

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 535031	(Y2) Multiple Construction A. Building B. Wing 01 - MAIN BUILDING 01	(Y3) Date of Revisit 5/27/2010
Name of Facility WIND RIVER HEALTHCARE & REHABILITATION CENTER		Street Address, City, State, Zip Code 1002 FOREST DRIVE RIVERTON, WY 82501

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	Correction Completed 04/16/2010	ID Prefix	Correction Completed 04/16/2010	ID Prefix	Correction Completed 04/16/2010
Reg. # NFPA 101		Reg. # NFPA 101		Reg. # NFPA 101	
LSC K0018		LSC K0038		LSC K0062	
ID Prefix	Correction Completed 04/16/2010	ID Prefix	Correction Completed 04/16/2010	ID Prefix	Correction Completed
Reg. # NFPA 101		Reg. # NFPA 101		Reg. #	
LSC K0064		LSC K0147		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By _____ State Agency	Reviewed By <i>TS</i> Date: <i>6/10/10</i>	Signature of Surveyor: <i>[Signature]</i> Date: <i>6/10/10</i>
Reviewed By _____ CMS RO	Reviewed By _____ Date: _____	Signature of Surveyor: _____ Date: _____

Followup to Survey Completed on:
3/11/2010

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