

Survey, Certification and Credentialing
Commission
New England Building
612 South Kansas Avenue
Topeka, KS 66603-3404



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

Timothy Keck, Interim Secretary
Codi Thurness, Commissioner

Sam Brownback, Governor

PROVIDER NUMBER 175295

December 6, 2016

James Struckhoff, Administrator
Smith Center Operator, Llc
117 W 1st Street #369
Smith Center, KS 66967-2005

On November 16, 2016, 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 deficiencies 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 evidence of correction, effective 12/16/16. **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 black ink that reads "Caryl Gill". The signature is written in a cursive, flowing style.

Caryl Gill, RN, BSN
Complaint Coordinator
Kansas Department for Aging & Disability Services
Survey, Certification and Credentialing Commission

c: Sue Hine, Regional Manager
enc: 2567B