

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 53A049	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 04/25/2006
Name of Facility GOSHEN CARE CENTER		Street Address, City, State, Zip Code 2009 LARAMIE STREET TORRINGTON, WY 82240

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).

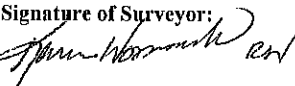
(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0241 Reg. # 483.15(a) LSC	Correction Completed 03/11/2006	ID Prefix F0253 Reg. # 483.15(h)(2) LSC	Correction Completed 03/11/2006	ID Prefix F0272 Reg. # 483.20, 483.20(b) LSC	Correction Completed 03/11/2006
ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	Correction Completed 03/11/2006	ID Prefix F0282 Reg. # 483.20(k)(3)(ii) LSC	Correction Completed 03/11/2006	ID Prefix F0309 Reg. # 483.25 LSC	Correction Completed 03/11/2006
ID Prefix F0312 Reg. # 483.25(a)(3) LSC	Correction Completed 03/11/2006	ID Prefix F0318 Reg. # 483.25(c)(2) LSC	Correction Completed 03/11/2006	ID Prefix F0323 Reg. # 483.25(h)(1) LSC	Correction Completed 03/11/2006
ID Prefix F0367 Reg. # 483.35(e) LSC	Correction Completed 03/11/2006	ID Prefix F0371 Reg. # 483.35(h)(2) LSC	Correction Completed 03/11/2006	ID Prefix F0432 Reg. # 483.60(e) LSC	Correction Completed 03/11/2006
ID Prefix F0441 Reg. # 483.65(a) LSC	Correction Completed 03/11/2006	ID Prefix F0444 Reg. # 483.65(b)(3) LSC	Correction Completed 03/11/2006	ID Prefix F0465 Reg. # 483.70(h) LSC	Correction Completed 03/11/2006
Followup to Survey Completed on: 01/25/2006		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			

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 53A049	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 04/25/2006
Name of Facility GOSHEN CARE CENTER		Street Address, City, State, Zip Code 2009 LARAMIE STREET TORRINGTON, WY 82240

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					
ID Prefix F0492	03/11/2006				
Reg. # 483.75(b)					
LSC					
Reviewed By State Agency	Reviewed By 	Date: 5/5/06	Signature of Surveyor: 		Date: 4/25/06
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:		
Followup to Survey Completed on: 01/25/2006		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			