Department of Health and Human Services
Centers For Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

Public reporting for this collection of information is estimated [illegible] 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 [illegible], 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	(Y2) Multiple Construction	(Y3) Date of Revisit
535032	A. Building B. Wing	09/25/2006

Name of Facility	Street Address, City, State, Zip Code
LIFE CARE CENTER OF CHEYENNE	1330 PRAIRIE AVENUE CHEYENNE, WY 82009

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 — 118087
10/24/06 TS

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix **F0241** Reg. # **483.15(a)** LSC	Correction Completed **09/07/2006**	ID Prefix **F0246** Reg. # 483.15(e)(1) LSC	Correction Completed **09/07/2006**	ID Prefix **F0250** Reg. # **483.15(g)(1)** LSC	Correction Completed **09/07/2006**
ID Prefix **F0251** Reg. # **483.15(g)(2)&(3)** LSC	Correction Completed 09/07/2006	ID Prefix **F0272** Reg. # 483.20, 483.20(b) LSC	Correction Completed **09/07/2006**	ID Prefix **F0281** Reg. # **483.20(k)(3)(i)** LSC	Correction Completed **09/07/2006**
ID Prefix **F0283** Reg. # **483.20(l)(1)&(2)** LSC	Correction Completed **09/07/2006**	ID Prefix **F0309** Reg. # 483.25 LSC	Correction Completed **09/07/2006**	ID Prefix **F0312** Reg. # **483.25(a)(3)** LSC	Correction Completed **09/07/2006**
ID Prefix **F0314** Reg. # **483.25(c)** LSC	Correction Completed 09/07/2006	ID Prefix **F0317** Reg. # 483.25(e)(1) LSC	Correction Completed **09/07/2006**	ID Prefix **F0318** Reg. # **483.25(e)(2)** LSC	Correction Completed **09/07/2006**
ID Prefix **F0323** Reg. # **483.25(h)(1)** LSC	Correction Completed 09/07/2006	ID Prefix **F0332** Reg. # 483.25(m)(1) LSC	Correction Completed **09/07/2006**	ID Prefix **F0364** Reg. # **483.35(d)(1)-(2)** LSC	Correction Completed **09/07/2006**

Followup to Survey Completed on:
06/29/2006

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

Department of Health and Human Services
Centers For Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

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	(Y2) Multiple Construction	(Y3) Date of Revisit
535032	A. Building _____ B. Wing _____	09/25/2006

Name of Facility	Street Address, City, State, Zip Code
LIFE CARE CENTER OF CHEYENNE	1330 PRAIRIE AVENUE CHEYENNE, WY 82009

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0371	09/07/2006	ID Prefix F0426	09/07/2006	ID Prefix F0441	09/07/2006
Reg. # 483.35(i)(2)		Reg. # 483.60(a)		Reg. # 483.65(a)	
LSC		LSC		LSC	
ID Prefix F0502	09/07/2006	ID Prefix F0507	09/07/2006		
Reg. # 483.75(i)(1)		Reg. # 483.75(i)(2)(iv)			
LSC		LSC			

Reviewed By State Agency	Reviewed By: B	Date: 10/24/06	Signature of Surveyor: Lynda Brown BN	Health Surveyor	**Date:** 9/29/06
Reviewed By CMS RO	Reviewed By:	Date:	Signature of Surveyor:		

Followup to Survey Completed on: 06/29/2006

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