OMB NO. 0938-0390

Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
535042	A. Building B. Wing	05/25/2010

Name of Facility	Street Address, City, State, Zip Code
SHEPHERD OF THE VALLEY CARE CENTER	60 MAGNOLIA CASPER, WY 82604

Uploaded 6/9/10 km
53-24165

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
ID Prefix F0164 Reg. # 483.10(e), 483.75(l)(4) LSC	Correction Completed 05/09/2010
ID Prefix F0226 Reg. # 483.13(c) LSC	Correction Completed 05/09/2010
ID Prefix F0241 Reg. # 483.15(a) LSC	Correction Completed 05/09/2010
ID Prefix F0248 Reg. # 483.15(f)(1) LSC	Correction Completed 05/09/2010
ID Prefix F0279 Reg. # 483.20(d), 483.20(k)(1) LSC	Correction Completed 05/09/2010
ID Prefix F0280 Reg. # 483.20(d)(3), 483.10(k)(2) LSC	Correction Completed 05/09/2010
ID Prefix F0282 Reg. # 483.20(k)(3)(ii) LSC	Correction Completed 05/09/2010
ID Prefix F0309 Reg. # 483.25 LSC	Correction Completed 05/09/2010
ID Prefix F0311 Reg. # 483.25(a)(2) LSC	Correction Completed 05/09/2010
ID Prefix F0312 Reg. # 483.25(a)(3) LSC	Correction Completed 05/09/2010
ID Prefix F0318 Reg. # 483.25(e)(2) LSC	Correction Completed 05/09/2010
ID Prefix F0323 Reg. # 483.25(h) LSC	Correction Completed 05/09/2010
ID Prefix F0329 Reg. # 483.25(l) LSC	Correction Completed 05/09/2010
ID Prefix F0371 Reg. # 483.35(i) LSC	Correction Completed 05/09/2010
ID Prefix F0431 Reg. # 483.60(b), (d), (e) LSC	Correction Completed 05/09/2010

Followup to Survey Completed on:
03/25/2010

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

Post-Certification Revisit Report

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(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date
ID Prefix F0441 Reg. # 483.65 LSC	05/09/2010	ID Prefix F0503 Reg. # 483.75(l)(1)(i-iv) LSC	05/09/2010		

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
	JA	6/1/10	Janet Collins, ONK	5/25/10

Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:

Followup to Survey Completed on:
03/25/2010

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO