Department of Health and Human Services
Centers For Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
535022	A. Building B. Wing	05/19/2009

Name of Facility	Street Address, City, State, Zip Code
PIONEER MANOR NURSING HOME	900 W 8TH ST 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).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0244 Reg. # 483.15(c)(6) LSC	Correction Completed 04/17/2009	ID Prefix F0272 Reg. # 483.20, 483.20(b) LSC	Correction Completed 04/17/2009	ID Prefix F0279 Reg. # 483.20(d), 483.20(k)(1) LSC	Correction Completed 04/17/2009
ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	Correction Completed 04/17/2009	ID Prefix F0282 Reg. # 483.20(k)(3)(ii) LSC	Correction Completed 04/17/2009	ID Prefix F0309 Reg. # 483.25 LSC	Correction Completed 04/17/2009
ID Prefix F0315 Reg. # 483.25(d) LSC	Correction Completed 04/17/2009	ID Prefix F0323 Reg. # 483.25(h) LSC	Correction Completed 04/17/2009	ID Prefix F0329 Reg. # 483.25(l) LSC	Correction Completed 04/17/2009
ID Prefix F0332 Reg. # 483.25(m)(1) LSC	Correction Completed 04/17/2009	ID Prefix F0428 Reg. # 483.60(c) LSC	Correction Completed 04/17/2009	ID Prefix F0441 Reg. # 483.65(a) LSC	Correction Completed 04/17/2009
ID Prefix F0520 Reg. # 483.75(o)(1) LSC	Correction Completed 04/17/2009	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
State Agency	JM	5/29/09	Janice Cowell LOTR/K	5/19/09
Reviewed By	Reviewed By	Date:	Signature of Surveyor:	
CMS RO				

Followup to Survey Completed on:
02/26/2009

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