

11/24/2010

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number WY0002	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 11/24/2010
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Name of Facility BONNIE BLUEJACKET MEMORIAL NURSING HOME	Street Address, City, State, Zip Code 388 SOUTH US HWY 20 BASIN, WY 82410
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This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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 <u>SNH</u> Reg. # _____ LSC _____	Correction Completed 10/29/2010	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	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
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ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____ State Agency	Reviewed By <u>B12/2/10</u> Date: <u>11/24/10</u>	Signature of Surveyor: <u>[Signature]</u> Date: _____
Reviewed By _____ CMS RO	Reviewed By _____ Date: _____	Signature of Surveyor: _____ Date: _____
Followup to Survey Completed on: 9/16/2010	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO	