DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
535050 Y1	A. Building B. Wing Y2	1/11/2017 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNING STAR CARE CENTER	4 NORTH FORK ROAD FORT WASHAKIE, WY 82514

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0221 Reg. # 483.13(a) LSC	Correction Completed 12/16/2016	ID Prefix F0225 Reg. # 483.13(c)(1)(ii)-(iii), (c)(2) - (4) LSC	Correction Completed 12/16/2016	ID Prefix F0253 Reg. # 483.15(h)(2) LSC	Correction Completed 12/18/2016
ID Prefix F0272 Reg. # 483.20(b)(1) LSC	Correction Completed 12/22/2016	ID Prefix F0274 Reg. # 483.20(b)(2)(ii) LSC	Correction Completed 12/22/2016	ID Prefix F0278 Reg. # 483.20(g) - (j) LSC	Correction Completed 12/22/2016
ID Prefix F0279 Reg. # 483.20(d), 483.20(k)(1) LSC	Correction Completed 12/16/2016	ID Prefix F0282 Reg. # 483.20(k)(3)(ii) LSC	Correction Completed 12/16/2016	ID Prefix F0283 Reg. # 483.20(l)(1)&(2) LSC	Correction Completed 12/16/2016
ID Prefix F0323 Reg. # 483.25(h) LSC	Correction Completed 12/22/2016	ID Prefix F0329 Reg. # 483.25(l) LSC	Correction Completed 12/22/2016	ID Prefix F0365 Reg. # 483.35(d)(3) LSC	Correction Completed 12/18/2016
ID Prefix F0371 Reg. # 483.35(i) LSC	Correction Completed 12/18/2016	ID Prefix F0431 Reg. # 483.60(b), (d), (e) LSC	Correction Completed 12/22/2016	ID Prefix F0441 Reg. # 483.65 LSC	Correction Completed 12/22/2016

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) [signature] 2/9/17	DATE	SIGNATURE OF SURVEYOR [signature], ONMC	DATE 1/12/17
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 11/3/16	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO