

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 175346	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 2/3/2016	Y3
NAME OF FACILITY ALMA MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 234 MANOR CIRCLE ALMA, KS 66401		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0244	Correction	ID Prefix F0248	Correction	ID Prefix F0253	Correction
Reg. # 483.15(c)(6)	Completed	Reg. # 483.15(f)(1)	Completed	Reg. # 483.15(h)(2)	Completed
LSC	12/23/2015	LSC	12/23/2015	LSC	12/23/2015
ID Prefix F0272	Correction	ID Prefix F0280	Correction	ID Prefix F0309	Correction
Reg. # 483.20(b)(1)	Completed	Reg. # 483.20(d)(3), 483.10(k)(2)	Completed	Reg. # 483.25	Completed
LSC	12/23/2015	LSC	12/23/2015	LSC	12/23/2015
ID Prefix F0312	Correction	ID Prefix F0314	Correction	ID Prefix F0318	Correction
Reg. # 483.25(a)(3)	Completed	Reg. # 483.25(c)	Completed	Reg. # 483.25(e)(2)	Completed
LSC	12/23/2015	LSC	12/23/2015	LSC	12/23/2015
ID Prefix F0323	Correction	ID Prefix F0327	Correction	ID Prefix F0329	Correction
Reg. # 483.25(h)	Completed	Reg. # 483.25(j)	Completed	Reg. # 483.25(l)	Completed
LSC	12/23/2015	LSC	12/23/2015	LSC	12/23/2015
ID Prefix F0353	Correction	ID Prefix F0368	Correction	ID Prefix F0387	Correction
Reg. # 483.30(a)	Completed	Reg. # 483.35(f)	Completed	Reg. # 483.40(c)(1)-(2)	Completed
LSC	12/23/2015	LSC	12/23/2015	LSC	12/23/2015

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0406	Correction	ID Prefix F0441	Correction	ID Prefix F0469	Correction
Reg. # 483.45(a)	Completed	Reg. # 483.65	Completed	Reg. # 483.70(h)(4)	Completed
LSC	12/23/2015	LSC	12/23/2015	LSC	12/23/2015
ID Prefix F0490	Correction	ID Prefix F0497	Correction	ID Prefix F0520	Correction
Reg. # 483.75	Completed	Reg. # 483.75(e)(8)	Completed	Reg. # 483.75(o)(1)	Completed
LSC	12/23/2015	LSC	12/23/2015	LSC	12/23/2015

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 11/30/2015		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		