Department of Health and Human Services
Centers For Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
53A051	A. Building B. Wing	12/24/2014

Name of Facility	Street Address, City, State, Zip Code
SOUTH LINCOLN NURSING CENTER	711 ONYX STREET KEMMERER, WY 83101

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) - (4 LSC	Correction Completed 12/14/2014	ID Prefix F0253 Reg. # 483.15(h)(2) LSC	Correction Completed 12/14/2014	ID Prefix F0309 Reg. # 483.25 LSC	Correction Completed 12/14/2014
ID Prefix F0371 Reg. # 483.35(f) LSC	Correction Completed 12/14/2014	ID Prefix F0387 Reg. # 483.40(c)(1)-(2) LSC	Correction Completed 12/14/2014	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency	Reviewed By TS 12/29/14	Date:	Signature of Surveyor: Janice Conklin	Date: 12/24/14
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

Followup to Survey Completed on: 10/30/2014

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO