OFFICE OF HEALTH QUALITY

Revisit Report for State Deficiencies Corrected
"B" FORM

Facility Name: Wyoming Retirement Center City: Casper, WY

Date of Follow-up: 9/19/05 Follow-up to Survey Date of: 6/16/05

Tag # Sect 4(ee) Date Corrected: 8/15/05	Tag # Date Corrected:	Tag # Date Corrected:	Tag # Date Corrected:
Tag # Date Corrected:	Tag # Date Corrected:	Tag # Date Corrected:	Tag # Date Corrected:
Tag # Date Corrected:	Tag # Date Corrected:	Tag # Date Corrected:	Tag # Date Corrected:
Tag # Date Corrected:	Tag # Date Corrected:	Tag # Date Corrected:	Tag # Date Corrected:

Signature of Surveyor: Jean McCue Date: 9-19-05

(Rev. 10/18/02)