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
535029	A. Building B. Wing	09/23/2011

Name of Facility	Street Address, City, State, Zip Code
CROOK CO MEDICAL SERVICE DISTRICT LONG TERM (	713 OAK STREET SUNDANCE, WY 82729

Uploaded 10/4/11 KM
530291936

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 F0176 Reg. # 483.10(n) LSC	Correction Completed 08/15/2011	ID Prefix F0225 Reg. # 483.13(c)(1)(ii)-(iii), (c)(2) - (4 LSC	Correction Completed 08/04/2011	ID Prefix F0241 Reg. # 483.15(a) LSC	Correction Completed 08/30/2011
ID Prefix F0272 Reg. # 483.20(b)(1) LSC	Correction Completed 08/30/2011	ID Prefix F0274 Reg. # 483.20(b)(2)(ii) LSC	Correction Completed 07/30/2011	ID Prefix F0278 Reg. # 483.20(g) - (i) LSC	Correction Completed 08/30/2011
ID Prefix F0279 Reg. # 483.20(d), 483.20(k)(1) LSC	Correction Completed 08/30/2011	ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	Correction Completed 08/30/2011	ID Prefix F0309 Reg. # 483.25 LSC	Correction Completed 08/08/2011
ID Prefix F0312 Reg. # 483.25(a)(3) LSC	Correction Completed 08/30/2011	ID Prefix F0315 Reg. # 483.25(d) LSC	Correction Completed 08/30/2011	ID Prefix F0332 Reg. # 483.25(m)(1) LSC	Correction Completed 08/30/2011
ID Prefix F0371 Reg. # 483.35(i) LSC	Correction Completed 08/30/2011	ID Prefix F0428 Reg. # 483.60(c) LSC	Correction Completed 08/30/2011	ID Prefix F0441 Reg. # 483.65 LSC	Correction Completed 08/30/2011

Followup to Survey Completed on:	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES	NO
07/14/2011			

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0514 Reg. # 483.75(l)(1) LSC	Correction Completed 08/30/2011	ID Prefix F0520 Reg. # 483.75(o)(1) LSC	Correction Completed 08/30/2011		
Reviewed By State Agency	**Reviewed By** TB 10/3/11	**Date:**	**Signature of Surveyor:** Marlee Rueso		**Date:** 9/30/11
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**		

Followup to Survey Completed on:
07/14/2011

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