Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
535034	A. Building B. Wing	08/04/2011

Name of Facility	Street Address, City, State, Zip Code
WESTWARD HEIGHTS CARE CENTER	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
ID Prefix F0176 Reg. # 483.10(n) LSC	Correction Completed 07/22/2011	ID Prefix F0226 Reg. # 483.13(c) LSC	Correction Completed 07/22/2011	ID Prefix F0253 Reg. # 483.15(h)(2) LSC	Correction Completed 07/22/2011
ID Prefix F0363 Reg. # 483.35(e) LSC	Correction Completed 07/22/2011	ID Prefix F0371 Reg. # 483.35(i) LSC	Correction Completed 07/22/2011	ID Prefix F0456 Reg. # 483.70(e)(2) LSC	Correction Completed 07/22/2011
ID Prefix F0465 Reg. # 483.70(h) LSC	Correction Completed 07/22/2011	ID Prefix F0494 Reg. # 483.75(e)(2)-(3) LSC	Correction Completed 07/22/2011	ID Prefix F0514 Reg. # 483.75(l)(1) LSC	Correction Completed 07/22/2011
ID Prefix F0518 Reg. # 483.75(m)(2) LSC	Correction Completed 07/22/2011	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By R. 8/6/11	Date:	Signature of Surveyor: Janelle Conlon, LOTR/L	Date: 8/11/11
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

Followup to Survey Completed on: 10/17/11

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO