

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 535042	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 10/16/2014
Name of Facility SHEPHERD OF THE VALLEY HEALTHCARE CENTER		Street Address, City, State, Zip Code 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	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0207	10/07/2014	ID Prefix F0241	10/07/2014	ID Prefix F0248	10/07/2014
Reg. # 483.12(e)		Reg. # 483.15(a)		Reg. # 483.15(f)(1)	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0253	10/07/2014	ID Prefix F0282	10/07/2014	ID Prefix F0311	10/07/2014
Reg. # 483.15(h)(2)		Reg. # 483.20(k)(3)(ii)		Reg. # 483.25(a)(2)	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0312	10/07/2014	ID Prefix F0315	10/07/2014	ID Prefix F0323	10/07/2014
Reg. # 483.25(a)(3)		Reg. # 483.25(d)		Reg. # 483.25(h)	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0353	10/07/2014	ID Prefix F0356	10/07/2014	ID Prefix F0365	10/07/2014
Reg. # 483.30(a)		Reg. # 483.30(e)		Reg. # 483.35(d)(3)	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0366	10/07/2014	ID Prefix F0368	10/07/2014	ID Prefix F0371	10/07/2014
Reg. # 483.35(d)(4)		Reg. # 483.35(f)		Reg. # 483.35(i)	
LSC		LSC		LSC	

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

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0441	10/07/2014	ID Prefix F0456	10/07/2014	ID Prefix F0494	10/07/2014
Reg. # 483.65		Reg. # 483.70(c)(2)		Reg. # 483.75(c)(2)-(3)	
LSC		LSC		LSC	
Correction Completed		Correction Completed			
ID Prefix F0514	10/07/2014	ID Prefix F0520	10/07/2014		
Reg. # 483.75(d)(1)		Reg. # 483.75(o)(1)			
LSC		LSC			
Reviewed By State Agency	Reviewed By P/16/14	Date:	Signature of Surveyor: Janene Gordon	Date: 10/16/14	
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:		

Followup to Survey Completed on:

8/27/14

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO