

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 535021	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 9/19/2005
Name of Facility WYOMING RETIREMENT CENTER		Street Address, City, State, Zip Code 890 HWY 20 SOUTH BASIN, WY 82410

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 F0157	08/05/2005	ID Prefix F0250	06/29/2005	ID Prefix F0253	08/05/2005
Reg. # 483.10(b)(11)		Reg. # 483.15(a)		Reg. # 483.15(h)(2)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0272	08/05/2005	ID Prefix F0280	08/05/2005	ID Prefix F0281	08/05/2005
Reg. # 483.20(b)		Reg. # 483.20(k)(2)		Reg. # 483.20(k)(3)(i)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0282	08/05/2005	ID Prefix F0312	06/28/2005	ID Prefix F0318	06/16/2005
Reg. # 483.20(k)(3)(ii)		Reg. # 483.25(a)(3)		Reg. # 483.25(e)(2)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0323	06/20/2005	ID Prefix F0353	08/05/2005	ID Prefix F0371	08/05/2005
Reg. # 483.25(h)(1)		Reg. # 483.30(a)(1)&(2)		Reg. # 483.35(h)(2)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0445	08/05/2005	ID Prefix F0468	08/05/2005	ID Prefix	
Reg. # 483.65(c)		Reg. # 483.70(h)(3)		Reg. #	
LSC		LSC		LSC	

Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
State Agency				
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
CMS RO				
Followup to Survey Completed on: 6/16/2005		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO		