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OFFICE OF HEALTH QUALITY

Revisit Report for State Deficiencies Corrected
"B" FORM

Facility Name: Westview Health Care Center City: Sheridan

Date of Follow-up: 2/7/06 Follow-up to Survey Date of: 5/19/05

Tag # Section 11. Dietetic Services (a.)(ii) Date Corrected: 1/27/06	Tag # ____ Date Corrected: ____	Tag # ____ Date Corrected: ____	Tag # ____ Date Corrected: ____
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Signature of Surveyor: [signature] MS, RD Date: 2/7/06

(Rev. 10/18/02)