

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 30 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 26684, 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

535042

(Y2) Multiple Construction

A. Building

B. Wing

(Y3) Date of Revisit

05/25/2010

Name of Facility

SHEPHERD OF THE VALLEY CARE CENTER

Street Address, City, State, Zip Code

60 MAGNOLIA
CASPER, WY 82604

Updated 6/9/10 Km
53-2416S

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

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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(Y2) Multiple Construction
A. Building
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Name of Facility
SHEPHERD OF THE VALLEY CARE CENTER

Street Address, City, State, Zip Code
60 MAGNOLIA
CASPER, WY 82604

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
Correction Completed		Correction Completed			
ID Prefix F0441	05/09/2010	ID Prefix F0503	05/09/2010		
Reg. # 483.65		Reg. # 483.75(i)(1)(i-iv)			
LSC		LSC			
Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:	
State Agency	<i>JA</i>	6/1/10	<i>Janelle Goulin, ONK</i>	5/25/10	
Reviewed By	Reviewed By	Date:	Signature of Surveyor:		
CMS RO					
Followup to Survey Completed on:			Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?		
03/25/2010			YES NO		