

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 01 - MAIN BUILDING 01 B. Wing	(Y3) Date of Revisit 11/07/2014
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
ID Prefix	Correction Completed 10/07/2014	ID Prefix	Correction Completed 10/07/2014	ID Prefix	Correction Completed 10/07/2014
Reg. # NFPA 101		Reg. # NFPA 101		Reg. # NFPA 101	
LSC K0017		LSC K0018		LSC K0027	
ID Prefix	Correction Completed 10/07/2014	ID Prefix	Correction Completed 10/07/2014	ID Prefix	Correction Completed 10/07/2014
Reg. # NFPA 101		Reg. # NFPA 101		Reg. # NFPA 101	
LSC K0038		LSC K0052		LSC K0067	
ID Prefix	Correction Completed 10/07/2014	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # NFPA 101		Reg. #		Reg. #	
LSC K0130		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 TS 11/10/14	Date: 11/7/14	Signature of Surveyor: J. J. Sheehan 34354	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

Followup to Survey Completed on: 08/26/2014	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 535042	(Y2) Multiple Construction A. Building 02 - EAST BUILDING 02 B. Wing	(Y3) Date of Revisit 11/07/2014
Name of Facility SHEPHERD OF THE VALLEY HEALTHCARE CENTER		Street Address, City, State, Zip Code 60 MAGNOLIA CASPER, WY 82604

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ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
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Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
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Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
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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	Reviewed By	Date:	Signature of Surveyor:	Date:	
State Agency	11/10/14	11/7/14	[Signature]		
Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:	
CMS RO					
Followup to Survey Completed on:		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?			
08/26/2014		YES NO			