STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
B023024 Y1	A. Building B. Wing Y2	3/26/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE SENIOR LIVING LLC	2303 OXFORD ROAD LAWRENCE, KS 66049

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	S5029	Correction	ID Prefix	S5040	Correction	ID Prefix	S5080	Correction
Reg. #	26-42-101 (g)	Completed	Reg. #	26-42-101 (j)	Completed	Reg. #	26-42-201 (a) (b)	Completed
LSC		03/26/2025	LSC		03/26/2025	LSC		03/26/2025
ID Prefix	S5105	Correction	ID Prefix	S5171	Correction	ID Prefix	S5192	Correction
Reg. #	26-42-202 (a)	Completed	Reg. #	26-42-204 (i)	Completed	Reg. #	26-42-206 (e)	Completed
LSC		03/26/2025	LSC		03/26/2025	LSC		03/26/2025
ID Prefix	S5195	Correction	ID Prefix	S5215	Correction	ID Prefix	S5230	Correction
Reg. #	26-42-206 (f) (g)	Completed	Reg. #	26-42-104 (d)	Completed	Reg. #	26-42-207 (b)(5)(6) (c)	Completed
LSC		03/26/2025	LSC		03/26/2025	LSC		03/26/2025
ID Prefix	S5301	Correction	ID Prefix	S5312	Correction	ID Prefix	S5316	Correction
Reg. #	26-42-205 (d) (3)	Completed	Reg. #	26-42-205 (g) (2)	Completed	Reg. #	26-42-205 (i)	Completed
LSC		03/26/2025	LSC		03/26/2025	LSC		03/26/2025
ID Prefix	S5325	Correction	ID Prefix	S5335	Correction	ID Prefix	S5380	Correction
Reg. #	26-42-205 (l)	Completed	Reg. #	28-39-437	Completed	Reg. #	28-39-437	Completed
LSC		03/26/2025	LSC		03/26/2025	LSC		03/26/2025

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?
2/27/2025	☐ YES ☐ NO