STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
N008013 Y1	A. Building B. Wing Y2	4/11/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MAPLETON ANDOVER, LLC	1419 W CENTRAL AVE ANDOVER, KS 67002

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 S0115	Correction	ID Prefix S0230	Correction	ID Prefix S3026	Correction
Reg. # 26-39-103 (d)	Completed	Reg. # 26-39-102 (b) (c)	Completed	Reg. # 26-41-101 (f) (1)	Completed
LSC	04/11/2023	LSC	04/11/2023	LSC	04/11/2023
ID Prefix S3082	Correction	ID Prefix S3085	Correction	ID Prefix S3101	Correction
Reg. # 26-41-201 (d)	Completed	Reg. # 26-41-202 (a)	Completed	Reg. # 26-41-202 (h)	Completed
LSC	04/11/2023	LSC	04/11/2023	LSC	04/11/2023
ID Prefix S3155	Correction	ID Prefix S3171	Correction	ID Prefix S3177	Correction
Reg. # 26-41-204 (a)	Completed	Reg. # 26-41-204 (i)	Completed	Reg. # 26-41-205 (a) (2)	Completed
LSC	04/11/2023	LSC	04/11/2023	LSC	04/11/2023
ID Prefix S3211	Correction	ID Prefix S3214	Correction	ID Prefix S3215	Correction
Reg. # 26-41-205 (g) (3)	Completed	Reg. # 26-41-205 (g) (4)	Completed	Reg. # 26-41-205 (h)	Completed
LSC	04/10/2023	LSC	04/11/2023	LSC	04/11/2023
ID Prefix S3250	Correction	ID Prefix S3265	Correction	ID Prefix S3280	Correction
Reg. # 26-41-105 (a)	Completed	Reg. # 26-41-104 (a)	Completed	Reg. # 26-41-104 (d)	Completed
LSC	04/11/2023	LSC	04/11/2023	LSC	04/11/2023

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

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S3298	Correction	ID Prefix S3299	Correction	ID Prefix S3310	Correction
Reg. # 26-41-206 (d)	Completed	Reg. # 26-41-206 (e) (1)	Completed	Reg. # 26-41-207 (b) (5-6) (c)	Completed
LSC	04/10/2023	LSC	04/10/2023	LSC	04/11/2023

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	
3/14/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO