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
535053	A. Building B. Wing	4/4/2011

Name of Facility	Street Address, City, State, Zip Code
PLATTE COUNTY MEMORIAL NURSING HOME	204 15TH STREET WHEATLAND, WY 82201

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).

uploaded 4/15/11 KM
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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0226 Reg. # 483.13(c) LSC	Correction Completed 04/04/2011	ID Prefix F0241 Reg. # 483.15(a) LSC	Correction Completed 03/15/2011	ID Prefix F0244 Reg. # 483.15(c)(6) LSC	Correction Completed 03/15/2011
ID Prefix F0278 Reg. # 483.20(n) - (l) LSC	Correction Completed 03/15/2011	ID Prefix F0279 Reg. # 483.20(d), 483.20(k)(1) LSC	Correction Completed 02/28/2011	ID Prefix F0312 Reg. # 483.25(a)(3) LSC	Correction Completed 03/15/2011
ID Prefix F0314 Reg. # 483.25(c) LSC	Correction Completed 03/15/2011	ID Prefix F0315 Reg. # 483.25(e)(2) LSC	Correction Completed 04/04/2011	ID Prefix F0465 Reg. # 483.70(h) LSC	Correction Completed 02/16/2011
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By B 4/12/11	Date: 4-7-11	Signature of Surveyor: Betty Hudson, RN State Health Surveyor	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:
Followup to Survey Completed on: 1/27/2011		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?		YES NO