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
535013	A. Building B. Wing	12/11/2015

Name of Facility	Street Address, City, State, Zip Code
GRANITE REHABILITATION AND WELLNESS	3128 BOXELDER DRIVE CHEYENNE, WY 82001

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
ID Prefix F0203 Reg. # 483.12(a)(4)-(6) LSC	Correction Completed 10/18/2015	ID Prefix F0225 Reg. # 483.13(c)(1)(ii)-(iii), (c)(2) - (4 LSC	Correction Completed 10/18/2015	ID Prefix F0226 Reg. # 483.13(c) LSC	Correction Completed 10/18/2015
ID Prefix F0241 Reg. # 483.15(a) LSC	Correction Completed 10/18/2015	ID Prefix F0244 Reg. # 483.15(c)(6) LSC	Correction Completed 10/18/2015	ID Prefix F0248 Reg. # 483.15(f)(1) LSC	Correction Completed 10/18/2015
ID Prefix F0253 Reg. # 483.15(h)(2) LSC	Correction Completed 10/18/2015	ID Prefix F0312 Reg. # 483.25(a)(3) LSC	Correction Completed 10/18/2015	ID Prefix F0318 Reg. # 483.25(e)(2) LSC	Correction Completed 10/18/2015
ID Prefix F0323 Reg. # 483.25(h) LSC	Correction Completed 10/18/2015	ID Prefix F0353 Reg. # 483.30(a) LSC	Correction Completed 10/18/2015	ID Prefix F0364 Reg. # 483.35(d)(1)-(2) LSC	Correction Completed 10/18/2015
ID Prefix F0369 Reg. # 483.35(g) LSC	Correction Completed 10/18/2015	ID Prefix F0371 Reg. # 483.35(i) LSC	Correction Completed 10/18/2015	ID Prefix F0425 Reg. # 483.60(a),(b) LSC	Correction Completed 10/18/2015

Followup to Survey Completed on:	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES	NO
09/03/2015			

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F0441 Reg. # 483.65 LSC	Correction Completed 10/18/2015	ID Prefix F0465 Reg. # 483.70(h) LSC	Correction Completed 10/18/2015	ID Prefix F0468 Reg. # 483.70(h)(3) LSC	Correction Completed 10/18/2015
ID Prefix F0508 Reg. # 483.75(k)(1) LSC	Correction Completed 10/18/2015				

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:		Date:
	TS 1/11/16		Tim Locke		12/14/15
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**		

Followup to Survey Completed on:	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES	NO
09/03/2015			