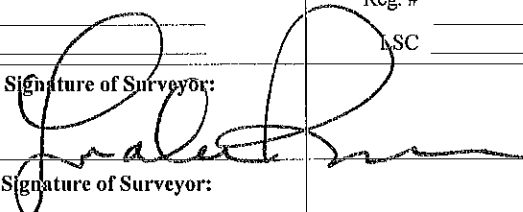
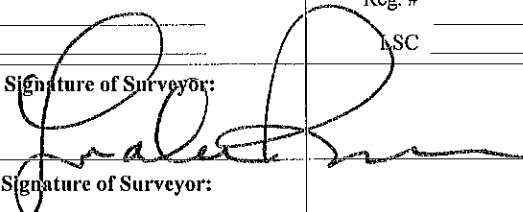


State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number ALF017	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 08/11/2014
Name of Facility HOMESTEAD ASSISTED LIVING		Street Address, City, State, Zip Code 950 HOMESTEAD AVENUE RIVERTON, WY 82501

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>S5050</u> Reg. # <u>Ch 12 Sec 7 (d)(ii)(A-B)</u> LSC _____	Correction Completed 07/21/2014	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>TE</u> Date: <u>8/11/14</u>	Date: _____ Signature of Surveyor: 	Date: <u>8/11/14</u> Signature of Surveyor: 	Date: <u>8/19/17</u>	Date: <u>8/19/17</u>
Reviewed By _____ CMS RO _____	Reviewed By _____ Date: _____	Date: _____ Signature of Surveyor: _____	Date: _____ Signature of Surveyor: _____	Date: _____ Signature of Surveyor: _____	Date: _____ Signature of Surveyor: _____
Followup to Survey Completed on: 06/16/2014		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			