

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 the 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 26864, 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 535053	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 4/4/2011
Name of Facility PLATTE COUNTY MEMORIAL NURSING HOME		Street Address, City, State, Zip Code 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)(8) 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 02/23/2011	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 F0318 Reg. # 483.25(e)(2) LSC	Correction Completed 04/04/2011	ID Prefix F0485 Reg. # 483.70(h) LSC	Correction Completed 02/15/2011
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 CMS RO	Reviewed By B-4/12/11 Reviewed By	Date: 4-7-11 Date:	Signature of Surveyor: State Health Surveyor Signature of Surveyor:	Date: Date:
Followup to Survey Completed on: 4/27/2011		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) sent to the Facility? YES NO		