DATE: September 22, 2021

TO: Facility Administrator or Representative

SUBJECT: Survey of Medicare-Certified Providers/Supplier

The Bearer of this letter has been authorized by Kansas Department of Health and Environment (KDHE), Health Facilities Program, Acute and Continuing Care to perform the duties and responsibilities as a Health Facility Surveyor for Medicare-certified providers and suppliers.

During the survey process, the facility must furnish all information that the health facility surveyor finds necessary to determine whether the provider/supplier is in compliance with the Medicare Requirements for Conditions of Participation/Conditions for Coverage.

If you have any questions or concerns at any time during the survey process regarding the identification or right of access of the Bearer of this letter, please contact one of us via email or cell phone. The sooner we can identify your concerns, the better our communication will be to address concerns.

Sincerely,

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