

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 53A049	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/9/2017
NAME OF FACILITY GOSHEN HEALTHCARE COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 2009 LARAMIE STREET TORRINGTON, WY 82240

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0248	Correction	ID Prefix F0253	Correction	ID Prefix F0274	Correction
Reg. # 483.24(c)(1)	Completed	Reg. # 483.10(i)(2)	Completed	Reg. # 483.20(b)(2)(ii)	Completed
LSC	02/13/2017	LSC	02/13/2017	LSC	02/13/2017
ID Prefix F0282	Correction	ID Prefix F0312	Correction	ID Prefix F0314	Correction
Reg. # 483.21(b)(3)(ii)	Completed	Reg. # 483.24(a)(2)	Completed	Reg. # 483.25(b)(1)	Completed
LSC	02/13/2017	LSC	02/13/2017	LSC	02/13/2017
ID Prefix F0323	Correction	ID Prefix F0364	Correction	ID Prefix F0441	Correction
Reg. # 483.25(d)(1)(2)(n)(1)-(3)	Completed	Reg. # 483.60(d)(1)(2)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed
LSC	02/13/2017	LSC	02/13/2017	LSC	02/13/2017
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) <i>JS</i>	DATE 1/10/20	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 1/12/2017

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO