STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N089068	A. BUILDING: _____ B. WING _____	10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDERSGATE VILLAGE	7220 SW ASBURY DRIVE 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 The following represents the findings of a resurvey with attached complaint 185568, 186326, 191296, 194969, 196518, 196582, 196605, 196607, 196628, and 197167 at the above named assisted living and home plus facility conducted 10/06/25-10/07/25.	S 000		
S3092 SS=E	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(d)(2) The facility reported a census of 52 residents with three residents included in the sample and three closed chart reviews. Based on interview and record review the administrator failed to ensure facility staff reviewed and revised the Negotiated Service Agreement (NSA) for	S3092		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S3092	Continued From page 1	S3092		

Residents (R) 2 and R3 upon change in condition.

Findings included:

- Record review for R1 revealed an admission date of 09/13/22 with a diagnosis of encephalopathy.

The 07/08/25 Functional Capacity Screen (FCS) identified R1 was unable to perform management of medications and treatments.

The 07/08/25 Negotiated Service Agreement (NSA) identified facility staff would manage and provide R1's medications and treatments.

R1's record lacked evidence of an NSA since 07/08/25.

Observation on 10/07/25 at 02:42 PM revealed R1 had a tube of diclofenac sodium cream on her bedside table and bottles of aspirin 81 milligrams, Aleve 220 milligrams, acetaminophen 500 milligrams, PreviDent, and tube of Anti-Itch cream on her bathroom shelves.

Interview of R1 on 10/07/25 at 02:42 PM revealed she administers the diclofenac sodium cream to her knees on her own. R1 stated she has some medications in her bathroom if she needs them.

On 10/07/25 at 03:59 PM Licensed Nurse G confirmed R1 had medications at her bedside and in her bathroom.

On 10/07/25 at 03:40 PM Administrative Nurse B

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S3092	Continued From page 2	S3092		

confirmed R1's NSA was not revised when she began administering some medications to herself.

- Record review for R3 revealed an admission date of 05/06/25 with the following diagnoses: dementia and Sjogren Syndrome.

The admission FCS dated 05/06/25 identified R3 required assistance with bathing; supervision with dressing and toileting; was unable to perform management of medications and treatments; was incontinent of bladder; had short-term memory, memory/recall, and decision-making cognitive difficulties; was sometimes understandable during communication; and had impaired decision-making.

The 05/06/25 NSA identified facility staff would provide assistance with bathing; management of medications and treatments; reminders for meals and activities for cognition. Communication and impaired decision making were not addressed on the NSA.

R3's record lacked evidence of an NSA since admission.

Review of 06/27/25 at 10:33 AM "Health Status" note revealed physical and occupational therapies were ordered for R3.

On 10/07/25 at 04:55 PM Administrative Nurse B confirmed R3's NSA was not revised when she began or was discharged from therapy services and should have been.

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S3092	Continued From page 3 The facility's 08/01/18 "Negotiated Service Agreement - Amendments" policy read the "Amended Negotiated Service Agreement" would be used when a resident's needs changed. The administrator failed to ensure facility staff reviewed and revised the NSAs for R2 and R3 upon change in condition.	S3092		
S3171 SS=E	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(i) The facility reported a census of 52 residents with three included in the sample and three closed record reviews. Based on observation, interview, and record review the administrator failed to ensure a licensed nurse completed an assessment for the purpose to use a bed assist device, ability to use a bed assist safely without risk of entrapment, and to confirm the bed assist device was not a restraint for Residents (R) 1 and R3. Findings included: - Record review for R1 revealed an admission date of 09/13/22 with a diagnosis of encephalopathy.	S3171		

