

Department of Health and Human Services
Centers For Medicare & Medicaid Services

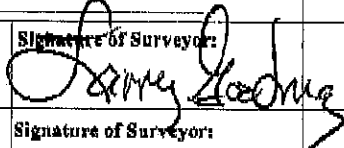
Form Approved
OMB NO. 0938-0390

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 535022	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 07/22/2011
Name of Facility PIONEER MANOR NURSING HOME		Street Address, City, State, Zip Code 900 W 8TH ST GILLETTE, WY 82716

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 F0272 Reg. # 483.20, 483.20(b) LSC	Correction Completed 06/26/2011	ID Prefix F0279 Reg. # 483.20(d), 483.20(k)(1) LSC	Correction Completed 06/26/2011	ID Prefix F0280 Reg. # 483.20(d)(3), 483.10(k)(2) LSC	Correction Completed 06/26/2011
ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	Correction Completed 06/26/2011	ID Prefix F0282 Reg. # 483.20(k)(3)(ii) LSC	Correction Completed 06/26/2011	ID Prefix F0309 Reg. # 483.25 LSC	Correction Completed 06/26/2011
ID Prefix F0312 Reg. # 483.25(h)(3) LSC	Correction Completed 06/26/2011	ID Prefix F0323 Reg. # 483.25(h) LSC	Correction Completed 06/26/2011	ID Prefix F0328 Reg. # 483.25(k) LSC	Correction Completed 06/26/2011
ID Prefix F0329 Reg. # 483.25(i) LSC	Correction Completed 06/26/2011	ID Prefix F0428 Reg. # 483.60(e) LSC	Correction Completed 06/26/2011	ID Prefix F0441 Reg. # 483.68 LSC	Correction Completed 06/26/2011
ID Prefix F0503 Reg. # 483.75(l)(1)(i-iv) LSC	Correction Completed 06/26/2011	ID Prefix F0510 Reg. # 483.75(k)(2)(i) LSC	Correction Completed 06/26/2011	ID Prefix F0514 Reg. # 483.75(l)(1) LSC	Correction Completed 06/26/2011
Reviewed By State Agency	Reviewed By 8/8/11	Date:	Signature of Surveyor: 	Date: 8/3/11	
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:		
Followup to Survey Completed on: 05/12/2011	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO				

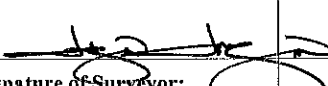
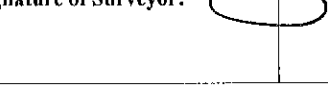
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(Y1) Provider / Supplier / CLIA / Identification Number 535022	(Y2) Multiple Construction A. Building 01 - MAIN BUILDING 01 B. Wing	(Y3) Date of Revisit 07/08/2011
Name of Facility PIONEER MANOR NURSING HOME		Street Address, City, State, Zip Code 900 W 8TH ST GILLETTE, WY 82716

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix _____ Reg. # NFPA 101 LSC K0027	Correction Completed 06/26/2011	ID Prefix _____ Reg. # NFPA 101 LSC K0029	Correction Completed 05/12/2011	ID Prefix _____ Reg. # NFPA 101 LSC K0050	Correction Completed 06/26/2011
ID Prefix _____ Reg. # NFPA 101 LSC K0062	Correction Completed 06/26/2011	ID Prefix _____ Reg. # NFPA 101 LSC K0074	Correction Completed 06/26/2011	ID Prefix _____ Reg. # NFPA 101 LSC K0147	Correction Completed 06/26/2011
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	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____ State Agency	Reviewed By B 7/13/11	Date: _____	Signature of Surveyor: 	Date: 7/08/11
Reviewed By _____ CMS RO	Reviewed By	Date: _____	Signature of Surveyor: 	

Followup to Survey Completed on: 05/10/2011	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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