# STATE FORM: REVISIT REPORT

| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER | MULTIPLE CONSTRUCTION | DATE OF REVISIT |
|---|---|---|
| N089045 Y1 | A. Building<br>B. Wing Y2 | 6/3/2026 Y3 |

| NAME OF FACILITY | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LEGEND AT CAPITAL RIDGE | 1931 SW ARVONIA PLACE<br>TOPEKA, KS 66615 |

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 S3026 | Correction | ID Prefix S3080 | Correction | ID Prefix S3085 | Correction |
| Reg. # 26-41-101 (f) (1) | Completed | Reg. # 26-41-201 (a) (b) | Completed | Reg. # 26-41-202 (a) | Completed |
| LSC | 06/03/2026 | LSC | 06/03/2026 | LSC | 06/03/2026 |
| ID Prefix S3092 | Correction | ID Prefix S3211 | Correction | ID Prefix S3216 | Correction |
| Reg. # 26-41-202 (d) | Completed | Reg. # 26-41-205 (g) (3) | Completed | Reg. # 26-41-205 (i) | Completed |
| LSC | 06/03/2026 | LSC | 06/03/2026 | LSC | 06/03/2026 |
| ID Prefix S3227 | Correction | ID Prefix S3260 | Correction | ID Prefix S3261 | Correction |
| Reg. # 26-41-205 (l) (2) | Completed | Reg. # 26-41-105 (f) (1 - 10) | Completed | Reg. # 26-41-105 (f) (11) | Completed |
| LSC | 06/03/2026 | LSC | 06/03/2026 | LSC | 06/03/2026 |
| ID Prefix S3310 | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # 26-41-207 (b) (5-6) (c) | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | 06/03/2026 | 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 | |
|---|---|
| 5/5/2026 | ☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO |