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.

(Y4) Item | (Y5) Date | (Y4) Item | (Y5) Date | (Y4) Item | (Y5) Date
---|---|---|---|---|---
ID Prefix F0164 | Correction Completed | 01/02/2010 | ID Prefix F0241 | Correction Completed | 01/02/2010 | ID Prefix F0250 | Correction Completed | 01/02/2010
Reg. # 483.10(a), 483.75(l)(4) LSC | | | Reg. # 483.15(a) LSC | | | Reg. # 483.15(a)(1)

ID Prefix F0280 | Correction Completed | 01/02/2010 | ID Prefix F0309 | Correction Completed | 01/02/2010 | ID Prefix F0315 | Correction Completed | 01/02/2010
Reg. # 483.20(c)(3), 483.10(k)(2) LSC | | | Reg. # 483.25 LSC | | | Reg. # 483.25(d)

ID Prefix F0322 | Correction Completed | 01/02/2010 | ID Prefix F0323 | Correction Completed | 01/02/2010 | ID Prefix | Correction Completed |
Reg. # 483.25(a)(2) LSC | | | Reg. # 483.25(h) LSC | | | Reg. #

ID Prefix | Correction Completed | | ID Prefix | Correction Completed | | ID Prefix | Correction Completed |
Reg. # | | | Reg. # | | | Reg. #
LSC | | | LSC | | | LSC

Reviewed By: [Signature] Date: 1/19/10
Reviewed By: [Signature] Date:
State Agency [Signature] Date:
Reviewed By: [Signature] Date:
CMS RO [Signature]

Followup to Survey Completed on: 12/2/2009
Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

Form CMS - 25678 (9-92) Page 1 of 1 Event ID: Y1KW12