

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
535027

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
02/24/2010

Name of Facility
WEST PARK LONG TERM CARE CENTER

Street Address, City, State, Zip Code
707 SHERIDAN AVENUE
CODY, WY 82414

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 F0253	02/05/2010	ID Prefix F0278	02/05/2010	ID Prefix F0371	02/05/2010
Reg. # 483.15(h)(2)		Reg. # 483.20(g) - (i)		Reg. # 483.35(i)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0441	02/05/2010	ID Prefix		ID Prefix	
Reg. # 483.65(a)		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
TS 2/25/10

Date:

Signature of Surveyor:

Date:

Reviewed By
CMS RO

Reviewed By

Date:

Signature of Surveyor:

Date: 2/24/10

Followup to Survey Completed on:

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

YES NO