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 _____	01/22/2016

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 citation is the result of a Licensure Resurvey at the above named Assisted Living Facility in Concordia, Kansas on 01/21/16 and 01/22/16.	S 000		
S3201 SS=D	26-41-205 (d) (3) Facility Administration of Medication (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d)(3) The facility census equalled 31. The sample included three Residents. The Resident Roster identified 28 Residents with facility managed medications. Based on observation, interview, and review of record, for one of three sampled with facility managed medications (#187), the	S3201		

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

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S3201	Continued From page 1 Administrator failed to ensure the documentation of each Resident's medication immediately before or following completion of the task. Findings included: - Review of record revealed #187 admitted to facility 4/28/15 with diagnoses of Diabetes, Dementia, Hypertension, Restless leg syndrome, Osteoarthritis, Lower extremity edema, Subcutaneous cysts, and Hysterectomy at age 50. The 4/28/15 functional capacity screen assessed #187 in need of physical assistance with medication and treatment management. The 4/28/15 negotiated service agreement documented #187 to receive medication management by facility and Resident to "self administer" insulin, staff will do fasting blood sugar three times week fasting and before supper. The medical record contained a pharmacist drug regimen review completed 12/24/15. The pharmacist requested physician's response to an inquiry about changing Zyrtec from a daily dose of 10mg (milligrams) to a "PRN" (as needed) medication for allergy symptoms; or continuing the daily order with no change. The physician response to this inquiry was "stop Zyrtec" and signed 12/30/15. The January 2016 medication administration record (MAR) contained documentation of daily 8:00am administration of Zyrtec 10mg. By observation on 01/21/16 at 4:10 in the medication room, Facility Nurse #F and Surveyor unable to locate Zyrtec in medication cart	S3201		

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S3201	Continued From page 2 drawers, punch cards, bottles of medications. At 4:10pm, Facility Nurse #F provided December 2015 MAR and stated the medication was discontinued as ordered by physician on 12/30/15... it was yellowed out... missed taking it off the January MAR and staff have continued initialing the medication even though not available and not giving it... I always tell them watch the MAR... but in this case the MAR is wrong... still shouldn't be initialing a medication not being given... The Administrator failed to ensure the documentation of #187's medication immediately before or following completion of the task.	S3201		