Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
535042	A. Building B. Wing	10/16/2014

Name of Facility	Street Address, City, State, Zip Code
SHEPHERD OF THE VALLEY HEALTHCARE CENTER	60 MAGNOLIA CASPER, WY 82604

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0207 Reg. # 483.12(c) LSC	10/07/2014	ID Prefix F0241 Reg. # 483.15(a) LSC	10/07/2014	ID Prefix F0248 Reg. # 483.15(f)(1) LSC	10/07/2014
ID Prefix F0253 Reg. # 483.15(h)(2) LSC	10/07/2014	ID Prefix F0282 Reg. # 483.20(k)(3)(ii) LSC	10/07/2014	ID Prefix F0311 Reg. # 483.25(a)(2) LSC	10/07/2014
ID Prefix F0312 Reg. # 483.25(a)(3) LSC	10/07/2014	ID Prefix F0315 Reg. # 483.25(d) LSC	10/07/2014	ID Prefix F0323 Reg. # 483.25(h) LSC	10/07/2014
ID Prefix F0353 Reg. # 483.30(a) LSC	10/07/2014	ID Prefix F0356 Reg. # 483.30(e) LSC	10/07/2014	ID Prefix F0365 Reg. # 483.35(d)(3) LSC	10/07/2014
ID Prefix F0366 Reg. # 483.35(d)(4) LSC	10/07/2014	ID Prefix F0368 Reg. # 483.35(f) LSC	10/07/2014	ID Prefix F0371 Reg. # 483.35(i) LSC	10/07/2014

Followup to Survey Completed on: 8/27/17

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

Department of Health and Human Services
Centers For Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

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ID Prefix F0441 Reg. # 483.65 LSC	10/07/2014	ID Prefix F0456 Reg. # 483.70(e)(2) LSC	10/07/2014	ID Prefix F0494 Reg. # 483.75(e)(2)-(3) LSC	10/07/2014
ID Prefix F0514 Reg. # 483.75(l)(1) LSC	10/07/2014	ID Prefix F0520 Reg. # 483.75(o)(1) LSC	10/07/2014		

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
	10/16/14		10/16/14	10/16/14

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

Followup to Survey Completed on:	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
8/27/14	