

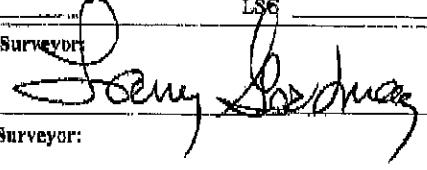
Department of Health and Human Services
Centers For Medicare & Medicaid ServicesForm Approved
OMB NO. 0938-0390

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 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 26684, 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 535019	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 04/02/2009 Wyoming Dept of Health
Name of Facility BONNIE BLUEJACKET MEMORIAL NURSING HOME		Street Address, City, State, Zip Code 388 SOUTH US HWY 20 BASIN, WY 82410 APR 13 2009

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 by 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 instrument).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0142	03/31/2009	ID Prefix F0157	03/31/2009	ID Prefix F0176	03/31/2009
Reg. # 483.10(a)(3)&(4)		Reg. # 483.10(b)(11)		Reg. # 483.10(n)	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0278	03/31/2009	ID Prefix F0281	03/31/2009	ID Prefix F0309	03/31/2009
Reg. # 483.20(a) - (i)		Reg. # 483.20(k)(3)(i)		Reg. # 483.25	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0323	03/31/2009	ID Prefix F0329	03/31/2009	ID Prefix F0333	03/31/2009
Reg. # 483.25(h)		Reg. # 483.25(i)		Reg. # 483.25(m)(2)	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0385	03/31/2009	ID Prefix F0387	03/31/2009	ID Prefix	
Reg. # 483.40(a)		Reg. # 483.40(c)(1)-(2)		Reg. #	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
Reviewed By	Reviewed By	Date:	Signature of Surveyor	Date:	
State Agency				4/13/09	
Reviewed By	Reviewed By	Date:	Signature of Surveyor:		
CMS RO					
Followup to Survey Completed on:		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?			
02/20/2009		YES NO			