

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 535031	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/9/2017
NAME OF FACILITY WIND RIVER REHABILITATION AND WELLNESS	STREET ADDRESS, CITY, STATE, ZIP CODE 1002 FOREST DRIVE RIVERTON, WY 82501	

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 F0248	Correction	ID Prefix F0253	Correction	ID Prefix F0282	Correction
Reg. # 483.15(f)(1)	Completed	Reg. # 483.15(h)(2)	Completed	Reg. # 483.20(k)(3)(II)	Completed
LSC	12/02/2016	LSC	12/02/2016	LSC	12/02/2016
ID Prefix F0283	Correction	ID Prefix F0315	Correction	ID Prefix F0329	Correction
Reg. # 483.20(l)(1)&(2)	Completed	Reg. # 483.26(d)	Completed	Reg. # 483.25(l)	Completed
LSC	12/02/2016	LSC	12/02/2016	LSC	12/02/2016
ID Prefix F0387	Correction	ID Prefix F0425	Correction	ID Prefix F0431	Correction
Reg. # 483.40(c)(1)-(2)	Completed	Reg. # 483.60(a),(b)	Completed	Reg. # 483.60(b), (d), (e)	Completed
LSC	12/02/2016	LSC	12/02/2016	LSC	12/02/2016
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>18</i>	DATE <i>1/23/17</i>	SIGNATURE OF SURVEYOR <i>Janice A. O'Brien</i>	DATE <i>1/10/17</i>
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 11/3/2016		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO		