

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
535022

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
05/19/2009

Name of Facility
PIONEER MANOR NURSING HOME

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

Reviewed By
State Agency
Reviewed By
CMS RO

Date:
5/29/09
Date:

Signature of Surveyor:
Janice Conley
Signature of Surveyor:

Date:
5/19/09

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