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S3171	Continued From page 4 The 07/08/25 Functional Capacity Screen (FCS) identified R1 required physical assistance with bathing; supervision with dressing, toileting, transfers, and mobility; was unable to perform management of medications and treatments; had short-term memory, memory/recall, and decision-making difficulties; was at risk of falls; and had impaired decision-making. The 07/08/25 Negotiated Service Agreement (NSA) identified facility staff would assist R1 with bathing, dressing, toileting, transfers, and mobility manage and provide R1's medications and treatments. Review of "Resident Roster" provided by facility during entrance revealed R3 had a bed assist device. R1's record lacked evidence of documentation of a bed assist device assessment. Observation on 10/07/25 at 02:45 PM revealed a bed assist device was attached to the left side of R1's bed. On 10/07/25 at 02:45 PM R1 stated she used the bed assist device to help her get and in and out of bed. On 10/07/25 at 03:23 PM Administrative Nurse B confirmed R1's record lacked evidence of documentation a bed rail assessment was completed. - Record review for R3 revealed an admission date of 05/06/25 with the following diagnoses:	S3171		

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S3171	Continued From page 5 dementia and Sjogren Syndrome. The admission FCS dated 05/06/25 identified R3 required assistance with bathing; supervision with dressing and toileting; was unable to perform management of medications and treatments; was incontinent of bladder; had short-term memory, memory/recall, and decision-making cognitive difficulties; was sometimes understandable during communication; and had impaired decision-making. The 05/06/25 NSA identified facility staff would provide assistance with bathing; management of medications and treatments; reminders for meals and activities for cognition. Communication and impaired decision making were not addressed on the NSA. Review of "Resident Roster" provided by facility during entrance revealed R3 had a bed cane for a bed assist device. R3's record lacked evidence of documentation of a bed assist device assessment. On 10/07/25 at 04:59 PM Administrative Nurse B confirmed R3's record lacked evidence of documentation a bed rail assessment was completed. The administrator failed to ensure a licensed nurse completed an assessment for the purpose to use a bed assist device, ability to use a bed assist safely without risk of entrapment, and to confirm the bed assist device was not a restraint for Residents (R) 1 and R3.	S3171		

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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 52 residents with three included in the sample and three closed record reviews. Based on interview and record review the administrator failed to ensure a licensed nurse performed an assessment to determine if Resident (R) 1 could self-administer medications safely. Findings included: - Record review for R1 revealed an admission date of 09/13/22 with a diagnosis of	S3175		

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S3175	Continued From page 7	S3175		

encephalopathy.

The 07/08/25 Functional Capacity Screen (FCS) identified R1 was unable to perform management of medications and treatments.

The 07/08/25 Negotiated Service Agreement (NSA) identified facility staff would manage and provide R1's medications and treatments.

Review of 07/19/24 "Medication Self-Administration Assessment" revealed R1 administered Flonase, melatonin, vitamin C, multivitamin, vitamin D, calcium, and aspirin herself.

Observation on 10/07/25 at 02:42 PM revealed R1 had a tube of diclofenac sodium cream on her bedside table and bottles of aspirin 81 milligrams, Aleve 220 milligrams, acetaminophen 500 milligrams, PreviDent, and tube of Anti-Itch cream on her bathroom shelves.

Interview of R1 on 10/07/25 at 02:42 PM revealed she administers the diclofenac sodium cream to her knees on her own. R1 stated she has some medications in her bathroom if she needs them.

On 10/07/25 at 03:59 PM Licensed Nurse G confirmed R1 had medications at her bedside and in her bathroom.

On 10/07/25 at 03:40 PM Administrative Nurse B stated R1 administered all her own medications until a hospitalization. The facility staff started administering. Since then, she has improved and can do some herself. She confirmed R1's record

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S3175	Continued From page 8 lacked documentation of a self-medication administration assessment since 07/19/24. The facility's "Documentation of Medications and Treatments Administered" policy last revised 07/20/16 read residents may self-administer their own medications if they have been assessed to ensure they know the name, use, and dose for each medication. The administrator failed to ensure a licensed nurse performed an assessment to determine if R1 could self-administer medications safely.	S3175		
S3211 SS=F	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g)(3) The facility reported a census of 52 residents.	S3211		

