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 _____	05/10/2023

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 represent the findings of a resurvey with complaints (#179908, #166708 and #166641) at the above named facility conducted on 05/10/23.	S 000		
S3166 SS=E	26-41-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-204 (e) The census equaled 19 residents. The sample included 3 residents. Based on record review and interview for 1 sampled Resident (R)3 and 1 non-sampled Resident (R)5 requiring "accuchecks" (blood sugar monitoring with a glucometer), a nursing procedure not included in the medication aide curriculum, Operator/Licensed Nurse (LN) A failed to ensure the licensed nurse delegated the procedure to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. Findings included: - Record review for R3 revealed she admitted on	S3166		

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

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S3166	Continued From page 1	S3166		

10/17/22 with diagnoses of hypertension, diabetes mellitus type II and hypothyroidism.

R3's "Functional Capacity Screen" (FCS) dated 10/17/22 recorded the resident was unable to perform management of medications and treatments.

The resident's "Negotiated Service Agreement" (NSA) dated 10/17/22 recorded medication and treatment management as a supervised nursing service provided to R3. The NSA failed to identify services provided specifically for diabetic management.

The "Health Service Plan" (HSP) dated 04/17/23 recorded facility staff administered all medications and treatments. The HSP failed to identify services provided specifically for diabetic management.

Review of sampled personnel records on 05/10/23 recorded the following CMA's recently hired, competency exams for accuchecks were requested.

CMA C, hire date 03/28/23
CMA D, hire date 12/22/21.

Interview on 05/10/23 at 01:30 PM with Operator/LN A confirmed unable to locate competency checkoffs for accuchecks on CMA C and CMA D.

Facility's "Blood Glucose Monitoring" policy dated 03/14/23 recorded, "All operators of the Blood Glucose Machine must be educated through in-service training including competency

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S3166	Continued From page 2 testing before performing the procedure." For residents R3 and R5 requiring "accuchecks", a nursing procedure not included in the medication aide curriculum, Operator/LN A failed to ensure the licensed nurse delegated the procedure to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	S3166		
S3202 SS=F	26-41-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (d) (4) The facility reported a census of 19 residents. The sample included 3 residents. Based on record review and interview for 1 sampled Resident (R)3 and 1 non-sampled Resident (R)5 requiring insulin by injection, Operator/ Licensed Nurse (LN) A failed to ensure the licensed nurse delegated nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto when medication aides dialed insulin pens for the residents without an assessment for competency by a licensed nurse.	S3202		

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S3202	Continued From page 3 Findings included: - The "Resident Roster" obtained on 05/10/23 from Operator/LN A identified two residents as receiving insulin by injection (R3 and R5). Record review for R3 revealed she admitted on 10/17/22 with diagnoses of hypertension, diabetes mellitus type II and hypothyroidism. R3's "Functional Capacity Screen" (FCS) dated 10/17/22 recorded the resident was unable to perform management of medications and treatments. The resident's "Negotiated Service Agreement" (NSA) dated 10/17/22 recorded medication and treatment management as a supervised nursing service provided to R3. The NSA failed to identify services provided specifically for diabetic management. The "Health Service Plan" (HSP) dated 04/17/23 recorded facility staff administered all medications and treatments. The HSP failed to identify services provided specifically for diabetic management. Review of sampled personnel records on 05/10/23 recorded the following CMA's recently hired, competency exams for dialing insulin pens were requested. CMA C, hire date 03/28/23 CMA D, hire date 12/22/21. Interview on 05/10/23 at 01:30 PM with Operator/LN A confirmed unable to locate	S3202		

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S3202	Continued From page 4 competency checkoffs for dialing insulin pens on CMA C and CMA D. Facility's "Insulin Devices For Insulin Administration" policy dated 03/14/23 recorded, "In assisted living, Certified Medication Aides may dial the insulin pen for the elder to administer." Operator/LN A failed to ensure the licensed nurse delegated nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto when medication aides dialed insulin pens for the residents without an assessment for competency by a licensed nurse.	S3202		
S3248 SS=F	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	S3248		

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S3248	Continued From page 5 (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. This REQUIREMENT is not met as evidenced by: KAR 26-41-102 (d) (2) The facility census equaled 19 residents. The sample included 3 residents and record review of 5 newly hired employees. Based on interview and personnel record review for 4 (Certified Medication Aide (CMA)/ Certified Nurse Aide (CNA) C, CMA/CNA D, CNA E and Dietary Staff B) of 5 staff sampled, Operator/ Licensed Nurse (LN) A failed to obtain evidence of supporting documentation for criminal background checks when the background checks were not conducted through the Kansas Department For Aging and Disability Services according to K.S.A 39-970 (d). Findings included: - On 05/10/23, personnel record review for 3 certified staff and 1 non-certified staff revealed the following: Certified staff C hire date 03/28/23, no evidence of criminal background check completed through the Kansas Department For Aging and Disability	S3248		

