

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 535048	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 02/10/2006
Name of Facility WORLAND HEALTHCARE AND REHABIL		Street Address, City, State, Zip Code 1901 HOWELL WORLAND, WY 82401

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).

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0157	01/15/2006	ID Prefix F0248	01/15/2006	ID Prefix F0272	01/15/2006
Reg. # 483.10(b)(11)		Reg. # 483.15(f)(1)		Reg. # 483.20, 483.20(b)	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0275	01/15/2006	ID Prefix F0279	01/15/2006	ID Prefix F0281	01/15/2006
Reg. # 483.20(b)(2)(iii)		Reg. # 483.20(d), 483.20(k)(1)		Reg. # 483.20(k)(3)(i)	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0282	01/15/2006	ID Prefix F0312	01/15/2006	ID Prefix F0314	01/15/2006
Reg. # 483.20(k)(3)(ii)		Reg. # 483.25(a)(3)		Reg. # 483.25(c)	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0315	01/15/2006	ID Prefix F0318	01/15/2006	ID Prefix F0329	01/15/2006
Reg. # 483.25(d)		Reg. # 483.25(c)(2)		Reg. # 483.25(l)(1)	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0331	01/15/2006	ID Prefix F0353	01/15/2006	ID Prefix F0426	01/15/2006
Reg. # 483.25(l)(2)(ii)		Reg. # 483.30(a)		Reg. # 483.60(a)	
LSC		LSC		LSC	
Followup to Survey Completed on: 12/01/2005		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0429 Reg. # 483.60(c)(2) LSC	Correction Completed 01/15/2006	ID Prefix F0444 Reg. # 483.65(b)(3) LSC	Correction Completed 01/15/2006	ID Prefix F0465 Reg. # 483.70(h) LSC	Correction Completed 01/15/2006
ID Prefix F0492 Reg. # 483.75(b) LSC	Correction Completed 01/15/2006	ID Prefix F0502 Reg. # 483.75(i)(1) LSC	Correction Completed 01/15/2006	ID Prefix F0514 Reg. # 483.75(l)(1) LSC	Correction Completed 01/15/2006
ID Prefix F0520 Reg. # 483.75(o)(1) LSC	Correction Completed 01/15/2006				
Reviewed By State Agency	Reviewed By <i>Jim Puer</i>	Date: 2/10/06	Signature of Surveyor: <i>Jim Puer</i>	Date: 2/10/06	
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:		
Followup to Survey Completed on: 12/01/2005		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			