

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  175526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/26/2025
NAME OF PROVIDER OR SUPPLIER  Fowler Residential Care		STREET ADDRESS, CITY, STATE, ZIP CODE  401 E 6th Fowler, KS 67844	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>41302</p> <p>The facility reported a census of 16 residents. The sample included eight residents. Based on interview and record review, the facility failed to ensure the correct and complete Beneficiary Protection Notification forms were issued to two of three residents reviewed, Resident (R) 3 and R11.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- On 02/26/25 review of the Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage Form CMS-10055 (SNF ABN- the waiver issued by providers when the services might not be covered) and the Notification of Medicare Non-Coverage Form 10123 (NOMNC- the form used to notify Medicare A participants of their rights to appeal and the last covered date of service) for three residents. R3 and R11 lacked the SNF ABN form, which is a requirement when discharging from skilled services, with days remaining, and remaining in the facility.</li> </ul> <p>The Beneficiary Notice documented R3's skilled discharge date as 05/22/24 and would remain in the facility. R11's skilled discharge date as 05/22/24 and would remain in the facility.</p> <p>R3's Skilled Nursing Beneficiary Protection Notification Review documented R3's start date of skilled services as 04/06/24 and end date of 05/22/24. R3 received only the NOMNC form signed on 05/17/24.</p> <p>R11's Skilled Nursing Beneficiary Protection Notification Review documented R11's start date of skilled services as 03/29/24 and end date of 05/22/24. R11 received only the NOMNC form signed on 05/17/24.</p> <p>On 02/26/25 at 09:03 AM, Administrative Staff A revealed she did not know they had to use both forms, confirmed that both forms should have been given as required. Administrative Staff A stated she did not know they were to use both forms. The NOMNC was easier for residents to understand.</p> <p>The facility's policy Right to be Informed of Professional and Financial Information dated 05/15/23, documented the facility would provide a notice of rights and services to each resident prior to or admission and during the resident's stay. The facility will provide the resident with the State-Developed notice of Medicaid rights and obligations. The facility will inform each Medicaid-eligible resident, in writing, at the time of admission to the facility and when the resident becomes eligible for Medicaid and of the changes in services or new charges.</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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility failed to ensure the correct and complete Beneficiary Protection Notification forms (SNF ABN 10055) were issued to R3 and R11, as required.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>51332</p> <p>The facility reported a census of 16 residents. Based on observation, interview, and record review, the facility failed to store, prepare, and serve food to prevent possible food-borne illness among the facility's residents.</p> <p>Findings included:</p> <p>On 02/24/25 at 10:58 AM, during an initial tour of the central kitchen and refrigerator storage areas with Dietary Staff BB, the following areas of concern were identified:</p> <p>One unsealed bag of broccoli, and a container of ranch dressing, in the refrigerator.</p> <p>One sealed bag of onion rings, three bags of hamburger buns, and a bag of hotdog buns without a date or label in the freezer.</p> <p>There was one cutting board with uncleanable surfaces that were discolored along with deep slices that were visible.</p> <p>On 02/24/25 at 11:15 AM, an interview with Dietary Manager BB revealed she expected staff to date opened food items. Dietary Manager BB stated that the above concerns identified with kitchen and freezer storage, which included undated and unsealed items, were unacceptable.</p> <p>The facility's policy on Dietary Purchase, Receipt, and Storage, dated 02/07/17, requires that all products be clearly labeled with the date of receipt. Staff must ensure that food items are rotated to use the oldest products first.</p> <p>The facility failed to store, prepare, and serve food in a sanitary manner to prevent possible food-borne illness to the residents of the facility.</p>		