STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
N046059 Y1	A. Building B. Wing Y2	2/27/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR LAKE VILLAGE	15325 S LONE ELM RD OLATHE, KS 66061

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	S3026	Correction	ID Prefix	S3085	Correction	ID Prefix	S3092	Correction
Reg. #	26-41-101 (f) (1)	Completed	Reg. #	26-41-202 (a)	Completed	Reg. #	26-41-202 (d)	Completed
LSC		02/27/2025	LSC		02/27/2025	LSC		02/27/2025
ID Prefix	S3105	Correction	ID Prefix	S3155	Correction	ID Prefix	S3211	Correction
Reg. #	26-41-202 (j)	Completed	Reg. #	26-41-204 (a)	Completed	Reg. #	26-41-205 (g) (3)	Completed
LSC		02/27/2025	LSC		02/27/2025	LSC		02/27/2025
ID Prefix	S3261	Correction	ID Prefix	S3280	Correction	ID Prefix	S3298	Correction
Reg. #	26-41-105 (f) (11)	Completed	Reg. #	26-41-104 (d)	Completed	Reg. #	26-41-206 (d)	Completed
LSC		02/27/2025	LSC		02/27/2025	LSC		02/27/2025
ID Prefix	S3299	Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. #	26-41-206 (e) (1)	Completed	Reg. #		Completed	Reg. #		Completed
LSC		02/27/2025	LSC			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
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
1/30/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO