

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 53A049	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 9/28/2012
Name of Facility GOSHEN CARE CENTER		Street Address, City, State, Zip Code 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) - (i) 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(i) 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 <i>10/18/12</i>	Date: _____	Signature of Surveyor: <i>[Signature]</i>	Date: <i>10/18/12</i>
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

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ID Prefix F0387	Correction Completed 09/05/2012	ID Prefix F0441	Correction Completed 09/05/2012		
Reg. # 483.40(c)(1)-(2)		Reg. # 483.65			
LSC		LSC			
Reviewed By _____	Reviewed By <i>TS</i> 10/18/12	Date: _____	Signature of Surveyor: <i>[Signature]</i>	Date: 10/18/12	
State Agency					
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____	
CMS RO					
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			