

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 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 Km 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	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
Correction Completed		Correction Completed		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
Correction Completed		Correction Completed		Correction Completed	
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
Correction Completed		Correction Completed		Correction Completed	
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
Correction Completed		Correction Completed		Correction Completed	
ID Prefix F0371 Reg. # 483.35(i) LSC	01/02/2011	ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By CMS RO	Date: 1/20/11	Signature of Surveyor: Janice Conner	Date: 1/13/11
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		