

Post-Certification Revisit Report

OMB No. 0938-0390

Public reporting burden 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 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

535034

(Y2) Multiple Construction

A. Building
B. Wing

(Y3) Date of Revisit

08/04/2011

Name of Facility

WESTWARD HEIGHTS CARE CENTER

Street Address, City, State, Zip Code

150 CARING WAY
LANDER, WY 82520

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
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0176	06/24/2011	ID Prefix F0246	06/24/2011	ID Prefix F0248	06/24/2011
Reg. # 483.10(n)		Reg. # 483.15(c)(1)		Reg. # 483.15(f)(1)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0250	06/24/2011	ID Prefix F0272	06/24/2011	ID Prefix F0281	06/24/2011
Reg. # 483.15(a)(1)		Reg. # 483.20(b)(1)		Reg. # 483.20(r)(3)(i)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0282	06/24/2011	ID Prefix F0286	06/24/2011	ID Prefix F0309	06/24/2011
Reg. # 483.20(k)(3)(ii)		Reg. # 483.20(i)		Reg. # 483.25	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0312	06/24/2011	ID Prefix F0314	06/24/2011	ID Prefix F0315	06/24/2011
Reg. # 483.25(a)(3)		Reg. # 483.25(c)		Reg. # 483.25(d)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0318	06/24/2011	ID Prefix F0325	06/24/2011	ID Prefix F0332	06/24/2011
Reg. # 483.25(e)(2)		Reg. # 483.25(i)		Reg. # 483.25(m)(1)	
LSC		LSC		LSC	

Followup to Survey Completed on:

05/12/2011

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

YES NO

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	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0363	06/24/2011	ID Prefix F0371	06/24/2011	ID Prefix F0425	06/24/2011
Reg. # 483.35(e)		Reg. # 483.35(d)		Reg. # 483.60(a),(b)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0431	06/24/2011	ID Prefix F0441	06/24/2011	ID Prefix F0502	06/24/2011
Reg. # 483.60(b), (d), (e)		Reg. # 483.65		Reg. # 483.75(i)(1)	
LSC		LSC		LSC	
	Correction Completed				
ID Prefix F0520	06/24/2011				
Reg. # 483.75(o)(1)					
LSC					
Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:	
State Agency	<i>P 8/5/11</i>		<i>Jacqueline Corbin, OTRK</i>	<i>8/4/11</i>	
Reviewed By	Reviewed By	Date:	Signature of Surveyor:		
CMS RO					

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