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
535031	A. Building B. Wing	5/27/2010

Name of Facility	Street Address, City, State, Zip Code
WIND RIVER HEALTHCARE & REHABILITATION CENTER	1002 FOREST DRIVE RIVERTON, WY 82501

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 F0176 Reg. # 483.10(n) LSC	Correction Completed 04/16/2010	ID Prefix F0241 Reg. # 483.15(a) LSC	Correction Completed 04/16/2010	ID Prefix F0248 Reg. # 483.15(f)(1) LSC	Correction Completed 04/16/2010
ID Prefix F0253 Reg. # 483.15(h)(2) LSC	Correction Completed 04/16/2010	ID Prefix F0280 Reg. # 483.20(d)(3), 483.10(k)(2) LSC	Correction Completed 04/16/2010	ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	Correction Completed 04/16/2010
ID Prefix F0309 Reg. # 483.25 LSC	Correction Completed 04/16/2010	ID Prefix F0315 Reg. # 483.25(d) LSC	Correction Completed 04/16/2010	ID Prefix F0323 Reg. # 483.25(h) LSC	Correction Completed 04/16/2010
ID Prefix F0329 Reg. # 483.25(l) LSC	Correction Completed 04/16/2010	ID Prefix F0356 Reg. # 483.30(e) LSC	Correction Completed 04/16/2010	ID Prefix F0371 Reg. # 483.35(i) LSC	Correction Completed 04/16/2010
ID Prefix F0431 Reg. # 483.60(b), (d), (e) LSC	Correction Completed 04/16/2010	ID Prefix F0441 Reg. # 483.65 LSC	Correction Completed 04/16/2010	ID Prefix F0463 Reg. # 483.70(f) LSC	Correction Completed 04/16/2010

Reviewed By State Agency	Reviewed By RO 6/10/10	Date:	Signature of Surveyor: [signature]	Date: 6/10/10
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

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(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0465 Reg. # 483.70(h) LSC	04/16/2010	ID Prefix F0496 Reg. # 483.75(e)(5)-(7) LSC	04/16/2010	ID Prefix F0507 Reg. # 483.75(i)(2)(iv) LSC	04/16/2010

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES	NO
3/11/2010			