

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

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WY Dept of Health

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report JAN 21 2013

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.

and Surveys

(Y1) Provider / Supplier / CLIA /
Identification Number
535023

(Y2) Multiple Construction
A. Building 01 - MAIN BUILDING 01
B. Wing

(Y3) Date of Revisit
01/16/2013

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		Correction Completed		Correction Completed	
ID Prefix	12/15/2012	ID Prefix	12/15/2012	ID Prefix	12/15/2012
Reg. # NFPA 101		Reg. # NFPA 101		Reg. # NFPA 101	
LSC K0012		LSC K0018		LSC K0056	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix	12/15/2012	ID Prefix	12/15/2012	ID Prefix	
Reg. # NFPA 101		Reg. # NFPA 101		Reg. #	
LSC K0074		LSC K0147		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
Correction Completed		Correction Completed		Correction Completed	
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		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:	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?				
10/29/2012	YES NO				