

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 535048	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 11/24/2014
Name of Facility WORLAND HEALTHCARE AND REHABILITATION CENTI		Street Address, City, State, Zip Code 1901 HOWELL AVENUE WORLAND, WY 82401

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 F0279	10/23/2014	ID Prefix F0282	10/23/2014	ID Prefix F0371	10/23/2014
Reg. # 483.20(d), 483.20(k)(1)		Reg. # 483.20(k)(3)(ii)		Reg. # 483.35(f)	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0441	10/23/2014	ID Prefix F0498	10/23/2014	ID Prefix	
Reg. # 483.65		Reg. # 483.75(f)		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	Reviewed By	Date:	Signature of Surveyor:	Date:	
State Agency	TS 11/26/14		Janece G. [Signature]	11/24/14	
Reviewed By	Reviewed By	Date:	Signature of Surveyor:		
CMS RO					
Followup to Survey Completed on:		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?			
9/12/14		YES NO			