OFFICE OF HEALTHCARE LICENSING & SURVEYS

Revisit Report for State Deficiencies Corrected
"B" FORM

Facility Name: Wyoming Pioneer Home (ALF) City: Thermopolis

Date of Follow-up: 05/13/08 Follow-up to Survey Date of: 03/13/08 (Health/LSC)

Tag #: Faulty, missing or dirty escutcheons Corrected: 5/1/08	Tag #: Food on floor in freezer Corrected: 4/30/08	Tag # Smoke detector sensitivity testing Corrected: 4/07/08	Tag # _____ Corrected: _____
Tag # _____ Corrected:_____	Tag # _____ Corrected: _____	Tag # _____ Corrected: _____	Tag # _____ Date Corrected:_____
Tag #_____ Date Corrected:_____	Tag #: _____ Date Corrected: _____	Tag # _____ Date Corrected: _____	Tag # _____ Date Corrected: _____

Signature of Surveyor: Larry Gedney Date: 5/13/08

(Rev. 06/13/06)