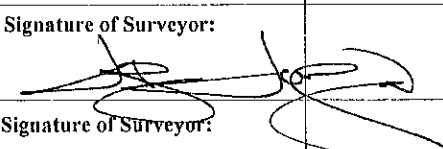


State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number ALF014	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 08/30/2010
Name of Facility SPRING WIND ASSISTED LIVING COMMUNITY		Street Address, City, State, Zip Code 1072 NORTH 22ND STREET LARAMIE, WY 82072

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>07/31/2010</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 <u>AB</u>	Date: <u>9/2/10</u>	Signature of Surveyor: 	Date: <u>9/02/10</u>	
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____		
Followup to Survey Completed on: 06/01/2010		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			