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
535013	A. Building B. Wing	08/04/2010

Name of Facility	Street Address, City, State, Zip Code
MOUNTAIN TOWERS HEALTHCARE & REHABILITATIOI	3128 BOXELDER DRIVE CHEYENNE, WY 82001

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
ID Prefix F0221 Reg. # 483.13(a) LSC	Correction Completed 07/05/2010	ID Prefix F0240 Reg. # 483.15 LSC	Correction Completed 07/05/2010	ID Prefix F0241 Reg. # 483.15(a) LSC	Correction Completed 07/05/2010
ID Prefix F0248 Reg. # 483.15(f)(1) LSC	Correction Completed 07/05/2010	ID Prefix F0250 Reg. # 483.15(g)(1) LSC	Correction Completed 07/05/2010	ID Prefix F0251 Reg. # 483.15(g)(2)&(3) LSC	Correction Completed 07/05/2010
ID Prefix F0253 Reg. # 483.15(h)(2) LSC	Correction Completed 07/05/2010	ID Prefix F0280 Reg. # 483.20(d)(3), 483.10(k)(2) LSC	Correction Completed 07/05/2010	ID Prefix F0282 Reg. # 483.20(k)(3)(ii) LSC	Correction Completed 07/05/2010
ID Prefix F0312 Reg. # 483.25(a)(3) LSC	Correction Completed 07/05/2010	ID Prefix F0314 Reg. # 483.25(c) LSC	Correction Completed 07/05/2010	ID Prefix F0318 Reg. # 483.25(e)(2) LSC	Correction Completed 07/05/2010
ID Prefix F0323 Reg. # 483.25(h) LSC	Correction Completed 07/05/2010	ID Prefix F0329 Reg. # 483.25(l) LSC	Correction Completed 07/05/2010	ID Prefix F0353 Reg. # 483.30(a) LSC	Correction Completed 07/05/2010

Followup to Survey Completed on: 05/21/2010

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

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ID Prefix F0363	Correction Completed 07/05/2010	ID Prefix F0371	Correction Completed 07/05/2010	ID Prefix F0431	Correction Completed 07/05/2010
Reg. # 483.35(e)		Reg. # 483.35(i)		Reg. # 483.60(b), (d), (e)	
LSC		LSC		LSC	
ID Prefix F0441	Correction Completed 07/05/2010	ID Prefix F0464	Correction Completed 07/05/2010	ID Prefix F0503	Correction Completed 07/05/2010
Reg. # 483.65		Reg. # 483.70(g)		Reg. # 483.75(j)(1)(i-iv)	
LSC		LSC		LSC	

Reviewed By State Agency	Reviewed By 8/6/10	Date:	Signature of Surveyor:	Date: 8/1/10
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

Followup to Survey Completed on:	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES	NO
05/21/2010			