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
535024	A. Building B. Wing	10/29/2008

Name of Facility	Street Address, City, State, Zip Code
POPLAR LIVING CENTER	4305 S POPLAR ST CASPER, WY 82601

Uploaded 11/7/08 KM
53-187000

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 F0157 Reg. # 483.10(b)(11) LSC	Correction Completed 10/12/2008	ID Prefix F0226 Reg. # 483.13(c) LSC	Correction Completed 10/12/2008	ID Prefix F0244 Reg. # 483.15(c)(6) LSC	Correction Completed 10/12/2008
ID Prefix F0250 Reg. # 483.15(g)(1) LSC	Correction Completed 10/12/2008	ID Prefix F0279 Reg. # 483.20(d), 483.20(k)(1) LSC	Correction Completed 10/12/2008	ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	Correction Completed 10/12/2008
ID Prefix F0282 Reg. # 483.20(k)(3)(ii) LSC	Correction Completed 10/12/2008	ID Prefix F0314 Reg. # 483.25(c) LSC	Correction Completed 10/12/2008	ID Prefix F0315 Reg. # 483.25(d) LSC	Correction Completed 10/12/2008
ID Prefix F0353 Reg. # 483.30(a) LSC	Correction Completed 10/12/2008	ID Prefix F0362 Reg. # 483.35(b) LSC	Correction Completed 10/12/2008	ID Prefix F0364 Reg. # 483.35(d)(1)-(2) LSC	Correction Completed 10/12/2008
ID Prefix F0371 Reg. # 483.35(i) LSC	Correction Completed 10/12/2008	ID Prefix F0428 Reg. # 483.60(c) LSC	Correction Completed 10/12/2008	ID Prefix F0441 Reg. # 483.65(a) LSC	Correction Completed 10/12/2008

Followup to Survey Completed on:	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES	NO
08/28/2008			

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0502 Reg. # 483.75(i)(1) LSC	Correction Completed 10/12/2008	ID Prefix F0520 Reg. # 483.75(o)(1) LSC	Correction Completed 10/12/2008		

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:		Date:
	B 11/13/08	10/31/08	D. Nelson, RN State Health Surveyor		
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
08/28/2008			