

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 15 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
535038

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
12/01/2010

Name of Facility
ROCKY MOUNTAIN CARE - EVANSTON

Street Address, City, State, Zip Code
475 YELLOW CREEK ROAD
EVANSTON, WY 82930

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	10/25/2010	ID Prefix F0272	10/08/2010	ID Prefix F0274	10/08/2010
Reg. # 483.13(c)		Reg. # 483.20, 483.20(b)		Reg. # 483.20(b)(2)(ii)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0278	10/15/2010	ID Prefix F0280	10/08/2010	ID Prefix F0282	10/15/2010
Reg. # 483.20(g) - (i)		Reg. # 483.20(d)(3), 483.10(k)(2)		Reg. # 483.20(k)(3)(ii)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0309	10/15/2010	ID Prefix F0312	10/18/2010	ID Prefix F0315	10/15/2010
Reg. # 483.25		Reg. # 483.25(a)(3)		Reg. # 483.25(d)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0323	10/18/2010	ID Prefix F0353	10/18/2010	ID Prefix F0363	10/15/2010
Reg. # 483.25(h)		Reg. # 483.30(a)		Reg. # 483.35(c)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0371	10/18/2010	ID Prefix		ID Prefix	
Reg. # 483.35(i)		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By
State Agency

Reviewed By

Date:

Signature of Surveyor:

Date:

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

CMS RO

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO