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 _____	C 04/26/2021

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 are the result of an abbreviated survey conducted on 4/20/21, 4/22/21 and 4/26/21 at the above named assisted living facility in Kansas City, KS	S 000		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (d) (1)(2) The facility reported a census of 79 residents. The sample included 8 residents. Based on record review, interview for 1 sampled resident (#7) the administrator failed to ensure the review, and if necessary, revision of the negotiated service agreement at least once every 365 days and following any significant change. Findings included:	S3092		

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

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S3092	Continued From page 1 - Record review for resident #7 recorded an admission date of 1/19/21 with diagnoses including: diabetes mellitus type 2, hypertension, hyperlipidemia, pacemaker placement, chronic kidney disease stage 3 and peripheral neuropathy. Functional Capacity Screen dated 1/19/21 recorded resident required physical assistance with bathing, toileting, walk/mobility, and management of medications and treatments. Record lacked a Negotiated Service Agreement/health care service plan (NSA/HCSP). Interview on 4/22/21 at 11:25am with licensed nurse #B confirmed resident record lacked a NSA/HCSP annually. For resident #7 the administrator failed to ensure the review, and if necessary, revision of the negotiated service agreement at least once every 365 days and following any significant change.	S3092		
S3261 SS=D	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by:	S3261		

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 _____	C 04/26/2021

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THE PIPER ALF	2300 NORTH 113TH TERRACE KANSAS CITY, KS 66109

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S3261	Continued From page 2 KAR 26-41-105(f)(11) The facility reported a census of 79 residents. The sample included 8 residents. Based on record review and interview for 1 resident (#8) the administrator failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the action. Findings included: - Record review for resident #8 recorded admission date of 1/16/2020 with diagnoses of dementia, Alzheimer's disease, diabetes mellitus type 2, anxiety, hyperlipidemia, hypertension and gastro-esophogeal reflux disease. Functional Capacity Screen dated 12/18/20 recorded resident required supervision with bathing and is unable to perform management of medications and treatments. Negotiated service agreement/health care service plan dated 2/8/21 recorded staff to supervise bathing and administer medications and treatments. Progress notes (nurses notes) dated 2/16/21 at 4:50pm recorded: "Nurse was notified by certified nurse aide (CNA) [name] that resident was on the floor in her apartment ... ..." signed by licensed nurse #B Next entry for progress notes (nurses notes) dated 3/20/21 at 11:24am recorded: "Received	S3261		

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S3261	Continued From page 3 x-ray results. Notified [nurse practitioner] on call for [doctor], ordered to send out to hospital." Signed by licensed nurse #C. Hospital discharge instructions dated 3/20/21 recorded resident had a toe fracture. Nurses notes lacked entry regarding condition of resident prior to x-ray on 3/20/21, including date, time, level of pain, condition of foot/toe prior to x-ray, where x-ray was performed and notification of physician and family prior to x-ray for orders/instructions. For resident #8 the administrator failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the action.	S3261		