Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
535034	A. Building B. Wing	08/04/2011

Name of Facility	Street Address, City, State, Zip Code
WESTWARD HEIGHTS CARE CENTER	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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0176 Reg. # 483.10(n) LSC	06/24/2011	ID Prefix F0246 Reg. # 483.15(e)(1) LSC	06/24/2011	ID Prefix F0248 Reg. # 483.15(f)(1) LSC	06/24/2011
ID Prefix F0250 Reg. # 483.15(g)(1) LSC	06/24/2011	ID Prefix F0272 Reg. # 483.20(b)(1) LSC	06/24/2011	ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	06/24/2011
ID Prefix F0282 Reg. # 483.20(k)(3)(ii) LSC	06/24/2011	ID Prefix F0286 Reg. # 483.20(d) LSC	06/24/2011	ID Prefix F0309 Reg. # 483.25 LSC	06/24/2011
ID Prefix F0312 Reg. # 483.25(a)(3) LSC	06/24/2011	ID Prefix F0314 Reg. # 483.25(c) LSC	06/24/2011	ID Prefix F0315 Reg. # 483.25(d) LSC	06/24/2011
ID Prefix F0318 Reg. # 483.25(e)(2) LSC	06/24/2011	ID Prefix F0325 Reg. # 483.25(i) LSC	06/24/2011	ID Prefix F0332 Reg. # 483.25(m)(1) LSC	06/24/2011

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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(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0363 Reg. # 483.35(e) LSC	06/24/2011	ID Prefix F0371 Reg. # 483.35(f) LSC	06/24/2011	ID Prefix F0425 Reg. # 483.60(a),(b) LSC	06/24/2011
ID Prefix F0431 Reg. # 483.60(b), (d), (e) LSC	06/24/2011	ID Prefix F0441 Reg. # 483.65 LSC	06/24/2011	ID Prefix F0502 Reg. # 483.75(l)(1) LSC	06/24/2011
ID Prefix F0520 Reg. # 483.75(o)(1) LSC	06/24/2011				

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
	TB 8/5/11		Jackie Cowling, COTA/L	8/4/11
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

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