Department of Health and Human Serv
Centers For Medicare & Medicaid Serv.

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
53A043	A. Building B. Wing	01/21/2010

Name of Facility	Street Address, City, State, Zip Code
PLATTE COUNTY MEMORIAL NURSING HOME	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	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0241 Reg. # 483.15(a) LSC	Correction Completed 01/15/2010	ID Prefix F0280 Reg. # 483.20(d)(3), 483.10(k)(2) LSC	Correction Completed 01/15/2010	ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	Correction Completed 01/15/2010
ID Prefix F0282 Reg. # 483.20(k)(3)(ii) LSC	Correction Completed 01/15/2010	ID Prefix F0312 Reg. # 483.25(a)(3) LSC	Correction Completed 01/15/2010	ID Prefix F0314 Reg. # 483.25(c) LSC	Correction Completed 01/15/2010
ID Prefix F0315 Reg. # 483.25(d) LSC	Correction Completed 01/15/2010	ID Prefix F0318 Reg. # 483.25(e)(2) LSC	Correction Completed 01/15/2010	ID Prefix F0329 Reg. # 483.25(l) LSC	Correction Completed 01/15/2010
ID Prefix F0332 Reg. # 483.25(m)(1) LSC	Correction Completed 01/15/2010	ID Prefix F0353 Reg. # 483.30(a) LSC	Correction Completed 01/15/2010	ID Prefix F0425 Reg. # 483.60(a),(b) LSC	Correction Completed 01/15/2010
ID Prefix F0428 Reg. # 483.60(c) LSC	Correction Completed 01/15/2010	ID Prefix F0431 Reg. # 483.60(b), (d), (e) LSC	Correction Completed 01/15/2010	ID Prefix F0441 Reg. # 483.65(a) LSC	Correction Completed 01/15/2010

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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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed				
ID Prefix F0520	01/15/2010				
Reg # 483.75(n)(1)					
LSC					

Reviewed By State Agency	Reviewed By TB 2/3/10	Date: 2/3/10	Signature of Surveyor: State Health Surveyor		Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:		

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