

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 535040	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 10/01/2009
Name of Facility DOUGLAS CARE CENTER LLC		Street Address, City, State, Zip Code 1108 BIRCH STREET DOUGLAS, WY 82633

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).

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0157	08/14/2009	ID Prefix F0174	08/12/2009	ID Prefix F0244	08/12/2009
Reg. # 483.10(b)(11)		Reg. # 483.10(k)		Reg. # 483.15(c)(6)	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0250	08/01/2009	ID Prefix F0272	08/21/2009	ID Prefix F0274	08/14/2009
Reg. # 483.15(e)(1)		Reg. # 483.20, 483.20(b)		Reg. # 483.20(b)(2)(ii)	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0278	08/19/2009	ID Prefix F0279	08/19/2009	ID Prefix F0281	08/21/2009
Reg. # 483.20(e) - (I)		Reg. # 483.20(d), 483.20(k)(1)		Reg. # 483.20(k)(3)(i)	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0282	08/12/2009	ID Prefix F0309	08/12/2009	ID Prefix F0314	08/12/2009
Reg. # 483.20(k)(3)(ii)		Reg. # 483.25		Reg. # 483.25(c)	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0356	08/12/2009	ID Prefix F0368	08/18/2009	ID Prefix F0371	08/19/2009
Reg. # 483.30(e)		Reg. # 483.35(f)		Reg. # 483.35(f)	
LSC		LSC		LSC	
Followup to Survey Completed on: 06/25/2009		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0387	08/12/2009	ID Prefix F0425	08/17/2009	ID Prefix F0431	08/17/2009
Reg. # 483.40(c)(1)-(2)		Reg. # 483.60(a),(b)		Reg. # 483.60(b),(d),(e)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0441	08/18/2009	ID Prefix F0444	08/12/2009	ID Prefix F0502	08/13/2009
Reg. # 483.65(a)		Reg. # 483.65(b)(3)		Reg. # 483.75(i)(1)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		
ID Prefix F0507	08/13/2009	ID Prefix F0520	08/12/2009		
Reg. # 483.75(i)(2)(iv)		Reg. # 483.75(o)(1)			
LSC		LSC			

Reviewed By State Agency	Reviewed By <i>B</i>	Date: 10/7/09	Signature of Surveyor: <i>Loree Ruess</i>	Date: 10/5/09
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

Followup to Survey Completed on:
06/25/2009

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO