PAGE 01
LARRY GOODMAY
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05/10/2008 11:08

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MAY 13 2008
Wyoming Dept of Health
Licensing and Surveys

OFFICE OF HEALTHCARE LICENSING & SURVEYS

Revisit Report for State Deficiencies Corrected
"B" FORM

Facility Name: The Heartland (ALF) City: Powell

Date of Follow-up: 05/05/08 Follow-up to Survey Date of: 02/28/08 (Health/LSC)

Tag #: Obstruced fire alarm devices. Corrected: 2/29/08	Tag # Emergency lighting testing Corrected: 2/29/08	Tag # Smoke detector sensitivity tersting Corrected: 2/29/08	Tag # Non closure double fire barrier doors. Corrected: 2/28/08
Tag # Incomplete ALF 102's. Corrected: 3/08/08	Tag # Unsigned service plans Corrected: 4/25/08	Tag # Policies and Procedures not up to date Corrected: 4/25/08	Tag # _____ Date Corrected:_____
Tag #_____ Date Corrected:_____	Tag #: _____ Date Corrected: _____	Tag # _____ Date Corrected: _____	Tag # _____ Date Corrected: _____

Signature of Surveyor: Larry Goodmay Date: 5/13/08

(Rev. 06/13/06)