STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
B087258 Y1	A. Building B. Wing Y2	6/28/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
FERN'S PLACE	1730 N NORTHWEST PARKWAY WICHITA, KS 67212

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S5080	Correction	ID Prefix S5095	Correction	ID Prefix S5105	Correction
Reg. # 26-42-201 (a) (b)	Completed	Reg. # 26-42-201 (d)	Completed	Reg. # 26-42-202 (a)	Completed
LSC	06/28/2023	LSC	06/28/2023	LSC	06/28/2023
ID Prefix S5115	Correction	ID Prefix S5161	Correction	ID Prefix S5190	Correction
Reg. # 26-42-202 (c)	Completed	Reg. # 26-42-204 (d)	Completed	Reg. # 26-42-206 (d)	Completed
LSC	06/28/2023	LSC	06/28/2023	LSC	06/28/2023
ID Prefix S5192	Correction	ID Prefix S5195	Correction	ID Prefix S5215	Correction
Reg. # 26-42-206 (e)	Completed	Reg. # 26-42-206 (f) (g)	Completed	Reg. # 26-42-104 (d)	Completed
LSC	06/28/2023	LSC	06/28/2023	LSC	06/28/2023
ID Prefix S5230	Correction	ID Prefix S5251	Correction	ID Prefix S5258	Correction
Reg. # 26-42-207 (b)(5)(6) (c)	Completed	Reg. # 26-42-105 (f) (11)	Completed	Reg. # 26-42-102 (d)	Completed
LSC	06/28/2023	LSC	06/28/2023	LSC	06/28/2023
ID Prefix S5300	Correction	ID Prefix S5313	Correction	ID Prefix S5314	Correction
Reg. # 26-42-205 (d) (1-2)	Completed	Reg. # 26-42-205 (g) (3)	Completed	Reg. # 26-42-205 (g) (4)	Completed
LSC	06/28/2023	LSC	06/28/2023	LSC	06/28/2023

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 S5315	Correction	ID Prefix S5325	Correction	ID Prefix S5326	Correction
Reg. # 26-42-205 (h)	Completed	Reg. # 26-42-205 (l)	Completed	Reg. # 26-42-205 (l) (1)	Completed
LSC	06/28/2023	LSC	06/28/2023	LSC	06/28/2023

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	
6/5/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO