

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 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<br>535051 | (Y2) Multiple Construction<br>A. Building<br>B. Wing | (Y3) Date of Revisit<br>05/25/2012                                            |
| Name of Facility<br>THERMOPOLIS REHABILITATION AND CARE CENTER    |                                                      | Street Address, City, State, Zip Code<br>PO BOX 1325<br>THERMOPOLIS, WY 82443 |

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).

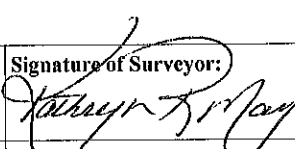
| (Y4) Item                                                | (Y5) Date                          | (Y4) Item                                                                                                                 | (Y5) Date                          | (Y4) Item                                                             | (Y5) Date                          |
|----------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------|------------------------------------|
| ID Prefix F0164<br>Reg. # 483.10(c), 483.75(l)(4)<br>LSC | Correction Completed<br>04/29/2012 | ID Prefix F0170<br>Reg. # 483.10(i)(1)<br>LSC                                                                             | Correction Completed<br>04/29/2012 | ID Prefix F0225<br>Reg. # 483.13(c)(1)(ii)-(iii), (c)(2) - (4)<br>LSC | Correction Completed<br>04/29/2012 |
| ID Prefix F0226<br>Reg. # 483.13(c)<br>LSC               | Correction Completed<br>04/29/2012 | ID Prefix F0241<br>Reg. # 483.15(a)<br>LSC                                                                                | Correction Completed<br>04/29/2012 | ID Prefix F0246<br>Reg. # 483.15(e)(1)<br>LSC                         | Correction Completed<br>04/29/2012 |
| ID Prefix F0279<br>Reg. # 483.20(d), 483.20(k)(1)<br>LSC | Correction Completed<br>04/29/2012 | ID Prefix F0280<br>Reg. # 483.20(d)(3), 483.10(k)(2)<br>LSC                                                               | Correction Completed<br>04/29/2012 | ID Prefix F0309<br>Reg. # 483.25<br>LSC                               | Correction Completed<br>04/29/2012 |
| ID Prefix F0312<br>Reg. # 483.25(a)(3)<br>LSC            | Correction Completed<br>04/29/2012 | ID Prefix F0323<br>Reg. # 483.25(h)<br>LSC                                                                                | Correction Completed<br>04/29/2012 | ID Prefix F0332<br>Reg. # 483.25(m)(1)<br>LSC                         | Correction Completed<br>04/29/2012 |
| ID Prefix F0356<br>Reg. # 483.30(e)<br>LSC               | Correction Completed<br>04/29/2012 | ID Prefix F0441<br>Reg. # 483.65<br>LSC                                                                                   | Correction Completed<br>04/29/2012 | ID Prefix F0496<br>Reg. # 483.75(e)(5)-(7)<br>LSC                     | Correction Completed<br>04/29/2012 |
| Followup to Survey Completed on:<br>03/15/2012           |                                    | Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO |                                    |                                                                       |                                    |

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| (Y4) Item                                      | (Y5) Date              | (Y4) Item                                                                                                                 | (Y5) Date                                                                                                    | (Y4) Item | (Y5) Date |
|------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------|-----------|
| Correction Completed                           |                        |                                                                                                                           |                                                                                                              |           |           |
| ID Prefix F0507                                | 04/29/2012             |                                                                                                                           |                                                                                                              |           |           |
| Reg. # 483.75(i)(2)(iv)                        |                        |                                                                                                                           |                                                                                                              |           |           |
| LSC                                            |                        |                                                                                                                           |                                                                                                              |           |           |
| Reviewed By<br>State Agency                    | Reviewed By<br>5/30/12 | Date:<br>25 May 12                                                                                                        | Signature of Surveyor:<br> |           | Date:     |
| Reviewed By<br>CMS RO                          | Reviewed By            | Date:                                                                                                                     | Signature of Surveyor:                                                                                       |           | Date:     |
| Followup to Survey Completed on:<br>03/15/2012 |                        | Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO |                                                                                                              |           |           |