DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
535013 Y1	A. Building B. Wing Y2	11/7/2016 Y3

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0153	Correction	ID Prefix F0241	Correction	ID Prefix F0244	Correction
Reg. # 483.10(b)(2)	Completed	Reg. # 483.15(a)	Completed	Reg. # 483.15(c)(6)	Completed
LSC	10/05/2016	LSC	10/05/2016	LSC	10/05/2016
ID Prefix F0253	Correction	ID Prefix F0309	Correction	ID Prefix F0323	Correction
Reg. # 483.15(h)(2)	Completed	Reg. # 483.25	Completed	Reg. # 483.25(h)	Completed
LSC	10/05/2016	LSC	10/05/2016	LSC	10/05/2016
ID Prefix F0364	Correction	ID Prefix F0371	Correction	ID Prefix F0441	Correction
Reg. # 483.35(d)(1)-(2)	Completed	Reg. # 483.35(i)	Completed	Reg. # 483.65	Completed
LSC	10/05/2016	LSC	10/05/2016	LSC	10/05/2016
ID Prefix F0456	Correction	ID Prefix F0468	Correction	ID Prefix F0505	Correction
Reg. # 483.70(c)(2)	Completed	Reg. # 483.70(h)(3)	Completed	Reg. # 483.75(j)(2)(ii)	Completed
LSC	10/05/2016	LSC	10/05/2016	LSC	10/05/2016
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
	[illegible]	11/14/16	[signature]	11/9/16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO
9/9/2016	