

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 535013	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 08/04/2010
Name of Facility MOUNTAIN TOWERS HEALTHCARE & REHABILITATION		Street Address, City, State, Zip Code 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
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0221	07/05/2010	ID Prefix F0240	07/05/2010	ID Prefix F0241	07/05/2010
Reg. # 483.13(a)		Reg. # 483.15		Reg. # 483.15(a)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0248	07/05/2010	ID Prefix F0250	07/05/2010	ID Prefix F0251	07/05/2010
Reg. # 483.15(f)(1)		Reg. # 483.15(g)(1)		Reg. # 483.15(g)(2)&(3)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0253	07/05/2010	ID Prefix F0280	07/05/2010	ID Prefix F0282	07/05/2010
Reg. # 483.15(h)(2)		Reg. # 483.20(d)(3), 483.10(k)(2)		Reg. # 483.20(k)(3)(ii)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0312	07/05/2010	ID Prefix F0314	07/05/2010	ID Prefix F0318	07/05/2010
Reg. # 483.25(a)(3)		Reg. # 483.25(c)		Reg. # 483.25(c)(2)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0323	07/05/2010	ID Prefix F0329	07/05/2010	ID Prefix F0353	07/05/2010
Reg. # 483.25(h)		Reg. # 483.25(l)		Reg. # 483.30(a)	
LSC		LSC		LSC	

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?

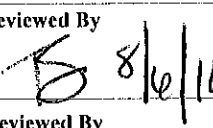
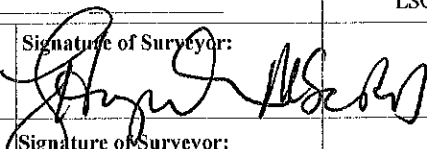
YES ☐ NO ☒

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Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0363	07/05/2010	ID Prefix F0371	07/05/2010	ID Prefix F0431	07/05/2010
Reg. # 483.35(c)		Reg. # 483.35(i)		Reg. # 483.60(b), (d), (e)	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0441	07/05/2010	ID Prefix F0464	07/05/2010	ID Prefix F0503	07/05/2010
Reg. # 483.65		Reg. # 483.70(g)		Reg. # 483.75(i)(1)(i-iv)	
LSC		LSC		LSC	
Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:	
State Agency		8/6/10		8/1/10	
Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:	
CMS RO					

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