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	08/03/2006

Name of Facility	Street Address, City, State, Zip Code
SUBLETTE CENTER	PO 788, 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).

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(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0241 Reg. # 483.15(a) LSC	07/05/2006	ID Prefix F0248 Reg. # 483.15(f)(1) LSC	07/06/2006	ID Prefix F0253 Reg. # 483.15(h)(2) LSC	07/07/2006
ID Prefix F0280 Reg. # 483.20(d)(3), 483.10(k)(2) LSC	07/15/2006	ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	07/15/2006	ID Prefix F0282 Reg. # 483.20(k)(3)(ii) LSC	07/15/2006
ID Prefix F0309 Reg. # 483.25 LSC	07/15/2006	ID Prefix F0312 Reg. # 483.25(a)(3) LSC	07/05/2006	ID Prefix F0315 Reg. # 483.25(d) LSC	07/15/2006
ID Prefix F0318 Reg. # 483.25(e)(2) LSC	07/15/2006	ID Prefix F0323 Reg. # 483.25(h)(1) LSC	07/15/2006	ID Prefix F0324 Reg. # 483.25(h)(2) LSC	07/15/2006
ID Prefix F0370 Reg. # 483.35(i)(1) LSC	06/15/2006	ID Prefix F0371 Reg. # 483.35(i)(2) LSC	07/15/2006	ID Prefix F0444 Reg. # 483.65(b)(3) LSC	07/15/2006

Followup to Survey Completed on:
06/15/2006

___ **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	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0467 Reg. # 483.70(h)(2) LSC	Correction Completed 07/05/2006	ID Prefix F0492 Reg. # 483.75(b) LSC	Correction Completed 07/15/2006	ID Prefix F0502 Reg. # 483.75(j)(1) LSC	Correction Completed 07/15/2006
ID Prefix F0507 Reg. # 483.75(j)(2)(iv) LSC	Correction Completed 07/15/2006	ID Prefix F0513 Reg. # 483.75(k)(2)(iv) LSC	Correction Completed 07/15/2006	ID Prefix F0514 Reg. # 483.75(l)(1) LSC	Correction Completed 07/15/2006
ID Prefix F0516 Reg. # 483.75(l)(3), 483.20(f)(5) LSC	Correction Completed 07/05/2006				

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
	TB	8/8/06	Janelle Conklin, OTR/L	8/3/06
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	

Followup to Survey Completed on:
06/15/2006

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