

JAN 05 2012

Healthcare Licensing
and Surveys

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number ALF016	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 01/05/2012
Name of Facility THE HEARTLAND	Street Address, City, State, Zip Code 639 AVENUE H POWELL, WY 82435	

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>SALF</u> Reg. # _____ LSC _____	Correction Completed 12/01/2011	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 <u>B</u>	Date: <u>1/12/11</u>	Signature of Surveyor: <u>Larry Goodmay</u>	Date: <u>1/5/12</u>	
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____	

Followup to Survey Completed on:

10/19/2011

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected
Deficiencies (CMS-2567) Sent to the Facility?

YES NO