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
535024	A. Building B. Wing	01/07/2011

Name of Facility
POPLAR LIVING CENTER

Street Address, City, State, Zip Code
4305 S POPLAR
CASPER, WY 82601

uploaded 1/20/11 Km
53~ 264002

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 F0226 Reg. # 483.13(c) LSC	Correction Completed 12/31/2010	ID Prefix F0241 Reg. # 483.15(a) LSC	Correction Completed 12/31/2010	ID Prefix F0273 Reg. # 483.20(b)(2)(i) LSC	Correction Completed 12/31/2010
ID Prefix F0276 Reg. # 483.20(c) LSC	Correction Completed 12/31/2010	ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	Correction Completed 12/31/2010	ID Prefix F0309 Reg. # 483.25 LSC	Correction Completed 12/31/2010
ID Prefix F0311 Reg. # 483.25(a)(2) LSC	Correction Completed 12/31/2010	ID Prefix F0312 Reg. # 483.25(a)(3) LSC	Correction Completed 12/31/2010	ID Prefix F0425 Reg. # 483.60(a),(b) LSC	Correction Completed 12/31/2010
ID Prefix F0431 Reg. # 483.60(b), (d), (e) LSC	Correction Completed 12/31/2010	ID Prefix F0441 Reg. # 483.65 LSC	Correction Completed 12/31/2010	ID Prefix F0467 Reg. # 483.70(h)(2) LSC	Correction Completed 12/31/2010
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
	TB 1/20/11		Janice Conley, OTR/L	1/7/11
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

Followup to Survey Completed on:
11/18/2010

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