

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
535050

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
11/22/2011

Name of Facility
MORNING STAR CARE CENTER

Street Address, City, State, Zip Code
4 NORTH FORK ROAD
FORT WASHAKIE, WY 82514

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
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0167	10/30/2011	ID Prefix F0272	10/28/2011	ID Prefix F0280	10/28/2011
Reg. # 483.10(e)(1)		Reg. # 483.20(h)(1)		Reg. # 483.20(d)(3), 483.10(k)(2)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0282	10/28/2011	ID Prefix F0286	10/28/2011	ID Prefix F0314	10/28/2011
Reg. # 483.20(k)(3)(ii)		Reg. # 483.20(d)		Reg. # 483.25(c)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0325	10/28/2011	ID Prefix F0329	10/28/2011	ID Prefix F0371	10/28/2011
Reg. # 483.25(i)		Reg. # 483.25(i)		Reg. # 483.35(i)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0387	10/28/2011	ID Prefix F0431	10/28/2011	ID Prefix F0467	10/28/2011
Reg. # 483.40(c)(1)-(2)		Reg. # 483.60(b), (d), (e)		Reg. # 483.70(h)(2)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0520	10/20/2011	ID Prefix		ID Prefix	
Reg. # 483.75(o)(1)		Reg. #		Reg. #	
LSC		LSC		LSC	
Reviewed By	Reviewed By	Date: 11/22/11	Signature of Surveyor: <i>[Signature]</i>	Date: 11/27/11	
State Agency					
Reviewed By	Reviewed By	Date:	Signature of Surveyor:		
CMS RO					

Followup to Survey Completed on:
09/15/2011

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