

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 535013	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 12/11/2015
Name of Facility GRANITE REHABILITATION AND WELLNESS		Street Address, City, State, Zip Code 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: 09/03/2015		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO			

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Correction Completed ID Prefix F0441 Reg. # 483.65 LSC	10/18/2015	Correction Completed ID Prefix F0465 Reg. # 483.70(h) LSC	10/18/2015	Correction Completed ID Prefix F0468 Reg. # 483.70(h)(3) LSC	10/18/2015
Correction Completed ID Prefix F0508 Reg. # 483.75(k)(1) LSC	10/18/2015				
Reviewed By State Agency	Reviewed By TS 1/11/16	Date:	Signature of Surveyor: Tim L...		Date: 12/14/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:		

Followup to Survey Completed on:
09/03/2015

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