

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 535022	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 08/10/2012
Name of Facility PIONEER MANOR NURSING HOME		Street Address, City, State, Zip Code 900 W 8TH ST GILLETTE, WY 82716

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 F0174 Reg. # 483.10(k) LSC	Correction Completed 07/27/2012	ID Prefix F0176 Reg. # 483.10(n) LSC	Correction Completed 07/27/2012	ID Prefix F0241 Reg. # 483.15(a) LSC	Correction Completed 07/27/2012
ID Prefix F0248 Reg. # 483.15(f)(1) LSC	Correction Completed 07/27/2012	ID Prefix F0250 Reg. # 483.15(g)(1) LSC	Correction Completed 07/27/2012	ID Prefix F0272 Reg. # 483.20(b)(1) LSC	Correction Completed 07/27/2012
ID Prefix F0274 Reg. # 483.20(b)(2)(ii) LSC	Correction Completed 07/27/2012	ID Prefix F0278 Reg. # 483.20(g) - (i) LSC	Correction Completed 07/27/2012	ID Prefix F0280 Reg. # 483.20(d)(3), 483.10(k)(2) LSC	Correction Completed 07/27/2012
ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	Correction Completed 07/27/2012	ID Prefix F0282 Reg. # 483.20(k)(3)(ii) LSC	Correction Completed 07/27/2012	ID Prefix F0309 Reg. # 483.25 LSC	Correction Completed 07/27/2012
ID Prefix F0312 Reg. # 483.25(a)(3) LSC	Correction Completed 07/27/2012	ID Prefix F0314 Reg. # 483.25(c) LSC	Correction Completed 07/27/2012	ID Prefix F0315 Reg. # 483.25(d) LSC	Correction Completed 07/27/2012
Followup to Survey Completed on: 06/21/2012		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			

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 535022	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 08/10/2012
Name of Facility PIONEER MANOR NURSING HOME		Street Address, City, State, Zip Code 900 W 8TH ST GILLETTE, WY 82716

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 F0319 Reg. # 483.25(f)(1) LSC	Correction Completed 07/27/2012	ID Prefix F0329 Reg. # 483.25(f) LSC	Correction Completed 07/27/2012	ID Prefix F0428 Reg. # 483.60(c) LSC	Correction Completed 07/27/2012
ID Prefix F0431 Reg. # 483.60(b), (d), (e) LSC	Correction Completed 07/27/2012	ID Prefix F0441 Reg. # 483.65 LSC	Correction Completed 07/27/2012	ID Prefix F0496 Reg. # 483.75(e)(5)-(7) LSC	Correction Completed 07/27/2012
ID Prefix F0516 Reg. # 483.75(f)(3), 483.20(f)(5) LSC	Correction Completed 07/27/2012				
Reviewed By State Agency	Reviewed By 8/14/12	Date: 8/14/12	Signature of Surveyor: Patricia Price		Date: 8/10/12
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:		
Followup to Survey Completed on: 06/21/2012		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			