

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N105018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER THE PIPER ALF		STREET ADDRESS, CITY, STATE, ZIP CODE 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 represents the findings of a resurvey with attached complaints #187226, #187110, #185206, #183343, and #179659 at the above named assisted living conducted on 04/15/24 - 04/17/24.	S 000		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(i) The facility reported a census of 109 residents with six included in the sample and four closed record reviews. Based on observation, interview, and record review the administrator failed to ensure a licensed nurse completed an assessment for the purpose to use a bed assist device, ability to use a bed assist safely without risk of entrapment, and to confirm the bed assist device was not a restraint for Resident (R) 10. The administrator further failed to ensure R10's bed assist device posed no risk for entrapment. Findings included: - Record review for R10 revealed an admission date of 08/25/21 with a diagnosis of Alzheimer's Disease The 08/09/23 "Functional Capacity Screen"	S3171		

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

TITLE

(X6) DATE

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S3171	Continued From page 1 (FCS) identified R10 required supervision during transfers and required physical assistance for walking/mobility. The 08/09/23 "Negotiated Service Agreement" (NSA) identified facility staff would provide R10 supervision during transfers, and escort to and from activities and meals and she used a walker for walking/mobility. R10's record lacked evidence of documentation of a bed assist device assessment. Observation on 04/17/24 at 05:40 PM revealed a u-rail shaped bed assist device attached to the left side of R10's bed. It fit tight against the mattress but had a large gap measuring 6.5 by 10 inches that was not covered to prevent entrapment. On 04/17/24 at 05:06 PM Administrative Nurse C confirmed R10's record lacked evidence of documentation of a bed assist device assessment. On 04/17/24 at approximately 05:40 PM Administrative Staff B confirmed the gap between the rails of R10's U-rail shaped bed assist device was 6.5 by 10 inches and was not covered. The administrator failed to ensure a licensed nurse completed an assessment for the purpose to use a bed assist device, ability to use a bed assist safely without risk of entrapment, and to confirm the bed assist device was not a restraint for R10. The administrator further failed to ensure R10's bed assist device posed no risk for entrapment.	S3171		

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S3175	Continued From page 2	S3175		
S3175 SS=E	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a) The facility reported a census of 109 residents with six included in the sample and four closed record reviews. Based on interview and record review the administrator failed to ensure a licensed nurse performed an assessment to determine if Residents (R) 2, R7, and R8 could self-administer medications safely. Findings included: - Record review for R2 revealed an admission	S3175		

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S3175	Continued From page 3 date of 12/22/67 with a diagnosis of epilepsy. The 09/18/23 "Functional Capacity Screen" (FCS) identified R2 required physical assistance for management of medications. The 09/18/23 "Negotiated Service Agreement" (NSA) identified a family member would set up R2's medications weekly and facility staff would remind him to take his medications. R2's record lacked evidence of documentation of a medication self-administration assessment. - Record review for R7 revealed an admission date of 05/27/22 with diagnoses of dementia and type two diabetes mellitus. The 05/09/23 "FCS" identified R7 required supervision for management of medications. The 05/12/23 "NSA" identified a family member would set up R7's medications and she was independent with taking them. Licensed facility staff would administer insulin injections. R7's record lacked evidence of documentation of a medication self-administration assessment. - Record review for R8 revealed an admission date of 10/27/23 with a diagnosis of hereditary motor and sensory neuropathy. The 10/27/23 "FCS" identified R8 was independent with management of medications. The 05/12/23 "NSA" identified R8 was independent with self-administration of medications.	S3175		

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S3175	Continued From page 4 R8's record lacked evidence of documentation of a medication self-administration assessment. On 04/17/24 at approximately 03:35 PM Administrative Nurse C confirmed R2, R7, and R8's records lacked evidence of documentation of medication self-administration assessments. The facility's undated "Self-Administration Medication Standard" policy documented Licensed Nurses would perform a self-administration evaluation on a resident who requested to self-administer medications to determine their ability to manage their own medication. The administrator failed to ensure a licensed nurse performed an assessment to determine if R2, R7, and R8 could self-administer medications safely.	S3175		
S3200 SS=D	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility.	S3200		

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S3200	Continued From page 5 (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d) The facility reported a census of 109 residents with six included in the sample and four closed record reviews. Based on interview and record review the administrator failed to ensure facility staff administered all medications to Resident (R) 9 and R10 in accordance with their medical care provider's orders. Findings included: - Record review for R9 revealed an admission date of 04/09/24 with a diagnosis of heart failure. The 04/10/24 "Functional Capacity Screen" (FCS) identified R9 required physical assistance with management of medications. The 04/12/24 "Negotiated Service Agreement" identified facility staff would provide R9 assistance with management of medications. The 04/10/24 medical provider's order for amlodipine 10 milligram (mg) tablet by mouth in the morning for congestive heart failure included instructions to hold the medication if R9's systolic blood pressure was less than 100.	S3200		

