

Kansas Department on Aging

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N015008 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R-C 12/09/2024 |
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| NAME OF PROVIDER OR SUPPLIER MARQUIS PLACE | STREET ADDRESS, CITY, STATE, ZIP CODE 205 WEST 21ST STREET CONCORDIA, KS 66901 |
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| (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 |
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| {S 000} | <p>INITIAL COMMENTS</p> <p>An offsite revisit survey was conducted on 12/09/24 for all previous deficiencies cited on 11/25/24. All deficiencies have been corrected as of the compliance date of 12/09/24 and no new noncompliance was found. The facility is in compliance with all regulations surveyed.</p> | {S 000} | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE