

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 26864, 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 535033	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 8/31/2011
Name of Facility CASTLE ROCK CONVALESCENT CENTER		Street Address, City, State, Zip Code 1445 UINTA DRIVE GREEN RIVER, WY 82935

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 F0176 Reg. # 483.10(n) LSC	Correction Completed 07/09/2011	ID Prefix F0225 Reg. # 483.13(c)(1)(ii)-(iii), (c)(2) - LSC	Correction Completed 07/11/2011	ID Prefix F0241 Reg. # 483.15(a) LSC	Correction Completed 07/09/2011
ID Prefix F0279 Reg. # 483.20(d), 483.20(k)(1) LSC	Correction Completed 07/09/2011	ID Prefix F0280 Reg. # 483.20(d)(3), 483.10(k)(2) LSC	Correction Completed 07/09/2011	ID Prefix F0329 Reg. # 483.25(l) LSC	Correction Completed 07/09/2011
ID Prefix F0428 Reg. # 483.60(c) LSC	Correction Completed 07/09/2011	ID Prefix F0502 Reg. # 483.75(i)(1) LSC	Correction Completed 07/09/2011	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By _____ State Agency	Reviewed By <u>B 9/1/11</u>	Date: _____ Signature of Surveyor: <u>[Signature]</u>	Date: <u>Sept 11</u>
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____ Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 6/9/2011	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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