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
535023	A. Building B. Wing	11/16/2007

Name of Facility	Street Address, City, State, Zip Code
WESTON COUNTY HEALTH SERVICES	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: Ellen Hagerl	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
ID Prefix F0492 Reg. # 483.75(b) LSC	Correction Completed 10/01/2007				

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