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S3200	Continued From page 6 The 04/16/24 blood pressure results were 92/29. The April 2024 "Medication Administration Record" (MAR) documented R9 was administered amlodipine daily from 04/10/24 to 04/17/24. Review of R9's record revealed facility staff failed to hold amlodipine on 04/10/24 when her systolic blood pressure was less than 100 per the medical provider's order. - Record review for R10 revealed an admission date of 08/25/21 with a diagnosis of Alzheimer's Disease. The 08/09/23 "FCS" identified R10 required physical assistance with management of medications. The 08/14/23 "NSA" identified facility staff would provide R10 assistance with management of medications. The 05/08/23 medical provider's order for amlodipine five mg tablet by mouth in the morning for hypertension included instructions to hold the medication if R9's systolic blood pressure was less than 110. The 04/07/24 blood pressure results for R9 were 100/53; on 04/13/24 results were 103/62; and on 04/14/24 102/56. The April 2024 "MAR" documented R10 was administered amlodipine on 04/07/24, 04/13/24, and 04/14/24.	S3200		

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S3200	Continued From page 7 Review of R10's record revealed facility staff failed to hold amlodipine for three days her systolic blood pressure was less than 110 per the medical provider's order. On 04/17/24 at approximately 05:35 PM Administrative Nurse C confirmed facility staff failed to administer R9 and R10's amlodipine medication per their medical provider's orders. On 04/18/24 at 08:49 AM a policy for administration of medications including parameters was requested from the facility. The facility provided the following the statement. "Piper Assisted Living and Memory Care does not have a specific policy regarding parameters for medications. All physician orders that order parameters and [sic] included in the Medication Administration Record (MAR) for documentation." The administrator failed to ensure facility staff administered all medications to R9 and R10 in accordance with their medical care provider's orders.	S3200		
S3298 SS=E	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	S3298		

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S3298	Continued From page 8 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 facility reported a census of 109 residents. The facility had a main kitchen where food was stored and prepared and six (two on each of three floors) satellite kitchens where food was stored, prepared, and served. Based on interview and record review, the administrator failed to ensure food was served at the proper temperature in three out of six of the satellite kitchens. Findings included: - The April 2024 food temperature logs provided by the facility revealed the log for one first-floor kitchen lacked temperatures for lunch and evening meals for three days on 04/06/24, 04/07/24, and 04/10/24. The log for a second-floor kitchen lacked temperatures for lunch and dinner for seven days on 04/02/24, 04/05/24, 04/06/25, 04/10/24, 04/11/24, 04/12/24, and 04/13/24; dinner for two days on 04/03/24 and 04/09/24; and lunch for one day on 04/08/24. The log for the other second-floor kitchen lacked temperatures for lunch and dinner	S3298		

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S3298	Continued From page 9 for one day on 04/14/24. On 04/16/24 at approximately 01:48 PM Dietary Staff D confirmed the temperature logs for three out of six satellite kitchens lacked evidence of documentation foods were served at safe temperatures. The Kansas Department of Agriculture's "Focus on Food Safety" booklet documented "minimum hot holding temperature is 135 degrees Fahrenheit (F)." and "maximum cold holding temperature is 41 degrees F. The facility's undated "Food Safety" policy documented cooking food does not make it safe. Proper handling must continue after the food has been prepared. The danger zone where bacteria can rapidly grow was between 40- and 140-degrees Fahrenheit. The administrator failed to ensure food was served at the proper temperature.	S3298		
S3299 SS=F	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e)	S3299		

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S3299	Continued From page 10 The facility reported a census of 109 residents. The facility had a main kitchen where food was stored and prepared and six satellite kitchens (two on each floor) where food was stored, prepared, and served. Based on observation and interview the administrator failed to ensure food items were stored under safe conditions. Findings included: - Observation on 04/15/24 at 01:07 PM in a first-floor satellite kitchen revealed two refrigerators that contained food items for the residents. The front refrigerator contained the following food items that lacked labels identifying what was inside and a date the food was opened or prepared. - One clear pitcher with brown colored liquid - One clear pitcher with red colored liquid - One clear package of plastic wrap with something that appeared to be sliced lunchmeat On 04/15/24 at approximately 01:07 PM Administrative Nurse C confirmed the food items lacked labels identifying what was inside and a date the food was opened or prepared. Observation on 04/15/24 at 01:23 PM in a second-floor satellite kitchen revealed two refrigerators that contained food items for the residents. The front refrigerator contained the following food items that lacked labels identifying what was inside and a date the food was opened or prepared. Two zipper storage bags with what appeared to	S3299		

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S3299	Continued From page 11 be hotdogs One small serving bowl of cut onions One 1-pound container of whipped topping One 1-serving size container of yogurt with the foil top unsealed and gaped open The back refrigerator contained the following food items that lacked labels identifying what was inside and a date the food was opened or prepared. Two square plastic containers with brown liquid One square plastic container with red liquid Three zipper storage bags with unidentifiable food items On 04/15/24 at approximately 01:23 PM Administrative Nurse C confirmed the food items lacked labels identifying what was inside, dates the food was opened or prepared, and the yogurt was not adequately covered. Observation on 04/15/24 at 01:44 PM in a third-floor satellite kitchen revealed two refrigerators that contained food items for the residents. The front refrigerator contained the following food items that lacked labels identifying what was inside and a date the food was opened or prepared. Two clear pitchers with brown liquid One pitcher with red liquid lacked a cover One zipper storage bag of what appeared to be bacon One clear package of plastic wrap with smoked ham slices The back refrigerator contained the following	S3299		

