resource.	S3105		
S3155 SS=E	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional	S3155		

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S3155	Continued From page 8 capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The census equalled 26 the sample included three Residents. Based on observation, interview, and review of record, for one of three sampled (#189), the Administrator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of each resident in accordance with the functional capacity screening (FCS) and the negotiated service agreement/health service plan (NSA/HSP). Findings included: - Review of record revealed #189 admitted to facility 3/06/14 with diagnoses of Hypertension, Hypothyroidism, Osteoporosis, Osteopenia, Early dementia, and Transischemic attack. The current 3/03/17 functional capacity screen (FCS) assessed #189 in need of physical assistance with bathing, dressing, toileting, transfers, mobility, medication and treatment management; in need of supervision with eating; with bladder incontinence; with short term memory impairment, long term memory impairment, and memory recall impairment; understandable and usually understands; with falls/unsteadiness, vision impairment, hearing impairment; used walker and wheelchair.	S3155		

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S3155	Continued From page 9 The medical record Nurses' Notes and physician communication forms described episodes of recurring open areas to Resident's buttocks and genital area on 12/20/16, 02/21/17, 3/08/17, 4/09/17, 5/03/17. The MAR (medication administration record) documented Mepilex treatments to buttocks and Calmoseptine application to open areas of genital area. The NSA/HSP lacked documentation of individualized interventions to address treatment and preventative interventions related to open areas. The medical record Nurses' Notes and physician communication forms described episodes of Resident falls on 9/09/17, 9/26/17, 10/09/16, 11/12/16, 12/01/16, 01/17/17, 02/11/17, 3/16/17, and 3/25/17. The NSA/HSP lacked documentation of individualized interventions to address the falls which occurred on 3/25/17, 01/17/17, 12/01/16,and 11/12/16. The medical record Nurses' Notes described the need for physical assistance by two staff beginning 12/01/16. The NSA/HSP recorded the need for physical assistance by one person. By observation on 6/20/17 at 10:32am in #189's room, Resident in recliner with feet elevated... posted signs on TV, wall near Resident's recliner, and bathroom doorway prompted Resident to call staff for assistance before attempting to stand or transfer by self... #187 stated I don't go to the bathroom I go right here (in chair)...I don't walk very much, I just ride in chair... I need help to bathroom... they just come in... when asked about a bell or call light to get help, #189 very delayed in	S3155		

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S3155	Continued From page 10	S3155		

response and then found call pendant necklace under blanket and clothing...

By interview on 6/20/17 at 11:15am, licensed nurse #E stated #189 requires extensive assistance with bathing, dressing, toileting, and transfers are with two people and gait belt... we do lay #189 down between two meals to get off bottom... we change dressing every three days... I will have to find out if we have a therapeutic cushion under him/her in recliner and wheelchair... we communicate with walkie talkies... and verbally from one shift to the next regarding how long on one side, etc... for fall prevention we try to position in center of bed, use pillow support, have signs up in room to remind not to get up... make sure we toilet before or after each meal... sometimes both...we pass information on to each other verbally...

By observation on 6/20/17 at 1:00pm in #189's room, Resident in bed on right side with pillow support, transferred by two staff from wheelchair into bed.

The current 3/03/17 NSA lacked the interventions described and observed.

By interview on 6/20/17 at 4:55pm Facility Nurse #B stated task sheets for bathing, bed making, laundry, night time rounds, and walker/wheel chair cleaning is our main way for staff to know what each person needs help with.

By interview on 6/20/17 at 5:30pm Administrator #C and Facility Nurse #B stated we have a fairly small and stable staff with little turn over... most of our care needs and interventions are passed on verbally... do not really have a place for staff to look at all care needs except the NSA/HSP... but

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S3155	Continued From page 11 it is in the medical chart in the medication room. The Administrator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to meet the needs of #189 in regard to interventions for open area treatment and prevention, and individualized interventions for fall prevention, planned in cooperation with Resident or Resident's representative, written, and accessible to staff providing care.	S3155		
S3210 SS=E	26-41-205 (e) (f) Medication Verbal Orders and Standing Orders (e) Medication orders. Only a licensed nurse or a licensed pharmacist may receive verbal orders for medication from a medical care provider. The licensed nurse shall ensure that all verbal orders are signed by the medical care provider within seven working days of receipt of the verbal order. (f) Standing orders. Only a licensed nurse shall make the decision for implementation of standing orders for specified medications and treatments formulated and signed by the resident ' s medical care provider. Standing orders of medications shall not include orders for the administration of schedule II medications or psychopharmacological medications. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(e) The census equalled 26 the sample included three Residents. The facility identified 23 Residents with facility managed medications.	S3210		

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S3210	Continued From page 12 Based on interviews and reviews of record, for two of six sampled (#185 and #187), the licensed nurse failed to ensure all verbal orders were signed by the medical care provider within seven working days of receipt of the verbal order. Findings included: - Review of record revealed #185 admitted to facility 01/19/17 with diagnoses of History of pneumonia, Cataracts, Congestive heart failure, Hypertension, Atrial fibrillation, Chronic obstructive pulmonary disease, Hyponatremia, Hypokalemia, and Supratherapeutic blood clotting. The current 01/19/17 functional capacity screen (FCS) assessed #185 in need of physical assistance with medication and treatment management. The current 01/19/17 negotiated service agreement (NSA) recorded #185 to receive medication and treatment management. The medical record contained an 06/09/17 physician's telephone order: DC (discontinue) Spironlactone. On 6/20/17 this order lacked a physician's signature. - Review of record revealed #187 admitted to facility 3/24/17 with diagnoses of Insulin dependant diabetes, Hypertension, Hyperlipidemia, Hypothyroid, Gastroesophageal reflux disease, Osteoarthritis, Macular degeneration, Diverticulitis, Left femur fracture, Major depressive disorder, Constipation, Insomnia, Allergic rhinitis, and Hypokalemia.	S3210		

