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
535019	A. Building B. Wing	04/09/2009

Name of Facility	Street Address, City, State, Zip Code
BONNIE BLUEJACKET MEMORIAL NURSING HOME	388 SOUTH US HWY 20 BASIN, WY 82410

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 both 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 subsequent forms).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0142 Reg. # 483.10(a)(3)&(4) LSC	Correction Completed 03/31/2009	ID Prefix F0157 Reg. # 483.10(b)(11) LSC	Correction Completed 03/31/2009	ID Prefix F0176 Reg. # 483.10(n) LSC	Correction Completed 03/31/2009
ID Prefix F0278 Reg. # 483.20(g) - (j) LSC	Correction Completed 03/31/2009	ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	Correction Completed 03/31/2009	ID Prefix F0309 Reg. # 483.25 LSC	Correction Completed 03/31/2009
ID Prefix F0323 Reg. # 483.25(h) LSC	Correction Completed 03/31/2009	ID Prefix F0329 Reg. # 483.25(l) LSC	Correction Completed 03/31/2009	ID Prefix F0333 Reg. # 483.25(m)(2) LSC	Correction Completed 03/31/2009
ID Prefix F0385 Reg. # 483.40(a) LSC	Correction Completed 03/31/2009	ID Prefix F0387 Reg. # 483.40(c)(1)-(2) LSC	Correction Completed 03/31/2009	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	Date:	Signature of Surveyor:	Date:
			Larry Goodmay	4/13/09
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	

Followup to Survey Completed on: 02/20/2009

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