STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
N089045 Y1	A. Building B. Wing Y2	8/29/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGEND AT CAPITAL RIDGE	1931 SW ARVONIA PLACE TOPEKA, KS 66615

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S3080	Correction	ID Prefix S3081	Correction	ID Prefix S3085	Correction
Reg. # 26-41-201 (a) (b)	Completed	Reg. # 26-41-201 (c)	Completed	Reg. # 26-41-202 (a)	Completed
LSC	08/29/2023	LSC	08/29/2023	LSC	08/29/2023
ID Prefix S3090	Correction	ID Prefix S3092	Correction	ID Prefix S3102	Correction
Reg. # 26-41-202 (c)	Completed	Reg. # 26-41-202 (d)	Completed	Reg. # 26-41-202 (i)	Completed
LSC	08/29/2023	LSC	08/29/2023	LSC	08/29/2023
ID Prefix S3166	Correction	ID Prefix S3202	Correction	ID Prefix S3211	Correction
Reg. # 26-41-204 (e)	Completed	Reg. # 26-41-205 (d) (4)	Completed	Reg. # 26-41-205 (g) (3)	Completed
LSC	08/29/2023	LSC	08/29/2023	LSC	08/28/2023
ID Prefix S3215	Correction	ID Prefix S3220	Correction	ID Prefix S3258	Correction
Reg. # 26-41-205 (h)	Completed	Reg. # 26-41-205 (k)	Completed	Reg. # 26-41-105 (e)	Completed
LSC	08/28/2023	LSC	08/28/2023	LSC	08/28/2023
ID Prefix S3261	Correction	ID Prefix S3295	Correction	ID Prefix S3298	Correction
Reg. # 26-41-105 (f) (11)	Completed	Reg. # 26-41-206 (c)	Completed	Reg. # 26-41-206 (d)	Completed
LSC	08/29/2023	LSC	08/28/2023	LSC	08/28/2023

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 S3299	Correction	ID Prefix S3305	Correction		
Reg. # 26-41-206 (e) (1)	Completed	Reg. # 26-41-207 (a) (b)	Completed		
LSC	08/28/2023	LSC	08/28/2023		

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