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
535051	A. Building B. Wing	1/25/2007

Name of Facility	Street Address, City, State, Zip Code
CANYON HILLS MANOR	1210 CANYON HILLS ROAD THERMOPOLIS, WY 82443

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 — 126352
1/29/07 TS

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0170 Reg. # 483.10(i)(1) LSC	Correction Completed 12/15/2006	ID Prefix F0221 Reg. # 483.13(a) LSC	Correction Completed 12/15/2006	ID Prefix F0223 Reg. # 483.13(b), 483.13(b)(1)(i) LSC	Correction Completed 12/15/2006
ID Prefix F0225 Reg. # 483.13(c)(1)(ii)-(iii), (c)(2) - LSC	Correction Completed 12/15/2006	ID Prefix F0250 Reg. # 483.15(g)(1) LSC	Correction Completed 12/15/2006	ID Prefix F0253 Reg. # 483.15(h)(2) LSC	Correction Completed 12/15/2006
ID Prefix F0272 Reg. # 483.20, 483.20(b) LSC	Correction Completed 12/15/2006	ID Prefix F0274 Reg. # 483.20(b)(2)(ii) LSC	Correction Completed 12/15/2006	ID Prefix F0278 Reg. # 483.20(g) - (l) LSC	Correction Completed 12/15/2006
ID Prefix F0279 Reg. # 483.20(d), 483.20(k)(1) LSC	Correction Completed 12/15/2006	ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	Correction Completed 12/15/2006	ID Prefix F0312 Reg. # 483.25(a)(3) LSC	Correction Completed 12/15/2006
ID Prefix F0314 Reg. # 483.25(c) LSC	Correction Completed 12/15/2006	ID Prefix F0322 Reg. # 483.25(g)(2) LSC	Correction Completed 12/15/2006	ID Prefix F0323 Reg. # 483.25(h)(1) LSC	Correction Completed 12/15/2006

Reviewed By State Agency	Reviewed By TS	Date: 1/29/07	Signature of Surveyor: Linda Brown TS	Date: 1/25/07
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
535051	A. Building B. Wing	1/25/2007

Name of Facility	Street Address, City, State, Zip Code
CANYON HILLS MANOR	1210 CANYON HILLS ROAD THERMOPOLIS, WY 82443

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 F0324 Reg. # 483.25(h)(2) LSC	Correction Completed 12/15/2006	ID Prefix F0334 Reg. # 483.25(n) LSC	Correction Completed 12/15/2006	ID Prefix F0354 Reg. # 483.30(b) LSC	Correction Completed 12/15/2006
ID Prefix F0371 Reg. # 483.35(i)(2) LSC	Correction Completed 12/15/2006	ID Prefix F0441 Reg. # 483.65(a) LSC	Correction Completed 12/15/2006	ID Prefix F0442 Reg. # 483.65(b)(1) LSC	Correction Completed 12/15/2006
ID Prefix F0443 Reg. # 483.65(b)(2) LSC	Correction Completed 12/15/2006	ID Prefix F0444 Reg. # 483.65(b)(3) LSC	Correction Completed 12/15/2006	ID Prefix F0468 Reg. # 483.70(h)(3) LSC	Correction Completed 12/15/2006
ID Prefix F0492 Reg. # 483.75(b) LSC	Correction Completed 12/15/2006				

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES	NO
11/9/2006			