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
535036	A. Building B. Wing	02/18/2009

Name of Facility	Street Address, City, State, Zip Code
SOUTH CENTRAL WY HEALTHCARE &	542 16TH STREET RAWLINS, WY 82301

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 F0176 Reg. # 483.10(n) LSC	01/12/2009	ID Prefix F0221 Reg. # 483.13(a) LSC	01/12/2009	ID Prefix F0241 Reg. # 483.15(a) LSC	01/12/2009
ID Prefix F0274 Reg. # 483.20(b)(2)(ii) LSC	01/12/2009	ID Prefix F0278 Reg. # 483.20(g) - (i) LSC	01/12/2009	ID Prefix F0279 Reg. # 483.20(d), 483.20(k)(1) LSC	01/12/2009
ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	01/12/2009	ID Prefix F0282 Reg. # 483.20(k)(3)(ii) LSC	01/12/2009	ID Prefix F0323 Reg. # 483.25(h) LSC	01/12/2009
ID Prefix F0325 Reg. # 483.25(i) LSC	01/12/2009	ID Prefix F0364 Reg. # 483.35(d)(1)-(2) LSC	01/12/2009	ID Prefix F0371 Reg. # 483.35(i) LSC	01/12/2009
ID Prefix F0441 Reg. # 483.65(a) LSC	01/12/2009	ID Prefix F0444 Reg. # 483.65(b)(3) LSC	01/12/2009	ID Prefix F0445 Reg. # 483.65(c) LSC	01/12/2009

Followup to Survey Completed on:
12/11/2008

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
ID Prefix F0502 Reg. # 483.75(i)(1) LSC	Correction Completed 01/12/2009	ID Prefix F0520 Reg. # 483.75(o)(1) LSC	Correction Completed 01/12/2009		
Reviewed By State Agency	**Reviewed By** RS	**Date:** 2/20/09	**Signature of Surveyor:** Leslie Reiss		**Date:** 2/19/09
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**		

Followup to Survey Completed on: 12/11/2008

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