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
53A002	A. Building B. Wing	9/8/2006

Name of Facility	Street Address, City, State, Zip Code
AMIE HOLT CARE CENTER	497 W LOTT BUFFALO, WY 82834

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 F0241 Reg. # 483.15(a) LSC	Correction Completed 09/04/2006	ID Prefix F0253 Reg. # 483.15(h)(2) LSC	Correction Completed 09/04/2006	ID Prefix F0278 Reg. # 483.20(a) - (l) LSC	Correction Completed 09/04/2006
ID Prefix F0282 Reg. # 483.20(k)(3)(ii) LSC	Correction Completed 09/04/2006	ID Prefix F0311 Reg. # 483.25(a)(2) LSC	Correction Completed 09/04/2006	ID Prefix F0323 Reg. # 483.25(h)(1) LSC	Correction Completed 09/04/2006
ID Prefix F0325 Reg. # 483.25(i)(1) LSC	Correction Completed 09/04/2006	ID Prefix F0364 Reg. # 483.35(d)(1)-(2) LSC	Correction Completed 09/04/2006	ID Prefix F0371 Reg. # 483.35(i)(2) LSC	Correction Completed 09/04/2006
ID Prefix F0441 Reg. # 483.65(a) LSC	Correction Completed 09/04/2006	ID Prefix F0514 Reg. # 483.75(l)(1) LSC	Correction Completed 09/04/2006	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date: 9/8/06
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 7/21/2006

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