

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 165567	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 07/18/2015
Name of Facility WEST RIDGE CARE CENTER		Street Address, City, State, Zip Code 3131 F AVENUE NW CEDAR RAPIDS, IA 52405

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction 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 CMS-2567 (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	F0281		07/18/2015	ID Prefix	F0312		07/18/2015	ID Prefix	F0315		07/18/2015
Reg. #	483.20(k)(3)(i)			Reg. #	483.25(a)(3)			Reg. #	483.25(d)		
LSC				LSC				LSC			
			Correction Completed				Correction Completed				Correction Completed
ID Prefix	F0322		07/18/2015	ID Prefix	F0431		07/18/2015	ID Prefix	F0441		07/18/2015
Reg. #	483.25(g)(2)			Reg. #	483.60(b), (d), (e)			Reg. #	483.65		
LSC				LSC				LSC			
			Correction Completed				Correction Completed				Correction Completed
ID Prefix	F0465		07/18/2015	ID Prefix				ID Prefix			
Reg. #	483.70(h)			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		Reviewed By		Date:		Signature of Surveyor:				Date:	
State Agency											
Reviewed By		Reviewed By		Date:		Signature of Surveyor:					
CMS RO											
Followup to Survey Completed on: 06/18/2015				Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO							