

Department of Health and Human Services
Centers For Medicare & Medicaid Services

Post-Certification Revisit Report

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WY Dept of Health

Form Approved
OMB NO. 0938-0390

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 01 - MAIN BUILDING 01
B. Wing

(Y3) Date of Revisit
04/09/2013

Name of Facility
KINDRED NURSING AND REHABILITATION - RAWLINS

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).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
Correction Completed		Correction Completed		Correction Completed	
ID Prefix	03/17/2013	ID Prefix	03/17/2013	ID Prefix	03/17/2013
Reg. # NFPA 101		Reg. # NFPA 101		Reg. # NFPA 101	
LSC K0052		LSC K0070		LSC K0147	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
Reviewed By State Agency	Reviewed By 4/15/13	Date:	Signature of Surveyor: [Signature]	Date:	4/12/13
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:	
Followup to Survey Completed on:	01/30/2013	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			