

Post-Certification Revisit Report

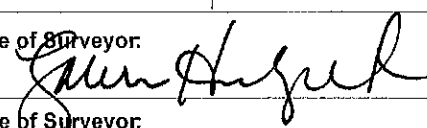
Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this 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 26884, 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 11/16/2007
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).

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0151 Reg. # 483.10(a)(1)&(2) LSC	Correction Completed 10/01/2007	ID Prefix F0241 Reg. # 483.15(a) LSC	Correction Completed 10/01/2007	ID Prefix F0272 Reg. # 483.20, 483.20(b) LSC	Correction Completed 10/01/2007
ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	Correction Completed 10/01/2007	ID Prefix F0282 Reg. # 483.20(k)(3)(ii) LSC	Correction Completed 10/01/2007	ID Prefix F0309 Reg. # 483.25 LSC	Correction Completed 10/01/2007
ID Prefix F0312 Reg. # 483.25(a)(3) LSC	Correction Completed 10/01/2007	ID Prefix F0315 Reg. # 483.25(d) LSC	Correction Completed 10/01/2007	ID Prefix F0323 Reg. # 483.25(h) LSC	Correction Completed 10/15/2007
ID Prefix F0334 Reg. # 483.25(n) LSC	Correction Completed 10/01/2007	ID Prefix F0353 Reg. # 483.30(a) LSC	Correction Completed 10/01/2007	ID Prefix F0371 Reg. # 483.35(i)(2) LSC	Correction Completed 09/28/2007
ID Prefix F0441 Reg. # 483.65(a) LSC	Correction Completed 10/15/2007	ID Prefix F0444 Reg. # 483.65(b)(3) LSC	Correction Completed 10/01/2007	ID Prefix F0445 Reg. # 483.65(c) LSC	Correction Completed 10/01/2007

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor: 	Date: 11/20/07
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed				
ID Prefix F0492	10/01/2007				
Reg. # 483.75(b)					
LSC					

Reviewed By _____ State Agency	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____

Followup to Survey Completed on: 8/30/2007	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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