

# Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207, and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA /  
Identification Number  
535034

(Y2) Multiple Construction  
A. Building  
B. Wing

(Y3) Date of Revisit  
08/04/2011

Name of Facility  
WESTWARD HEIGHTS CARE CENTER

Street Address, City, State, Zip Code  
150 CARING WAY  
LANDER, WY 82520

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction 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 CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

| (Y4) Item           | (Y5) Date            | (Y4) Item               | (Y5) Date            | (Y4) Item           | (Y5) Date            |
|---------------------|----------------------|-------------------------|----------------------|---------------------|----------------------|
|                     | Correction Completed |                         | Correction Completed |                     | Correction Completed |
| ID Prefix F0176     | 07/22/2011           | ID Prefix F0226         | 07/22/2011           | ID Prefix F0253     | 07/22/2011           |
| Reg. # 483.10(n)    |                      | Reg. # 483.13(c)        |                      | Reg. # 483.15(h)(2) |                      |
| LSC                 |                      | LSC                     |                      | LSC                 |                      |
|                     | Correction Completed |                         | Correction Completed |                     | Correction Completed |
| ID Prefix F0363     | 07/22/2011           | ID Prefix F0371         | 07/22/2011           | ID Prefix F0456     | 07/22/2011           |
| Reg. # 483.35(e)    |                      | Reg. # 483.35(i)        |                      | Reg. # 483.70(c)(2) |                      |
| LSC                 |                      | LSC                     |                      | LSC                 |                      |
|                     | Correction Completed |                         | Correction Completed |                     | Correction Completed |
| ID Prefix F0465     | 07/22/2011           | ID Prefix F0494         | 07/22/2011           | ID Prefix F0514     | 07/22/2011           |
| Reg. # 483.70(h)    |                      | Reg. # 483.75(e)(2)-(3) |                      | Reg. # 483.75(i)(1) |                      |
| LSC                 |                      | LSC                     |                      | LSC                 |                      |
|                     | Correction Completed |                         | Correction Completed |                     | Correction Completed |
| ID Prefix F0518     | 07/22/2011           | ID Prefix               |                      | ID Prefix           |                      |
| Reg. # 483.75(m)(2) |                      | Reg. #                  |                      | Reg. #              |                      |
| LSC                 |                      | LSC                     |                      | LSC                 |                      |
|                     | Correction Completed |                         | Correction Completed |                     | Correction Completed |
| ID Prefix           |                      | ID Prefix               |                      | ID Prefix           |                      |
| Reg. #              |                      | Reg. #                  |                      | Reg. #              |                      |
| LSC                 |                      | LSC                     |                      | LSC                 |                      |

Reviewed By  
State Agency

Reviewed By

Date:

Signature of Surveyor:

Date:

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

CMS RO

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO