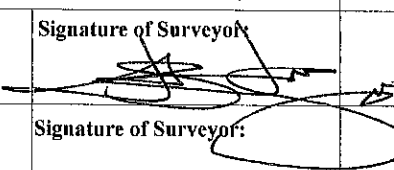


State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number ALF021	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 02/11/2014
Name of Facility WYOMING PIONEER HOME		Street Address, City, State, Zip Code 141 PIONEER HOME DRIVE THERMOPOLIS, WY 82443

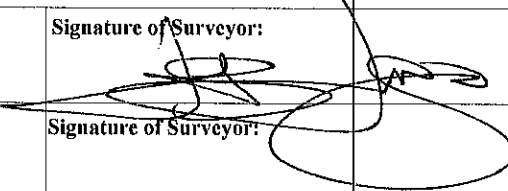
This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code 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
ID Prefix <u>S8004</u> Reg. # <u>NFPA</u> LSC _____ Correction Completed 12/18/2013	12/18/2013	ID Prefix <u>S8010</u> Reg. # <u>NFPA</u> LSC _____ Correction Completed 12/05/2013	12/05/2013	ID Prefix <u>S8018</u> Reg. # <u>NFPA</u> LSC _____ Correction Completed 02/10/2014	02/10/2014
ID Prefix <u>S8022</u> Reg. # <u>NFPA</u> LSC _____ Correction Completed 01/31/2014	01/31/2014	ID Prefix _____ Reg. # _____ LSC _____ Correction Completed		ID Prefix _____ Reg. # _____ LSC _____ Correction Completed	
ID Prefix _____ Reg. # _____ LSC _____ Correction Completed		ID Prefix _____ Reg. # _____ LSC _____ Correction Completed		ID Prefix _____ Reg. # _____ LSC _____ Correction Completed	
ID Prefix _____ Reg. # _____ LSC _____ Correction Completed		ID Prefix _____ Reg. # _____ LSC _____ Correction Completed		ID Prefix _____ Reg. # _____ LSC _____ Correction Completed	
ID Prefix _____ Reg. # _____ LSC _____ Correction Completed		ID Prefix _____ Reg. # _____ LSC _____ Correction Completed		ID Prefix _____ Reg. # _____ LSC _____ Correction Completed	
ID Prefix _____ Reg. # _____ LSC _____ Correction Completed		ID Prefix _____ Reg. # _____ LSC _____ Correction Completed		ID Prefix _____ Reg. # _____ LSC _____ Correction Completed	
Reviewed By _____ State Agency _____	Reviewed By <u>BS</u> <u>2/21/14</u>	Date: _____ Signature of Surveyor: 	Date: <u>2/19/14</u>		
Reviewed By _____ CMS RO _____	Reviewed By _____	Date: _____ Signature of Surveyor: _____			
Followup to Survey Completed on: 12/04/2013		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number ALF021	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 02/11/2014
Name of Facility WYOMING PIONEER HOME		Street Address, City, State, Zip Code 141 PIONEER HOME DRIVE THERMOPOLIS, WY 82443

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
ID Prefix <u>S5094</u> Reg. # <u>Ch 12 Sec 7 (o)(iii)(A-E)</u> LSC _____	Correction Completed 12/31/2013	ID Prefix <u>S5166</u> Reg. # <u>Ch 4 Sec 10 (ii)</u> LSC _____	Correction Completed 12/31/2013	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
Reviewed By _____ State Agency	Reviewed By <u>BO 2/21/14</u>	Date: _____	Signature of Surveyor: 	Date: <u>2/19/14</u>	
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____		
Followup to Survey Completed on: 12/04/2013		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			