Department of Health and Human Services
Centers For Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
53A049	A. Building B. Wing	06/25/2007

Name of Facility	Street Address, City, State, Zip Code
GOSHEN CARE CENTER	2009 LARAMIE STREET TORRINGTON, WY 82240

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 **F0164** Reg. # **483.10(e), 483.75(l)(4)** LSC	Correction Completed **05/18/2007**	ID Prefix **F0246** Reg. # **483.15(e)(1), 483.70(c)(1), 483** LSC	Correction Completed **05/18/2007**	ID Prefix **F0248** Reg. # **483.15(f)(1)** LSC	Correction Completed **05/18/2007**
ID Prefix **F0279** Reg. # **483.20(d), 483.20(k)(1)** LSC	Correction Completed **05/18/2007**	ID Prefix **F0280** Reg. # **483.20(d)(3), 483.10(k)(2)** LSC	Correction Completed **05/18/2007**	ID Prefix **F0281** Reg. # **483.20(k)(3)(i)** LSC	Correction Completed **05/18/2007**
ID Prefix **F0309** Reg. # **483.25** LSC	Correction Completed **05/18/2007**	ID Prefix **F0311** Reg. # **483.25(a)(2)** LSC	Correction Completed **05/18/2007**	ID Prefix **F0312** Reg. # **483.25(a)(3)** LSC	Correction Completed **05/18/2007**
ID Prefix **F0323** Reg. # **483.25(h)(1)** LSC	Correction Completed **05/18/2007**	ID Prefix **F0324** Reg. # **483.25(h)(2)** LSC	Correction Completed **05/18/2007**	ID Prefix **F0371** Reg. # **483.35(h)(2)** LSC	Correction Completed **05/18/2007**
ID Prefix **F0428** Reg. # **483.60(c)(1)** LSC	Correction Completed **05/18/2007**	ID Prefix **F0442** Reg. # **483.65(b)(1)** LSC	Correction Completed **05/18/2007**	ID Prefix **F0465** Reg. # **483.70(h)** LSC	Correction Completed **05/18/2007**

Followup to Survey Completed on: 7/6/07

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

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(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **F0467**	**05/18/2007**	ID Prefix **F0514**	**05/18/2007**	ID Prefix **F0520**	**05/18/2007**
Reg. # **483.70(h)(2)**		Reg. # **483.75(l)(1)**		Reg. # **483.75(o)(1)**	
LSC		LSC		LSC	

Reviewed By	Reviewed By	Date:	Signature of Surveyor:		Date:
State Agency		7/3/07	B. Dickson RN State Health Surveyor		
Reviewed By	Reviewed By	Date:	Signature of Surveyor:		
CMS RO					

Followup to Survey Completed on: 4/6/07

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