

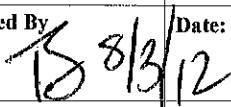
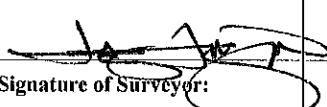
Post-Certification Revisit Report

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 WY0042	(Y2) Multiple Construction A. Building 01 - SCOTT BUILDING B. Wing	(Y3) Date of Revisit 08/01/2012
Name of Facility GREEN HOUSE LIVING FOR SHERIDAN		Street Address, City, State, Zip Code 2311 SHIRLEY COVE SHERIDAN, WY 82801

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 _____ Reg. # NFPA 101 LSC K0011	Correction Completed 06/27/2012	ID Prefix _____ Reg. # NFPA 101 LSC K0029	Correction Completed 06/01/2012	ID Prefix _____ Reg. # NFPA 101 LSC K0056	Correction Completed 06/12/2012
ID Prefix _____ Reg. # NFPA 101 LSC K0062	Correction Completed 06/01/2012	ID Prefix _____ Reg. # NFPA 101 LSC K0067	Correction Completed 06/12/2012	ID Prefix _____ Reg. # NFPA 101 LSC K0069	Correction Completed 06/12/2012
ID Prefix _____ Reg. # NFPA 101 LSC K0141	Correction Completed 06/15/2012	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
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By State Agency	Reviewed By 	Date: 8/3/12	Signature of Surveyor: 	Date: 8/2/12
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

Followup to Survey Completed on:
05/08/2012

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

YES NO

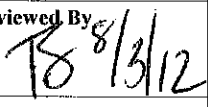
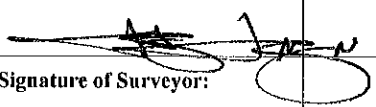
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(Y1) Provider / Supplier / CLIA / Identification Number WY0042	(Y2) Multiple Construction A. Building 02 - WATT BUILDING B. Wing	(Y3) Date of Revisit 08/01/2012
Name of Facility GREEN HOUSE LIVING FOR SHERIDAN		Street Address, City, State, Zip Code 2311 SHIRLEY COVE SHERIDAN, WY 82801

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	Correction Completed 06/01/2012	ID Prefix	Correction Completed 06/12/2012	ID Prefix	Correction Completed 06/12/2012
Reg. # NFPA 101		Reg. # NFPA 101		Reg. # NFPA 101	
LSC K0029		LSC K0056		LSC K0067	
ID Prefix	Correction Completed 06/12/2012	ID Prefix	Correction Completed 06/29/2012	ID Prefix	Correction Completed
Reg. # NFPA 101		Reg. # NFPA 101		Reg. #	
LSC K0069		LSC K0141		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By State Agency	Reviewed By 	Date:	Signature of Surveyor: 	Date: 8/2/12
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

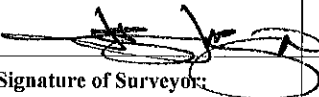
Followup to Survey Completed on: 05/08/2012	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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Post-Certification Revisit Report

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(Y1) Provider / Supplier / CLIA / Identification Number WY0042	(Y2) Multiple Construction A. Building 03 - WHITNEY BUILDING B. Wing	(Y3) Date of Revisit 08/01/2012
Name of Facility GREEN HOUSE LIVING FOR SHERIDAN		Street Address, City, State, Zip Code 2311 SHIRLEY COVE SHERIDAN, WY 82801

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 _____ Reg. # NFPA 101 LSC K0029	Correction Completed 05/25/2012	ID Prefix _____ Reg. # NFPA 101 LSC K0056	Correction Completed 06/12/2012	ID Prefix _____ Reg. # NFPA 101 LSC K0067	Correction Completed 06/12/2012
ID Prefix _____ Reg. # NFPA 101 LSC K0069	Correction Completed 06/12/2012	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
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	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 <i>B</i> 8/3/12	Date: _____	Signature of Surveyor: 	Date: <i>8</i>	
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____		
Followup to Survey Completed on: 05/08/2012		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			