

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 535025	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 4/2/2010
Name of Facility CHEYENNE HEALTH CARE CENTER		Street Address, City, State, Zip Code 2700 E 12TH STREET CHEYENNE, WY 82001

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 F0225	03/02/2010	ID Prefix F0241	03/02/2010	ID Prefix F0246	03/02/2010
Reg. # 483.13(c)(1)(ii)-(iii), (c)(2) - LSC		Reg. # 483.15(a) LSC		Reg. # 483.15(e)(1) LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0248	03/02/2010	ID Prefix F0250	03/02/2010	ID Prefix F0280	03/02/2010
Reg. # 483.15(f)(1) LSC		Reg. # 483.15(a)(1) LSC		Reg. # 483.20(d)(3), 483.10(k)(2) LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0281	03/02/2010	ID Prefix F0309	03/02/2010	ID Prefix F0311	03/02/2010
Reg. # 483.20(k)(3)(i) LSC		Reg. # 483.25 LSC		Reg. # 483.25(a)(2) LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0312	03/02/2010	ID Prefix F0314	03/02/2010	ID Prefix F0315	03/02/2010
Reg. # 483.25(a)(3) LSC		Reg. # 483.25(c) LSC		Reg. # 483.25(d) LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0323	03/02/2010	ID Prefix F0425	03/02/2010	ID Prefix F0441	03/02/2010
Reg. # 483.25(h) LSC		Reg. # 483.60(a),(b) LSC		Reg. # 483.65 LSC	

Reviewed By _____ State Agency	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

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(Y4)	Item	(Y5)	Date	(Y4)	Item	(Y5)	Date	(Y4)	Item	(Y5)	Date
			Correction				Correction				
			Completed				Completed				
ID Prefix	F0465		03/02/2010	ID Prefix	F0502		03/02/2010				
Reg. #	483.70(h)			Reg. #	483.75(i)(1)						
LSC				LSC							

Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
State Agency _____	_____	4/6/10	Genda J. Brown	4/5/10
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?		
1/28/2010		YES NO		