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
535042	A. Building 01 - MAIN BUILDING 01 B. Wing	02/03/2006

Name of Facility	Street Address, City, State, Zip Code
SHEPHERD OF THE VALLEY	60 MAGNOLIA CASPER, WY 82604

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 CMS2567 (prefix codes shown to the left of each requirement on the survey report form).

Upload 3/21/06 53— 96491

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix	Correction Completed 01/27/2006	ID Prefix	Correction Completed 01/27/2006	ID Prefix	Correction Completed 01/27/2006
Reg. # NFPA 101 LSC K0014		Reg. # NFPA 101 LSC K0018		Reg. # NFPA 101 LSC K0025	
ID Prefix	Correction Completed 01/27/2006	ID Prefix	Correction Completed 01/27/2006	ID Prefix WAIVER	Correction Completed 01/27/2006
Reg. # NFPA 101 LSC K0027		Reg. # NFPA 101 LSC K0029		Reg. # NFPA 101 LSC K0056	Reg Date 1-30-06
ID Prefix	Correction Completed 01/27/2006	ID Prefix	Correction Completed 01/27/2006	ID Prefix	Correction Completed 01/27/2006
Reg. # NFPA 101 LSC K0062		Reg. # NFPA 101 LSC K0144		Reg. # NFPA 101 LSC K0147	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:		Date:
	TS	2/3/06			2/03/06
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**		

Followup to Survey Completed on 12/13/2005

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