

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 0 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 04/10/2006
---	--	------------------------------------

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

Uploaded - 53-106953
5/30/06

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
Correction Completed		Correction Completed		Correction Completed	
ID Prefix <u>FSES</u>	02/22/2006	ID Prefix	02/24/2006	ID Prefix	03/08/2006
Reg. # <u>NFPA 101</u>		Reg. # <u>NFPA 101</u>		Reg. # <u>NFPA 101</u>	
LSC <u>K0017</u>		LSC <u>K0018</u>		LSC <u>K0027</u>	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix	02/24/2006	ID Prefix <u>WAVER</u>	03/31/2006	ID Prefix <u>WAVER</u>	03/31/2006
Reg. # <u>NFPA 101</u>		Reg. # <u>NFPA 101</u>		Reg. # <u>NFPA 101</u>	
LSC <u>K0029</u>		LSC <u>K0051</u>		LSC <u>K0056</u>	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix	03/10/2006	ID Prefix <u>WAVER</u>	03/31/2006	ID Prefix	02/24/2006
Reg. # <u>NFPA 101</u>		Reg. # <u>NFPA 101</u>		Reg. # <u>NFPA 101</u>	
LSC <u>K0062</u>		LSC <u>K0130</u>		LSC <u>K0141</u>	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix	02/24/2006	ID Prefix		ID Prefix	
Reg. # <u>NFPA 101</u>		Reg. #		Reg. #	
LSC <u>K0147</u>		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By State Agency	Reviewed By <i>TS</i>	Date: 5/30/06	Signature of Surveyor: <i>[Signature]</i>	Date: 4/10/06
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

Followup to Survey Completed on 02/22/2006	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
---	--