Form Approved
OMB NO. 0938-0390

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

Post-Certification Revisit Report

(X1) Provider / Supplier / CLIA / Identification Number	(X2) Multiple Construction	(X3) Date of Revisit
535021	A. Building B. Wing	11/22/2006

Name of Facility	Street Address, City, State, Zip Code
WYOMING RETIREMENT CENTER	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).

Upload 53 → 121495 11/28/06 TS

(X4) Item	(X5) Date Correction Completed	(X4) Item	(X5) Date Correction Completed	(X4) Item	(X5) Date Correction Completed
ID Prefix F0164 Reg. # 483.10(e), 483.75(l)(4) LSC	11/06/2006	ID Prefix F0246 Reg. # 483.15(e)(1) LSC	11/06/2006	ID Prefix F0253 Reg. # 483.15(h)(2) LSC	11/06/2006
ID Prefix F0278 Reg. # 483.20(g) - (i) LSC	11/06/2006	ID Prefix F0280 Reg. # 483.20(d)(3), 483.10(k)(2) LSC	11/06/2006	ID Prefix F0315 Reg. # 483.25(d) LSC	11/06/2006
ID Prefix F0323 Reg. # 483.25(h)(1) LSC	11/06/2006	ID Prefix F0363 Reg. # 483.35(c) LSC	11/06/2006	ID Prefix F0371 Reg. # 483.35(i)(2) LSC	11/06/2006
ID Prefix F0441 Reg. # 483.65(a) LSC	11/06/2006	ID Prefix F0444 Reg. # 483.65(b)(3) LSC	11/06/2006	ID Prefix F0445 Reg. # 483.65(c) LSC	11/06/2006
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
	TS	11/28/06	Larry Goodmay	11/28/06
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	

Followup to Survey Completed on: ___

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