

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 53A051	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 12/24/2014
Name of Facility SOUTH LINCOLN NURSING CENTER		Street Address, City, State, Zip Code 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
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0225	12/14/2014	ID Prefix F0253	12/14/2014	ID Prefix F0309	12/14/2014
Reg. # 483.13(c)(1)(ii)-(iii), (c)(2) - (4)		Reg. # 483.15(h)(2)		Reg. # 483.25	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0371	12/14/2014	ID Prefix F0387	12/14/2014	ID Prefix	
Reg. # 483.35(i)		Reg. # 483.40(c)(1)-(2)		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 State Agency	Reviewed By TS 12/29/14	Date:	Signature of Surveyor: J. [Signature] 10N8/L	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		