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
535032	A. Building 01 - MAIN BUILDING 01 B. Wing	02/20/2015

Name of Facility	Street Address, City, State, Zip Code
LIFE CARE CENTER OF CHEYENNE	1330 PRAIRIE AVENUE CHEYENNE, WY 82009

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	Correction Completed 02/20/2015	ID Prefix	Correction Completed 02/20/2015	ID Prefix	Correction Completed 02/20/2015
Reg. # NFPA 101		Reg. # NFPA 101		Reg. # NFPA 101	
LSC K0018		LSC K0029		LSC K0038	
ID Prefix	Correction Completed 02/20/2015	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # NFPA 101		Reg. #		Reg. #	
LSC K0076		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By State Agency	Reviewed By TB 2/20/15	Date:	Signature of Surveyor: 31354	Date: 2/20/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

Followup to Survey Completed on: 01/06/2015

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

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Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
535032	A. Building B. Wing	03/20/2015

Name of Facility	Street Address, City, State, Zip Code
LIFE CARE CENTER OF CHEYENNE	1330 PRAIRIE AVENUE CHEYENNE, WY 82009

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 F0164 Reg. # 483.10(e), 483.75(l)(4) LSC	Correction Completed 02/20/2015	ID Prefix F0279 Reg. # 483.20(d), 483.20(k)(1) LSC	Correction Completed 02/20/2015	ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	Correction Completed 02/20/2015
ID Prefix F0309 Reg. # 483.25 LSC	Correction Completed 02/20/2015	ID Prefix F0312 Reg. # 483.25(a)(3) LSC	Correction Completed 02/20/2015	ID Prefix F0332 Reg. # 483.25(m)(1) LSC	Correction Completed 03/20/2015
ID Prefix F0356 Reg. # 483.30(e) LSC	Correction Completed 02/20/2015	ID Prefix F0368 Reg. # 483.35(f) LSC	Correction Completed 02/20/2015	ID Prefix F0371 Reg. # 483.35(i) LSC	Correction Completed 02/20/2015
ID Prefix F0385 Reg. # 483.40(a) LSC	Correction Completed 02/20/2015	ID Prefix F0425 Reg. # 483.60(a),(b) LSC	Correction Completed 02/20/2015	ID Prefix F0441 Reg. # 483.65 LSC	Correction Completed 02/20/2015
ID Prefix F0520 Reg. # 483.75(o)(1) LSC	Correction Completed 02/20/2015	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By B 3/23/15	Date:	Signature of Surveyor: Janelle Collins, ONC	Date: 3/20/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

Followup to Survey Completed on: 1/8/15

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