OFFICE OF HEALTH QUALITY

Revisit Report for State Deficiencies Corrected
"B" FORM

Facility Name: Weston County Health Services Nit City: New Castle

Date of Follow-up: 6/9/05 (via fax + telephone) Follow-up to Survey Date of: 4/7/05

Tag # Section II. Dietetic Services (a)(ii) Date Corrected: 6/9/05	Tag # _____ Date Corrected: _____	Tag # _____ Date Corrected: _____	Tag # _____ Date Corrected: _____
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Signature of Surveyor: [signature] MSc RD, Lori Russo RD Date: 6/15/05

(Rev. 10/18/02)