

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 535043	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 07/02/2007
Name of Facility LARAMIE CARE CENTER	Street Address, City, State, Zip Code 503 S 18TH ST LARAMIE, WY 82070	

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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).

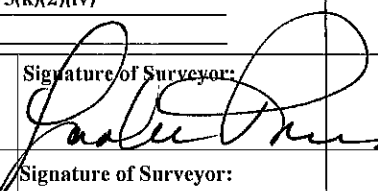
(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0157	05/31/2007	ID Prefix F0161	05/31/2007	ID Prefix F0166	05/31/2007
Reg. # 483.10(b)(11)		Reg. # 483.10(c)(7)		Reg. # 483.10(f)(2)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0221	05/31/2007	ID Prefix F0225	05/31/2007	ID Prefix F0226	05/31/2007
Reg. # 483.13(a)		Reg. # 483.13(c)(1)(ii)-(iii), (c)(2) - (4)		Reg. # 483.13(c)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0241	05/31/2007	ID Prefix F0246	05/31/2007	ID Prefix F0248	05/31/2007
Reg. # 483.15(a)		Reg. # 483.15(e)(1)		Reg. # 483.15(f)(1)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0249	05/31/2007	ID Prefix F0250	05/31/2007	ID Prefix F0253	05/31/2007
Reg. # 483.15(f)(2)		Reg. # 483.15(g)(1)		Reg. # 483.15(h)(2)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0272	05/31/2007	ID Prefix F0279	05/31/2007	ID Prefix F0280	05/31/2007
Reg. # 483.20, 483.20(b)		Reg. # 483.20(d), 483.20(k)(1)		Reg. # 483.20(d)(3), 483.10(k)(2)	
LSC		LSC		LSC	
Followup to Survey Completed on:		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?			
		YES NO			

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(Y1) Provider / Supplier / CLIA / Identification Number 535043	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 07/02/2007
Name of Facility LARAMIE CARE CENTER		Street Address, City, State, Zip Code 503 S 18TH ST LARAMIE, WY 82070

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	F0282		05/31/2007	ID Prefix	F0309		05/31/2007	ID Prefix	F0312		05/31/2007
Reg. #	483.20(k)(3)(ii)			Reg. #	483.25			Reg. #	483.25(a)(3)		
LSC				LSC				LSC			
		Correction Completed				Correction Completed				Correction Completed	
ID Prefix	F0320		05/31/2007	ID Prefix	F0329		05/31/2007	ID Prefix	F0334		05/31/2007
Reg. #	483.25(f)(2)			Reg. #	483.25(l)			Reg. #	483.25(n)		
LSC				LSC				LSC			
		Correction Completed				Correction Completed				Correction Completed	
ID Prefix	F0371		05/31/2007	ID Prefix	F0465		05/31/2007	ID Prefix	F0467		05/31/2007
Reg. #	483.35(i)(2)			Reg. #	483.70(h)			Reg. #	483.70(h)(2)		
LSC				LSC				LSC			
		Correction Completed				Correction Completed				Correction Completed	
ID Prefix	F0508		05/31/2007	ID Prefix	F0513		05/31/2007	ID Prefix	F0514		05/31/2007
Reg. #	483.75(k)(1)			Reg. #	483.75(k)(2)(iv)			Reg. #	483.75(l)(1)		
LSC				LSC				LSC			
Reviewed By State Agency	Reviewed By 	Date: 7/5/07	Signature of Surveyor: 	Date: 7/2/07							
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:							

Followup to Survey Completed on:

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

YES NO