

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555918	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2026
NAME OF PROVIDER OR SUPPLIER Fowler Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8448 East Adams Avenue Fowler, CA 93625	
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)		
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on interview and record review, the facility failed to ensure licensed nurses have the specific competencies necessary to assure residents maintained their highest practicable physical, mental and psychological well-being when Director of Staff Development (DSD) 1 failed to meet the two-year nursing experience qualification. This failure had the potential to result in ineffective staff training, inadequate competency oversight, and negative resident care outcomes. During an interview on 5/7/26 at 11:57 am with DSD 1, DSD 1 stated she had been employed as a Licensed Vocational Nurse as of October 2024 and transitioned to the DSD role on May 1, 2026. During a concurrent interview and record review on 5/7/26 at 1:29 pm with the Director of Nursing (DON), Staff Development Coordinator Job Description (JD) dated 2020 and Director of Staff Development Competency Checklist, not dated were reviewed. The JD indicated, Required Qualifications-Minimum requirements include the following: two years of experience as an LPN/RN. The Checklist indicated, 1. Job Description a. Qualification and Training Requirements (RN or LVN) Option 1: Have one year experience as a licensed nurse providing direct patient care in a long-term care facility, in addition to having one year of experience planning, implementing, and evaluating educational programs in nursing (for a total of two years), Option 2: Have two years of full-time experience as a licensed nurse, at least one of which must be in the provision of direct patient care in a nursing facility was dated 4/28/26 and initialed by the DON. The DON stated DSD 1 does not meet the two-year nursing experience requirement at this time. The DON stated the DSD 1 should not be working as the DSD as she does not meet the requirements for the role. During a concurrent interview and record review on 5/7/26 at 2:35 pm with the Administrator (ADM), Staff Development Coordinator JD, dated 2020 was reviewed. The JD indicated, Required Qualifications-Minimum requirements include the following: two years of experience as an LPN/RN. The ADM stated DSD 1 would not meet the two year's nursing experience until October 2026. The ADM stated DSD 1 did not meet the qualifications of the position and should not be working as the DSD. During a review of Board of Vocational Nursing & Psychiatric Technicians Licensing Details for the DSD 1, dated 5/7/26, the licensing details indicated an issuance date of 9/25/24.		

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