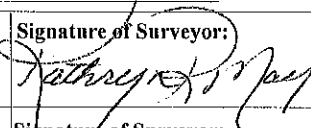


Post-Certification Revisit Report

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 535031	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 08/14/2012
Name of Facility KINDRED NURSING AND REHABILITATION - WIND RIVI		Street Address, City, State, Zip Code 1002 FOREST DRIVE RIVERTON, WY 82501

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 F0241 Reg. # 483.15(a) LSC _____	Correction Completed 07/06/2012	ID Prefix F0253 Reg. # 483.15(h)(2) LSC _____	Correction Completed 07/06/2012	ID Prefix F0272 Reg. # 483.20(b)(1) LSC _____	Correction Completed 07/06/2012
ID Prefix F0274 Reg. # 483.20(b)(2)(ii) LSC _____	Correction Completed 07/06/2012	ID Prefix F0279 Reg. # 483.20(d), 483.20(k)(1) LSC _____	Correction Completed 07/06/2012	ID Prefix F0282 Reg. # 483.20(k)(3)(ii) LSC _____	Correction Completed 07/06/2012
ID Prefix F0309 Reg. # 483.25 LSC _____	Correction Completed 07/06/2012	ID Prefix F0314 Reg. # 483.25(c) LSC _____	Correction Completed 07/06/2012	ID Prefix F0323 Reg. # 483.25(h) LSC _____	Correction Completed 07/06/2012
ID Prefix F0329 Reg. # 483.25(l) LSC _____	Correction Completed 07/06/2012	ID Prefix F0441 Reg. # 483.65 LSC _____	Correction Completed 07/06/2012	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
Reviewed By _____ State Agency	Reviewed By D 8/17/12	Date: 15 Aug 12	Signature of Surveyor: 		Date:
Reviewed By _____ CMS RO	Reviewed By _____	Date:	Signature of Surveyor: _____		Date:
Followup to Survey Completed on: _____		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			