OFFICE OF HEALTHCARE LICENSING AND SURVEYS

Revisit Report for State Deficiencies Corrected
"B" Form

Facility Name: Sheridan Manor City: Sheridan

Date of Follow-up Visit: 1/4/2007 Follow-up to Survey Date of: 10/12/06

Tag #: 0000 (Section 6; TB testing of employees) Date Corrected: 11/11/06	Tag #: Date Corrected:	Tag #: Date Corrected:	Tag #: Date Corrected:
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Signature of Surveyor: Janelle Conlin, OTR/L Date: 1/4/07