

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N089021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/01/2016
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NAME OF PROVIDER OR SUPPLIER ALDERSGATE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3220 SW ALBRIGHT DRIVE TOPEKA, KS 66614
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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
S1174 SS=D	<p>26-40-303 (2)(a)(i)(ii)(iii) P E - Door monitoring system</p> <p>(2) Door monitoring system. The nursing facility shall have an electrical monitoring system on each door that exits the nursing facility and is available to residents. The monitoring system shall alert staff when the door has been opened by a resident who should not leave the nursing facility unless accompanied by staff or other responsible person.</p> <p>(A) Each door to the following areas that is available to residents shall be electronically monitored:</p> <p>(i) The exterior of the nursing facility, including enclosed outdoor areas;</p> <p>(ii) interior doors of the nursing facility that open into another type of adult care home if the exit doors from that adult care home are not monitored; and</p> <p>(iii) any area of the building that is not licensed as an adult care home.</p> <p>This REQUIREMENT is not met as evidenced by: The facility identified a census of 174 residents. The sample included 23 residents. Based on observation, record review and interview, the facility failed to provide a functioning door monitoring system on patio doors for 2 cognitively impaired and independently mobile residents on 1 or 4 onsite survey days.</p> <p>Findings included:</p> <p>- On 7/21/16 at 8:17 AM, observation upon initial tour revealed the east patio door on a resident</p>	S1174		

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

TITLE

(X6) DATE

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S1174	<p>Continued From page 1</p> <p>hallway was unlocked and did not alarm when opened.</p> <p>On 7/21/16 at 9:40 AM, Maintenance Staff AA removed the cover to the door alarm. There was a battery in the alarm.</p> <p>Review of the maintenance door check log revealed the log lacked identification of this door to be checked on a routine basis for proper functioning.</p> <p>On 7/21/16 at 8:26 AM, Maintenance Staff Y stated he/she was unsure when the door was last checked. Staff Y further said he/she checked all exit doors daily, except for these patio doors.</p> <p>On 7/21/16 at 8:31 AM, Maintenance Staff Z stated the staff checked the patio doors 3 times daily.</p> <p>On 7/21/16 at 9:34 AM, Maintenance Staff AA stated maintenance staff did not check this door routinely. He/she was unsure which staff was responsible for checking the alarm on the patio door.</p> <p>On 7/25/16 at 7:19 AM, licensed nursing staff H stated nursing staff did not check the patio door alarm.</p> <p>On 7/26/16 at 7:35 AM, maintenance staff BB stated it was the nursing staff ' s responsibility to check the patio door alarm. He/she denied having documentation this was completed.</p> <p>On 7/27/16 at 11:10 AM, administrative nursing staff A stated the patio door alarm was not checked routinely.</p>	S1174		

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S1174	<p>Continued From page 2</p> <p>The facility ' s policy " Resident Safety/Anti-Wander Door Devices " , dated 7/27/16, revealed each battery operated device was inspected daily.</p> <p>The facility failed to provide a functioning door monitoring system on the patio door which affected 2 cognitively impaired residents on the unit.</p>	S1174		