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
535017	A. Building B. Wing	10/21/2011

Name of Facility
SUBLETTE CENTER

Street Address, City, State, Zip Code
333 N BRIDGER AVE
PINEDALE, WY 82941

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
ID Prefix F0159 Reg. # 483.10(c)(2)-(5) LSC	09/22/2011
ID Prefix F0226 Reg. # 483.13(c) LSC	09/22/2011
ID Prefix F0273 Reg. # 483.20(b)(2)(i) LSC	09/22/2011
ID Prefix F0283 Reg. # 483.20(l)(1)&(2) LSC	09/22/2011
ID Prefix F0323 Reg. # 483.25(h) LSC	09/06/2011
ID Prefix F0221 Reg. # 483.13(a) LSC	09/06/2011
ID Prefix F0271 Reg. # 483.20(a) LSC	09/06/2011
ID Prefix F0275 Reg. # 483.20(b)(2)(iii) LSC	09/22/2011
ID Prefix F0309 Reg. # 483.25 LSC	09/06/2011
ID Prefix F0329 Reg. # 483.25(l) LSC	09/22/2011
ID Prefix F0225 Reg. # 483.13(c)(1)(ii)-(iii), (c)(2) - (4 LSC	09/22/2011
ID Prefix F0272 Reg. # 483.20(b)(1) LSC	09/22/2011
ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	09/06/2011
ID Prefix F0315 Reg. # 483.25(d) LSC	09/06/2011
ID Prefix F0332 Reg. # 483.25(m)(1) LSC	09/06/2011

Followup to Survey Completed on:
08/11/2011

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

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(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0356 Reg. # 483.30(e) LSC	09/06/2011	ID Prefix F0425 Reg. # 483.60(a),(b) LSC	09/06/2011	ID Prefix F0441 Reg. # 483.65 LSC	09/22/2011
ID Prefix F0495 Reg. # 483.75(e)(4) LSC	09/06/2011	ID Prefix F0498 Reg. # 483.75(f) LSC	09/22/2011	ID Prefix F0513 Reg. # 483.75(k)(2)(iv) LSC	09/22/2011

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
	TB 10/24/11		10/24/11	10/24/11
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

Followup to Survey Completed on:
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