Depart TO: BETTY NELSON
Center

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
535029	A. Building B. Wing	6/21/2007

Name of Facility	Street Address, City, State, Zip Code
CROOK COUNTY MEDICAL SERVICES	BOX 517 SUNDANCE, WY 82729

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 F0167 Reg. # 483.10(g)(1) LSC	Correction Completed 05/31/2007	ID Prefix F0221 Reg. # 483.13(a) LSC	Correction Completed 05/31/2007	ID Prefix F0272 Reg. # 483.20, 483.20(b) LSC	Correction Completed 05/31/2007
ID Prefix F0279 Reg. # 483.20(d), 483.20(k)(1) LSC	Correction Completed 05/31/2007	ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	Correction Completed 05/31/2007	ID Prefix F0329 Reg. # 483.25(i) LSC	Correction Completed 05/31/2007
ID Prefix F0334 Reg. # 483.25(n) LSC	Correction Completed 05/31/2007	ID Prefix F0428 Reg. # 483.60(c) LSC	Correction Completed 05/31/2007	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	Correction Completed

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
		6/29/07	Betty J Nelson RN	
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 5/3/2007

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES