

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 535024	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 10/29/2008
Name of Facility POPLAR LIVING CENTER		Street Address, City, State, Zip Code 4305 S POPLAR ST CASPER, WY 82601

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
ID Prefix F0157 Reg. # 483.10(b)(11) LSC	Correction Completed 10/12/2008	ID Prefix F0226 Reg. # 483.13(c) LSC	Correction Completed 10/12/2008	ID Prefix F0244 Reg. # 483.15(c)(6) LSC	Correction Completed 10/12/2008
ID Prefix F0250 Reg. # 483.15(g)(1) LSC	Correction Completed 10/12/2008	ID Prefix F0279 Reg. # 483.20(d), 483.20(k)(1) LSC	Correction Completed 10/12/2008	ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	Correction Completed 10/12/2008
ID Prefix F0282 Reg. # 483.20(k)(3)(ii) LSC	Correction Completed 10/12/2008	ID Prefix F0314 Reg. # 483.25(c) LSC	Correction Completed 10/12/2008	ID Prefix F0315 Reg. # 483.25(d) LSC	Correction Completed 10/12/2008
ID Prefix F0353 Reg. # 483.30(a) LSC	Correction Completed 10/12/2008	ID Prefix F0362 Reg. # 483.35(b) LSC	Correction Completed 10/12/2008	ID Prefix F0364 Reg. # 483.35(d)(1)-(2) LSC	Correction Completed 10/12/2008
ID Prefix F0371 Reg. # 483.35(i) LSC	Correction Completed 10/12/2008	ID Prefix F0428 Reg. # 483.60(c) LSC	Correction Completed 10/12/2008	ID Prefix F0441 Reg. # 483.65(a) LSC	Correction Completed 10/12/2008
Followup to Survey Completed on: 08/28/2008		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			

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Correction Completed		Correction Completed			
ID Prefix F0502	10/12/2008	ID Prefix F0520	10/12/2008		
Reg. # 483.75(i)(1)		Reg. # 483.75(o)(1)			
LSC		LSC			
Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:	
State Agency	B 11/3/08	10/31/08	B. Nelson, Jr. State Health Surveyor		
Reviewed By	Reviewed By	Date:	Signature of Surveyor:		
CMS RO					

Followup to Survey Completed on:

08/28/2008

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

YES NO