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
WY0042	A. Building 01 - SCOTT BUILDING B. Wing	08/01/2012

Name of Facility	Street Address, City, State, Zip Code
GREEN HOUSE LIVING FOR SHERIDAN	2311 SHIRLEY COVE SHERIDAN, WY 82801

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	Correction Completed 06/27/2012	ID Prefix	Correction Completed 06/01/2012	ID Prefix	Correction Completed 06/12/2012
Reg. # NFPA 101		Reg. # NFPA 101		Reg. # NFPA 101	
LSC K0011		LSC K0029		LSC K0056	
ID Prefix	Correction Completed 06/01/2012	ID Prefix	Correction Completed 06/12/2012	ID Prefix	Correction Completed 06/12/2012
Reg. # NFPA 101		Reg. # NFPA 101		Reg. # NFPA 101	
LSC K0062		LSC K0067		LSC K0069	
ID Prefix	Correction Completed 06/15/2012	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # NFPA 101		Reg. #		Reg. #	
LSC K0141		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By State Agency	Reviewed By TS 8/3/12	Date:	Signature of Surveyor:	Date: 8/2/12
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?	
05/08/2012		YES NO

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Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
WY0042	A. Building 02 - WATT BUILDING B. Wing	08/01/2012

Name of Facility	Street Address, City, State, Zip Code
GREEN HOUSE LIVING FOR SHERIDAN	2311 SHIRLEY COVE SHERIDAN, WY 82801

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	Correction Completed 06/01/2012	ID Prefix	Correction Completed 06/12/2012	ID Prefix	Correction Completed 06/12/2012
Reg. # NFPA 101		Reg. # NFPA 101		Reg. # NFPA 101	
LSC K0029		LSC K0056		LSC K0067	
ID Prefix	Correction Completed 06/12/2012	ID Prefix	Correction Completed 06/29/2012	ID Prefix	Correction Completed
Reg. # NFPA 101		Reg. # NFPA 101		Reg. #	
LSC K0069		LSC K0141		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By State Agency	Reviewed By TB 8/3/12	Date:	Signature of Surveyor:	Date: 8/2/12
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

Followup to Survey Completed on: 05/08/2012

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

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OMB NO. 0938-0390

Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
WY0042	A. Building 03 - WHITNEY BUILDING B. Wing	08/01/2012

Name of Facility	Street Address, City, State, Zip Code
GREEN HOUSE LIVING FOR SHERIDAN	2311 SHIRLEY COVE SHERIDAN, WY 82801

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix	Correction Completed: 05/25/2012	ID Prefix	Correction Completed: 06/12/2012	ID Prefix	Correction Completed: 06/12/2012
Reg. # NFPA 101		Reg. # NFPA 101		Reg. # NFPA 101	
LSC K0029		LSC K0056		LSC K0067	
ID Prefix	Correction Completed: 06/12/2012	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # NFPA 101		Reg. #		Reg. #	
LSC K0069		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By State Agency	Reviewed By 8/3/12	Date:	Signature of Surveyor:		Date: 8
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
05/08/2012			