

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 535021	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 04/02/2015
Name of Facility WYOMING RETIREMENT CENTER		Street Address, City, State, Zip Code 890 US HWY 20 SOUTH BASIN, WY 82410

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 ID Prefix F0164 Reg. # 483.10(e), 483.75(l)(4) LSC	03/15/2015	Correction Completed ID Prefix F0241 Reg. # 483.15(a) LSC	03/15/2015	Correction Completed ID Prefix F0280 Reg. # 483.20(d)(3), 483.10(k)(2) LSC	03/15/2015
Correction Completed ID Prefix F0282 Reg. # 483.20(k)(3)(ii) LSC	03/15/2015	Correction Completed ID Prefix F0312 Reg. # 483.25(a)(3) LSC	03/15/2015	Correction Completed ID Prefix F0318 Reg. # 483.25(e)(2) LSC	03/15/2015
Correction Completed ID Prefix F0323 Reg. # 483.25(h) LSC	03/15/2015	Correction Completed ID Prefix F0329 Reg. # 483.25(l) LSC	03/15/2015	Correction Completed ID Prefix F0332 Reg. # 483.25(m)(1) LSC	03/15/2015
Correction Completed ID Prefix F0365 Reg. # 483.35(d)(3) LSC	03/15/2015	Correction Completed ID Prefix F0387 Reg. # 483.40(c)(1)-(2) LSC	03/15/2015	Correction Completed ID Prefix F0428 Reg. # 483.60(c) LSC	03/15/2015
Correction Completed ID Prefix F0441 Reg. # 483.65 LSC	03/15/2015	Correction Completed ID Prefix F0520 Reg. # 483.75(o)(1) LSC	03/15/2015	Correction Completed ID Prefix Reg. # LSC	
Reviewed By State Agency	Reviewed By TS 4/6/15	Date: 4/6/15	Signature of Surveyor: JLRN		Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:		
Followup to Survey Completed on: 01/29/2015		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			