DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POST-CERTIFICATION REVISIT REPORT

PROVIDER/SUPPLIER/CLIA/IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
~~Cust~~ 535033 Y1	A. Building _____ B. Wing _____ Y2	12/2/05 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
Castle Rock	1445 Uinta, Green River, WY 82935

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix K	Correction	ID Prefix K	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC 018	10/21/05	LSC 62	10/21/05	LSC	/ /
ID Prefix K	Correction	ID Prefix K	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC 25	10/21/05	LSC 64	10/21/05	LSC	/ /
ID Prefix K	Correction	ID Prefix K	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC 27	10/21/05	LSC 147	10/21/05	LSC	/ /
ID Prefix K	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC 51	10/21/05	LSC	/ /	LSC	/ /
ID Prefix K	Correction time ltd waiver	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC 56	/ /	LSC	/ /	LSC	/ /

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
			Jean M Lee	12/2/05
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	
			State Survey Agent	

FOLLOWUP TO SURVEY COMPLETED ON
10/5/05

☐ CHECK ( ) FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

Form CMS-2567B (9-92)

CMS REGIONAL OFFICE