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
535036	A. Building B. Wing	1/24/2007

Name of Facility	Street Address, City, State, Zip Code
SOUTH CENTRAL WY HEALTHCARE &	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 JS

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

Reviewed By State Agency	Reviewed By TS	Date: 1/31/07	Signature of Surveyor: Janelle Conlen JS	Date: 1/30/07
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

W

Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
535036	A. Building B. Wing	1/24/2007

Name of Facility	Street Address, City, State, Zip Code
SOUTH CENTRAL WY HEALTHCARE &	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).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0282 Reg. # 483.20(k)(3)(ii) LSC	Correction Completed 01/14/2007	ID Prefix F0309 Reg. # 483.25 LSC	Correction Completed 01/14/2007	ID Prefix F0314 Reg. # 483.25(c) LSC	Correction Completed 01/14/2007
ID Prefix F0318 Reg. # 483.25(e)(2) LSC	Correction Completed 01/14/2007	ID Prefix F0323 Reg. # 483.25(h)(1) LSC	Correction Completed 01/14/2007	ID Prefix F0329 Reg. # 483.25(l)(1) LSC	Correction Completed 01/14/2007
ID Prefix F0331 Reg. # 483.25(l)(2)(ii) LSC	Correction Completed 01/14/2007	ID Prefix F0334 Reg. # 483.25(n) LSC	Correction Completed 01/14/2007	ID Prefix F0356 Reg. # 483.30(e) LSC	Correction Completed 01/14/2007
ID Prefix F0368 Reg. # 483.35(f) LSC	Correction Completed 01/14/2007	ID Prefix F0371 Reg. # 483.35(i)(2) LSC	Correction Completed 01/14/2007	ID Prefix F0386 Reg. # 483.40(b) LSC	Correction Completed 01/14/2007
ID Prefix F0387 Reg. # 483.40(c)(1)-(2) LSC	Correction Completed 01/14/2007	ID Prefix F0428 Reg. # 483.60(c)(1) LSC	Correction Completed 01/14/2007	ID Prefix F0432 Reg. # 483.60(e) LSC	Correction Completed 01/14/2007

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

Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
535036	A. Building B. Wing	1/24/2007

Name of Facility	Street Address, City, State, Zip Code
SOUTH CENTRAL WY HEALTHCARE &	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).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0441 Reg. # 483.65(a) LSC	Correction Completed 01/14/2007	ID Prefix F0443 Reg. # 483.65(b)(2) LSC	Correction Completed 01/14/2007	ID Prefix F0444 Reg. # 483.65(b)(3) LSC	Correction Completed 01/14/2007
ID Prefix F0454 Reg. # 483.70 LSC	Correction Completed 01/14/2007	ID Prefix F0465 Reg. # 483.70(h) LSC	Correction Completed 01/14/2007	ID Prefix F0514 Reg. # 483.75(l)(1) LSC	Correction Completed 01/14/2007

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?	YES NO