

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 the 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 335038	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 11/16/2012
Name of Facility ROCKY MOUNTAIN CARE - EVANSTON		Street Address, City, State, Zip Code 475 YELLOW CREEK ROAD EVANSTON, WY 82930

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	(Y3) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0156 Reg. # 483.10(b)(5) - (10), 483.10(b)(1) LSC	10/08/2012	ID Prefix F0250 Reg. # 483.15(e)(1) LSC	10/10/2012	ID Prefix F0272 Reg. # 483.20(b)(1) LSC	10/31/2012
ID Prefix F0278 Reg. # 483.20(g) - (1) LSC	10/31/2012	ID Prefix F0279 Reg. # 483.20(d), 483.20(k)(1) LSC	10/31/2012	ID Prefix F0280 Reg. # 483.20(d)(3), 483.10(k)(2) LSC	10/31/2012
ID Prefix F0381 Reg. # 483.20(b)(3)(i) LSC	10/31/2012	ID Prefix F0309 Reg. # 483.25 LSC	10/31/2012	ID Prefix F0312 Reg. # 483.25(a)(3) LSC	10/31/2012
ID Prefix F0314 Reg. # 483.25(e) LSC	10/31/2012	ID Prefix F0323 Reg. # 483.25(h) LSC	10/31/2012	ID Prefix F0328 Reg. # 483.25(k) LSC	10/31/2012
ID Prefix F0329 Reg. # 483.25(f) LSC	10/16/2012	ID Prefix F0333 Reg. # 483.25(m)(2) LSC	10/16/2012	ID Prefix F0371 Reg. # 483.35(f) LSC	10/31/2012

Followup to Survey Completed on:

9/20/12

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 19 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 / CEIA / Identification Number 535038	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 11/16/2012
Name of Facility ROCKY MOUNTAIN CARE - EVANSTON		Street Address, City, State, Zip Code 475 YELLOW CREEK ROAD EVANSTON, WY 82930

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
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0428	10/16/2012	ID Prefix F0441	10/31/2012	ID Prefix F0492	10/08/2012
Reg. # 483.60(e)		Reg. # 483.65		Reg. # 483.75(b)	
LSC		LSC		LSC	

Reviewed By State Agency	Reviewed By <i>TS</i>	Date: 11/20/12	Signature of Surveyor: <i>Janele Gail, OJEL</i>	Date: 11/16/12
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?

YES NO