STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
N046051 Y1	A. Building B. Wing Y2	9/3/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PRESERVE AT TOWN CENTER	11909 LAMAR AVENUE OVERLAND PARK, KS 66209

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0110	Correction	ID Prefix S0190	Correction	ID Prefix S3026	Correction
Reg. # 26-39-103 (c)	Completed	Reg. # 26-39-102 (e)	Completed	Reg. # 26-41-101 (f) (1)	Completed
LSC	09/02/2025	LSC	09/02/2025	LSC	09/02/2025
ID Prefix S3028	Correction	ID Prefix S3030	Correction	ID Prefix S3055	Correction
Reg. # 26-41-101 (f) (3)	Completed	Reg. # 26-41-101 (g)	Completed	Reg. # 26-41-101 (l)	Completed
LSC	09/02/2025	LSC	09/02/2025	LSC	09/02/2025
ID Prefix S3081	Correction	ID Prefix S3082	Correction	ID Prefix S3085	Correction
Reg. # 26-41-201 (c)	Completed	Reg. # 26-41-201 (d)	Completed	Reg. # 26-41-202 (a)	Completed
LSC	09/02/2025	LSC	09/02/2025	LSC	09/02/2025
ID Prefix S3101	Correction	ID Prefix S3102	Correction	ID Prefix S3155	Correction
Reg. # 26-41-202 (h)	Completed	Reg. # 26-41-202 (i)	Completed	Reg. # 26-41-204 (a)	Completed
LSC	09/02/2025	LSC	09/02/2025	LSC	09/02/2025
ID Prefix S3165	Correction	ID Prefix S3215	Correction	ID Prefix S3248	Correction
Reg. # 26-41-204 (d)	Completed	Reg. # 26-41-205 (h)	Completed	Reg. # 26-41-102 (d)	Completed
LSC	09/02/2025	LSC	09/02/2025	LSC	09/02/2025

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 S3261	Correction	ID Prefix S3280	Correction	ID Prefix S3310	Correction
Reg. # 26-41-105 (f) (11)	Completed	Reg. # 26-41-104 (d)	Completed	Reg. # 26-41-207 (b) (5-6) (c)	Completed
LSC	09/03/2025	LSC	09/02/2025	LSC	09/02/2025
ID Prefix S3320	Correction	ID Prefix S3420	Correction		
Reg. # 28-39-254	Completed	Reg. # 28-39-256	Completed		
LSC	09/02/2025	LSC	09/02/2025		

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	
8/5/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO