Department of Health and Human Services
Centers For Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

AUG 28 2006

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
535023	A. Building B. Wing	08/28/2006

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).

Upload 8/30/06 53—113246

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0225 Reg. # 483.13(c)(1)(ii)-(iii), (c)(2) - (4 LSC	Correction Completed 06/28/2006	ID Prefix F0226 Reg. # 483.13(c) LSC	Correction Completed 06/28/2006	ID Prefix F0241 Reg. # 483.15(a) LSC	Correction Completed 06/28/2006
ID Prefix F0312 Reg. # 483.25(a)(3) LSC	Correction Completed 06/28/2006	ID Prefix F0323 Reg. # 483.25(h)(1) LSC	Correction Completed 06/28/2006	ID Prefix F0371 Reg. # 483.35(i)(2) LSC	Correction Completed 06/28/2006
ID Prefix F0428 Reg. # 483.60(c)(1) LSC	Correction Completed 06/28/2006	ID Prefix F0431 Reg. # 483.60(d) LSC	Correction Completed 06/28/2006	ID Prefix F0441 Reg. # 483.65(a) LSC	Correction Completed 06/28/2006
ID Prefix F0442 Reg. # 483.65(b)(1) LSC	Correction Completed 06/28/2006	ID Prefix F0443 Reg. # 483.65(b)(2) LSC	Correction Completed 06/28/2006	ID Prefix F0444 Reg. # 483.65(b)(3) LSC	Correction Completed 06/28/2006
ID Prefix F0445 Reg. # 483.65(c) LSC	Correction Completed 06/28/2006	ID Prefix F0454 Reg. # 483.70 LSC	Correction Completed 06/28/2006	ID Prefix F0492 Reg. # 483.75(b) LSC	Correction Completed 06/28/2006

Reviewed By State Agency	Reviewed By	Date: 8/30/06	Signature of Surveyor: Janelle Conlin, OTR/L	Date: 8/28/06
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	

Followup to Survey Completed on: 5/17/06

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