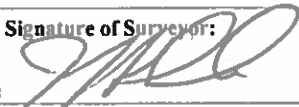


State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number 535048	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 10/12/2015
Name of Facility WORLAND HEALTHCARE AND REHABILITATION CENTI		Street Address, City, State, Zip Code 1901 HOWELL AVENUE WORLAND, WY 82401

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 S7015 Reg. # NFPA LSC Extension	Correction Completed 11/16/2015	ID Prefix S7035 Reg. # IMC LSC	Correction Completed 10/05/2015	ID Prefix S7036 Reg. # IPC LSC	Correction Completed 10/05/2015
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
Reviewed By State Agency	Reviewed By B 12/21/15	Date:	Signature of Surveyor: 	34354	Date: 10/13/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:		
Followup to Survey Completed on: 08/18/2015		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			