Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
53A049	A. Building B. Wing	9/28/2012

Name of Facility	Street Address, City, State, Zip Code
GOSHEN CARE CENTER	2009 LARAMIE STREET TORRINGTON, WY 82240

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 F0167 Reg. # 483.10(g)(1) LSC	Correction Completed 08/30/2012	ID Prefix F0176 Reg. # 483.10(n) LSC	Correction Completed 09/05/2012	ID Prefix F0221 Reg. # 483.13(a) LSC	Correction Completed 09/09/2012
ID Prefix F0241 Reg. # 483.15(a) LSC	Correction Completed 09/05/2012	ID Prefix F0257 Reg. # 483.15(h)(6) LSC	Correction Completed 09/05/2012	ID Prefix F0272 Reg. # 483.20(b)(1) LSC	Correction Completed 09/09/2012
ID Prefix F0278 Reg. # 483.20(g) - (j) LSC	Correction Completed 09/09/2012	ID Prefix F0279 Reg. # 483.20(d), 483.20(k)(1) LSC	Correction Completed 09/05/2012	ID Prefix F0280 Reg. # 483.20(d)(3), 483.10(k)(2) LSC	Correction Completed 09/05/2012
ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	Correction Completed 09/05/2012	ID Prefix F0309 Reg. # 483.25 LSC	Correction Completed 09/05/2012	ID Prefix F0315 Reg. # 483.25(d) LSC	Correction Completed 09/05/2012
ID Prefix F0329 Reg. # 483.25(l) LSC	Correction Completed 09/05/2012	ID Prefix F0356 Reg. # 483.30(e) LSC	Correction Completed 09/05/2012	ID Prefix F0371 Reg. # 483.35(i) LSC	Correction Completed 09/05/2012

Reviewed By State Agency	Reviewed By 10/18/12	Date:	Signature of Surveyor:	Date: 10/18/12
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
53A049	A. Building B. Wing	9/28/2012

Name of Facility	Street Address, City, State, Zip Code
GOSHEN CARE CENTER	2009 LARAMIE STREET TORRINGTON, WY 82240

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 F0387 Reg. # 483.40(c)(1)-(2) LSC	Correction Completed 09/05/2012	ID Prefix F0441 Reg. # 483.65 LSC	Correction Completed 09/05/2012		

Reviewed By State Agency	Reviewed By TS 10/18/12	Date:	Signature of Surveyor:	Date: 10/18/12
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 7/26/2012

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