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

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
535022	A. Building B. Wing	07/22/2011

Name of Facility	Street Address, City, State, Zip Code
PIONEER MANOR NURSING HOME	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(a)(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(l) LSC	Correction Completed 06/26/2011	ID Prefix F0428 Reg. # 483.60(c) LSC	Correction Completed 06/26/2011	ID Prefix F0441 Reg. # 483.65 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	Date:	Signature of Surveyor:	Date:
		8/8/11	Larry Goodmay	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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Post-Certification Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
535022	A. Building 01 - MAIN BUILDING 01 B. Wing	07/08/2011

Name of Facility	Street Address, City, State, Zip Code
PIONEER MANOR NURSING HOME	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	Correction Completed 06/26/2011	ID Prefix	Correction Completed 05/12/2011	ID Prefix	Correction Completed 06/26/2011
Reg. # NFPA 101 LSC K0027		Reg. # NFPA 101 LSC K0029		Reg. # NFPA 101 LSC K0050	
ID Prefix	Correction Completed 06/26/2011	ID Prefix	Correction Completed 06/26/2011	ID Prefix	Correction Completed 06/26/2011
Reg. # NFPA 101 LSC K0062		Reg. # NFPA 101 LSC K0074		Reg. # NFPA 101 LSC K0147	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	

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