STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
B087221 Y1	A. Building B. Wing Y2	7/24/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED CARE HOME PLUS	5501 POLO DRIVE WICHITA, KS 67208

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0225	Correction	ID Prefix S5080	Correction	ID Prefix S5085	Correction
Reg. # 26-39-102 (a)	Completed	Reg. # 26-42-201 (a) (b)	Completed	Reg. # 26-42-201 (c)	Completed
LSC	07/24/2024	LSC	07/24/2024	LSC	07/24/2024
ID Prefix S5095	Correction	ID Prefix S5116	Correction	ID Prefix S5117	Correction
Reg. # 26-42-201 (d)	Completed	Reg. # 26-42-202 (d)	Completed	Reg. # 26-42-202 (e)	Completed
LSC	07/24/2024	LSC	07/24/2024	LSC	07/24/2024
ID Prefix S5126	Correction	ID Prefix S5171	Correction	ID Prefix S5195	Correction
Reg. # 26-42-202 (h)	Completed	Reg. # 26-42-204 (i)	Completed	Reg. # 26-42-206 (f) (g)	Completed
LSC	07/24/2024	LSC	07/24/2024	LSC	07/24/2024
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	07/24/2024	LSC	07/24/2024	LSC	07/24/2024
ID Prefix S5265	Correction	ID Prefix S5300	Correction	ID Prefix S5301	Correction
Reg. # 26-42-205 (a) (1)	Completed	Reg. # 26-42-205 (d) (1-2)	Completed	Reg. # 26-42-205 (d) (3)	Completed
LSC	08/07/2024	LSC	07/24/2024	LSC	07/24/2024

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 S5335	Correction	ID Prefix S5380	Correction
Reg. # 26-42-205 (h)	Completed	Reg. # 28-39-437	Completed	Reg. # 28-39-437	Completed
LSC	07/24/2024	LSC	07/24/2024	LSC	07/24/2024

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REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
6/10/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO