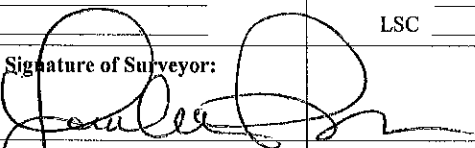


State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number 535038	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 10/17/2014
Name of Facility ROCKY MOUNTAIN CARE - EVANSTON		Street Address, City, State, Zip Code 475 YELLOW CREEK ROAD EVANSTON, WY 82930

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 ID Prefix S3001 Reg. # Ch 11 Sec 11 (a)(i) LSC	09/18/2014	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	
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Reviewed By State Agency	Reviewed By TS 10/17/14	Date:	Signature of Surveyor: 	Date:	10/17/14
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:		
Followup to Survey Completed on: 11/07/2013		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			