

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
535024

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
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
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0226 Reg. # 483.13(c) LSC	12/31/2010	ID Prefix F0241 Reg. # 483.15(a) LSC	12/31/2010	ID Prefix F0273 Reg. # 483.20(b)(2)(i) LSC	12/31/2010
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0276 Reg. # 483.20(c) LSC	12/31/2010	ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	12/31/2010	ID Prefix F0309 Reg. # 483.25 LSC	12/31/2010
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0311 Reg. # 483.25(a)(2) LSC	12/31/2010	ID Prefix F0312 Reg. # 483.25(a)(3) LSC	12/31/2010	ID Prefix F0425 Reg. # 483.60(a),(b) LSC	12/31/2010
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0431 Reg. # 483.60(b), (d), (e) LSC	12/31/2010	ID Prefix F0441 Reg. # 483.65 LSC	12/31/2010	ID Prefix F0467 Reg. # 483.70(h)(2) LSC	12/31/2010
	Correction Completed		Correction Completed		Correction Completed
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By
TB 1/20/11
Reviewed By

Date:
Date:

Signature of Surveyor:
Janet Corbin, ORE/K
Signature of Surveyor:

Date:
1/7/11

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