

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
535029

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
05/21/2015

Name of Facility
CROOK CO MEDICAL SERVICE DISTRICT LONG TERM C

Street Address, City, State, Zip Code
713 OAK STREET
SUNDANCE, WY 82729

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
	Correction Completed		Correction Completed		Correction Completed
ID Prefix S2928	04/10/2015	ID Prefix		ID Prefix	
Reg. # Ch 11 Sec 6 (b)(iii)		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	
	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
CMS RO

Reviewed By
B 6/1/15

Reviewed By

Date:

Signature of Surveyor:
[Signature] 10/26/16

Signature of Surveyor:

Date:

Signature of Surveyor:
[Signature] 5/29/15

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO