

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 26664, 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 635029	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 8/21/2007
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Name of Facility CROOK COUNTY MEDICAL SERVICES	Street Address, City, State, Zip Code BOX 517 SUNDANCE, WY 82729
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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 F0167 Reg. # 483.10(a)(1) LSC	05/31/2007	Correction Completed ID Prefix F0221 Reg. # 483.13(a) LSC	05/31/2007	Correction Completed ID Prefix F0272 Reg. # 483.20, 483.20(b) LSC	05/31/2007
Correction Completed ID Prefix F0279 Reg. # 483.20(d), 483.20(k)(1) LSC	05/31/2007	Correction Completed ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	05/31/2007	Correction Completed ID Prefix F0329 Reg. # 483.25(i) LSC	05/31/2007
Correction Completed ID Prefix F0334 Reg. # 483.25(n) LSC	05/31/2007	Correction Completed ID Prefix F0428 Reg. # 483.80(e) LSC	08/31/2007	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 _____	Reviewed By _____	Date: 6/29/07	Signature of Surveyor: <i>Betty Nelson</i>	Date: _____
State Agency _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
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
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