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
535049	A. Building B. Wing	3/14/2014

Name of Facility	Street Address, City, State, Zip Code
LIFE CARE CENTER OF CASPER	4041 SOUTH POPLAR STREET CASPER, WY 82601

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 3/18/14 KM
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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0157 Reg. # 483.10(b)(11) LSC	Correction Completed 02/06/2014	ID Prefix F0167 Reg. # 483.10(g)(1) LSC	Correction Completed 02/06/2014	ID Prefix F0240 Reg. # 483.15 LSC	Correction Completed 02/06/2014
ID Prefix F0241 Reg. # 483.15(a) LSC	Correction Completed 02/06/2014	ID Prefix F0244 Reg. # 483.15(c)(6) LSC	Correction Completed 02/06/2014	ID Prefix F0250 Reg. # 483.15(g)(1) LSC	Correction Completed 02/06/2014
ID Prefix F0253 Reg. # 483.15(h)(2) LSC	Correction Completed 02/06/2014	ID Prefix F0254 Reg. # 483.15(h)(3) LSC	Correction Completed 02/06/2014	ID Prefix F0280 Reg. # 483.20(d)(3), 483.10(k)(2) LSC	Correction Completed 02/06/2014
ID Prefix F0309 Reg. # 483.25 LSC	Correction Completed 02/06/2014	ID Prefix F0312 Reg. # 483.25(a)(3) LSC	Correction Completed 02/06/2014	ID Prefix F0314 Reg. # 483.25(c) LSC	Correction Completed 02/06/2014
ID Prefix F0319 Reg. # 483.25(f)(1) LSC	Correction Completed 02/06/2014	ID Prefix F0323 Reg. # 483.25(h) LSC	Correction Completed 02/06/2014	ID Prefix F0363 Reg. # 483.35(c) LSC	Correction Completed 02/06/2014

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

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ID Prefix F0371 Reg. # 483.35(l) LSC	Correction Completed 02/06/2014	ID Prefix F0425 Reg. # 483.60(a),(b) LSC	Correction Completed 02/06/2014	ID Prefix F0441 Reg. # 483.65 LSC	Correction Completed 02/06/2014
ID Prefix F0469 Reg. # 483.70(h)(4) LSC	Correction Completed 02/06/2014	ID Prefix F0520 Reg. # 483.75(o)(1) LSC	Correction Completed 02/06/2014		

Reviewed By State Agency	Reviewed By B 3/14/14	Date: 3/14/14	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES	NO
1/10/2014				