

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 12/16/2025
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 represents the findings of a resurvey with attached complaints 197608, 196814, 196616, 196621, 196540, and 193065 at the above named assisted living conducted on 12/10/25, 12/11/25, 12/15/25, and 12/16/25.	S 000		
S3175 SS=D	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)(1) The facility reported a census of 102 residents with six included in the sample. Based on interview and record review the administrator failed to ensure a licensed nurse performed an	S3175		

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

TITLE

(X6) DATE

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S3175	Continued From page 1 assessment to determine if Resident (R) 2 could self-administer medications safely on an annual basis. Findings included: - Record review for R2 revealed an admission date of 04/11/23 diagnoses of chronic kidney disease stage two, major depressive disorder, and malignant neoplasm of mouth. The 03/29/25 "Functional Capacity Screen" (FCS) identified R2 required supervision with management of medications. The 04/01/25 "Negotiated Service Agreement" (NSA) identified R2 self-administered her own medications. The 05/02/24 (most recent) "Medication Self-Administration Safety Screen" documented R2 may self-administer medications without supervision. R2's record lacked evidence of documentation a licensed nursed completed an annual medication self-administration assessment. On 12/16/25 at approximately 11:00 AM Administrative Nurse B confirmed R2's record lacked evidence of documentation a licensed nursed completed an annual medication self-administration assessment. On 12/16/25 at approximately 01:06 PM R2 stated she administered her own medications.	S3175		

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S3175	Continued From page 2 The administrator failed to ensure a licensed nurse performed assessments to determine if R2 could self-administer medications safely on an annual basis.	S3175		
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 102 residents with six residents included in the sample. Based on observation, interview, and record review the administrator failed to ensure licensed staff documented actions taken and results of the actions when Resident (R) 6 suffered increased confusion, slurred speech, and an uneven smile. Findings included: - Review of R6's record revealed an admission date of 09/16/24 with a diagnosis of dementia. The 09/16/25 "Functional Capacity Screen" (FCS) identified R6 required physical assistance with bathing and medications. She had short-term memory, memory/recall, and decision-making cognitive difficulties.	S3261		

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S3261	Continued From page 3 The 09/25/25 "Negotiated Service Agreement" (NSA) identified facility staff provided R6 assistance with bathing and managed medications. Facility provided safety checks every two hours, reminders for meals and activities and prompting and cueing for cognition. The 12/09/25 at 04:38 PM (last note in record) "Nursing Note" documented R6's speech was "garbled and slurred" with an uneven smile. She was oriented to self but confused where she was. R6's Durable Power of Attorney (DPOA) was notified and did not wish R6 to go to the hospital. The nurse placed a call to R6's Primary Care Provider (PCP) and was waiting a call back. Review of R6's record lacked evidence of documentation of actions taken and results of the action after R6 suffered increased confusion, slurred speech, and an uneven smile. Observation on 12/16/25 at 01:28 PM revealed R6 answered state surveyor's questions with clear speech. On 12/16/25 at approximately 01:50 PM a nursing documentation policy was requested which the facility failed to provide. The administrator failed to ensure licensed staff documented actions taken and results of the actions when R6 suffered increased confusion, slurred speech, and an uneven smile.	S3261		
S3420 SS=F	28-39-256 MECHANICAL REQUIREMENTS (c) Mechanical requirements.	S3420		

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S3420	Continued From page 4 (1) Heating, air conditioning, and ventilating systems. (A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC. (B) Each apartment or individual living unit shall allow the resident to control the temperature. (2) Plumbing and piping systems. (A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas. (3) Electrical requirements. (A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting. (B) Minimum lighting intensity levels shall be as required in Table 1. (C) Each corridor and stairway shall remain lighted at all times. (D) Each light in resident use areas shall be	S3420		

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S3420	Continued From page 5 equipped with shades, globes, grids, or glass panels. This REQUIREMENT is not met as evidenced by: KAR 28-39-256(c)(2)(B) The facility reported a census of 102 residents. Based on observation and interview the administrator failed to ensure designated staff maintained water temperatures within a safe range between 98 degrees Fahrenheit (F) and 120 degrees F. Findings included: - Observations and interviews on 12/16/25 revealed the following: At approximately 12:37 PM the water temperature in resident apartment #159 kitchen sink was 123.0 degrees Fahrenheit (F) per state surveyor thermometer and confirmed by Administrative Nurse B. At 12:48 PM the water temperature in resident apartment #153 kitchen sink was 126.5 degrees F per state surveyor thermometer and confirmed by Administrative Nurse B. At 12:54 PM the water temperature in resident apartment #166 kitchen sink was 121.7 degrees F per state surveyor thermometer and confirmed by Administrative Nurse B. At approximately 01:06 PM the water	S3420		

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S3420	Continued From page 6 temperature in resident apartment #312 kitchen sink was 123.8 degrees F per state surveyor thermometer and confirmed by Administrative Nurse B. At 01:17 PM the water temperature in resident apartment #153 kitchen sink was 125.5 degrees F per facility's thermometer. At 01:22 PM the water temperature in resident apartment #361 kitchen sink was 121.8 degrees F per state surveyor's thermometer and 121.5 degrees F per facility's thermometer. On 12/16/25 at approximately 01:50 PM a water temperature policy was requested which the facility failed to provide. The administrator failed to ensure designated staff maintained water temperatures within a safe range between 98 degrees F and 120 degrees F.	S3420		