State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
ALF008	A. Building B. Wing	03/04/2015

Name of Facility	Street Address, City, State, Zip Code
SIERRA HILLS ASSISTED LIVING COMMUNITY	4606 NORTH COLLEGE DRIVE CHEYENNE, WY 82009

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix S5008	02/01/2015	ID Prefix S5053	02/01/2015	ID Prefix S5056	02/01/2015
Reg. # Ch 12 Sec 6 (d)(ii)(A-F)		Reg. # Ch 12 Sec 7 (d)(v)(A)		Reg. # Ch 12 Sec 7 (e)(iii)	
LSC		LSC		LSC	
ID Prefix S5085	02/01/2015	ID Prefix		ID Prefix	
Reg. # Ch 12 Sec 7 (k)(iv)(A-F)		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By State Agency	Reviewed By BS 4/15	Date:	Signature of Surveyor:	Date: 3/4/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor: JLR RN	

Followup to Survey Completed on: 12/30/2014

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO