

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number 535043	(Y2) Multiple Construction A. Building 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 State surveyor to show those deficiencies previously reported 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 State Survey Report (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 <u>S7026</u> Reg. # <u>NFPA</u> LSC _____	Correction Completed 11/21/2014	ID Prefix <u>S7035</u> Reg. # <u>IMC POC Extension</u> LSC _____	Correction Completed 11/10/2014	ID Prefix <u>S7036</u> Reg. # <u>IPC</u> LSC _____	Correction Completed 11/21/2014
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By State Agency	Reviewed By <u>B</u> 12/5/14	Date:	Signature of Surveyor: <u>[Signature]</u> 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
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