

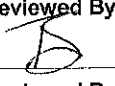
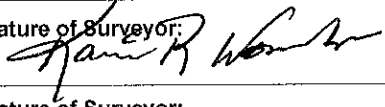
Post-Certification Revisit Report

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 53A002	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 9/8/2006
Name of Facility AMIE HOLT CARE CENTER		Street Address, City, State, Zip Code 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  State Agency	Date: _____	Signature of Surveyor:  Signature of Surveyor:	Date: 9/8/06
Reviewed By _____ CMS RO	Reviewed By _____ CMS RO	Date: _____	Signature of Surveyor: _____ 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