OMB NO. 0938-0390

Post-Certification Revisit Report

Publ... for this collection of information is estimated to ...age 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data neede... ...pleting 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, ...S, 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.

(Y1) Provider / Supplier / CLIA / Identification Number
535017

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
11/12/2010

Name of Facility
SUBLETTE CENTER

Street Address, City, State, Zip Code
333 N BRIDGER AVE
PINEDALE, WY 82941

uploaded 11/19/10 km
53-257668

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix F0156 Reg. # 483.10(b)(5) - (10), 483.10(b)(LSC	10/17/2010	ID Prefix F0167 Reg. # 483.10(g)(1) LSC	10/17/2010	ID Prefix F0225 Reg. # 483.13(c)(1)(ii)-(iii), (c)(2) - (4 LSC	09/02/2010
ID Prefix F0241 Reg. # 483.15(a) LSC	09/23/2010	ID Prefix F0245 Reg. # 483.15(d) LSC	09/02/2010	ID Prefix F0252 Reg. # 483.15(h)(1) LSC	10/17/2010
ID Prefix F0278 Reg. # 483.20(g) - (j) LSC	09/23/2010	ID Prefix F0280 Reg. # 483.20(d)(3), 483.10(k)(2) LSC	09/24/2010	ID Prefix F0281 Reg. # 483.20(k)(3)(i) LSC	09/23/2010
ID Prefix F0309 Reg. # 483.25 LSC	09/23/2010	ID Prefix F0318 Reg. # 483.25(e)(2) LSC	09/23/2010	ID Prefix F0323 Reg. # 483.25(h) LSC	10/17/2010
ID Prefix F0329 Reg. # 483.25(l) LSC	09/23/2010	ID Prefix F0354 Reg. # 483.30(b) LSC	09/23/2010	ID Prefix F0441 Reg. # 483.65 LSC	09/23/2010

Followup to Survey Completed on:
9/2/10

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 Correction Completed	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0520 Reg. # 483.75(o)(1) LSC	10/17/2010				

Reviewed By State Agency	Reviewed By 18	Date: 11/12/10	Signature of Surveyor: Janelle Conti, [illegible]	Date: 11/12/10
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	

Followup to Survey Completed on:
9/2/10

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