Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
535042	A. Building B. Wing	06/08/2011

Name of Facility	Street Address, City, State, Zip Code
SHEPHERD OF THE VALLEY CARE CENTER	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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0241 Reg. # 483.15(a) LSC	05/08/2011	ID Prefix F0248 Reg. # 483.15(f)(1) LSC	05/08/2011	ID Prefix F0272 Reg. # 483.20(b)(1) LSC	05/08/2011
ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	05/08/2011	ID Prefix F0309 Reg. # 483.25 LSC	05/08/2011	ID Prefix F0312 Reg. # 483.25(a)(3) LSC	05/08/2011
ID Prefix F0314 Reg. # 483.25(c) LSC	05/08/2011	ID Prefix F0315 Reg. # 483.25(d) LSC	05/08/2011	ID Prefix F0318 Reg. # 483.25(e)(2) LSC	05/08/2011
ID Prefix F0323 Reg. # 483.25(h) LSC	05/08/2011	ID Prefix F0328 Reg. # 483.25(k) LSC	05/08/2011	ID Prefix F0329 Reg. # 483.25(l) LSC	05/08/2011
ID Prefix F0332 Reg. # 483.25(m)(1) LSC	05/08/2011	ID Prefix F0353 Reg. # 483.30(a) LSC	05/08/2011	ID Prefix F0371 Reg. # 483.35(i) LSC	05/08/2011

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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ID Prefix F0441 Reg. # 483.65 LSC	05/08/2011	ID Prefix F0468 Reg. # 483.70(h)(3) LSC	05/08/2011	ID Prefix F0496 Reg. # 483.75(e)(5)-(7) LSC	05/08/2011
ID Prefix F0503 Reg. # 483.75(i)(1)(i-iv) LSC	05/08/2011	ID Prefix F0520 Reg. # 483.75(o)(1) LSC	05/08/2011		

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
	[signature]	6-14-11	[signature], CMIL	6/8/11
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	

Followup to Survey Completed on: 3/29/11

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