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

Form Approved
OMB NO. 0938-0390

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	(Y2) Multiple Construction	(Y3) Date of Revisit
53A049	A. Building **01 - MAIN BUILDING 01** B. Wing	06/17/2011

Name of Facility
GOSHEN CARE CENTER

Street Address, City, State, Zip Code
2009 LARAMIE STREET
TORRINGTON, WY 82240

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix Reg. # NFPA 101 LSC K0029	04/13/2011	ID Prefix Reg. # NFPA 101 LSC K0062	05/29/2011	ID Prefix Reg. # NFPA 101 LSC K0147	05/29/2011
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

	Reviewed By	Date:	Signature of Surveyor:	Date:
Reviewed By State Agency	6/23/11 TB		[signature]	6/17/11
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

Followup to Survey Completed on:
04/11/2011

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

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Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
53A049	A. Building **02 - ALZHEIMERS BUILDING** B. Wing	06/17/2011

Name of Facility	Street Address, City, State, Zip Code
GOSHEN CARE CENTER	2009 LARAMIE STREET TORRINGTON, WY 82240

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix	Correction Completed 05/29/2011	ID Prefix	Correction Completed 05/29/2011	ID Prefix	Correction Completed 05/29/2011
Reg. # NFPA 101		Reg. # NFPA 101		Reg. # NFPA 101	
LSC K0012		LSC K0025		LSC K0038	
ID Prefix	Correction Completed 05/29/2011	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # NFPA 101		Reg. #		Reg. #	
LSC K0062		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By State Agency	**Reviewed By** 6/23/11	**Date:**	**Signature of Surveyor:**	**Date:** 6/17/11
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	

Followup to Survey Completed on: 04/11/2011

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