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

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
535031	A. Building B. Wing	08/14/2012

Name of Facility	Street Address, City, State, Zip Code
KINDRED NURSING AND REHABILITATION - WIND RIVI	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: Kathryn Hay		Date:
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