

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 04/09/2025
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 represent the findings of an abbreviated investigation of complaints 194448, 194295, 193849, 193807, 193085, 193106 at the aboved named assisted living facility on 03/31/2025, 04/01/2025 and 04/09/2025.	S 000		
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: KAR 26-41-105(f)(11) The facility reported a census of 119 residents with two residents sampled for abbreviated review. Based on interview and record review the operator failed to ensure licensed staff documented all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action before resident (R)3 admitted to the hospital. Findings included: - Record review for R3 revealed an admission date of 09/22/22 with diagnoses of Alzheimer's Disease, muscle weakness, and history of falling.	S3261		

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

TITLE

(X6) DATE

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S3261	Continued From page 1 The 02/12/25 "Functional Capacity Screen" (FCS) identified R3 required physical assistance with bathing, supervision with dressing, and was independent with toileting, transfers and walking/mobility. R3 had memory recall cognitive difficulties and was marked for risk of falls. The 02/12/25 "Negotiated Service Agreement" NSA identified facility staff provided R3 with assistance with bathing, supervision for dressing, she used a walker for mobility and staff aided with wheelchair for long distances. Staff provided reminders for meals and safety checks every hour for cognitive difficulties and falls. The 03/17/25 nursing "Progress Note" documented R3 admitted to the hospital via ambulance. Review of R3's record from 01/21/25 to 03/17/25 revealed lack of nursing documentation of an incident, symptoms, or other indications of injury or illness before her admission to the hospital on 03/17/25. Observation on 04/01/25 revealed staff interacted with 13 residents in the dining area and treated them with dignity and respect. Residents did not appear to avoid, withdraw or become agitated when staff approached. On 04/09/25 at approximately 03:00 PM, Administrative Nurse B confirmed R3's record lacked evidence of documentation of any incidents, symptoms, or other indications of injury or illness before R3's admission to the hospital.	S3261		

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S3261	Continued From page 2 The administrator failed to ensure licensed staff documented all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken and results of the action before R3 transferred to the hospital.	S3261		