Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
535051	A. Building B. Wing	05/25/2012

Name of Facility	Street Address, City, State, Zip Code
THERMOPOLIS REHABILITATION AND CARE CENTER	PO BOX 1325 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 Reg. # 483.10(e), 483.75(l)(4) LSC	Correction Completed 04/29/2012	ID Prefix F0170 Reg. # 483.10(i)(1) LSC	Correction Completed 04/29/2012	ID Prefix F0225 Reg. # 483.13(c)(1)(ii)-(iii), (e)(2) - (4 LSC	Correction Completed 04/29/2012
ID Prefix F0226 Reg. # 483.13(c) LSC	Correction Completed 04/29/2012	ID Prefix F0241 Reg. # 483.15(a) LSC	Correction Completed 04/29/2012	ID Prefix F0246 Reg. # 483.15(e)(1) LSC	Correction Completed 04/29/2012
ID Prefix F0279 Reg. # 483.20(d), 483.20(k)(1) LSC	Correction Completed 04/29/2012	ID Prefix F0280 Reg. # 483.20(d)(3), 483.10(k)(2) LSC	Correction Completed 04/29/2012	ID Prefix F0309 Reg. # 483.25 LSC	Correction Completed 04/29/2012
ID Prefix F0312 Reg. # 483.25(a)(3) LSC	Correction Completed 04/29/2012	ID Prefix F0323 Reg. # 483.25(h) LSC	Correction Completed 04/29/2012	ID Prefix F0332 Reg. # 483.25(m)(1) LSC	Correction Completed 04/29/2012
ID Prefix F0356 Reg. # 483.30(e) LSC	Correction Completed 04/29/2012	ID Prefix F0441 Reg. # 483.65 LSC	Correction Completed 04/29/2012	ID Prefix F0496 Reg. # 483.75(e)(5)-(7) LSC	Correction Completed 04/29/2012

Followup to Survey Completed on:	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES	NO
03/15/2012	___		

Department of Health and Human Services
Centers For Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0507 Reg. # 483.75(i)(2)(iv) LSC	Correction Completed 04/29/2012				

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:		Date:
TS	5/30/12	25 May 12	Kathryn Kay		

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

Followup to Survey Completed on:	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES	NO
03/15/2012			