

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 03/13/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALDERSGATE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3220 SW ALBRIGHT DR TOPEKA, KS 66614
---	--

(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	S 000		
S1364 SS=D	<p>26-40-305 (3) P E - Electrical requirements</p> <p>(3) Each electrical circuit to fixed or portable equipment in hydrotherapy units shall have a ground-fault circuit interrupter.</p> <p>This REQUIREMENT is not met as evidenced by: The facility reported a census of 184 residents. The sample included 20 residents. Based on observation, interview and record review the facility failed to have a hydrocollator (a thermostatically controlled water bath for placing cloth heating pads) plugged into a ground fault circuit interrupter (GFCI) outlet for 1 of 3 days on survey.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Observation during initial tour on 3/9/15 from 7:48 A.M., revealed the Physical Therapy (PT) hydrocollator was plugged into a standard electrical outlet. Observation during initial tour on 3/9/15 at 10:15 A.M., revealed the PT hydrocollator was plugged into a standard electrical outlet. Interview on 3/11/15 at 8:15 A.M., maintenance staff X revealed confirmed the hydro collator was plugged into a standard electrical outlet. <p>The 9/23/14 policy provided by the facility regarding the hydrocollator failed to address the need to be plugged into a ground fault circuit interrupter (GFCI).</p>	S1364		

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

TITLE

(X6) DATE

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 03/13/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALDERSGATE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3220 SW ALBRIGHT DR TOPEKA, KS 66614
---	--

(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
S1364	Continued From page 1 The facility failed to have the hydro collator plugged in to a GFCI outlet.	S1364		