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
535050	A. Building B. Wing	11/12/2013

Name of Facility	Street Address, City, State, Zip Code
MORNING STAR CARE CENTER	4 NORTH FORK ROAD FORT WASHAKIE, WY 82514

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 F0176 Reg. # 483.10(n) LSC	Correction Completed 09/20/2013	ID Prefix F0226 Reg. # 483.13(c) LSC	Correction Completed 10/15/2013	ID Prefix F0247 Reg. # 483.15(e)(2) LSC	Correction Completed 09/30/2013
ID Prefix F0272 Reg. # 483.20(b)(1) LSC	Correction Completed 11/01/2013	ID Prefix F0278 Reg. # 483.20(g) - (i) LSC	Correction Completed 11/01/2013	ID Prefix F0279 Reg. # 483.20(d), 483.20(k)(1) LSC	Correction Completed 11/01/2013
ID Prefix F0280 Reg. # 483.20(d)(3), 483.10(k)(2) LSC	Correction Completed 11/01/2013	ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	Correction Completed 08/26/2013	ID Prefix F0309 Reg. # 483.25 LSC	Correction Completed 09/01/2013
ID Prefix F0329 Reg. # 483.25(l) LSC	Correction Completed 10/01/2013	ID Prefix F0425 Reg. # 483.60(a),(b) LSC	Correction Completed 10/01/2013	ID Prefix F0431 Reg. # 483.60(b), (d), (e) LSC	Correction Completed 10/01/2013
ID Prefix F0441 Reg. # 483.65 LSC	Correction Completed 10/01/2013	ID Prefix F0465 Reg. # 483.70(h) LSC	Correction Completed 09/06/2013	ID Prefix F0502 Reg. # 483.75(l)(1) LSC	Correction Completed 10/01/2013

Followup to Survey Completed on: 8/1/13

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date
ID Prefix F0507	10/01/2013	ID Prefix F0515	09/01/2013		
Reg. # 483.75(l)(2)(iv)		Reg. # 483.75(l)(2)			
LSC		LSC			

Reviewed By State Agency	Reviewed By 11/14/13	Date:	Signature of Surveyor: Janell Collins, OTR/L	Date: 11/12/13
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

Followup to Survey Completed on: 8/1/13

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