

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER N087069	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/24/2024
NAME OF FACILITY REGENT PARK ASSISTED LIVING AND MEMORY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 10600 E 13TH STREET NORTH WICHITA, KS 67206

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 S3085	Correction	ID Prefix S3155	Correction
Reg. # 26-41-101 (f) (1)	Completed	Reg. # 26-41-202 (a)	Completed	Reg. # 26-41-204 (a)	Completed
LSC	12/24/2024	LSC	12/24/2024	LSC	12/24/2024
ID Prefix S3310	Correction	ID Prefix S3320	Correction	ID Prefix	Correction
Reg. # 26-41-207 (b) (5-6) (c)	Completed	Reg. # 28-39-254	Completed	Reg. #	Completed
LSC	12/24/2024	LSC	12/24/2024	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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 12/10/2024

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