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Department of Health and Human Services
Centers For Medicare & Medicaid Services

Healthcare Licensing

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the 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 26564, 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 535039	(Y2) Multiple Construction A. Building 01 - MAIN BUILDING 01 B. Wing	(Y3) Date of Revisit 04/06/2012
Name of Facility WESTVIEW HEALTH CARE CENTER		Street Address, City, State, Zip Code 1990 WEST LOUCKS STREET SHERIDAN, WY 82801

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).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix Reg. # NEPA 101 LSC K0015	Correction Completed 03/05/2012	ID Prefix Reg. # NEPA 101 LSC K0062	Correction Completed 03/05/2012	ID Prefix Reg. # NEPA 101 LSC K0154	Correction Completed 03/05/2012
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency	Reviewed By B 4/11/12	Date:	Signature of Surveyor 	Date:	4/6/12
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor		

Followup to Survey Completed on:
02/02/2012

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO