

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 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 535023	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 02/04/2014
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 ID Prefix F0221 Reg. # 483.13(a) LSC	01/10/2014	Correction Completed ID Prefix F0241 Reg. # 483.15(a) LSC	01/10/2014	Correction Completed ID Prefix F0278 Reg. # 483.20(g) - (i) LSC	01/10/2014
Correction Completed ID Prefix F0312 Reg. # 483.25(a)(3) LSC	01/10/2014	Correction Completed ID Prefix F0323 Reg. # 483.25(h) LSC	01/10/2014	Correction Completed ID Prefix F0329 Reg. # 483.25(l) LSC	01/10/2014
Correction Completed ID Prefix F0371 Reg. # 483.35(i) LSC	01/10/2014	Correction Completed ID Prefix F0373 Reg. # 483.35(h) LSC	01/10/2014	Correction Completed ID Prefix F0428 Reg. # 483.60(c) LSC	01/14/2014
Correction Completed ID Prefix Reg. # LSC		Correction Completed ID Prefix Reg. # LSC		Correction Completed ID Prefix Reg. # LSC	
Correction Completed ID Prefix Reg. # LSC		Correction Completed ID Prefix Reg. # LSC		Correction Completed ID Prefix Reg. # LSC	
Reviewed By State Agency	Reviewed By 2/11/14	Date: 7 Feb 14	Signature of Surveyor: <i>Kathryn R. [Signature]</i>	Date:	
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:	
Followup to Survey Completed on: 11/21/2013		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			