

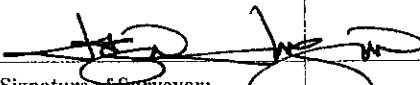
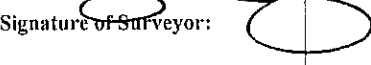
12/29/2009

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number ALF016	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 12/29/2009
Name of Facility THE HEARTLAND	Street Address, City, State, Zip Code 639 AVENUE H POWELL, WY 82435	

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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
Correction Completed		Correction Completed		Correction Completed	
ID Prefix <u>SALF</u>	<u>12/18/2009</u>	ID Prefix _____		ID Prefix _____	
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix _____		ID Prefix _____		ID Prefix _____	
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix _____		ID Prefix _____		ID Prefix _____	
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix _____		ID Prefix _____		ID Prefix _____	
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix _____		ID Prefix _____		ID Prefix _____	
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	

Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
State Agency	<u>TS</u>	<u>12/30/09</u>		<u>12/29/09</u>
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
CMS RO				

Followup to Survey Completed on:

11/04/2009

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

YES NO