Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
535050	A. Building B. Wing	11/22/2011

Name of Facility	Street Address, City, State, Zip Code
MORNING STAR CARE CENTER	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 Correction Completed
ID Prefix F0167 Reg. # 483.10(g)(1) LSC	10/30/2011
ID Prefix F0272 Reg. # 483.20(b)(1) LSC	10/28/2011
ID Prefix F0280 Reg. # 483.20(d)(3), 483.10(k)(2) LSC	10/28/2011
ID Prefix F0282 Reg. # 483.20(k)(3)(ii) LSC	10/28/2011
ID Prefix F0286 Reg. # 483.20(d) LSC	10/28/2011
ID Prefix F0314 Reg. # 483.25(c) LSC	10/28/2011
ID Prefix F0325 Reg. # 483.25(i) LSC	10/28/2011
ID Prefix F0329 Reg. # 483.25(l) LSC	10/28/2011
ID Prefix F0371 Reg. # 483.35(i) LSC	10/28/2011
ID Prefix F0387 Reg. # 483.40(c)(1)-(2) LSC	10/28/2011
ID Prefix F0431 Reg. # 483.60(b), (d), (e) LSC	10/28/2011
ID Prefix F0467 Reg. # 483.70(h)(2) LSC	10/28/2011
ID Prefix F0520 Reg. # 483.75(o)(1) LSC	10/20/2011
ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
	[signature]	10/22/11	[signature], OSIC	11/22/11
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

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