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S3211	Continued From page 9 Based on observation and interview the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of fourteen over-the-counter (OTC) medications in the facility. Findings included: - Observation on 10/06/25 at 02:25 PM revealed the medication room contained the following OTC medications not labeled with residents' full names: Two bottles refresh optive 0.5 fluid ounces, 15 milliliters One bottle acetaminophen 500 milligram, 10 tablets Two bottles docusate sodium 100 milligram, 250 softgels Two bottles docusate sodium 100 milligram, 100 softgels One bottle aspirin 81 milligram, 120 tablets One tube diclofenac sodium 1% 100 grams One bottle Aleve 220 milligram, 40 liquid gels One bottle vitamin c 1000 milligram, 100 tablets One bottle vitamin D3 5000 international units, 250 softgels One bottle magnesium 400 milligram, 75 rapid release softgels On 10/06/25 at approximately 03:10 PM Administrative Staff A confirmed the OTC medications were not labeled with residents' full names. - On 10/06/25 at 03:22 PM Certified Medication Aide (CMA) J unlocked the memory care	S3211		

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S3211	Continued From page 10 medication card where one bottle of aspirin 81 milligram, 200 tablets was located without a resident's full name. On 10/06/25 at 03:22 PM CMA J confirmed the OTC medication was not labeled with a resident's full name. The facility's undated "Labeling of Medications and Biologicals" policy stated the facility would ensure all medications and biologicals used were labeled in accordance with state regulations. The label must include the residents' name. The administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of fourteen OTC medications.	S3211		
S3213 SS=E	26-41-205 (g) (2) Medication Labeling (g) (2) Each prescription medication container shall have a label that was provided by a dispensing pharmacist or affixed to the container by a dispensing pharmacist in accordance with K.A.R. 68-7-14. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (g)(2) The facility reported a census of 52 residents. Based on observation and interview the administrator failed to ensure each prescription medication container had a label provided by a	S3213		

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S3213	Continued From page 11 dispensing pharmacist affixed to the container of eleven medications. Findings included: - Observation on 10/06/25 at approximately 02:10 PM revealed the medication cart contained one 300 unit insulin glargine pen and one 300 unit Fiasp insulin pen which were not labeled with a resident's full name, furthermore a pharmacy affixed label. - Observation on 10/06/25 at approximately 03:05 PM revealed the medication room refrigerator contained the following prescription medications which were not labeled with a resident's full name, furthermore a pharmacy affixed label: Three 300 unit Lantus insulin pens Two 300 unit Novolin R insulin pens One 300 unit lispro insulin pen Five 300 unit Levemir insulin pens On 10/06/25 at approximately 03:10 PM Administrative Staff A confirmed the insulin pens were not labeled with a pharmacist affixed label. The facility's undated "Labeling of Medications and Biologicals" policy stated the facility would ensure all medications and biologicals used were labeled in accordance with state regulations. The label must include the residents' name. The administrator failed to ensure each prescription medication container had a label provided by a dispensing pharmacist affixed to the container.	S3213		

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S3215 SS=E	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by:	S3215		

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S3215	Continued From page 13 KAR 26-41-205(h) The facility reported a census of 52 residents. Based on observation and interview the administrator failed to ensure medications were stored in accordance with each manufacturer or pharmacy recommendation or those of federal and state laws and regulations. Findings included: - Observation on 10/06/25 at 02:02 PM of the medication cart revealed one 300 unit Fiasp insulin pen was opened, used, and undated. The manufacturer label read to discard after 28 days. On 10/06/25 at approximately 02:03 PM Administrative Staff A confirmed the insulin was undated and should have been when first used. - Observation on 10/06/25 at 02:25 PM of the medication room revealed the following medications were expired: One bottle loteprednol etabonate 0.5% 5 grams, with expiration date 11/24 One bottle refresh optive 0.5 fluid ounces, 15 milliliters with expiration date 04/24 One bottle refresh optive 0.5 fluid ounces, 15 milliliters with expiration date 05/27 One bottle acetaminophen 500 milligram, 10 tablets with expiration date 05/20/25 One bottle Aleve 220mg, 40 liquid gels with expiration date 03/16 One bottle Magnesium 400mg, 75 rapid release softgels with expiration date 12/24 One 1-pound tub Hydrocortisone cream 1% with expiration date 09/24	S3215		

