STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N105018	A. BUILDING: _____ B. WING _____	06/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PIPER ALF	2300 NORTH 113TH TERRACE KANSAS CITY, KS 66109

(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 the licensure resurvey with attached complaint numbers 172688, 172271, 171719, & 169768 for the above named facility conducted on 6/27/2022, 6/28/2022 & 6/29/2022.	S 000		
S3211 SS=D	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(3) The facility reported a census of 103 residents. The sample included 5 residents and 1 closed record review. Based on observation, interview and record review, the administrator failed to ensure the licensed nurse placed the full name of the resident on over the counter medications (OTC'S) located on the unit medication carts. Findings included:	S3211		

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

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S3211	Continued From page 1 - Observation on 06/29/22 at approximately 12:00 PM during the facility tour revealed the facility has a medication cart for each unit. "Certified Medication Aide" (CMA) F unlocked the locked the medication cart located on the Armourdale unit and revealed an opened bottle of Sambucol Black Elderberry Gummies with Vitamin C and Zinc, which lacked the resident's full name. Interview 06/29/22 at approximately 12:00 PM with CMA F confirmed the bottle of Sambucol Black Elderberry Gummies with Vitamin C and Zinc lacked the resident's full name. Observation on 06/29/22 at approximately 12:10 PM of the medication cart located on the Huron unit revealed CMA A standing at the unlocked medication cart with CMA B. CMA A appeared to be writing on an OTC bottle, CMA A confirmed at the time she was writing the resident full name on the bottle. Interview on 06/29/22 at approximately 12:15 PM with Director of Nursing C, Assistant Director of Dursing D, and Assistant Administrator E revealed they were unaware the CMA could not label an OTC with the resident full name. Record review on 06/29/22 at approximately 12:30 PM of a page provided by Assistant Director of Nursing D, which she identified as a page of the facility medication policy revealed under 17 G the following statement: "a licensed nurse or medication aide may accept over the counter medication only in its original, unbroken manufacturer's package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package ..."	S3211		

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S3211	Continued From page 2 Observation on 06/29/22 at approximately 12:45PM CMA G unlocked the locked medication cart located on the Granada unit and revealed an opened bottle of Fibercon which lacked the full name of the resident. Interview on 06/29/22 with CMA G confirmed the bottle of Fibercon lacked the resident full name. The administrator failed to ensure the licensed nurse placed the full name of the resident on over the counter medications (OTC'S) located on the unit medication carts.	S3211		
S3280	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:	S3280		

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S3280	Continued From page 3 KAR 26-41-104 (d)(3) The facility reported a census of 103 residents. The sample included 5 residents and 1 closed record review. Based on interview and record review, the administrator failed to ensure a quarterly review of the facility's emergency management plan was provided to staff and residents every quarter. Findings included: - Interview on 06/29/22 with Administrator H confirmed he did not provide the quarterly review of the facility's emergency management plan to staff and residents. He confirmed the emergency management plan was provided to staff upon hire and to residents upon admission to the facility. Administrator H stated that the residents were provided some review of the emergency management plan in April of 2022. The administrator failed to ensure a quarterly review of the facility's emergency management plan was provided to staff and residents every quarter.	S3280		