

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 535043	(Y2) Multiple Construction A. Building 01 - MAIN BUILDING 01 B. Wing	(Y3) Date of Revisit 12/04/2014
Name of Facility LARAMIE CARE CENTER		Street Address, City, State, Zip Code 503 S 18TH ST LARAMIE, WY 82070

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 ID Prefix Reg. # NFPA 101 LSC K0018	11/21/2014	Correction Completed ID Prefix Reg. # NFPA 101 LSC K0029	11/21/2014	Correction Completed ID Prefix Reg. # NFPA 101 LSC K0038	11/21/2014
Correction Completed ID Prefix Reg. # NFPA 101 LSC K0069	11/21/2014	Correction Completed ID Prefix Reg. # NFPA 101 LSC K0130 WAIVER	11/10/2014	Correction Completed ID Prefix Reg. # LSC	
Correction Completed ID Prefix Reg. # LSC		Correction Completed ID Prefix Reg. # LSC		Correction Completed ID Prefix Reg. # LSC	
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Reviewed By State Agency	Reviewed By B 12/5/14	Date:	Signature of Surveyor: J. P. 34354	Date:	12/4/14
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:		
Followup to Survey Completed on: 10/17/2014		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			