

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 535024	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 10/29/2014
Name of Facility POPLAR LIVING CENTER		Street Address, City, State, Zip Code 4305 S POPLAR CASPER, WY 82601

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 F0441	10/29/2014	ID Prefix		ID Prefix	
Reg. # 483.65		Reg. #		Reg. #	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
Reviewed By State Agency	Reviewed By 10/31/14	Date:	Signature of Surveyor: Catharina Pinner	Date:	10/29/14
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:		
Followup to Survey Completed on: 08/15/2014		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			

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(Y1) Provider / Supplier / CLIA / Identification Number 535024	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 10/01/2014
Name of Facility POPLAR LIVING CENTER		Street Address, City, State, Zip Code 4305 S POPLAR CASPER, WY 82601

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0241	10/01/2014	ID Prefix F0274	10/01/2014	ID Prefix F0279	10/01/2014
Reg. # 483.15(a)		Reg. # 483.20(b)(2)(ii)		Reg. # 483.20(d), 483.20(k)(1)	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0282	10/01/2014	ID Prefix F0309	10/01/2014	ID Prefix F0314	10/01/2014
Reg. # 483.20(k)(3)(ii)		Reg. # 483.25		Reg. # 483.25(c)	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0323	10/01/2014	ID Prefix F0353	10/01/2014	ID Prefix F0387	10/01/2014
Reg. # 483.25(h)		Reg. # 483.30(a)		Reg. # 483.40(c)(1)-(2)	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0411	10/01/2014	ID Prefix F0520	10/01/2014	ID Prefix	
Reg. # 483.55(a)		Reg. # 483.75(o)(1)		Reg. #	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
Reviewed By State Agency	Reviewed By TS 10/28/14	Date:	Signature of Surveyor: Julie VanDyke	Date:	10/14/14
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			

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(Y1) Provider / Supplier / CLIA / Identification Number 535024	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 10/29/2014
Name of Facility POPLAR LIVING CENTER		Street Address, City, State, Zip Code 4305 S POPLAR CASPER, WY 82601

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 F0441 Reg. # 483.65 LSC	Correction Completed 10/29/2014	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	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 10/31/14	Date:	Signature of Surveyor: <i>Patricia Prince</i>	Date:	10/29/14
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:		
Followup to Survey Completed on: 05/16/2014		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			

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(Y1) Provider / Supplier / CLIA / Identification Number 535024	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 10/1/2014
Name of Facility POPLAR LIVING CENTER		Street Address, City, State, Zip Code 4305 S POPLAR CASPER, WY 82601

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>F0241</u> Reg. # <u>483.15(a)</u> LSC _____	Correction Completed 10/01/2014	ID Prefix <u>F0323</u> Reg. # <u>483.25(h)</u> LSC _____	Correction Completed 10/01/2014	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	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 <u>B</u> <u>10/28/14</u>	Date: _____	Signature of Surveyor: <u>Jarvis VanDyke</u>	Date: <u>10/17/14</u>
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Followup to Survey Completed on: 5/16/2014		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO ☒		

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(Y1) Provider / Supplier / CLIA / Identification Number 535024	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 8/15/2014
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Name of Facility POPLAR LIVING CENTER	Street Address, City, State, Zip Code 4305 S POPLAR CASPER, WY 82601
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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 F0328 Reg. # 483.25(k) LSC _____	Correction Completed 06/25/2014	ID Prefix F0469 Reg. # 483.70(h)(4) LSC _____	Correction Completed 06/25/2014	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	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 <i>[Signature]</i> Date: 8/15/14	Signature of Surveyor: <i>[Signature]</i>	Date: _____
Reviewed By _____ CMS RO	Reviewed By _____ Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 5/16/2014	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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