KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES
SURVEY, CERTIFICATION AND CREDENTIALLING COMMISSION

LICENSE OR PROVIDERS NO.		DATE OF VISIT
B087210	ASPEN - G7N812	5/26/26 & 05/28/26
NAME OF FACILITY	STREET, ADDRESS, CITY, STATE, ZIP CODE	
Emerald Senior LLC	1226 S Byron Rd Wichita Ks, 67209	

ITEM	COMMENTS
	THE SIGNATURES BELOW ACKNOWLEDGE DISCUSSION OF THE DIFICIENCY LIST, THE RECEIPT OF A COPY OF THE SAME AND THE RECEIPT OF INFORMATION ABOUT THE BUREAU'S *"INFORMAL DISPUTE RESOLUTION"* PROCESS.

DATE	SURVEYOR'S SIGNATURE	FACILITY REPRESENTATIVE'S SIGNATURE	DATE
05/28/26	Shanie Maxwell RN & Amanda Robker-Chadd LPN	Audra Crouse RN	5/28/26

COMMENT SHEET

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
B087210 Y1	A. Building B. Wing Y2	5/28/2026 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERALD SENIORS, LLC	1226 S BYRON ROAD WICHITA, KS 67209

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	05/28/2026	LSC	05/28/2026	LSC	05/28/2026
ID Prefix S5040	Correction	ID Prefix S5085	Correction	ID Prefix S5116	Correction
Reg. # 26-42-101 (j)	Completed	Reg. # 26-42-201 (c)	Completed	Reg. # 26-42-202 (d)	Completed
LSC	05/28/2026	LSC	05/28/2026	LSC	05/28/2026
ID Prefix S5171	Correction	ID Prefix S5195	Correction	ID Prefix S5215	Correction
Reg. # 26-42-204 (i)	Completed	Reg. # 26-42-206 (f) (g)	Completed	Reg. # 26-42-104 (d)	Completed
LSC	05/28/2026	LSC	05/28/2026	LSC	05/28/2026
ID Prefix S5230	Correction	ID Prefix S5251	Correction	ID Prefix S5315	Correction
Reg. # 26-42-207 (b)(5)(6) (c)	Completed	Reg. # 26-42-105 (f) (11)	Completed	Reg. # 26-42-205 (h)	Completed
LSC	05/28/2026	LSC	05/28/2026	LSC	05/28/2026
ID Prefix S5325	Correction	ID Prefix S5335	Correction	ID Prefix	Correction
Reg. # 26-42-205 (l)	Completed	Reg. # 28-39-437	Completed	Reg. #	Completed
LSC	05/28/2026	LSC	05/28/2026	LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
		5/28/26	Amanda Rhea-Cladd LPN	
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
		5/28/26	Stanie Maxwell RN HFS	

FOLLOWUP TO SURVEY COMPLETED ON
5/7/2026

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