

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number ALF019	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 04/21/2015
Name of Facility SUNDANCE ASSISTED CARE	Street Address, City, State, Zip Code 108 ABBY LANE SUNDANCE, WY 82729	

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 <u>S8008</u> Reg. # <u>NFPA</u> LSC _____	03/31/2015	Correction Completed ID Prefix <u>S8012</u> Reg. # <u>NFPA</u> LSC _____	04/01/2015	Correction Completed ID Prefix <u>S8015</u> Reg. # <u>NFPA</u> LSC _____	04/15/2015
Correction Completed ID Prefix <u>S8027</u> Reg. # <u>NFPA</u> LSC _____	04/01/2015	Correction Completed ID Prefix _____ Reg. # _____ LSC _____		Correction Completed ID Prefix _____ Reg. # _____ LSC _____	
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Reviewed By State Agency	Reviewed By <i>SH</i>	Date: 4/22/15	Signature of Surveyor: <i>[Signature]</i> 34354	Date: 4/21/15	
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:		
Followup to Survey Completed on: 02/24/2015		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			