STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
B096017 Y1	A. Building B. Wing Y2	11/28/2022 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
JOY HOME	419 N PACIFIC OXFORD, KS 67119

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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	S5029	Correction	ID Prefix	S5105	Correction	ID Prefix	S5116	Correction
Reg. #	26-42-101 (g)	Completed	Reg. #	26-42-202 (a)	Completed	Reg. #	26-42-202 (d)	Completed
LSC		11/28/2022	LSC		11/28/2022	LSC		11/28/2022
ID Prefix	S5126	Correction	ID Prefix	S5215	Correction	ID Prefix	S5220	Correction
Reg. #	26-42-202 (h)	Completed	Reg. #	26-42-104 (d)	Completed	Reg. #	26-42-104 (e)	Completed
LSC		11/28/2022	LSC		11/28/2022	LSC		11/28/2022
ID Prefix	S5230	Correction	ID Prefix	S5258	Correction	ID Prefix	S5310	Correction
Reg. #	26-42-207 (b)(5)(6) (c)	Completed	Reg. #	26-42-102 (d)	Completed	Reg. #	26-42-205 (e) (f) (g 1 - 3)	Completed
LSC		11/28/2022	LSC		11/28/2022	LSC		11/28/2022
ID Prefix	S5313	Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. #	26-42-205 (g) (3)	Completed	Reg. #		Completed	Reg. #		Completed
LSC		11/28/2022	LSC			LSC		
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. #		Completed	Reg. #		Completed	Reg. #		Completed
LSC			LSC			LSC		

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON		
10/31/2022	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	☐ YES ☐ NO