

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 535036	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 1/24/2007
Name of Facility SOUTH CENTRAL WY HEALTHCARE &		Street Address, City, State, Zip Code 542 16TH STREET RAWLINS, WY 82301

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 53-126783
1/31/07*

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed		Correction Completed		Correction Completed
ID Prefix <u>F0151</u>	<u>01/14/2007</u>	ID Prefix <u>F0157</u>	<u>01/14/2007</u>	ID Prefix <u>F0167</u>	<u>01/14/2007</u>
Reg. # <u>483.10(a)(1)&(2)</u>		Reg. # <u>483.10(b)(11)</u>		Reg. # <u>483.10(a)(1)</u>	
LSC _____		LSC _____		LSC _____	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix <u>F0170</u>	<u>01/14/2007</u>	ID Prefix <u>F0176</u>	<u>01/14/2007</u>	ID Prefix <u>F0225</u>	<u>01/14/2007</u>
Reg. # <u>483.10(i)(1)</u>		Reg. # <u>483.10(n)</u>		Reg. # <u>483.13(c)(1)(ii)-(iii), (c)(2) -</u>	
LSC _____		LSC _____		LSC _____	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix <u>F0241</u>	<u>01/14/2007</u>	ID Prefix <u>F0243</u>	<u>01/14/2007</u>	ID Prefix <u>F0248</u>	<u>01/14/2007</u>
Reg. # <u>483.15(a)</u>		Reg. # <u>483.15(c)(1)-(5)</u>		Reg. # <u>483.15(f)(1)</u>	
LSC _____		LSC _____		LSC _____	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix <u>F0250</u>	<u>01/14/2007</u>	ID Prefix <u>F0253</u>	<u>01/14/2007</u>	ID Prefix <u>F0272</u>	<u>01/14/2007</u>
Reg. # <u>483.15(a)(1)</u>		Reg. # <u>483.15(h)(2)</u>		Reg. # <u>483.20, 483.20(b)</u>	
LSC _____		LSC _____		LSC _____	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix <u>F0278</u>	<u>01/14/2007</u>	ID Prefix <u>F0280</u>	<u>01/14/2007</u>	ID Prefix <u>F0281</u>	<u>01/14/2007</u>
Reg. # <u>483.20(a) - (i)</u>		Reg. # <u>483.20(d)(3), 483.10(k)(2)</u>		Reg. # <u>483.20(k)(3)(i)</u>	
LSC _____		LSC _____		LSC _____	

Reviewed By _____	Reviewed By <i>B</i>	Date: <u>1/31/07</u>	Signature of Surveyor <i>Chelle Conner</i>	Date: <u>1/30/07</u>
State Agency				
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
CMS RO				

VA

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ID Prefix F0282	Correction Completed 01/14/2007	ID Prefix F0309	Correction Completed 01/14/2007	ID Prefix F0314	Correction Completed 01/14/2007
Reg. # 483.20(k)(3)(II)		Reg. # 483.25		Reg. # 483.25(c)	
LSC		LSC		LSC	
ID Prefix F0318	Correction Completed 01/14/2007	ID Prefix F0323	Correction Completed 01/14/2007	ID Prefix F0329	Correction Completed 01/14/2007
Reg. # 483.25(e)(2)		Reg. # 483.25(h)(1)		Reg. # 483.25(I)(1)	
LSC		LSC		LSC	
ID Prefix F0331	Correction Completed 01/14/2007	ID Prefix F0334	Correction Completed 01/14/2007	ID Prefix F0356	Correction Completed 01/14/2007
Reg. # 483.25(I)(2)(II)		Reg. # 483.25(n)		Reg. # 483.30(e)	
LSC		LSC		LSC	
ID Prefix F0368	Correction Completed 01/14/2007	ID Prefix F0371	Correction Completed 01/14/2007	ID Prefix F0386	Correction Completed 01/14/2007
Reg. # 483.35(f)		Reg. # 483.35(I)(2)		Reg. # 483.40(b)	
LSC		LSC		LSC	
ID Prefix F0387	Correction Completed 01/14/2007	ID Prefix F0428	Correction Completed 01/14/2007	ID Prefix F0432	Correction Completed 01/14/2007
Reg. # 483.40(c)(1)-(2)		Reg. # 483.60(c)(1)		Reg. # 483.60(e)	
LSC		LSC		LSC	

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

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		Correction Completed				Correction Completed				Correction Completed	
ID Prefix	F0441	01/14/2007		ID Prefix	F0443	01/14/2007		ID Prefix	F0444	01/14/2007	
Reg. #	483.65(a)			Reg. #	483.65(b)(2)			Reg. #	483.65(b)(3)		
LSC				LSC				LSC			
		Correction Completed				Correction Completed				Correction Completed	
ID Prefix	F0454	01/14/2007		ID Prefix	F0465	01/14/2007		ID Prefix	F0514	01/14/2007	
Reg. #	483.70			Reg. #	483.70(h)			Reg. #	483.75(l)(1)		
LSC				LSC				LSC			

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: 11/30/2006		_____ Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <table border="0" style="float: right;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>			YES	NO
YES	NO					