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
535031

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
07/21/2011

Name of Facility
WIND RIVER HEALTHCARE & REHABILITATION CENTI

Street Address, City, State, Zip Code
1002 FOREST DRIVE
RIVERTON, WY 82501

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 F0281 Reg. # 483.20(k)(3)(i) LSC	05/25/2011	ID Prefix F0309 Reg. # 483.25 LSC	05/25/2011	ID Prefix F0371 Reg. # 483.35(i) LSC	05/25/2011
ID Prefix F0425 Reg. # 483.60(a),(b) LSC	05/25/2011	ID Prefix F0428 Reg. # 483.60(c) LSC	05/25/2011	ID Prefix F0441 Reg. # 483.65 LSC	05/25/2011
ID Prefix F0467 Reg. # 483.70(h)(2) LSC	05/25/2011	ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

	Reviewed By	Date:	Signature of Surveyor:	Date:
Reviewed By State Agency	B 7/22/11		Janella Co... 0716	7/21/11
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

Followup to Survey Completed on: 4/19/11

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