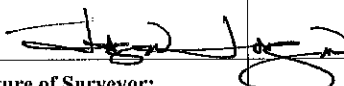


Post-Certification Revisit Report

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 535030	(Y2) Multiple Construction A. Building 01 - NEW HORIZONS CARE CENTER B. Wing	(Y3) Date of Revisit 02/04/2011
Name of Facility NEW HORIZONS CARE CENTER		Street Address, City, State, Zip Code 1111 LANE 12 LOVELL, WY 82431

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	01/28/2011	ID Prefix	01/28/2011	ID Prefix	01/28/2011
Reg. # NFPA 101		Reg. # NFPA 101		Reg. # NFPA 101	
LSC K0017		LSC K0027		LSC K0029	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix	01/28/2011	ID Prefix	01/28/2011	ID Prefix	01/05/2011
Reg. # NFPA 101		Reg. # NFPA 101		Reg. # NFPA 101	
LSC K0046		LSC K0062		LSC K0064	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix	01/28/2011	ID Prefix		ID Prefix	
Reg. # NFPA 101		Reg. #		Reg. #	
LSC K0141		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix		ID Prefix		ID Prefix	
Reg. #		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	Reviewed By	Date:	Signature of Surveyor:		Date:
State Agency	B	2/11/11			2/04/11
Reviewed By	Reviewed By	Date:	Signature of Surveyor:		
CMS RO					
Followup to Survey Completed on: 12/14/2010		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			