STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
B046091 Y1	A. Building B. Wing Y2	5/5/2026 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA HEIGHTS LIVING LLC	816 S MULBERRY STREET GARDNER, KS 66030

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	Correction	ID Prefix	S5026	Correction	ID Prefix	S5028	Correction
Reg. #	26-39-103 (h)	Completed	Reg. #	26-42-101 (f) (1)	Completed	Reg. #	26-42-101 (f) (3)	Completed
LSC		05/05/2026	LSC		05/05/2026	LSC		05/05/2026
ID Prefix	S5105	Correction	ID Prefix	S5127	Correction	ID Prefix	S5171	Correction
Reg. #	26-42-202 (a)	Completed	Reg. #	26-42-202 (i)	Completed	Reg. #	26-42-204 (i)	Completed
LSC		05/05/2026	LSC		05/05/2026	LSC		05/05/2026
ID Prefix	S5215	Correction	ID Prefix	S5230	Correction	ID Prefix	S5245	Correction
Reg. #	26-42-104 (d)	Completed	Reg. #	26-42-207 (b)(5)(6) (c)	Completed	Reg. #	26-42-105 (b)	Completed
LSC		05/05/2026	LSC		05/05/2026	LSC		05/05/2026
ID Prefix	S5250	Correction	ID Prefix	S5251	Correction	ID Prefix	S5255	Correction
Reg. #	26-42-105 (f) (1 - 10)	Completed	Reg. #	26-42-105 (f) (11)	Completed	Reg. #	26-42-102 (a)	Completed
LSC		05/05/2026	LSC		05/05/2026	LSC		05/05/2026
ID Prefix	S5258	Correction	ID Prefix	S5300	Correction	ID Prefix	S5302	Correction
Reg. #	26-42-102 (d)	Completed	Reg. #	26-42-205 (d) (1-2)	Completed	Reg. #	26-42-205 (d) (4)	Completed
LSC		05/05/2026	LSC		05/05/2026	LSC		05/05/2026

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 S5315	Correction				
Reg. # 26-42-205 (h)	Completed				
LSC	05/05/2026				

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? ☐ YES ☐ NO