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
535043	A. Building B. Wing	01/04/2007

Name of Facility	Street Address, City, State, Zip Code
LARAMIE CARE CENTER	503 S 18TH ST LARAMIE, WY 82070

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).

Upload 53 — 125114
1/4/07 JS

(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0225	11/22/2006
Reg. # 483.13(c)(1)(ii)-(iii), (c)(2) - (4	
LSC	

(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0241	12/08/2006
Reg. # 483.15(a)	
LSC	

(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0248	12/01/2006
Reg. # 483.15(f)(1)	
LSC	

(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0272	12/08/2006
Reg. # 483.20, 483.20(b)	
LSC	

(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0282	12/08/2006
Reg. # 483.20(k)(3)(ii)	
LSC	

(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0309	12/08/2006
Reg. # 483.25	
LSC	

(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0312	12/08/2006
Reg. # 483.25(a)(3)	
LSC	

(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0314	12/08/2006
Reg. # 483.25(c)	
LSC	

(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0315	12/08/2006
Reg. # 483.25(d)	
LSC	

(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0329	12/08/2006
Reg. # 483.25(l)(1)	
LSC	

(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0331	12/08/2006
Reg. # 483.25(l)(2)(ii)	
LSC	

(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0334	12/08/2006
Reg. # 483.25(n)	
LSC	

(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0364	12/01/2006
Reg. # 483.35(d)(1)-(2)	
LSC	

(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0368	12/08/2006
Reg. # 483.35(f)	
LSC	

(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0492	12/08/2006
Reg. # 483.75(b)	
LSC	

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
	B	1/8/07	Janelle Conlin, QMRP/C	1/4/2007
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	

Followup to Survey Completed on:
10/26/2006

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Dept of Health

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