

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 535022	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/14/2016
NAME OF FACILITY THE LEGACY LIVING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 S DOUGLAS HWY GILLETTE, WY 82716	

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 F0156	Correction	ID Prefix F0241	Correction	ID Prefix F0250	Correction
Reg. # 483.10(b)(5) - (10), 483.10(b)(1)	Completed	Reg. # 483.15(a)	Completed	Reg. # 483.15(g)(1)	Completed
LSC	11/13/2016	LSC	11/13/2016	LSC	11/13/2016
ID Prefix F0272	Correction	ID Prefix F0278	Correction	ID Prefix F0325	Correction
Reg. # 483.20(b)(1)	Completed	Reg. # 483.20(g) - (j)	Completed	Reg. # 483.25(i)	Completed
LSC	11/13/2016	LSC	11/13/2016	LSC	11/13/2016
ID Prefix F0367	Correction	ID Prefix F0425	Correction	ID Prefix F0441	Correction
Reg. # 483.35(e)	Completed	Reg. # 483.60(a),(b)	Completed	Reg. # 483.65	Completed
LSC	11/13/2016	LSC	11/13/2016	LSC	11/13/2016
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
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) <i>JS</i>	DATE 12/19/16	SIGNATURE OF SURVEYOR <i>State Surveyor</i>	DATE 12/19/16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 9/29/2016

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO