

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 535031	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 09/16/2005
Name of Facility WIND RIVER HEALTHCARE & REHABI		Street Address, City, State, Zip Code 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
		Correction Completed				Correction Completed				Correction Completed	
ID Prefix	F0253		08/19/2005	ID Prefix	F0279		08/19/2005	ID Prefix	F0281		08/19/2005
Reg. #	483.15(h)(2)			Reg. #	483.20(k)			Reg. #	483.20(k)(3)(i)		
LSC				LSC				LSC			
		Correction Completed				Correction Completed				Correction Completed	
ID Prefix	F0312		07/18/2005	ID Prefix	F0324		08/19/2005	ID Prefix	F0371		08/19/2005
Reg. #	483.25(a)(3)			Reg. #	483.25(h)(2)			Reg. #	483.35(h)(2)		
LSC				LSC				LSC			
		Correction Completed				Correction Completed				Correction Completed	
ID Prefix	F0431		07/18/2005	ID Prefix	F0492		08/19/2005	ID Prefix	F0514		07/18/2005
Reg. #	483.60(d)			Reg. #	483.75(b)			Reg. #	483.75(l)(1)		
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 State Agency	Reviewed By	Date:	Signature of Surveyor:	Signature of Surveyor:	Date:						
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Signature of Surveyor:	Date:						
Followup to Survey Completed on: 9/3/05				Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO							