STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
N046066 Y1	A. Building B. Wing Y2	12/2/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL OAKS AT SPRING HILL	22550 S FRANKLIN STREET SPRING HILL, KS 66083

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 S0135 Reg. # 26-39-103 (h) LSC	Correction Completed 12/02/2025	ID Prefix S3026 Reg. # 26-41-101 (f) (1) LSC	Correction Completed 12/02/2025	ID Prefix S3028 Reg. # 26-41-101 (f) (3) LSC	Correction Completed 12/02/2025
ID Prefix S3082 Reg. # 26-41-201 (d) LSC	Correction Completed 12/02/2025	ID Prefix S3085 Reg. # 26-41-202 (a) LSC	Correction Completed 12/02/2025	ID Prefix S3101 Reg. # 26-41-202 (h) LSC	Correction Completed 12/02/2025
ID Prefix S3145 Reg. # 26-41-203 (e) LSC	Correction Completed 12/02/2025	ID Prefix S3171 Reg. # 26-41-204 (i) LSC	Correction Completed 12/02/2025	ID Prefix S3215 Reg. # 26-41-205 (h) LSC	Correction Completed 12/02/2025
ID Prefix S3216 Reg. # 26-41-205 (i) LSC	Correction Completed 12/02/2025	ID Prefix S3270 Reg. # 26-41-104 (b) LSC	Correction Completed 12/02/2025	ID Prefix S3280 Reg. # 26-41-104 (d) LSC	Correction Completed 12/02/2025
ID Prefix S3298 Reg. # 26-41-206 (d) LSC	Correction Completed 12/02/2025	ID Prefix S3299 Reg. # 26-41-206 (e) (1) LSC	Correction Completed 12/02/2025	ID Prefix S3310 Reg. # 26-41-207 (b) (5-6) (c) LSC	Correction Completed 12/02/2025

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 S3320	Correction				
Reg. # 28-39-254	Completed				
LSC	12/02/2025				

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	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
11/3/2025	☐ YES ☐ NO