

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175340	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/09/2024
NAME OF PROVIDER OR SUPPLIER  The Gardens at Aldersgate		STREET ADDRESS, CITY, STATE, ZIP CODE  3220 SW Albright Drive Topeka, KS 66614	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39752</p> <p>The facility identified a census of 145 residents. The sample included three residents reviewed for accidents. Based on record review, interviews, and observations, the facility failed to ensure an environment free from accidents for Resident (R)1. As a result, R1 sustained an avoidable injury to her leg, which required sutures. This also placed R1 at risk for increased pain and impaired well-being.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- R1's Electronic Medical Record (EMR), under the Diagnosis tab, recorded diagnoses of Bell's palsy (paralyzed on one side of the face), localized edema (swelling resulting from an excessive accumulation of fluid in the body tissues), chronic pain, and anemia (inadequate number of healthy red blood cells to carry adequate oxygen to body tissues).</li> </ul> <p>The Annual Minimum Data Set (MDS) dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 13, which indicated intact cognition. R1 was dependent on staff for showers, upper body dressing, lower body dressing, and toileting hygiene. R1 was dependent on staff for transfers.</p> <p>The Activities of Daily Living (ADL) Care Area Assessment (CAA) dated 07/11/23 documented R1 required extensive to total assistance with ADLs including transfers.</p> <p>The Pressure Ulcer CAA dated 07/11/23 documented R1 as at risk for skin breakdown due to decreased mobility.</p> <p>The Quarterly MDS dated [DATE] documented a BIMS score of 11, which indicated moderately impaired cognition. R1 was dependent on staff for showers, upper body dressing, lower body dressing, and toileting hygiene. R1 was dependent on staff for sit to lying, sitting, and transfers.</p> <p>R1's Care Plan revised on 03/07/24 documented R1 needed two staff members to help her transfer using the Hoyer lift with a full-body, large sling.</p> <p>R1's Nurse's Note dated 05/02/24 at 12:39 PM documented R1 had skin tears to her left and right lower legs. Staff assessed, cleaned, and covered the skin tears. R1 received orders to be sent to the emergency room for evaluation and treatment.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Skin and Wound Evaluation dated 05/02/24 documented a left shin skin tear. R1's skin tear was 10.8 centimeters (cm) in length, 4.3 cm in width, by 0.1 cm in depth; there was bleeding with a moderate amount of exudate (a fluid that leaks out of body vessels and tissues).</p> <p>R1's Skin and Wound Evaluation dated 05/02/24 documented a right shin skin tear. R1's skin tear was 3.9 cm in length, 5.2 cm in width, by 0.2 cm in depth; there was bleeding with a moderate amount of exudate.</p> <p>The Facility Investigation dated 05/02/24 documented R1 was assisted up in the Hoyer lift from her wheelchair into R1's recliner. While Certified Nurse Aide (CNA) M lowered R1 into the recliner, CNA N placed her hands on R1's right and left lower legs and pushed back to assist R1 to get further back into the recliner. CNA N then noted R1's lower legs were bleeding. Licensed Nurse (LN) G was notified, came to the room, and assessed R1's bilateral lower legs.</p> <p>CNA M's undated Unnotarized Witness Statement documented R1 wanted to sit in her recliner. CNA M pulled back on the hook of the sling to get R1's bottom back in the seat of the recliner. CNA N pushed on R1 a little to help R1 reach the recliner. CNA N noticed that R1's legs were bleeding where CNA N had placed her hand to push R1 closer to her recliner.</p> <p>CNA N's Unnotarized Witness Statement dated 05/01/24 documented R1 wanted to get into her recliner. CNA M and CNA N got R1 into the Hoyer lift and up against the recliner. CNA M pulled R1 back by the sling, but CNA N noted it was not back far enough. CNA N then pushed R1's legs, so R1 could go back further. CNA N noticed R1's legs were bleeding.</p> <p>R1's Hospital Discharge Paperwork dated 05/02/24 documented R1 had a laceration (a deep cut or tear in the skin) repair to her right lower leg. The paperwork documented R1 had a 13 cm laceration that required 15 sutures.</p> <p>On 05/09/24 at 11:45 AM R1 sat in her recliner with her legs elevated. LN G performed R1's dressing changes to the bilateral lower legs. R1 had a Versatel dressing (contact layer dressing coated with silicone) applied to the lacerations on both legs that would not be removed for seven days as ordered. R1 lifted her left leg and grimaced while LN G applied Kerlix (gauze) around her left leg.</p> <p>On 05/09/24 at 12:50 PM, R1 stated that CNA M and CNA N upset her while transferring her because they did not listen when she asked them to guide her using her heels and not her lower legs. R1 stated that her lower legs hurt. R1 also stated that her feelings were hurt because the staff did not listen to her. R1 revealed that there was a great deal of pain when the injury occurred.</p> <p>On 05/09/24 at 01:13 PM LN G stated that R1 historically had tender legs and that was why R1 wanted staff to use her heels instead of her legs.</p> <p>On 05/09/24 at 01:20 PM, CNA O stated that two staff members were required to use a Hoyer lift to transfer a resident. CNA O stated to get a resident into position in a chair or wheelchair, one staff member pulled on the sling from behind while the second staff member lowered the sling with the Hoyer controls. CNA O stated staff should not push on a resident's legs to get the resident further back into the chair as this action had the potential to cause bruising or injuries.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/09/24 at 01:40 PM Administrative Nurse D stated that staff informed Administrative Nurse D that CNA N pushed R1 on her legs while R1 was being lowered into the recliner. Administrative Nurse D stated that she was unsure exactly what happened, but R1 had a history of lower leg pain. Administrative Nurse D stated CNA M and CNA N received transfer training. Administrative Nurse D stated that the staff were being trained on transfers, but the training was not yet completed.</p> <p>The facility's policy Mechanical Lift undated, documented a mechanical lift was used appropriately to facilitate transfers of residents. The policy directed staff to use the lever to gently raise and move the resident to the destination. Once at the destination, staff were to lower the resident and position comfortably.</p> <p>The facility failed to ensure R1 remained free from avoidable accidents. As a result, R1 sustained a laceration to her leg which required sutures. This also placed R1 at risk for increased pain and impaired well-being.</p>		