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S3248	Continued From page 6 Services according to K.S.A 39-970 (d). Certified staff D hire date 12/22/21, no evidence of criminal background check completed through the Kansas Department For Aging and Disability Services according to K.S.A 39-970 (d). Certified staff E hire date 02/27/23, no evidence of criminal background check completed through the Kansas Department For Aging and Disability Services according to K.S.A 39-970 (d). Non-Certified staff B hire date 12/05/22, no evidence of criminal background check completed through the Kansas Department For Aging and Disability Services according to K.S.A 39-970 (d). Interview on 05/10/23 with Operator/ LN A confirmed criminal background checks were not completed through the Kansas Department For Aging and Disability Services according to K.S.A 39-970 (d) on newly hired staff. Facility's "Assisted Living Applicant Reference and Background Check sand Licensure and Certification Verification" policy dated 02/22/23 recorded, "A conditional offer of employment will be made to an applicant pending a complete background check through the State Bureau of Investigation. If any questionable information is returned, the offer will not be confirmed." For all residents, Operator/LN A failed to obtain evidence of supporting documentation for criminal background checks of facility staff, pursuant to K.S.A. 39-970 and amendments thereto.	S3248		

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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 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) (3) The census equaled 19 residents. The sample included 3 residents and review of 5 newly hired employee records. Based on record review and interview, Operator/Licensed Nurse (LN) A failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of the facility's entire "Emergency Management Plan" with staff and residents. Findings included: - Review of the facility "Emergency Management	S3280		

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S3280	Continued From page 8 Plan" revealed the plan contained procedures to manage potential emergencies and disasters including fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical, or water service, and missing residents. Review on 05/10/23 of the facility's quarterly reviews of the emergency management plan with residents revealed the following reviews with residents: 04/12/22 and 03/29/23. The facility failed to provide documentation regarding emergency management plan reviews with residents for the first, third and fourth quarter of 2022. Review on 05/10/23 of the facility's quarterly reviews of the emergency management plan with staff revealed the following reviews with staff: 12/22/21. The facility failed to provide documentation regarding emergency management plan reviews with staff for the first, second, third and fourth quarter of 2022 and the first quarter of 2023. Interview on 05/10/23 at 01:23 PM with Operator/LN A confirmed unable to locate reviews with residents completed for the first, third and fourth quarter of 2022 and further confirmed unable to locate reviews with staff completed for 2022 and the first quarter of 2023. Operator/LN A failed to ensure disaster and emergency preparedness by the failure to ensure the performance of quarterly reviews of the facility's entire emergency plan with staff and residents.	S3280		

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S3298	Continued From page 9	S3298		
S3298 SS=D	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206 (d) The census equaled 19 residents. Based on record review, observation and interview for all residents living in the facility and receiving meal services, Operator/ Licensed Nurse (LN) A failed to ensure the facility staff served food at the proper temperature. Findings included: - During the initial tour on 05/10/23, facility food temperature monitoring logs were requested.	S3298		

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S3298	Continued From page 10 Record lacked supper food temperatures for the following dates: 05/01/23, 05/02/23, 05/03/23, 05/04/23, 05/05/23, 05/08/23, 05/09/23. Interview on 05/10/23 with Dietary Staff B confirmed food temperatures were to be taken at each lunch and supper meal and further confirmed the May 2023 food temperature monitoring log lacked supper food temperatures conducted at each meal. Interview on 05/10/23 at 12:18 PM with Resident (R)3 stated food prepared by the facility is not hot at each meal. Kansas Department of Agriculture Food Safety guidelines records hot food must be maintained at a temperature of 135 degrees Fahrenheit or above, cold foods at 41 degrees Fahrenheit or below. Facility's "Food Temperatures" policy dated 02/22/23 recorded, "Food temperatures will be taken using a clean, rinsed and sanitized air-dried metal type thermometer, numerically scaled and accurate to plus of minus 2-degree Fahrenheit." For all residents of the facility, Operator/LN A failed to ensure facility staff served food at the proper temperature.	S3298		
S9999	Final Observations Kansas Statute 39-981.	S9999		

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S9999	Continued From page 11	S9999		

Authorized electronic monitoring; reasonable accommodations; notice; consent; use as evidence; prohibitions.
(d) A resident, or such resident's guardian or legal representative, who wishes to conduct authorized electronic monitoring shall notify the adult care home on a form prescribed by the secretary for aging and disability services.
(i) Each adult care home shall post a conspicuous notice at the entrance to the adult care home and each
resident's room stating that the rooms of some residents may be monitored electronically by or on behalf of the
room's resident or residents.

This Requirement is not met as evidenced by:

Scope and Severity of E.

The census equaled 19 residents. The sample included 3 residents. Based on observation and interviews, for all residents, the facility failed to post a conspicuous notice at the entrance to the adult care home and each resident's room stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents.

- Observation during the initial tour on 05/10/23 at 09:40 AM revealed no sign posted at the entrance of the facility and each resident's room stating video surveillance may be in progress.

Interview on 05/10/23 at 10:35 AM with Operator/ Licensed Nurse (LN) A confirmed Resident (R)4 had a surveillance camera in her room, which

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S9999	Continued From page 12 was supplied by family. Interview on 05/10/23 at 01:49 PM with Operator/ LN A further confirmed no sign posted on the entrance door and outside of each resident's rooms stating video surveillance may be in progress. Facility's "Authorized Electronic Monitoring Policy" dated 05/10/23 recorded, "Conspicuous notice will be posted at the entrance of the community and each resident room stating that the rooms of some residents may be electronically monitored at the requested of the resident or the resident's roommate." For all residents, the facility failed to post a conspicuous notice at the entrance to the adult care home and each resident's room stating that the rooms of some residents may be monitored electronically by or on behalf of the room's resident or residents.	S9999		