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
535043	A. Building B. Wing	01/08/2015

Name of Facility	Street Address, City, State, Zip Code
LARAMIE CARE CENTER	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
ID Prefix **F0241** Reg. # **483.15(a)** LSC	Correction Completed **11/21/2014**	ID Prefix **F0248** Reg. # **483.15(f)(1)** LSC	Correction Completed **11/21/2014**	ID Prefix **F0253** Reg. # **483.15(h)(2)** LSC	Correction Completed **11/21/2014**
ID Prefix **F0279** Reg. # **483.20(d), 483.20(k)(1)** LSC	Correction Completed **11/21/2014**	ID Prefix **F0281** Reg. # **483.20(k)(3)(i)** LSC	Correction Completed **11/21/2014**	ID Prefix **F0282** Reg. # **483.20(k)(3)(ii)** LSC	Correction Completed **11/21/2014**
ID Prefix **F0309** Reg. # **483.25** LSC	Correction Completed **11/21/2014**	ID Prefix **F0312** Reg. # **483.25(a)(3)** LSC	Correction Completed **11/21/2014**	ID Prefix **F0315** Reg. # **483.25(d)** LSC	Correction Completed **11/21/2014**
ID Prefix **F0318** Reg. # **483.25(e)(2)** LSC	Correction Completed **11/21/2014**	ID Prefix **F0323** Reg. # **483.25(h)** LSC	Correction Completed **11/21/2014**	ID Prefix **F0328** Reg. # **483.25(k)** LSC	Correction Completed **11/21/2014**
ID Prefix **F0353** Reg. # **483.30(a)** LSC	Correction Completed **11/21/2014**	ID Prefix **F0363** Reg. # **483.35(c)** LSC	Correction Completed **11/21/2014**	ID Prefix **F0441** Reg. # **483.65** LSC	Correction Completed **11/21/2014**

Followup to Survey Completed on:
10/09/2014

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

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix **F0468** Reg. # **483.70(h)(3)** LSC	Correction Completed **11/21/2014**	ID Prefix **F0514** Reg. # **483.75(l)(1)** LSC	Correction Completed **11/21/2014**		
Reviewed By State Agency	**Reviewed By** 1/9/14	**Date:** 1/8/15	**Signature of Surveyor:**		**Date:**
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**		

Followup to Survey Completed on: 10/09/2014

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