Department of Health and Human Services
Centers For Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
535031	A. Building B. Wing	09/16/2005

Name of Facility	Street Address, City, State, Zip Code
WIND RIVER HEALTHCARE & REHABI	1002 FOREST DRIVE RIVERTON, WY 82501

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 F0253 Reg. # 483.15(h)(2) LSC	Correction Completed 08/19/2005	ID Prefix F0279 Reg. # 483.20(k) LSC	Correction Completed 08/19/2005	ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	Correction Completed 08/19/2005
ID Prefix F0312 Reg. # 483.25(a)(3) LSC	Correction Completed 07/18/2005	ID Prefix F0324 Reg. # 483.25(h)(2) LSC	Correction Completed 08/19/2005	ID Prefix F0371 Reg. # 483.35(h)(2) LSC	Correction Completed 08/19/2005
ID Prefix F0431 Reg. # 483.60(d) LSC	Correction Completed 07/18/2005	ID Prefix F0492 Reg. # 483.75(b) LSC	Correction Completed 08/19/2005	ID Prefix F0514 Reg. # 483.75(l)(1) LSC	Correction Completed 07/18/2005
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Health Surveyor	Date: 9/30/05
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:		

Followup to Survey Completed on: 10/3/05

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO