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
535031	A. Building 01 - MAIN BUILDING 01 B. Wing	03/26/2009

Name of Facility	Street Address, City, State, Zip Code
WIND RIVER HEALTHCARE & REHABI	1002 FOREST DRIVE RIVERTON, WY 82501

Uploaded 4/2/09 KM
53 — 199335

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
ID Prefix	Correction Completed 03/20/2009	ID Prefix	Correction Completed 03/20/2009	ID Prefix	Correction Completed 03/20/2009
Reg. # NFPA 101		Reg. # NFPA 101		Reg. # NFPA 101	
LSC K0038		LSC K0052		LSC K0070	
ID Prefix	Correction Completed 03/20/2009	ID Prefix	Correction Completed 03/20/2009	ID Prefix	Correction Completed
Reg. # NFPA 101		Reg. # NFPA 101		Reg. #	
LSC K0147		LSC K0161		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 B	Date: 4/2/09	Signature of Surveyor:	Date: 3/26/09
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

Followup to Survey Completed on: 02/03/2009

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