

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 36684, Baltimore, MD 21297; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 535042	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 06/08/2011
Name of Facility SHEPHERD OF THE VALLEY CARE CENTER	Street Address, City, State, Zip Code 60 MAGNOLIA CASPER, WY 82604	

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 F0241	05/08/2011	ID Prefix F0248	05/08/2011	ID Prefix F0272	05/08/2011
Reg. # 483.15(a)		Reg. # 483.15(f)(1)		Reg. # 483.20(b)(1)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0281	05/08/2011	ID Prefix F0309	05/08/2011	ID Prefix F0312	05/08/2011
Reg. # 483.20(k)(3)(i)		Reg. # 483.25		Reg. # 483.25(a)(3)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0314	05/08/2011	ID Prefix F0315	05/08/2011	ID Prefix F0318	05/08/2011
Reg. # 483.25(c)		Reg. # 483.25(d)		Reg. # 483.25(e)(2)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0323	05/08/2011	ID Prefix F0328	05/08/2011	ID Prefix F0329	05/08/2011
Reg. # 483.25(h)		Reg. # 483.25(k)		Reg. # 483.25(i)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0332	05/08/2011	ID Prefix F0353	05/08/2011	ID Prefix F0371	05/08/2011
Reg. # 483.25(m)(1)		Reg. # 483.30(a)		Reg. # 483.35(i)	
LSC		LSC		LSC	

Followup to Survey Completed on:

3/29/11

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO

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(Y1) Provider / Supplier / CLIA / Identification Number 535042	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 06/08/2011
Name of Facility SHEPHERD OF THE VALLEY CARE CENTER		Street Address, City, State, Zip Code 60 MAGNOLIA CASPER, WY 82604

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0441	05/08/2011	ID Prefix F0468	05/08/2011	ID Prefix F0496	05/08/2011
Reg. # 483.65		Reg. # 483.70(h)(3)		Reg. # 483.75(e)(5)-(7)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		
ID Prefix F0503	05/08/2011	ID Prefix F0520	05/08/2011		
Reg. # 483.75(i)(1)(i-iv)		Reg. # 483.75(o)(1)			
LSC		LSC			
Reviewed By	Reviewed By	Date: 6-14-11	Signature of Surveyor:	Date: 6/8/11	
State Agency					
Reviewed By	Reviewed By	Date:	Signature of Surveyor:		
CMS RO					

Followup to Survey Completed on:
3/29/11

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