State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
ALF006

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
08/28/2015

Name of Facility
ASPEN WIND ASSISTED LIVING COMMUNITY

Street Address, City, State, Zip Code
4010 NORTH COLLEGE 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 Correction Completed	(Y4) Item		(Y5) Date Correction Completed	(Y4) Item		(Y5) Date Correction Completed
ID Prefix	S5054	07/05/2015	ID Prefix			ID Prefix		
Reg. #	Ch 12 Sec 7 (e)(i)(A-K)		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		
ID Prefix			ID Prefix			ID Prefix		
Reg. #			Reg. #			Reg. #		
LSC			LSC			LSC		

Reviewed By State Agency	Reviewed By B 8/26/15	Date:	Signature of Surveyor: [signature] 10826	Date: 8/28/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

Followup to Survey Completed on: 5/22/15

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