

## State Form: Revisit Report

|                                                                   |                                                      |                                                                                      |
|-------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------|
| (Y1) Provider / Supplier / CLIA / Identification Number<br>ALF011 | (Y2) Multiple Construction<br>A. Building<br>B. Wing | (Y3) Date of Revisit<br>02/20/2015                                                   |
| Name of Facility<br>TENDER HEART ASSISTED LIVING FACILITY         |                                                      | Street Address, City, State, Zip Code<br>624 TWIN RIDGE AVENUE<br>EVANSTON, WY 82930 |

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>S8004</u><br>Reg. # <u>NFPA</u><br>LSC _____                | Correction Completed<br>01/13/2015           | ID Prefix <u>S8012</u><br>Reg. # <u>NFPA</u><br>LSC _____                                                                 | Correction Completed<br>01/13/2015  | ID Prefix <u>S8017</u><br>Reg. # <u>NFPA</u><br>LSC _____ | Correction Completed<br>01/13/2015 |
| ID Prefix <u>S8019</u><br>Reg. # <u>NFPA</u><br>LSC _____                | Correction Completed<br>01/13/2015           | ID Prefix <u>S8020</u><br>Reg. # <u>NFPA</u><br>LSC _____                                                                 | Correction Completed<br>01/13/2015  | ID Prefix <u>S8022</u><br>Reg. # <u>NFPA</u><br>LSC _____ | Correction Completed<br>01/13/2015 |
| ID Prefix <u>S8999</u><br>Reg. # <u>State Miscellaneous</u><br>LSC _____ | Correction Completed<br>01/13/2015           | ID Prefix _____<br>Reg. # _____<br>LSC _____                                                                              | Correction Completed                | ID Prefix _____<br>Reg. # _____<br>LSC _____              | Correction Completed               |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                             | Correction Completed                         | ID Prefix _____<br>Reg. # _____<br>LSC _____                                                                              | Correction Completed                | ID Prefix _____<br>Reg. # _____<br>LSC _____              | Correction Completed               |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                             | Correction Completed                         | ID Prefix _____<br>Reg. # _____<br>LSC _____                                                                              | Correction Completed                | ID Prefix _____<br>Reg. # _____<br>LSC _____              | Correction Completed               |
| Reviewed By _____<br>State Agency _____                                  | Reviewed By <u>B</u><br>Date: <u>2/20/15</u> | Date: _____                                                                                                               | Signature of Surveyor: <u>34354</u> | Date: <u>2/20/15</u>                                      |                                    |
| Reviewed By _____<br>CMS RO _____                                        | Reviewed By _____                            | Date: _____                                                                                                               | Signature of Surveyor: _____        |                                                           |                                    |
| Followup to Survey Completed on:<br>01/12/2015                           |                                              | Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO |                                     |                                                           |                                    |