

Kansas Department on Aging

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N076003 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 01/10/2023 |
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| NAME OF PROVIDER OR SUPPLIER PARKWOOD VILLAGE | STREET ADDRESS, CITY, STATE, ZIP CODE 401 ROCHESTER PRATT, KS 67124 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
| {S 000} | <p>INITIAL COMMENTS</p> <p>An offsite revisit survey was conducted on 01/10/2023 for all previous deficiencies cited on 12/21/2022 All deficiencies have been corrected as of the compliance date of 01/04/2022, and no new noncompliance was found. The facility is in compliance with all regulations surveyed.</p> | {S 000} | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE