

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 535046	(Y2) Multiple Construction A. Building 01 - MAIN BUILDING 01 B. Wing	(Y3) Date of Revisit 05/31/2006
Name of Facility ST JOHN'S NURSING HOME		Street Address, City, State, Zip Code 625 E BROADWAY JACKSON, WY 83001

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
Correction Completed ID Prefix _____ Reg. # NFPA 101 LSC K0018	04/19/2006	Correction Completed ID Prefix _____ Reg. # NFPA 101 LSC K0027	04/19/2006	Correction Completed ID Prefix _____ Reg. # NFPA 101 LSC K0029	04/18/2006
Correction Completed ID Prefix _____ Reg. # NFPA 101 LSC K0056	05/01/2006	Correction Completed ID Prefix _____ Reg. # NFPA 101 LSC K0062	04/27/2006	Correction Completed ID Prefix _____ Reg. # NFPA 101 LSC K0064	04/17/2006
Correction Completed ID Prefix _____ Reg. # NFPA 101 LSC K0075	04/27/2006	Correction Completed ID Prefix _____ Reg. # NFPA 101 LSC K0147	04/21/2006	Correction Completed ID Prefix _____ Reg. # _____ LSC _____	
Correction Completed ID Prefix _____ Reg. # _____ LSC _____		Correction Completed ID Prefix _____ Reg. # _____ LSC _____		Correction Completed ID Prefix _____ Reg. # _____ LSC _____	
Correction Completed ID Prefix _____ Reg. # _____ LSC _____		Correction Completed ID Prefix _____ Reg. # _____ LSC _____		Correction Completed ID Prefix _____ Reg. # _____ LSC _____	

Reviewed By State Agency	Reviewed By TS	Date: 6/23/06	Signature of Surveyor: 	Date: 5/31/06
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor: 	

Followup to Survey Completed on 04/05/2006	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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