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
535050	A. Building B. Wing	10/29/2008

Name of Facility	Street Address, City, State, Zip Code
MORNING STAR CARE CENTER	P O BOX 859 FORT WASHAKIE, WY 82514

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 F0253 Reg. # 483.15(h)(2) LSC	Correction Completed 10/04/2008	ID Prefix F0280 Reg. # 483.20(d)(3), 483.10(k)(2) LSC	Correction Completed 10/04/2008	ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	Correction Completed 10/04/2008
ID Prefix F0282 Reg. # 483.20(k)(3)(ii) LSC	Correction Completed 10/04/2008	ID Prefix F0309 Reg. # 483.25 LSC	Correction Completed 10/04/2008	ID Prefix F0314 Reg. # 483.25(c) LSC	Correction Completed 10/04/2008
ID Prefix F0315 Reg. # 483.25(d) LSC	Correction Completed 09/30/2008	ID Prefix F0323 Reg. # 483.25(h) LSC	Correction Completed 10/04/2008	ID Prefix F0332 Reg. # 483.25(m)(1) LSC	Correction Completed 10/10/2008
ID Prefix F0371 Reg. # 483.35(i) LSC	Correction Completed 09/29/2008	ID Prefix F0425 Reg. # 483.60(a),(b) LSC	Correction Completed 10/06/2008	ID Prefix F0428 Reg. # 483.60(c) LSC	Correction Completed 10/06/2008
ID Prefix F0502 Reg. # 483.75(i)(1) LSC	Correction Completed 09/30/2008	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:		Date:
	TS	11/3/08	Janelle Conklin OTR/L		10/29/08
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**		

Followup to Survey Completed on: 09/11/2008

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