Department of Health and Human Ser[illegible]s
Centers for Medicare & Medicaid Serv[illegible]s

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
535030	A. Building B. Wing	5/18/2006

Name of Facility	Street Address, City, State, Zip Code
NEW HORIZONS CARE CENTER	1115 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).

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0221 Reg. # 483.13(a) LSC	Correction Completed 04/15/2006	ID Prefix F0241 Reg. # 483.15(a) LSC	Correction Completed 04/15/2006	ID Prefix F0253 Reg. # 483.15(h)(2) LSC	5/30/06 Correction Completed 04/18/2006
ID Prefix F0272 Reg. # 483.20, 483.20(b) LSC	Correction Completed 04/21/2006	ID Prefix F0274 Reg. # 483.20(b)(2)(ii) LSC	Correction Completed 04/21/2006	ID Prefix F0275 Reg. # 483.20(b)(2)(iii) LSC	Correction Completed 04/18/2006
ID Prefix F0276 Reg. # 483.20(c) LSC	Correction Completed 04/18/2006	ID Prefix F0278 Reg. # 483.20(g) - (i) LSC	Correction Completed 04/18/2006	ID Prefix F0282 Reg. # 483.20(k)(3)(ii) LSC	Correction Completed 04/18/2006
ID Prefix F0311 Reg. # 483.25(a)(2) LSC	Correction Completed 04/18/2006	ID Prefix F0312 Reg. # 483.25(a)(3) LSC	Correction Completed 04/18/2006	ID Prefix F0315 Reg. # 483.25(d) LSC	Correction Completed 04/18/2006
ID Prefix F0318 Reg. # 483.25(e)(2) LSC	Correction Completed 04/18/2006	ID Prefix F0323 Reg. # 483.25(h)(1) LSC	Correction Completed 05/18/2006	ID Prefix F0353 Reg. # 483.30(a) LSC	Correction Completed 04/18/2006

Reviewed By State Agency	Reviewed By TO	Date: 5/30/06	Signature of Surveyor:	Date: 5/30/06
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0366 Reg. # 483.35(d)(4) LSC	Correction Completed 04/18/2006	ID Prefix F0371 Reg. # 483.35(h)(2) LSC	Correction Completed 04/18/2006	ID Prefix F0432 Reg. # 483.60(e) LSC	Correction Completed 04/18/2006
ID Prefix F0441 Reg. # 483.65(a) LSC	Correction Completed 04/15/2006	ID Prefix F0465 Reg. # 483.70(h) LSC	Correction Completed 04/18/2006	ID Prefix F0492 Reg. # 483.75(b) LSC	Correction Completed 04/18/2006

Reviewed By State Agency	Reviewed By B	Date: 5/30/06	Signature of Surveyor:	Date: 5/30/06
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?
3/9/2006	YES NO