

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 the 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, DC 20503

(Y1) Provider / Supplier / CLIA / Identification Number 535024	(Y2) Multiple Construction A Building B Wing	(Y3) Date of Revisit 06/08/2012
Name of Facility POPLAR LIVING CENTER	Street Address, City, State, Zip Code 4305 S POPLAR CASPER, WY 82601	

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
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0157 Reg. # 483.10(b)(11) LSC	06/04/2012	ID Prefix F0309 Reg. # 483.25 LSC	06/04/2012	ID Prefix Reg. # LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By
State Agency

Reviewed By
CMS RO

Reviewed By
B 6/11/12

Date:

Date:

Signature of Surveyor:
Janette Conley, OTR/L
Signature of Surveyor:

Date:
6/8/12

Followup to Survey Completed on:

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

YES NO