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
535024	A. Building B. Wing	06/23/2006

Name of Facility	Street Address, City, State, Zip Code
POPLAR LIVING CENTER	4305 S POPLAR ST CASPER, WY 82601

Federal Follow-up

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).

Duplicate

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0225 Reg. # 483.13(c)(1)(ii)-(iii) LSC	Correction Completed 06/17/2006	ID Prefix F0246 Reg. # 483.15(c)(1), 483.70(c)(1), 483 LSC	Correction Completed 06/17/2006	ID Prefix F0253 Reg. # 483.15(h)(2) LSC	Correction Completed 06/17/2006
ID Prefix F0272 Reg. # 483.20, 483.20(b) LSC	Correction Completed 06/17/2006	ID Prefix F0274 Reg. # 483.20(b)(2)(ii) LSC	Correction Completed 06/17/2006	ID Prefix F0278 Reg. # 483.20(g) - (i) LSC	Correction Completed 06/17/2006
ID Prefix F0309 Reg. # 483.25 LSC	Correction Completed 06/17/2006	ID Prefix F0314 Reg. # 483.25(c) LSC	Correction Completed 06/17/2006	ID Prefix F0323 Reg. # 483.25(h)(1) LSC	Correction Completed 06/23/2006
ID Prefix F0324 Reg. # 483.25(h)(2) LSC	Correction Completed 06/17/2006	ID Prefix F0365 Reg. # 483.35(d)(3) LSC	Correction Completed 06/17/2006	ID Prefix F0368 Reg. # 483.35(f) LSC	Correction Completed 06/17/2006
ID Prefix F0371 Reg. # 483.35(h)(2) LSC	Correction Completed 06/17/2006	ID Prefix F0372 Reg. # 483.35(h)(3) LSC	Correction Completed 06/17/2006	ID Prefix F0445 Reg. # 483.65(c) LSC	Correction Completed 06/17/2006

Followup to Survey Completed on: 5/12/06

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	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0464 Reg. # 483.70(g)(1)-(4) LSC	Correction Completed 06/17/2006	ID Prefix F0516 Reg. # 483.75(l)(3), 483.20(f)(5) LSC	Correction Completed 06/17/2006		

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
___	TS	7/5/06	[signature]	6/24/06

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