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S3210	Continued From page 13 The current 3/24/17 functional capacity screen (FCS) assessed #187 in need of physical assistance with medication and treatment management. The current 3/24/17 negotiated service agreement (NSA) recorded #187 to receive medication and treatment management. The medical record contained an 06/06/17 physician's telephone order: HgbA1c, TSH, Lipid panel, CMP, CBC (order for labs to be obtained). The medical record contained a 4/25/17 physician's telephone order: Draw BNP on 4/26/17 (order for lab to be obtained). On 6/02/17 this order lacked a physician's signature. On 6/20/17 at 4:25pm, Facility Nurse #B confirmed these telephone orders not signed by physician with seven days as required... stated typically we take them over to clinic when we are out of the building for other errands to get them signed... no system to monitor which ones have not been signed in seven days... no system to prompt repeat contact in attempt to get signed and returned. By review, the facility policy and procedure titled "Physician's Orders" recorded: "Only a licensed nurse may receive a telephone order from the physician. Telephone order forms will be used and returned to the physician to be signed within a five (5) day period." The licensed nurse failed to ensure all verbal orders for #187 and #185 were signed by the medical care provider within seven working days	S3210		

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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
S3210	Continued From page 14 of receipt of the verbal order.	S3210		
S3247 SS=F	26-41-102 (c) Staff Qualifications RN available (c) A registered professional nurse shall be available to provide supervision to licensed practice nurses, pursuant to K.S.A. 65-1113 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-102(c) The census equalled 26 the sample included three Residents. Based on observation and interview, for three of three sampled (#189, #187, and #185) and for all non-sampled, the Administrator failed to ensure a Registered professional nurse (RN) available to provide supervision to licensed practical nurses pursuant to K.S.A. 65-1113 and amendments thereto. Findings included: - On 6/19/17 at 11:20am, Facility Nurse (licensed practical nurse) #B stated previous Facility nurse was an RN... I started this position 5/15/17 when previous Facility nurse left... there is a newly hired RN... have not met with him/her yet... I don't know the name, will have to ask Administrator. On 6/20/17 at 5:35pm, Administrator #C stated I have spoken with #D... is an RN who works several shifts at another health care facility... has been in for an interview, discussed position... he/she was supposed to get me a schedule... not officially on duty yet... previous DON/RN (director of nursing) left a month ago... confirmed facility licensed practical nurses currently not under	S3247		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3247	Continued From page 15 supervision of an RN as required. For all Residents of facility, the Administrator failed to ensure an RN available to provide supervision to licensed practical nurses pursuant to K.S.A. 65-1113 and amendments thereto.	S3247		
S3395 SS=E	28-39-255 LAUNDRY (c) Laundry facility. (1) The facility shall store soiled laundry in a manner which prevents odors and spread of disease. (2) If laundry is processed in the facility, the facility shall provide washing and drying machines. The facility shall arrange the work area to provide a "one-way flow" of laundry from a soiled area to a clean area. (3) The facility shall provide a work counter and a locked cabinet for storage of chemicals and supplies. (4) The facility shall provide a handwashing lavatory with a non-reusable method of hand-drying within or accessible to the laundry facility. This REQUIREMENT is not met as evidenced by: KAR 28-39-255 The census equalled 26 the sample included three Residents. The facility identified 14 Residents with impaired cognitive status. Based on observations and interviews, for one of one	S3395		

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S3395	Continued From page 16 observation in the laundry room during the entrance tour, the facility failed to provide locked cabinets for storage of chemicals and supplies. Findings included: - On 6/19/17 at 12:15pm in the laundry room of facility, observed upper and lower cabinets used for storage of various chemicals and supplies. These cabinets equipped with locking devices, but remained open and unlocked. The contents included: Disinfectant wipes Disinfectant spray Liquid laundry detergent Wasp/hornet spray Rust, calcium, lime remover liquid Abrasive cleaning powder Wood polish Window spray cleaner Alcohol hand sanitizer Pumice stones Stainless steel cleaner Ant bait traps Light bulbs Dryer sheets 5 Gallon powdered laundry soap Pre-treat pre-wash spray Protective fabric guard spray Gallon industrial cleaner concentrate General insect spray Scent solutions By interview on 6/20/17 at 12:20pm, Housekeeping staff #D stated I have been here about three months... I don't know if these cupboards are locked... if they are locked, someone unlocks them in the morning before I get here.	S3395		

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S3395	Continued From page 17 On 6/20/17 at 4:55pm, Facility Nurse #B stated we have two Residents that occasionally wander, but usually because looking for family members or can't find room... have never seen them in area of laundry room. On 6/20/17 at 5:10pm, Administrator #C acknowledged the chemical cabinets routinely unlocked... stated we can lock if we have to but no one wanders in there and some of our Residents do their own laundry... The facility failed to provide locked cabinets for storage of chemicals and supplies in the fully accessible laundry room.	S3395		