

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 17D0449965	(X3) Date Survey Completed 07/28/2021
Name of Provider or Supplier Osage Nursing Center	Street Address, City, State 1017 Main Street, Osage City, KS	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

(X4) ID Prefix Tag	Summary Statement of Deficiencies
D0000	Osage Nursing Center laboratory was found to be in substantial compliance with 42 CFR Part 493, Requirements for Laboratories as a result of an off-site survey on July 23- 28, 2021.