

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 04/01/2026
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure Resident (R) 2 received activities of daily living (ADL) assistance with personal hygiene when staff did not provide her scheduled showers. Findings included:- R2's Electronic Medical Record (EMR) recorded a diagnosis cerebral infarction (stroke - sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain), and hemiplegia (paralysis of one side of the body). R2's Annual Minimum Data Set (MDS) dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. R2 had no rejection of cares during the observation period. The MDS noted R2 was dependent on staff for most ADL including showering. R2's Functional Abilities (Self-Care and Mobility) Care Area Assessment (CAA) dated 11/14/25 documented R2 required total dependent assistance with her ADLs. R2's Quarterly MDS dated 01/28/26 documented a BIMS score of 15 indicating intact cognition R2 had no rejection of cares during the observation period. The MDS noted R2 was dependent on staff for most ADL including showering. R2's Care Plan dated 11/25/24 directed staff R2 was dependent on staff assistance for shower/bath. R2's Care Plan dated 12/06/25 directed staff R2 would often refuse bathing/showers. Continue to offer bathing/showers and remind R2 of the importance of hygiene. The Shower List dated 02/25/26 had R2 scheduled for a shower on Tuesday, and Friday day shift. R2's Shower Sheets reviewed from 02/06/26 through 04/01/26 revealed R2 had five shower sheets completed on 02/06/26, 02/10/26, 02/13/26, 02/17/26, and 03/13/26. R2's EMR Shower Task reviewed from 03/03/26 through 04/01/26 revealed that staff had signed off shower task completed on 03/03/26, 03/13/26, 03/20/26, 03/27/26 and 03/31/26. Total of 16 showers were scheduled from 02/06/26 through 04/01/26 though R2 received nine showers. During an observation/interview on 04/01/26 at 10:59 AM, R2 sat up in her bed watching her tablet. R2 reported that she had not received her shower on her scheduled shower day on Tuesday for the past three weeks. R2 reported she had only received her scheduled bath on Fridays and reported she did not know why she was not offered her shower and reported she did not refuse her showers, and no staff offered her a bed bath. During an interview on 04/01/26 at 01:33 PM, Certified Nurse Aide (CNA) P reported shower sheets were completed on paper each time a resident was offered a shower or bed bath. CNA P revealed if a resident refused a shower or bed bath it would be documented on the shower sheet and in EMR under tasks. CNA P reported that the charge nurse would also be updated on refusal. During an interview on 04/01/26 at 01:50 PM, Licensed Nurse (LN) H revealed the shower schedule was last updated on 02/05/26 as LN H reported she was the Unit Manager at that time. LN H reported that the shower sheets would be with the new Unit Manager Administrative Nurse E as she reported there were no complete shower sheets on the unit. LN H revealed the CNAs documented in EMR under the tasks for bathing each time a bath is offered and refused she also reported that the CNAs would fill out a shower sheet for each bath/shower offered and document on the shower sheet if the shower was refused. During an interview on 04/01/26 at 02:58 PM, Administrative Nurse D reported that she expected the staff to complete/offer a shower to the resident when they are assigned for one or if the resident asks for one. She expected the staff to complete a shower sheet and document in EMR if a (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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>resident received a shower, bath or if they refused. Administrative Nurse D reported that Administrative Nurse E would continue to look for more documented shower sheets for R2. During an interview on 04/01/26 at 04:00 PM, Administrative Nurse D reported that the shower sheets that were obtained were the only shower sheets that could be located and confirmed that R2 did not receive her showers as per her scheduled shower days. The facility's policy Activities of Daily Living (ADLs) dated 2025 documented the facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable. Care and services will be provided for the following activity of daily living which includes bathing. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good grooming, and personal hygiene.</p>