

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number WY0043	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 08/21/2015
Name of Facility SAGE VIEW CARE CENTER	Street Address, City, State, Zip Code 1325 SAGE STREET ROCK SPRINGS, WY 82901	

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 S7036 Reg. # IPC LSC	Correction Completed 08/18/2015	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency	Reviewed By TS 8/24/15	Date:	Signature of Surveyor: [Signature] 34354	Date: 8/21/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

Followup to Survey Completed on: 07/30/2015	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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