STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
N046066 Y1	A. Building B. Wing Y2	1/10/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL OAKS AT SPRING HILL	22550 S FRANKLIN STREET SPRING HILL, KS 66083

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 S3081	Correction	ID Prefix S3085	Correction	ID Prefix S3101	Correction
Reg. # 26-41-201 (c)	Completed	Reg. # 26-41-202 (a)	Completed	Reg. # 26-41-202 (h)	Completed
LSC	01/09/2023	LSC	01/10/2023	LSC	01/10/2023
ID Prefix S3155	Correction	ID Prefix S3165	Correction	ID Prefix S3175	Correction
Reg. # 26-41-204 (a)	Completed	Reg. # 26-41-204 (d)	Completed	Reg. # 26-41-205 (a) (1)	Completed
LSC	01/10/2023	LSC	01/10/2023	LSC	01/09/2023
ID Prefix S3186	Correction	ID Prefix S3211	Correction	ID Prefix S3261	Correction
Reg. # 26-41-205 (b)	Completed	Reg. # 26-41-205 (g) (3)	Completed	Reg. # 26-41-105 (f) (11)	Completed
LSC	01/10/2023	LSC	01/09/2023	LSC	01/09/2023
ID Prefix S3280	Correction	ID Prefix S3298	Correction	ID Prefix S3305	Correction
Reg. # 26-41-104 (d)	Completed	Reg. # 26-41-206 (d)	Completed	Reg. # 26-41-207 (a) (b)	Completed
LSC	01/10/2023	LSC	01/09/2023	LSC	01/10/2023
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
			Shanie Maxwell RN	01/10/23
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON
12/13/2022

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO