

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 the 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 36681, 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

53A045

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit

01/21/2010

Name of Facility

PLATTE COUNTY MEMORIAL NURSING HOME

Street Address, City, State, Zip Code

204 15TH STREET
WHEATLAND, WY 82201

Uploaded 2/11/10 km
53-230871

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	(Y3) Date	(Y4) Item	(Y3) Date	(Y4) Item	(Y3) Date
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0241	01/15/2010	ID Prefix F0280	01/15/2010	ID Prefix F0381	01/15/2010
Reg. # 483.15(n)		Reg. # 483.20(d)(3), 483.10(k)(2)		Reg. # 483.20(k)(3)(i)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0282	01/15/2010	ID Prefix F0312	01/15/2010	ID Prefix F0314	01/15/2010
Reg. # 483.20(h)(3)(ii)		Reg. # 483.25(a)(3)		Reg. # 483.25(e)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0315	01/15/2010	ID Prefix F0318	01/15/2010	ID Prefix F0329	01/15/2010
Reg. # 483.25(d)		Reg. # 483.25(e)(2)		Reg. # 483.25(i)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0332	01/15/2010	ID Prefix F0353	01/15/2010	ID Prefix F0425	01/15/2010
Reg. # 483.25(m)(1)		Reg. # 483.30(m)		Reg. # 483.60(a), (b)	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0428	01/15/2010	ID Prefix F0434	01/15/2010	ID Prefix F0441	01/15/2010
Reg. # 483.60(e)		Reg. # 483.60(b), (d), (e)		Reg. # 483.65(a)	
LSC		LSC		LSC	
Followup to Survey Completed on:		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?		YES NO	
11/19/2009					

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(Y1) Provider / Supplier / CLIA /
Identification Number
53A043

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
01/21/2010

Name of Facility
PLATTE COUNTY MEMORIAL NURSING HOME

Street Address, City, State, Zip Code
204 15TH STREET
WHEATLAND, WY 82201

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(Y4)	Item	(Y5)	Date	(Y4)	Item	(Y5)	Date	(Y4)	Item	(Y5)	Date
			Correction Completed								
ID Prefix	10520		01/15/2010								
Reg #	483.78(n)(1)										
LSC											
Reviewed By State Agency	Reviewed By <i>TS</i>	Date: <i>2/3/10</i>		Signature of Surveyor: <i>[Signature]</i>		Date: <i>2/3/10</i>					
Reviewed By CMS RO	Reviewed By	Date:		Signature of Surveyor:		Date:					

Followup to Survey Completed on:

11/19/2009

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

YES NO