Department 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
535030	A. Building 01 - NEW HORIZONS CARE CENTER B. Wing	04/10/2006

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).

Upload — 53-106953

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix FSES Reg. # NFPA 101 LSC K0017	Correction Completed 02/22/2006	ID Prefix Reg. # NFPA 101 LSC K0018	Correction Completed 02/24/2006	ID Prefix TS Reg. # NFPA 101 LSC K0027	5/30/06 Correction Completed 03/08/2006
ID Prefix Reg. # NFPA 101 LSC K0029	Correction Completed 02/24/2006	ID Prefix WAIVER Reg. # NFPA 101 LSC K0051	Correction Completed 03/31/2006	ID Prefix WAIVER Reg. # NFPA 101 LSC K0056	Correction Completed 03/31/2006
ID Prefix Reg. # NFPA 101 LSC K0062	Correction Completed 03/10/2006	ID Prefix WAIVER Reg. # NFPA 101 LSC K0130	Correction Completed 03/31/2006	ID Prefix Reg. # NFPA 101 LSC K0141	Correction Completed 02/24/2006
ID Prefix Reg. # NFPA 101 LSC K0147	Correction Completed 02/24/2006	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 TS	Date: 5/30/06	Signature of Surveyor:		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