STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
175402 Y1	A. Building B. Wing Y2	6/21/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL HEALTH CARE CENTER	3000 IVY DRIVE NORTH NEWTON, KS 67117

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 S0225	Correction	ID Prefix S3080	Correction	ID Prefix S3081	Correction
Reg. # 26-39-102 (a)	Completed	Reg. # 26-41-201 (a) (b)	Completed	Reg. # 26-41-201 (c)	Completed
LSC	06/21/2023	LSC	06/21/2023	LSC	06/21/2023
ID Prefix S3090	Correction	ID Prefix S3092	Correction	ID Prefix S3186	Correction
Reg. # 26-41-202 (c)	Completed	Reg. # 26-41-202 (d)	Completed	Reg. # 26-41-205 (b)	Completed
LSC	06/21/2023	LSC	06/21/2023	LSC	06/21/2023
ID Prefix S3211	Correction	ID Prefix S3270	Correction	ID Prefix S3280	Correction
Reg. # 26-41-205 (g) (3)	Completed	Reg. # 26-41-104 (b)	Completed	Reg. # 26-41-104 (d)	Completed
LSC	06/21/2023	LSC	06/21/2023	LSC	06/21/2023
ID Prefix S3299	Correction	ID Prefix S3305	Correction	ID Prefix	Correction
Reg. # 26-41-206 (e) (1)	Completed	Reg. # 26-41-207 (a) (b)	Completed	Reg. #	Completed
LSC	06/21/2023	LSC	06/21/2023	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 Christopher Peppel	DATE 6-22-23
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
5/25/2023	☐ YES ☐ NO

EVENT ID: LS5C12