

Survey, Certification and Credentialing
Commission
612 South Kansas Avenue
Topeka, KS 66603



Phone: (785) 296-4986
Fax: (785) 296-0256
wwwmail@kdads.ks.gov
www.kdads.ks.gov

Kari M. Bruffett, Secretary
Audrey Sunderraj, Interim Commissioner

Sam Brownback, Governor

PROVIDER NUMBER 17E613

December 18, 2015

Mel Snow, Administrator
Logan County Manor - LTCU
615 Price Avenue
Oakley, KS 67748

Dear Mr. Snow,

On December 10, 2015, an Abbreviated survey was concluded at your facility by the Kansas Department for Aging & Disability Services (KDADS) to determine if your facility is in compliance with Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid program. The survey found the most serious deficiency in your facility to be a "D" level deficiency that constitutes no actual harm with potential for more than minimal harm that is not immediate jeopardy.

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

You have submitted a plan of correction in which you have alleged that the deficiencies cited on the above referenced survey have been corrected. Based upon Centers for Medicare and Medicaid (CMS) policy which allows state agency discretion in conducting revisits related to the level of deficiencies cited, KDADS has accepted your allegation of compliance. Therefore, your facility is found to be in substantial compliance based upon your credible allegation of compliance and the submitted plan of correction, effective January 8, 2016. **You must implement each corrective action described in your plan and be in substantial compliance with all regulatory requirements by the referenced date.**

Based upon this decision you will not receive an onsite revisit related to this particular survey. Should the agency receive complaints, allegations of noncompliance, or other information related to the facility's compliance, onsite surveys may be conducted and appropriate remedies imposed.

If you have any questions concerning the information in this letter, please contact me at (785) 296-1265.

A handwritten signature in cursive script that reads "Mary Jane Kennedy".

Mary Jane Kennedy, LBSW
Complaint Coordinator
Survey, Certification and Credentialing
Kansas Department for Aging & Disability Services

c: Sue Hine, RN, Regional Manager

enc: CMS 2567B