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 _____	11/25/2024

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 attached complaints (#187507 and #187419) at the above named facility conducted on 11/25/24.	S 000		
S3240 SS=F	26-41-103 (c) Staff Development on Dementia (c) If the facility admits residents with dementia, the administrator or operator shall ensure the provision of staff orientation and in-service education on the treatment and appropriate response to persons who exhibit behaviors associated with dementia. This REQUIREMENT is not met as evidenced by: KAR 26-41-103 (c) The facility reported a census of 21 residents. The sample included 3 residents and review of 5 newly hired employees. Based on interview and personnel record review, Operator/ Licensed Nurse (LN) A failed to ensure the provision of employee orientation and in-service education upon hire for 4 (Certified Medication Aide (CMA) B, CMA C, Certified Nurse Aide (CNA) D and CNA E) of 5 sampled employees on the treatment and appropriate response to persons who exhibit behaviors associated with dementia and Alzheimer's and with the potential to affect all residents. Findings Included: - On 11/25/24, Operator/ LN A provided a "Resident Roster" which revealed a total census of 21 residents with 4 housed on the memory care unit and 17 housed on the assisted living	S3240		

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

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S3240	Continued From page 1 unit. Ten residents listed on the roster were identified as having impaired cognition. Review of CMA B's employee record revealed they hired onto the facility on 05/28/24 and the record lacked documentation of dementia and Alzheimer's training upon hire. Review of CMA C's employee record revealed they hired onto the facility on 05/28/24 and the record lacked documentation of dementia and Alzheimer's training. Review of CNA D's employee record revealed they hired onto the facility on 12/19/23 and the record lacked documentation of dementia and Alzheimer's training upon hire. Review of CNA E's employee record revealed they hired onto the facility on 09/04/24 and the record lacked documentation of dementia and Alzheimer's training upon hire. Interview on 11/25/24 with Operator/LN A confirmed CMA B, CMA C, CNA D and CNA E's record lacked documentation of dementia and Alzheimer's training on hire. Facility's "Person-Centered Dementia Care" policy dated 10/23/24 recorded, "All employees will be trained on dementia using evidence-based dementia training on an annual basis and Hand-in-Hand training as needed." Operator/LN A failed to ensure the provision of employee orientation and in-service education for 4 of 5 sampled employees on the treatment and appropriate response to persons who exhibit behaviors associated with dementia and Alzheimer's and with the potential to affect all	S3240		

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S3240	Continued From page 2 residents.	S3240		