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
53A002	A. Building B. Wing	04/07/2011

Name of Facility	Street Address, City, State, Zip Code
AMIE HOLT CARE CENTER	497 W LOTT BUFFALO, WY 82834

Uploaded 4/14/11 KM
53-272310

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 Correction Completed
ID Prefix F0164 Reg. # 483.10(e), 483.75(l)(4) LSC	03/14/2011
ID Prefix F0176 Reg. # 483.10(n) LSC	03/14/2011
ID Prefix F0241 Reg. # 483.15(a) LSC	03/14/2011
ID Prefix F0258 Reg. # 483.15(b)(7) LSC	03/14/2011
ID Prefix F0272 Reg. # 483.20, 483.20(b) LSC	03/14/2011
ID Prefix F0274 Reg. # 483.20(b)(2)(ii) LSC	03/14/2011
ID Prefix F0280 Reg. # 483.20(d)(3), 483.10(k)(2) LSC	03/14/2011
ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	03/14/2011
ID Prefix F0309 Reg. # 483.25 LSC	03/14/2011
ID Prefix F0312 Reg. # 483.25(a)(3) LSC	03/14/2011
ID Prefix F0314 Reg. # 483.25(c) LSC	03/14/2011
ID Prefix F0315 Reg. # 483.25(d) LSC	03/14/2011
ID Prefix F0318 Reg. # 483.25(c)(2) LSC	03/14/2011
ID Prefix F0323 Reg. # 483.25(h) LSC	03/14/2011
ID Prefix F0325 Reg. # 483.25(i) LSC	03/14/2011

Followup to Survey Completed on:
01/28/2011

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

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0329	03/14/2011	ID Prefix F0371	03/14/2011	ID Prefix F0428	03/14/2011
Reg. # 483.25(l)		Reg. # 483.35(i)		Reg. # 483.60(e)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0441	03/14/2011	ID Prefix F0514	03/14/2011	ID Prefix F0520	03/14/2011
Reg. # 483.65		Reg. # 483.75(l)(1)		Reg. # 483.75(o)(1)	
LSC		LSC		LSC	

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
	TB 9/12/11	4/12/11	[signature]	
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

Followup to Survey Completed on:
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