

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 535029	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 06/12/2008
Name of Facility CROOK COUNTY MEDICAL SERVICES	Street Address, City, State, Zip Code BOX 517 SUNDANCE, WY 82729	

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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 F0159 Reg. # 483.10(c)(2)-(5) LSC	Correction Completed 04/11/2008	ID Prefix F0164 Reg. # 483.10(e), 483.75(f)(4) LSC	Correction Completed 04/30/2008	ID Prefix F0170 Reg. # 483.10(f)(1) LSC	Correction Completed 04/11/2008
ID Prefix F0176 Reg. # 483.10(n) LSC	Correction Completed 04/11/2008	ID Prefix F0253 Reg. # 483.15(h)(2) LSC	Correction Completed 05/15/2008	ID Prefix F0254 Reg. # 483.15(h)(3) LSC	Correction Completed 04/11/2008
ID Prefix F0272 Reg. # 483.20, 483.20(b) LSC	Correction Completed 04/30/2008	ID Prefix F0312 Reg. # 483.25(a)(3) LSC	Correction Completed 04/30/2008	ID Prefix F0323 Reg. # 483.25(h) LSC	Correction Completed 04/11/2008
ID Prefix F0329 Reg. # 483.25(l) LSC	Correction Completed 04/30/2008	ID Prefix F0332 Reg. # 483.25(m)(1) LSC	Correction Completed 04/30/2008	ID Prefix F0356 Reg. # 483.30(e) LSC	Correction Completed 04/11/2008
ID Prefix F0371 Reg. # 483.35(f)(2) LSC	Correction Completed 04/30/2008	ID Prefix F0425 Reg. # 483.60(a),(b) LSC	Correction Completed 04/30/2008	ID Prefix F0428 Reg. # 483.60(c) LSC	Correction Completed 04/30/2008

Followup to Survey Completed on:

3/27/08

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO

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Correction Completed		Correction Completed			
ID Prefix F0431	04/11/2008	ID Prefix F0444	04/30/2008		
Reg. # 483.60(b), (d), (e)		Reg. # 483.65(b)(3)			
LSC		LSC			
Reviewed By State Agency	Reviewed By <i>TS</i>	Date: 6/18/08	Signature of Surveyor: <i>Janelle Conlin, OTK</i>	Date: 6/12/08	
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:		

Followup to Survey Completed on:

3/27/08

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