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
535038	A. Building B. Wing	11/16/2012

Name of Facility	Street Address, City, State, Zip Code
ROCKY MOUNTAIN CARE - EVANSTON	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
ID Prefix F0156 Reg. # 483.10(b)(5) - (10), 483.10(b)(LSC	Correction Completed 10/08/2012	ID Prefix F0250 Reg. # 483.15(g)(1) LSC	Correction Completed 10/10/2012	ID Prefix F0272 Reg. # 483.20(b)(1) LSC	Correction Completed 10/31/2012
ID Prefix F0278 Reg. # 483.20(g) - (j) LSC	Correction Completed 10/31/2012	ID Prefix F0279 Reg. # 483.20(d), 483.20(k)(1) LSC	Correction Completed 10/31/2012	ID Prefix F0280 Reg. # 483.20(d)(3), 483.10(k)(2) LSC	Correction Completed 10/31/2012
ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	Correction Completed 10/31/2012	ID Prefix F0309 Reg. # 483.25 LSC	Correction Completed 10/31/2012	ID Prefix F0312 Reg. # 483.25(a)(3) LSC	Correction Completed 10/31/2012
ID Prefix F0314 Reg. # 483.25(c) LSC	Correction Completed 10/31/2012	ID Prefix F0323 Reg. # 483.25(h) LSC	Correction Completed 10/31/2012	ID Prefix F0328 Reg. # 483.25(k) LSC	Correction Completed 10/31/2012
ID Prefix F0329 Reg. # 483.25(l) LSC	Correction Completed 10/16/2012	ID Prefix F0333 Reg. # 483.25(m)(2) LSC	Correction Completed 10/16/2012	ID Prefix F0371 Reg. # 483.35(i) LSC	Correction Completed 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

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(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0428 Reg. # 483.60(e) LSC	10/16/2012	ID Prefix F0441 Reg. # 483.65 LSC	10/31/2012	ID Prefix F0492 Reg. # 483.75(b) LSC	10/08/2012

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
	TB	11/20/12	Janelle Collins, OTR/L	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