

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 535023	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 01/05/2012
Name of Facility WESTON COUNTY HEALTH SERVICES		Street Address, City, State, Zip Code 1124 WASHINGTON BLVD NEWCASTLE, WY 82701

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 ID Prefix <u>F0226</u> Reg. # <u>483.13(c)</u> LSC _____	12/17/2011	Correction Completed ID Prefix <u>F0248</u> Reg. # <u>483.15(f)(1)</u> LSC _____	12/17/2011	Correction Completed ID Prefix <u>F0250</u> Reg. # <u>483.15(g)(1)</u> LSC _____	12/17/2011
Correction Completed ID Prefix <u>F0315</u> Reg. # <u>483.25(d)</u> LSC _____	12/17/2011	Correction Completed ID Prefix <u>F0363</u> Reg. # <u>483.35(c)</u> LSC _____	12/17/2011	Correction Completed ID Prefix <u>F0371</u> Reg. # <u>483.35(i)</u> LSC _____	12/17/2011
Correction Completed ID Prefix <u>F0425</u> Reg. # <u>483.60(a),(b)</u> LSC _____	12/17/2011	Correction Completed ID Prefix _____ Reg. # _____ LSC _____		Correction Completed ID Prefix _____ Reg. # _____ LSC _____	
Correction Completed ID Prefix _____ Reg. # _____ LSC _____		Correction Completed ID Prefix _____ Reg. # _____ LSC _____		Correction Completed ID Prefix _____ Reg. # _____ LSC _____	
Correction Completed ID Prefix _____ Reg. # _____ LSC _____		Correction Completed ID Prefix _____ Reg. # _____ LSC _____		Correction Completed ID Prefix _____ Reg. # _____ LSC _____	
Reviewed By _____ State Agency	Reviewed By <u>Bo 1/11/12</u>	Date: _____	Signature of Surveyor: <u>Kathryn J. Poy</u>	Date: <u>6 Jan 12</u>	
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____		
Followup to Survey Completed on: 11/03/2011		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			