

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265663	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/19/2025
NAME OF PROVIDER OR SUPPLIER Fulton Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1510 Bluff Street Fulton, MO 65251	
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on interview and record review, facility staff failed to provide the services of a Registered Nurse (RN) for at least eight consecutive hours per day, seven days a week. The facility's census was 67.1. Review showed the facility did not provide a policy in regard to RN services. Review of the Facility Assessment, revised 08/27/25, showed the facility should staff at least one RN for eight hours per day, seven days a week. Review of the facility's RN Staffing assignments, dated 09/01/25 through 09/30/25, did not contain documentation of RN coverage for eight consecutive hours per day on 09/01/25, 09/05/25, 09/06/25, and 09/21/25. Review of the facility's RN Staffing assignments, dated 10/01/25 through 10/21/25, did not contain documentation of RN coverage for eight consecutive hours per day on 10/04/25, 10/05/25, 10/18/25, and 10/19/25. During an interview on 10/21/25 at 2:29 P.M., the Director of Nursing (DON) said he/she is aware of the requirement to have an RN in the facility eight consecutive hours daily, and the Assistant Director of Nursing (ADON) or the administrator should ensure the requirement is met. He/She said he/she is at the facility five days per week and was not aware that an RN was not at the facility on 9/1, 9/5, 9/6, 9/21, 10/4, 10/5, 10/18, and 10/19. During an interview on 10/21/25 at 3:18 P.M., the administrator said he/she is aware of the requirement to have an RN in the facility eight consecutive hours daily, the ADON does the nursing schedule and should ensure the required RN coverage is provided. The administrator said the facility lost a couple RNs within the past two months which makes it difficult to provide the daily required RN coverage particularly on the weekends, but he/she was not aware there was not an RN at the facility for that many days. The administrator said they just do not have anyone to cover, and he/she is actively trying to hire more RNs. During an interview on 10/22/25 at 10:38 A.M., the ADON said he/she just took over the nursing schedule from the administrator a week ago and he/she is aware of the requirement to have an RN in the facility eight consecutive hours daily. The ADON said he/she was not aware there was not an RN at the facility on 9/1, 9/5, 9/6, 9/21, 10/4, 10/5, 10/18, and 10/19. Complaint # 2644523</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 265663
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