

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 535024	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 06/23/2006
Name of Facility POPLAR LIVING CENTER		Street Address, City, State, Zip Code 4305 S POPLAR ST CASPER, WY 82601 <i>Federal Follow-up</i>

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).

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(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

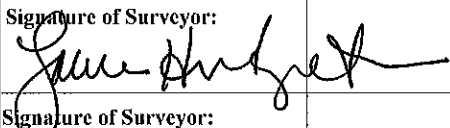
NO

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

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
Correction Completed		Correction Completed			
ID Prefix F0464	06/17/2006	ID Prefix F0516	06/17/2006		
Reg. # 483.70(g)(1)-(4)		Reg. # 483.75(f)(3), 483.20(f)(5)			
LSC		LSC			
Reviewed By State Agency	Reviewed By TB	Date: 7/5/06	Signature of Surveyor: 	Date: 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			