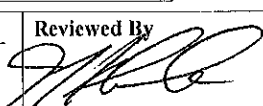


State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number 535013	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 11/24/2014
Name of Facility KINDRED TRANSITIONAL CARE AND REHABILITATION		Street Address, City, State, Zip Code 3128 BOXELDER DRIVE CHEYENNE, WY 82001

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 S7999 Reg. # LSC	11/24/2014	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	
Correction Completed ID Prefix Reg. # LSC		Correction Completed ID Prefix Reg. # LSC		Correction Completed ID Prefix Reg. # LSC	
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Correction Completed ID Prefix Reg. # LSC		Correction Completed ID Prefix Reg. # LSC		Correction Completed ID Prefix Reg. # LSC	

Reviewed By State Agency 11/24/14	Reviewed By 	Date: 11/24/14	Signature of Surveyor:		Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:		Date:

Followup to Survey Completed on: 08/05/2014	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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