

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 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA /
Identification Number
533029

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
12/28/2010

Name of Facility

CROOK CO MEDICAL SERVICE DISTRICT LONG TERM C

Street Address, City, State, Zip Code

713 OAK STREET
SUNDANCE, WY 82729

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 F0272	12/28/2010	ID Prefix F0280	12/28/2010	ID Prefix F0281	12/28/2010
Reg. # 483.20, 483.20(b)		Reg. # 483.20(d)(3), 483.10(k)(2)		Reg. # 483.20(k)(3)(ii)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0309	12/28/2010	ID Prefix F0323	12/28/2010	ID Prefix F0431	12/28/2010
Reg. # 483.25		Reg. # 483.25(h)		Reg. # 483.60(b), (d), (e)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0441	12/28/2010	ID Prefix F0520	12/28/2010	ID Prefix	
Reg. # 483.65		Reg. # 483.75(o)(1)		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By
State Agency

Reviewed By

TS 12/30/10

Date:

Date:

Signature of Surveyor:

[Signature]

Signature of Surveyor:

Date:

Reviewed By
CMS RO

Reviewed By

Followup to Survey Completed on:

07/01/2010

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

YES

NO

5