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S3215	Continued From page 14 Five tubes ketoconazole 2% 60g (with dates to discard by 06/24/25 and 05/01/25) One bottle acetaminophen 500 milligrams, 200 caplets with expiration date 04/25 Diclofenac 1% gel 100 grams with discard date of 07/25/25 One bottle Nitroglycerin 0.4mg sublingual tablets to discard after 01/04/25 and expiration date 07/2025 One bottle Nifedipine 30 milligram, 4 tablets with expiration date 6/9/25 - Observation on 10/06/25 at 02:59 PM of the treatment cart revealed the following medications were expired: Three bottles nitro 0.4 milligram, 24 tablets with expiration dates of 09/25, 04/25, and 11/24 One tube Gentamicin sulfate cream 0.1%, 15 grams with expiration date 01/23 On 10/06/25 at approximately 03:00 PM Administrative Staff A confirmed the medications were expired. The facility's undated "Medication Storage Information" policy instructed staff to refer to manufacturer guidelines for insulin expiration timeframes and to check medications for dates. The administrator failed to ensure medications were stored in accordance with each manufacturer or pharmacy recommendation or those of federal and state laws and regulations.	S3215		
S3240 SS=E	26-41-103 (c) Staff Development on Dementia (c) If the facility admits residents with dementia,	S3240		

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	N089068	A. BUILDING: _____ B. WING _____	10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDERSGATE VILLAGE	7220 SW ASBURY DRIVE 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
S3240	Continued From page 15 the administrator or operator shall ensure the provision of staff orientation and in-service education on the treatment and appropriate response to persons who exhibit behaviors associated with dementia. This REQUIREMENT is not met as evidenced by: KAR 26-41-103(c) The facility reported a census of 52 residents with three included in the sample and three closed record reviews. Based on interview and record review the administrator failed to ensure staff orientation and in-service education for treatment and appropriate response to persons who exhibit behaviors associated with dementia. Findings included: - Review of resident records revealed R2 and R3 had a diagnosis of dementia. Review of resident roster provided by facility on 10/06/25 during entrance revealed six residents in locked memory care, nine in the home plus location all with impaired cognition, and 37 residents in assisted living of which 12 have impaired cognition. Requested record of dementia training for newly hired staff on 10/06/25 at 12:44 PM which the facility failed to provide. On 10/06/25 at approximately 12:48 PM Administrative Staff A confirmed dementia training was not documented at hire or an	S3240		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3240	Continued From page 16 in-service. On 10/07/25 at 02:33 PM Certified Nurse Aide H confirmed she was an employee over 12 months and had not received dementia training on hire or at an in-service. The administrator failed to ensure staff orientation and in-service education for treatment and appropriate response to persons who exhibit behaviors associated with dementia.	S3240		
S3420 SS=E	28-39-256 MECHANICAL REQUIREMENTS (c) Mechanical requirements. (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.	S3420		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S3420	Continued From page 17 (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 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 52 residents. Based on observation and interview the administrator failed to ensure the facility water distribution system maintained a safe hot water temperature between 98- and 120-degrees Fahrenheit (F) in areas all residents have access within the home plus. Findings included: - Facility water temperature checks during the initial tour on 10/06/25 at 03:44 PM revealed water temperatures as follows: Public restroom sink:136.6 degrees F	S3420		

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S3420	Continued From page 18 (department thermometer) and 135.1 (facility thermometer) Kitchen sink: 138.9 degrees F (department thermometer) Kitchen handwash sink: 141.6 (department thermometer) On 10/06/25 at 03:57 PM Administrative Staff A confirmed the water temperatures were out of acceptable range. Observations on 10/06/25 revealed all residents in the facility were able to access the kitchen area and public restroom sinks. Interview on 10/06/25 at 04:12 PM with Maintenance Staff E. Request to review water temperature logs resulted in no water temperature logs provided. Interview on 10/07/25 at 04:13 PM of Maintenance Staff F revealed the last water temperature check was a month and a half ago. He confirmed there were no temperature logs for water temperatures. The administrator failed to ensure the facility water distribution system maintained a safe hot water temperature between 98- and 120-degrees F in areas all residents have access within the home plus.	S3420		