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
535024 Y1	A. Building B. Wing Y2	3/16/2016 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
POPLAR LIVING CENTER	4305 S POPLAR CASPER, WY 82601

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 F0157 Reg. # 483.10(b)(11) LSC	Correction Completed 03/16/2016	ID Prefix F0166 Reg. # 483.10(f)(2) LSC	Correction Completed 03/16/2016	ID Prefix F0203 Reg. # 483.12(a)(4)-(6) LSC	Correction Completed 03/16/2016
ID Prefix F0225 Reg. # 483.13(c)(1)(ii)-(iii), (c)(2) - (4) LSC	Correction Completed 03/16/2016	ID Prefix F0241 Reg. # 483.15(a) LSC	Correction Completed 03/16/2016	ID Prefix F0253 Reg. # 483.15(h)(2) LSC	Correction Completed 03/16/2016
ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	Correction Completed 03/16/2016	ID Prefix F0309 Reg. # 483.25 LSC	Correction Completed 03/16/2016	ID Prefix F0312 Reg. # 483.25(a)(3) LSC	Correction Completed 03/16/2016
ID Prefix F0315 Reg. # 483.25(d) LSC	Correction Completed 03/16/2016	ID Prefix F0323 Reg. # 483.25(h) LSC	Correction Completed 03/16/2016	ID Prefix F0353 Reg. # 483.30(a) LSC	Correction Completed 03/16/2016
ID Prefix F0356 Reg. # 483.30(e) LSC	Correction Completed 03/16/2016	ID Prefix F0364 Reg. # 483.35(d)(1)-(2) LSC	Correction Completed 03/16/2016	ID Prefix F0371 Reg. # 483.35(i) LSC	Correction Completed 03/16/2016

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE 4/7/16	SIGNATURE OF SURVEYOR [signature], 10746	DATE 3/21/16
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 F0425	Correction	ID Prefix F0465	Correction		
Reg. # 483.60(a),(b)	Completed	Reg. # 483.70(h)	Completed		
LSC	03/16/2016	LSC	03/16/2016		

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
	KO 4/7/16		[signature], OEHC	3/21/16
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
1/15/16	