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
535019 Y1	A. Building B. Wing Y2	6/23/2016 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BONNIE BLUEJACKET MEMORIAL NURSING HOME	388 SOUTH US HWY 20 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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0168	Correction	ID Prefix F0225	Correction	ID Prefix F0226	Correction
Reg. # 483.10(g)(2)	Completed	Reg. # 483.13(c)(1)(ii)-(iii), (c)(2) - (4)	Completed	Reg. # 483.13(c)	Completed
LSC	05/29/2016	LSC	05/29/2016	LSC	05/29/2016
ID Prefix F0241	Correction	ID Prefix F0244	Correction	ID Prefix F0253	Correction
Reg. # 483.15(a)	Completed	Reg. # 483.15(c)(6)	Completed	Reg. # 483.15(h)(2)	Completed
LSC	05/29/2016	LSC	05/29/2016	LSC	05/29/2016
ID Prefix F0279	Correction	ID Prefix F0312	Correction	ID Prefix F0323	Correction
Reg. # 483.20(d), 483.20(k)(1)	Completed	Reg. # 483.25(a)(3)	Completed	Reg. # 483.25(h)	Completed
LSC	05/29/2016	LSC	05/29/2016	LSC	05/29/2016
ID Prefix F0386	Correction	ID Prefix F0431	Correction	ID Prefix F0441	Correction
Reg. # 483.40(b)	Completed	Reg. # 483.60(b), (d), (e)	Completed	Reg. # 483.65	Completed
LSC	05/29/2016	LSC	05/29/2016	LSC	05/29/2016
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
	BB 6/23/16		Loralee Duess	6/23/16
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
4/14/2016	