

Department of Health and Human Services
Centers For Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

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 535043	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 01/04/2007
Name of Facility LARAMIE CARE CENTER		Street Address, City, State, Zip Code 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).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0225	11/22/2006	ID Prefix F0241	12/08/2006	ID Prefix F0248	12/01/2006
Reg. # 483.13(e)(1)(ii)-(iii), (e)(2) - (4)		Reg. # 483.15(a)		Reg. # 483.15(d)(1)	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0272	12/08/2006	ID Prefix F0282	12/08/2006	ID Prefix F0309	12/08/2006
Reg. # 483.20, 483.20(b)		Reg. # 483.20(k)(3)(ii)		Reg. # 483.25	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0312	12/08/2006	ID Prefix F0314	12/08/2006	ID Prefix F0315	12/08/2006
Reg. # 483.25(a)(3)		Reg. # 483.25(c)		Reg. # 483.25(d)	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0329	12/08/2006	ID Prefix F0331	12/08/2006	ID Prefix F0334	12/08/2006
Reg. # 483.25(l)(1)		Reg. # 483.25(l)(2)(ii)		Reg. # 483.25(n)	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0364	12/01/2006	ID Prefix F0368	12/08/2006	ID Prefix F0492	12/08/2006
Reg. # 483.35(d)(1)-(2)		Reg. # 483.35(n)		Reg. # 483.75(b)	
LSC		LSC		LSC	

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

Followup to Survey Completed on:
10/26/2006

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

JAN 04 2006