STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
B087269 Y1	A. Building B. Wing Y2	4/29/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTFUL HOMES CORPORATION	1301 S SEVILLE AVE WICHITA, KS 67209

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 S5015	Correction	ID Prefix S5080	Correction
Reg. # 26-39-102 (a)	Completed	Reg. # 26-42-101(c)	Completed	Reg. # 26-42-201 (a) (b)	Completed
LSC	04/29/2024	LSC	04/29/2024	LSC	04/29/2024
ID Prefix S5105	Correction	ID Prefix S5141	Correction	ID Prefix S5215	Correction
Reg. # 26-42-202 (a)	Completed	Reg. # 26-42-203 (c)	Completed	Reg. # 26-42-104 (d)	Completed
LSC	04/29/2024	LSC	04/29/2024	LSC	04/29/2024
ID Prefix S5230	Correction	ID Prefix S5250	Correction	ID Prefix S5258	Correction
Reg. # 26-42-207 (b)(5)(6) (c)	Completed	Reg. # 26-42-105 (f) (1 - 10)	Completed	Reg. # 26-42-102 (d)	Completed
LSC	04/29/2024	LSC	04/29/2024	LSC	04/29/2024
ID Prefix S5313	Correction	ID Prefix S5315	Correction	ID Prefix	Correction
Reg. # 26-42-205 (g) (3)	Completed	Reg. # 26-42-205 (h)	Completed	Reg. #	Completed
LSC	04/29/2024	LSC	04/29/2024	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	DATE
		4/29/24	Shanie Maxwell RN/HFS	
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON
3/26/2024

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