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

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
535043	A. Building B. Wing	07/02/2007

Name of Facility	Street Address, City, State, Zip Code
LARAMIE CARE CENTER	503 S 18TH ST LARAMIE, WY 82070

uploaded 7/5/07 KM
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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
ID Prefix F0157 Reg. # 483.10(b)(11) LSC	Correction Completed 05/31/2007	ID Prefix F0161 Reg. # 483.10(c)(7) LSC	Correction Completed 05/31/2007	ID Prefix F0166 Reg. # 483.10(f)(2) LSC	Correction Completed 05/31/2007
ID Prefix F0221 Reg. # 483.13(a) LSC	Correction Completed 05/31/2007	ID Prefix F0225 Reg. # 483.13(c)(1)(ii)-(iii), (c)(2) - (4 LSC	Correction Completed 05/31/2007	ID Prefix F0226 Reg. # 483.13(c) LSC	Correction Completed 05/31/2007
ID Prefix F0241 Reg. # 483.15(a) LSC	Correction Completed 05/31/2007	ID Prefix F0246 Reg. # 483.15(e)(1) LSC	Correction Completed 05/31/2007	ID Prefix F0248 Reg. # 483.15(f)(1) LSC	Correction Completed 05/31/2007
ID Prefix F0249 Reg. # 483.15(f)(2) LSC	Correction Completed 05/31/2007	ID Prefix F0250 Reg. # 483.15(g)(1) LSC	Correction Completed 05/31/2007	ID Prefix F0253 Reg. # 483.15(h)(2) LSC	Correction Completed 05/31/2007
ID Prefix F0272 Reg. # 483.20, 483.20(b) LSC	Correction Completed 05/31/2007	ID Prefix F0279 Reg. # 483.20(d), 483.20(k)(1) LSC	Correction Completed 05/31/2007	ID Prefix F0280 Reg. # 483.20(d)(3), 483.10(k)(2) LSC	Correction Completed 05/31/2007

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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ID Prefix F0282 Reg. # 483.20(k)(3)(ii) LSC	Correction Completed 05/31/2007	ID Prefix F0309 Reg. # 483.25 LSC	Correction Completed 05/31/2007	ID Prefix F0312 Reg. # 483.25(a)(3) LSC	Correction Completed 05/31/2007
ID Prefix F0320 Reg. # 483.25(f)(2) LSC	Correction Completed 05/31/2007	ID Prefix F0329 Reg. # 483.25(l) LSC	Correction Completed 05/31/2007	ID Prefix F0334 Reg. # 483.25(n) LSC	Correction Completed 05/31/2007
ID Prefix F0371 Reg. # 483.35(i)(2) LSC	Correction Completed 05/31/2007	ID Prefix F0465 Reg. # 483.70(h) LSC	Correction Completed 05/31/2007	ID Prefix F0467 Reg. # 483.70(h)(2) LSC	Correction Completed 05/31/2007
ID Prefix F0508 Reg. # 483.75(k)(1) LSC	Correction Completed 05/31/2007	ID Prefix F0513 Reg. # 483.75(k)(2)(iv) LSC	Correction Completed 05/31/2007	ID Prefix F0514 Reg. # 483.75(l)(1) LSC	Correction Completed 05/31/2007

Reviewed By State Agency	**Reviewed By** TB	**Date:** 7/5/07	**Signature of Surveyor:**	**Date:** 7/2/07
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	

Followup to Survey Completed on: ___

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**