Dep of Health and Human Services
Centers For Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
535034	A. Building B. Wing	01/30/2006

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).

94118 Upload by Julie 1-31-06

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0279 Reg. # 483.20(d), 483.20(k)(1) LSC	Correction Completed 01/02/2006	ID Prefix F0318 Reg. # 483.25(e)(2) LSC	Correction Completed 01/02/2006	ID Prefix F0324 Reg. # 483.25(h)(2) LSC	Correction Completed 01/02/2006
ID Prefix F0331 Reg. # 483.25(l)(2)(ii) LSC	Correction Completed 01/02/2006	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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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:	Signature of Surveyor: Lonny Abelman	Date: 1/30/06
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

Followup to Survey Completed on: ___

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