Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
535025	A. Building B. Wing	4/2/2010

Name of Facility	Street Address, City, State, Zip Code
CHEYENNE HEALTH CARE CENTER	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
ID Prefix F0225 Reg. # 483.13(c)(1)(ii)-(iii), (c)(2) - LSC	Correction Completed 03/02/2010	ID Prefix F0241 Reg. # 483.15(a) LSC	Correction Completed 03/02/2010	ID Prefix F0246 Reg. # 483.15(e)(1) LSC	Correction Completed 03/02/2010
ID Prefix F0248 Reg. # 483.15(f)(1) LSC	Correction Completed 03/02/2010	ID Prefix F0250 Reg. # 483.15(g)(1) LSC	Correction Completed 03/02/2010	ID Prefix F0280 Reg. # 483.20(d)(3), 483.10(k)(2) LSC	Correction Completed 03/02/2010
ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	Correction Completed 03/02/2010	ID Prefix F0309 Reg. # 483.25 LSC	Correction Completed 03/02/2010	ID Prefix F0311 Reg. # 483.25(a)(2) LSC	Correction Completed 03/02/2010
ID Prefix F0312 Reg. # 483.25(a)(3) LSC	Correction Completed 03/02/2010	ID Prefix F0314 Reg. # 483.25(c) LSC	Correction Completed 03/02/2010	ID Prefix F0315 Reg. # 483.25(d) LSC	Correction Completed 03/02/2010
ID Prefix F0323 Reg. # 483.25(h) LSC	Correction Completed 03/02/2010	ID Prefix F0425 Reg. # 483.60(a),(b) LSC	Correction Completed 03/02/2010	ID Prefix F0441 Reg. # 483.65 LSC	Correction Completed 03/02/2010

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

Reviewed By State Agency	Reviewed By TB	Date: 4/6/10	Signature of Surveyor: Lenda J. Brown	Date: 4/5/10
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 1/28/2010	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO