

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

Form Approved
OMB NO. 0938-0390

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 335051	(Y2) Multiple Construction A. Building 02 - MAIN BUILDING B. Wing	(Y3) Date of Revisit 05/30/2012
Name of Facility THERMOPOLIS REHABILITATION AND CARE CENTER		Street Address, City, State, Zip Code 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 this survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix Reg. # NFPA 101 LSC K0012	Correction Completed 04/29/2012	ID Prefix Reg. # NFPA 101 LSC K0018	Correction Completed 04/29/2012	ID Prefix Reg. # NFPA 101 LSC K0038	Correction Completed 04/29/2012
ID Prefix Reg. # NFPA 101 LSC K0062	Correction Completed 04/29/2012	ID Prefix Reg. # NFPA 101 LSC K0147	Correction Completed 04/29/2012	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency	Reviewed By TS 6/15/12	Date:	Signature of Surveyor Larry Goodmay	Date: 6/1/12
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor	
Followup to Survey Completed on: 03/15/2012		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO		

RECEIVED
WY Dept of Health
JUN 05 2012
Healthcare Licensing
and Surveys