DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
535031 Y1	A. Building B. Wing Y2	1/12/2016 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
WIND RIVER REHABILITATON AND WELLNESS	1002 FOREST DRIVE RIVERTON, WY 82501

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).

ITEM Y4		DATE Y5	ITEM Y4		DATE Y5	ITEM Y4		DATE Y5
ID Prefix	F0225	Correction	ID Prefix	F0226	Correction	ID Prefix	F0241	Correction
Reg. #	483.13(c)(1)(ii)-(iii), (c)(2) - (4)	Completed	Reg. #	483.13(c)	Completed	Reg. #	483.15(a)	Completed
LSC		12/14/2015	LSC		12/14/2015	LSC		12/14/2015
ID Prefix	F0253	Correction	ID Prefix	F0272	Correction	ID Prefix	F0275	Correction
Reg. #	483.15(h)(2)	Completed	Reg. #	483.20(b)(1)	Completed	Reg. #	483.20(b)(2)(iii)	Completed
LSC		12/14/2015	LSC		12/14/2015	LSC		12/14/2015
ID Prefix	F0279	Correction	ID Prefix	F0309	Correction	ID Prefix	F0312	Correction
Reg. #	483.20(d), 483.20(k)(1)	Completed	Reg. #	483.25	Completed	Reg. #	483.25(a)(3)	Completed
LSC		12/14/2015	LSC		12/14/2015	LSC		12/14/2015
ID Prefix	F0314	Correction	ID Prefix	F0315	Correction	ID Prefix	F0323	Correction
Reg. #	483.25(c)	Completed	Reg. #	483.25(d)	Completed	Reg. #	483.25(h)	Completed
LSC		12/14/2015	LSC		12/14/2015	LSC		12/14/2015
ID Prefix	F0368	Correction	ID Prefix	F0387	Correction	ID Prefix	F0441	Correction
Reg. #	483.35(f)	Completed	Reg. #	483.40(c)(1)-(2)	Completed	Reg. #	483.65	Completed
LSC		12/14/2015	LSC		12/14/2015	LSC		12/14/2015

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) TS 1/24/16	DATE	SIGNATURE OF SURVEYOR Tim Tozer	DATE 1/19/16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0514	Correction				
Reg. # 483.75(l)(1)	Completed				
LSC	12/14/2015				

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) 1/21/16	DATE	SIGNATURE OF SURVEYOR	DATE 1/19/16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO
11/5/2015	