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

LICENSE OR PROVIDERS NO.		DATE OF VISIT
N052007	Revisit- WR0S12	06/01/26
NAME OF FACILITY	STREET, ADDRESS, CITY, STATE, ZIP CODE	
Twin Oaks Assisted Living	657 Eisenhower, Lansing, KS 66043	

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
06/01/26	Chris Peppel, RN/HFS	ED/LPN	6/1/26

COMMENT SHEET

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
N052007 Y1	A. Building B. Wing Y2	6/1/2026 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
TWIN OAKS ASSISTED LIVING	657 EISENHOWER LANSING, KS 66043

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 S3211	Correction	ID Prefix S3215	Correction
Reg. # 26-41-101 (f) (1)	Completed	Reg. # 26-41-205 (g) (3)	Completed	Reg. # 26-41-205 (h)	Completed
LSC	06/01/2026	LSC	06/01/2026	LSC	06/01/2026
ID Prefix S3320	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 28-39-254	Completed	Reg. #	Completed	Reg. #	Completed
LSC	06/01/2026	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		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 6/1/26	SIGNATURE OF SURVEYOR Christopher Peppel	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE 6/1/26

FOLLOWUP TO SURVEY COMPLETED ON	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
5/6/2026	☐ YES ☐ NO