Department of Health and Human Services
Centers for Medicare & Medicaid Service

Form Approved
OMB NO. 0938-0390

## Post-Certification Revisit Report



| (Y1) Provider / Supplier / CLIA / Identification Number | (Y2) Multiple Construction | (Y3) Date of Revisit |
|---|---|---|
| 535021 | A. Building<br>B. Wing | 9/19/2005 |

| Name of Facility | Street Address, City, State, Zip Code |
|---|---|
| WYOMING RETIREMENT CENTER | 890 HWY 20 SOUTH<br>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 |
|---|---|---|---|---|---|
| ID Prefix F0157<br>Reg. # 483.10(b)(11)<br>LSC | Correction Completed 08/05/2005 | ID Prefix F0250<br>Reg. # 483.15(g)<br>LSC | Correction Completed 06/29/2005 | ID Prefix F0253<br>Reg. # 483.15(h)(2)<br>LSC | Correction Completed 08/05/2005 |
| ID Prefix F0272<br>Reg. # 483.20(b)<br>LSC | Correction Completed 08/05/2005 | ID Prefix F0280<br>Reg. # 483.20(k)(2)<br>LSC | Correction Completed 08/05/2005 | ID Prefix F0281<br>Reg. # 483.20(k)(3)(i)<br>LSC | Correction Completed 08/05/2005 |
| ID Prefix F0282<br>Reg. # 483.20(k)(3)(ii)<br>LSC | Correction Completed 08/05/2005 | ID Prefix F0312<br>Reg. # 483.25(a)(3)<br>LSC | Correction Completed 06/28/2005 | ID Prefix F0318<br>Reg. # 483.25(e)(2)<br>LSC | Correction Completed 06/16/2005 |
| ID Prefix F0323<br>Reg. # 483.25(h)(1)<br>LSC | Correction Completed 06/20/2005 | ID Prefix F0353<br>Reg. # 483.30(a)(1)&(2)<br>LSC | Correction Completed 08/05/2005 | ID Prefix F0371<br>Reg. # 483.35(h)(2)<br>LSC | Correction Completed 08/05/2005 |
| ID Prefix F0445<br>Reg. # 483.65(c)<br>LSC | Correction Completed 08/05/2005 | ID Prefix F0468<br>Reg. # 483.70(h)(3)<br>LSC | Correction Completed 08/05/2005 | ID Prefix<br>Reg. #<br>LSC | Correction Completed |

| | | | | |
|---|---|---|---|---|
| Reviewed By State Agency | Reviewed By | Date: | Signature of Surveyor: | Date: |
| Reviewed By CMS RO | Reviewed By | Date: | Signature of Surveyor: | Date: |

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