

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 17D2215822	(X3) Date Survey Completed 03/08/2023
Name of Provider or Supplier Seniorcare Homes	Street Address, City, State 10419 Lee Blvd, Leawood, KS	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

(X4) ID Prefix Tag	Summary Statement of Deficiencies
D0000	SeniorCare Homes was found to be in substantial compliance with 42 CFR Part 493, Requirements for Laboratories as a result of an offsite survey March 8, 2023.