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
535050

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
01/13/2011

Name of Facility
MORNING STAR CARE CENTER

Street Address, City, State, Zip Code
4 NORTH FORK ROAD
FORT WASHAKIE, WY 82514

uploaded 1/21/11 Rm
53 ~ 264211

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0226 Reg. # 483.13(c) LSC	12/28/2010	ID Prefix F0241 Reg. # 483.15(a) LSC	01/02/2011	ID Prefix F0272 Reg. # 483.20, 483.20(b) LSC	01/02/2011
ID Prefix F0280 Reg. # 483.20(d)(3), 483.10(k)(2) LSC	01/02/2011	ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	01/02/2011	ID Prefix F0312 Reg. # 483.25(a)(3) LSC	01/02/2011
ID Prefix F0318 Reg. # 483.25(e)(2) LSC	01/02/2011	ID Prefix F0332 Reg. # 483.25(m)(1) LSC	12/29/2010	ID Prefix F0354 Reg. # 483.30(b) LSC	01/02/2011
ID Prefix F0371 Reg. # 483.35(i) LSC	01/02/2011	ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency — Reviewed By: B 1/20/11 — Date: — Signature of Surveyor: [signature], RN/C — Date: 1/13/11

Reviewed By CMS RO — Reviewed By: — Date: — Signature of Surveyor: — Date:

Followup to Survey Completed on: 11/18/10

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO