

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 26884, 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 535025	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 12/10/2015
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Name of Facility CHEYENNE HEALTH CARE CENTER	Street Address, City, State, Zip Code 2700 E 12TH STREET CHEYENNE, WY 82001
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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 F0157 Reg. # 483.10(b)(11) LSC	Correction Completed 10/19/2015	ID Prefix F0166 Reg. # 483.10(f)(2) LSC	Correction Completed 10/19/2015	ID Prefix F0225 Reg. # 483.13(c)(1)(II)-(III), (c)(2) - LSC	Correction Completed 10/19/2015
ID Prefix F0241 Reg. # 483.15(a) LSC	Correction Completed 10/19/2015	ID Prefix F0250 Reg. # 483.15(n)(1) LSC	Correction Completed 10/19/2015	ID Prefix F0253 Reg. # 483.15(h)(2) LSC	Correction Completed 10/19/2015
ID Prefix F0279 Reg. # 483.20(d), 483.20(k)(1) LSC	Correction Completed 10/19/2015	ID Prefix F0281 Reg. # 483.20(k)(3)(I) LSC	Correction Completed 10/19/2015	ID Prefix F0309 Reg. # 483.25 LSC	Correction Completed 10/19/2015
ID Prefix F0314 Reg. # 483.25(c) LSC	Correction Completed 10/19/2015	ID Prefix F0323 Reg. # 483.25(h) LSC	Correction Completed 10/19/2015	ID Prefix F0328 Reg. # 483.25(k) LSC	Correction Completed 10/19/2015
ID Prefix F0371 Reg. # 483.35(I) LSC	Correction Completed 10/19/2015	ID Prefix F0385 Reg. # 483.40(a) LSC	Correction Completed 10/19/2015	ID Prefix F0425 Reg. # 483.60(a),(b) LSC	Correction Completed 10/19/2015

Reviewed By _____ State Agency	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

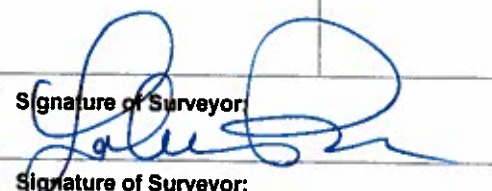
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(Y1) Provider / Supplier / CLIA / Identification Number 535025	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 12/10/2015
Name of Facility CHEYENNE HEALTH CARE CENTER		Street Address, City, State, Zip Code 2700 E 12TH STREET CHEYENNE, WY 82001

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0431	Correction Completed 10/19/2015	ID Prefix F0498	Correction Completed 10/19/2015	ID Prefix F0520	Correction Completed 10/19/2015
Reg. # 483.60(b), (d), (e)		Reg. # 483.75(f)		Reg. # 483.75(o)(1)	
LSC		LSC		LSC	

Reviewed By _____	Reviewed By <u>TS</u> <u>12/15/15</u>	Date: _____	Signature of Surveyor: 	Date: <u>12/30/15</u>
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on:
9/11/2015

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

YES NO