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
535025 Y1	A. Building B. Wing Y2	10/27/2016 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE HEALTH CARE CENTER	2700 E 12TH STREET CHEYENNE, WY 82001

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	Correction	ID Prefix F0165	Correction	ID Prefix F0203	Correction
Reg. # 483.10(b)(11)	Completed	Reg. # 483.10(f)(1)	Completed	Reg. # 483.12(a)(4)-(6)	Completed
LSC	08/26/2016	LSC	08/26/2016	LSC	08/26/2016
ID Prefix F0241	Correction	ID Prefix F0246	Correction	ID Prefix F0272	Correction
Reg. # 483.15(a)	Completed	Reg. # 483.15(e)(1)	Completed	Reg. # 483.20(b)(1)	Completed
LSC	08/26/2016	LSC	08/26/2016	LSC	08/26/2016
ID Prefix F0278	Correction	ID Prefix F0309	Correction	ID Prefix F0312	Correction
Reg. # 483.20(g) - (j)	Completed	Reg. # 483.25	Completed	Reg. # 483.25(a)(3)	Completed
LSC	08/26/2016	LSC	08/26/2016	LSC	08/26/2016
ID Prefix F0329	Correction	ID Prefix F0332	Correction	ID Prefix F0356	Correction
Reg. # 483.25(l)	Completed	Reg. # 483.25(m)(1)	Completed	Reg. # 483.30(e)	Completed
LSC	08/26/2016	LSC	08/26/2016	LSC	10/27/2016
ID Prefix F0368	Correction	ID Prefix F0441	Correction	ID Prefix F0498	Correction
Reg. # 483.35(f)	Completed	Reg. # 483.65	Completed	Reg. # 483.75(f)	Completed
LSC	08/26/2016	LSC	08/26/2016	LSC	08/26/2016

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) 11/28/16	DATE	SIGNATURE OF SURVEYOR	DATE 10 11/10/16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

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
535025 Y1	A. Building B. Wing Y2	10/27/2016 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CHEYENNE HEALTH CARE CENTER	2700 E 12TH STREET CHEYENNE, WY 82001

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 F0514	Correction	ID Prefix F0520	Correction		
Reg. # 483.75(l)(1)	Completed	Reg. # 483.75(o)(1)	Completed		
LSC	08/26/2016	LSC	08/26/2016		

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) BB 11/8/16	DATE	SIGNATURE OF SURVEYOR	DATE 11/10/16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
7/14/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO