

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number 535040	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 11/13/2015
Name of Facility DOUGLAS CARE CENTER LLC		Street Address, City, State, Zip Code 1108 BIRCH STREET DOUGLAS, WY 82633

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 <u>S7035</u> Reg. # <u>IMC</u> LSC <u></u>	Correction Completed 10/16/2015	ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed	ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed
ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed	ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed	ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed
ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed	ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed	ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed
ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed	ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed	ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed
ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed	ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed	ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed
ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed	ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed	ID Prefix <u></u> Reg. # <u></u> LSC <u></u>	Correction Completed
Reviewed By State Agency <u></u>	Reviewed By <u>B 12/4/15</u>	Date: <u></u>	Signature of Surveyor: <u>[Signature]</u>	84354	Date: <u>11/13/15</u>
Reviewed By CMS RO <u></u>	Reviewed By <u></u>	Date: <u></u>	Signature of Surveyor: <u></u>		
Followup to Survey Completed on: 10/05/2015		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			