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S3299	Continued From page 12 food items that lacked labels identifying what was inside and a date the food was opened or prepared. One 32-ounce carton of liquid eggs Two zipper storage bags with what appeared to be sausage links. One of the bags was unsealed and gaped open. One square plastic container with brown liquid Two square plastic containers with pink liquid One foil shallow pan of pastries On 04/15/24 at approximately 01:44 PM Administrative Nurse C confirmed the food items lacked labels identifying what was inside, dates the food was opened or prepared, and one pitcher and one zipper storage bag were not adequately covered or sealed. Observation on 04/15/24 at 02:02 PM in the second third-floor satellite kitchen revealed two refrigerators that contained food items for the residents. The front refrigerator contained the following food items that lacked labels identifying what was inside and a date the food was opened or prepared. Two serving dishes with a slice of pie on each One 1-pound container of whipped topping One clear package of plastic wrap with what appeared to be meat patties Some slices of cooked bacon with a paper towel and plastic wrap around it. The plastic wrap was gaped open at one end One zipper bag with what appeared to be two burritos One half-gallon size container of milk One clear pitcher with brown liquid	S3299		

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S3299	Continued From page 13 One clear pitcher with red liquid One head of cabbage with one-fourth cut out with dark brown spots on the sides and cut edges One bag of mixed, chopped lettuce Two zipper bags of what appeared to be bacon One package of ham slices that gaped open One small serving bowl of cut onions The back refrigerator contained the following food items that lacked labels identifying what was inside and a date the food was opened or prepared. One 1-pound container of whipped topping One square plastic container with orange liquid One square plastic container with brown liquid One square plastic container with appeared to be ground meat One metal rectangular pan with what appeared to be vanilla pudding On 04/15/24 at approximately 02:02 PM Administrative Staff B confirmed the food items lacked labels identifying what was inside, dates the food was opened or prepared, and the bacon and sliced ham were not adequately covered. Observation on 04/15/24 at 02:18 PM in the second second-floor satellite kitchen revealed two refrigerators that contained food items for the residents. The front refrigerator contained the following food items that lacked labels identifying what was inside and a date the food was opened or prepared. One metal cake pan with something to appeared to be brownies or chocolate cake One zipper storage bag with shredded lettuce One zipper storage bag with shredded cheese	S3299		

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S3299	Continued From page 14 One one-half gallon container of milk One square metal pan with cherry pie filling Two clear bags of what appeared to be bacon that gaped open One plastic container of turkey slices that gaped open Two plastic wrap packages of ham slices The back refrigerator contained the following food items that lacked labels identifying what was inside and a date the food was opened or prepared. One zipper storage bag of what appeared to be sausage links that was gaped open One zipper storage bag of bacon On 04/15/24 at approximately 02:18 PM Administrative Staff B confirmed the food items lacked labels identifying what was inside, dates the food was opened or prepared, and the bacon, sliced turkey, and sausage links were not adequately covered. Observation on 04/15/24 at 02:28 PM in the second first-floor satellite kitchen revealed two refrigerators that contained food items for the residents. The front refrigerator contained the following food items that lacked labels identifying what was inside and a date the food was opened or prepared. One clear pitcher with brown liquid lacked a cover One 1-pound container of whipped topping One zipper storage bag with what appeared to be bacon One plastic wrap package with turkey slices	S3299		

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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
S3299	Continued From page 15 One bag of bacon that gaped open The back refrigerator contained the following food items lacked labels identifying what was inside and a date the food was opened or prepared. One square container with brown liquid Two square containers with orange liquid One square container with what appeared to be chopped canned peaches One metal square pan of cherry pie filling. On 04/15/24 at approximately 02:28 PM Administrative Staff B confirmed the food items lacked labels identifying what was inside, dates the food was opened or prepared, and the pitcher and bacon were not adequately covered. The Kansas Department of Agriculture's "Focus on Food Safety" booklet documented cold foods should be covered during storage. Foods must be date marked after the original container was opened and held under refrigeration. The undated facility's "Food Storage in Pantry - Refrigerators" policy documented that food items which required refrigeration would be stored under safe and sanitary conditions. Juice would be covered, labeled, dated, and stored in the refrigerator no longer than 48 to 72 hours. Milk would be stored in its own container and dated when opened. All opened milk would be discarded after 48 hours. Food items would be prepared and labeled with resident's name, room number, and date. They would be served the same it was prepared and discarded after 24 hours if not eaten by the resident.	S3299		

Kansas Department on Aging

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S3299	Continued From page 16 The administrator failed to ensure foods were stored under safe conditions.	S3299		