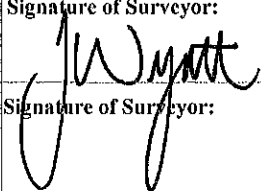


State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number 535034	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 09/18/2014
Name of Facility WESTWARD HEIGHTS CARE CENTER	Street Address, City, State, Zip Code 150 CARING WAY LANDER, WY 82520	

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
Correction Completed		Correction Completed		Correction Completed	
ID Prefix S7999	07/17/2014	ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC	POC Extension.	LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
Reviewed By State Agency	Reviewed By B 9/22/14	Date: 9/22/14	Signature of Surveyor: 		Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:		Date:
Followup to Survey Completed on:		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			