STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
B087279 Y1	A. Building B. Wing Y2	6/9/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
INFINITY LOVING HOME PLUS LLC	7334 E ELM CT WICHITA, KS 67206

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	S5116	Correction	ID Prefix	S5171	Correction	ID Prefix	S5215	Correction
Reg. #	26-42-202 (d)	Completed	Reg. #	26-42-204 (i)	Completed	Reg. #	26-42-104 (d)	Completed
LSC		06/10/2025	LSC		06/10/2025	LSC		06/10/2025
ID Prefix	S5251	Correction	ID Prefix	S5258	Correction	ID Prefix	S5313	Correction
Reg. #	26-42-105 (f) (11)	Completed	Reg. #	26-42-102 (d)	Completed	Reg. #	26-42-205 (g) (3)	Completed
LSC		06/10/2025	LSC		06/10/2025	LSC		06/10/2025
ID Prefix	S5335	Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. #	28-39-437	Completed	Reg. #		Completed	Reg. #		Completed
LSC		06/10/2025	LSC			LSC		
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. #		Completed	Reg. #		Completed	Reg. #		Completed
LSC			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	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
5/8/2025	☐ YES ☐ NO